



South Sefton
Clinical Commissioning Group

South Sefton Clinical Commissioning Group

Integrated Performance Report Summary – April 2022

Summary Performance Dashboard

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

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

Metric	Reporting Level		2022-23												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Cancer Waiting Times															
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority	South Sefton CCG (local target 85%)	RAG													
		Actual	46.15%												46.15%
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
28-day faster referral standard (FDS) - two week wait referral (MONTHLY) % of patients diagnosed within 28 days	South Sefton CCG	RAG	R											R	
		Actual	59.85%											59.85%	
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	
28-day faster referral standard (FDS) - two week wait breast symptom referral (MONTHLY) % of patients diagnosed within 28 days	South Sefton CCG	RAG	R											R	
		Actual	50%											50%	
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	
28-day faster referral standard (FDS) - screening referral (MONTHLY) % of patients diagnosed within 28 days	South Sefton CCG	RAG	R											R	
		Actual	44.44%											44.44%	
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	

Metric	Reporting Level		2022-23												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	
		Actual	67.98%													67.98%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	Liverpool University Hospital Foundation NHS Trust	RAG	R												R	
		Actual	66.77%													66.77%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Waits in A&E from arrival to discharge, admission or transfer 98% of patients must wait less than 12 hours	Liverpool University Hospital Foundation NHS Trust	RAG	R												R	
		Actual	12.92%													12.92%
		Target	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%	<2%
Ambulance Handover																
Ambulance handover delays to accident & emergency (A&E) of 60 minutes % of patients delayed 60 minutes	Liverpool University Hospital Foundation NHS Trust	RAG	R												R	
		Actual	90.56%													90.56%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Ambulance handover delays to accident & emergency (A&E) of 30 minutes % of patients delayed 30 minutes	Liverpool University Hospital Foundation NHS Trust	RAG	R												R	
		Actual	74.24%													74.24%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Ambulance handover delays to accident & emergency (A&E) of 15 minutes % of patients delayed 15 minutes	Liverpool University Hospital Foundation NHS Trust	RAG	R												R	
		Actual	32.15%													32.15%
		Target	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%
MSA																
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	South Sefton CCG	RAG	G												G	
		Actual	0													0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	South Sefton CCG	RAG	G												G	
		Actual	0													0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric	Reporting Level		2022-23												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
HCAI																
Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner) cumulative	South Sefton CCG	RAG	G												G	
		YTD	0													0
		Target	0	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	G												G	
		YTD	4													4
		Target	5	10	14	19	24	29	34	38	44	49	54	59	59	59
Number of E.Coli Incidence of E.Coli (Commissioner) cumulative	South Sefton CCG	RAG	R												R	
		YTD	14													14
		Target	13	24	33	42	51	59	67	76	86	97	108	117	117	117
Metric	Reporting Level		2022-23												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Mental Health																
The percentage of Service Users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric in-patient care The proportion of those patients discharged from psychiatric in-patient care who are followed up within 72 hours	South Sefton CCG	RAG	G												G	
		Actual	100%													100%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Episode of Psychosis																
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral.	South Sefton CCG	RAG														
		Actual	To be updated in Q1													
		Target	60%			60%			60%			60%			60%	
Eating Disorders																
Eating Disorders Services (EDS) Treatment commencing within 18 weeks of referrals	South Sefton CCG	RAG	R												R	
		Actual	22.00%													22.00%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Metric	Reporting Level		2022-23												YTD	
			Q1			Q2			Q3			Q4				
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
IAPT (Improving Access to Psychological Therapies)																
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	South Sefton CCG	RAG	R												R	
		Actual	0.88%													0.88%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	19%
IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	South Sefton CCG	RAG	R												R	
		Actual	33.0%													33.00%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	South Sefton CCG	RAG	R												R	
		Actual	60%													60%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	South Sefton CCG	RAG	G												G	
		Actual	99%													99%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Dementia																
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	South Sefton CCG	RAG	R												R	
		Actual	59.47%													59.47%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Metric	Reporting Level		2022-23												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Learning Disability Health Checks															
No of people who have had their Annual LD Health Check	South Sefton CCG	RAG													
		Actual	To be updated in Q1												
		Target	TBC			TBC			TBC			TBC			
Severe Mental Illness - Physical Health Check															
Rolling 12 month as at end of the quarter															
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting	South Sefton CCG	RAG													
		Actual	To be updated in Q1												
		Target	50%			50%			50%			50%			50%
Children & Young People Mental Health Services (CYPMH)															
Rolling 12 month as at the end of the quarter															
Improve access rate to Children and Young People's Mental Health Services (CYPMH) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	South Sefton CCG	RAG													
		Actual	To be updated in Q1												
		Target	8.75%			8.75%			8.75%			8.75%			35.00%
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY)	South Sefton CCG	RAG													
		Actual	To be updated in Q1												
		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													
		Actual	To be updated in Q1												
		Target	95%			95%			95%			95%			95%

Metric	Reporting Level	2022-23												
		Q1			Q2			Q3			Q4			YTD
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
SEND Measures														
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks open pathways - Alder Hey	Sefton Sefton CCG	RAG	R											
		Actual	38.7%											
		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 Sefton CCG	RAG	R											
		Actual	73.8%											
		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											
		Actual	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											
		Actual	53%											
		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											
		Actual	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											
		Actual	87%											
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Average waiting times for Autism Spectrum Disorder (ASD) service in weeks (ages 16 - 25 years) - Mersey Care - KPI 5/15	Sefton	RAG												
		Actual	8.8											
		Target												
Average waiting times for Autism Spectrum Disorder (ASD) service diagnostic assessment in weeks (ages 16 - 25 years) - Mersey Care - KPI 5/16	Sefton	RAG												
		Actual	84.2											
		Target												
Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service in weeks (ages 16 - 25 years) - Mersey Care - KPI 5/17	Sefton	RAG												
		Actual	54.9											
		Target												

Executive Summary

This report provides summary information on the activity and quality performance of South Sefton Clinical Commissioning Group at month 1 of 2022/23 (note: time periods of data are different for each source).

Constitutional Performance for April 2022/23 & Quarter 4 2021/22	CCG	LUHFT
Diagnostics (National Target <1%)	17.88%	15.45%
Referral to Treatment (RTT) (92% Target)	50.45%	52.73%
No of incomplete pathways waiting over 52 weeks (Target zero)	2,108	7,225
No of incomplete pathways waiting over 104 weeks (Target Zero from July 2022)	35	116
Cancer 62 Day Standard (Nat Target 85%)	41.67%	53.69%
A&E 4 Hour All Types (National Target 95%)	67.98%	66.77%
LUHFT Waits in A&E from Arrival to Discharge, Admission or Transfer (Target 2%)	-	12.92%
Ambulance Handovers <= 15 mins (Target 65%)	-	32.15%
Ambulance Handovers <= 30 mins (Target 95%)	-	74.24%
Ambulance Handovers <= 60 mins (Target 100%)	-	90.56%
Stroke (Target 80%)	-	see report
TIA Assess & Treat 24 Hrs (Target 60%)	-	Not Available
Mixed Sex Accommodation (Zero Tolerance)	0	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)	0.88%	-
IAPT Recovery (Target 50%)	33.0%	-
IAPT 6 Weeks (75% Target)	60.0%	-
IAPT 18 Weeks (95% Target)	99%	-

To Note:

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

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

COVID Vaccination Update

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. 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 April-22 there have been 110,791 (or 74.7%) first dose vaccinations and 104,878 (70.8%) second dose vaccinations. Denominator populations now include under 16s as they are eligible for doses 1 and 2. 77,397 (73.8%) of eligible patients had booster vaccinations given at the end of April-22. 5,705 of these were Spring booster vaccinations.

Planned Care

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

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

Restrictions on outpatients and theatre capacity due to COVID is reflected in increased waiting list numbers and patients waiting longer than 52 weeks, which has led to considerable pressure on the waiting list position, despite targeting of patients in greatest need. Increased staff sickness/absence has also led to an increase in waiting list size. Cheshire and Merseyside Hospital Cell has set out principles for elective restoration with a proposed recovery approach. The approach is focused on development of system level waiting list management both in diagnostic and surgical waits to maximise the capacity available and to standardise waiting times where possible, with priority given to clinically urgent patients and long waiters (52 week plus). The recently published 'Planning guidance' 2022/23, has also put a greater emphasis on recovery with expectations that trusts aim to deliver 110% of 2019/20 outturn, leading to a reduction in the waiting list position, primarily on focused on those waiting long the longest and highest risk. The Health Care Partnership Elective Care Programme Board has been co-ordinating a system approach to elective recovery across Cheshire and Merseyside, focusing on a number of key programmes such as 'High volume low complexity' – aim to reduce patients waiting for operations, elective theatre utilisation within the following specialties: dermatology, referral optimisation, ophthalmology, urology, orthopaedics/MSK and ENT. These workstreams are co-ordinated centrally with close working relationships with 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.

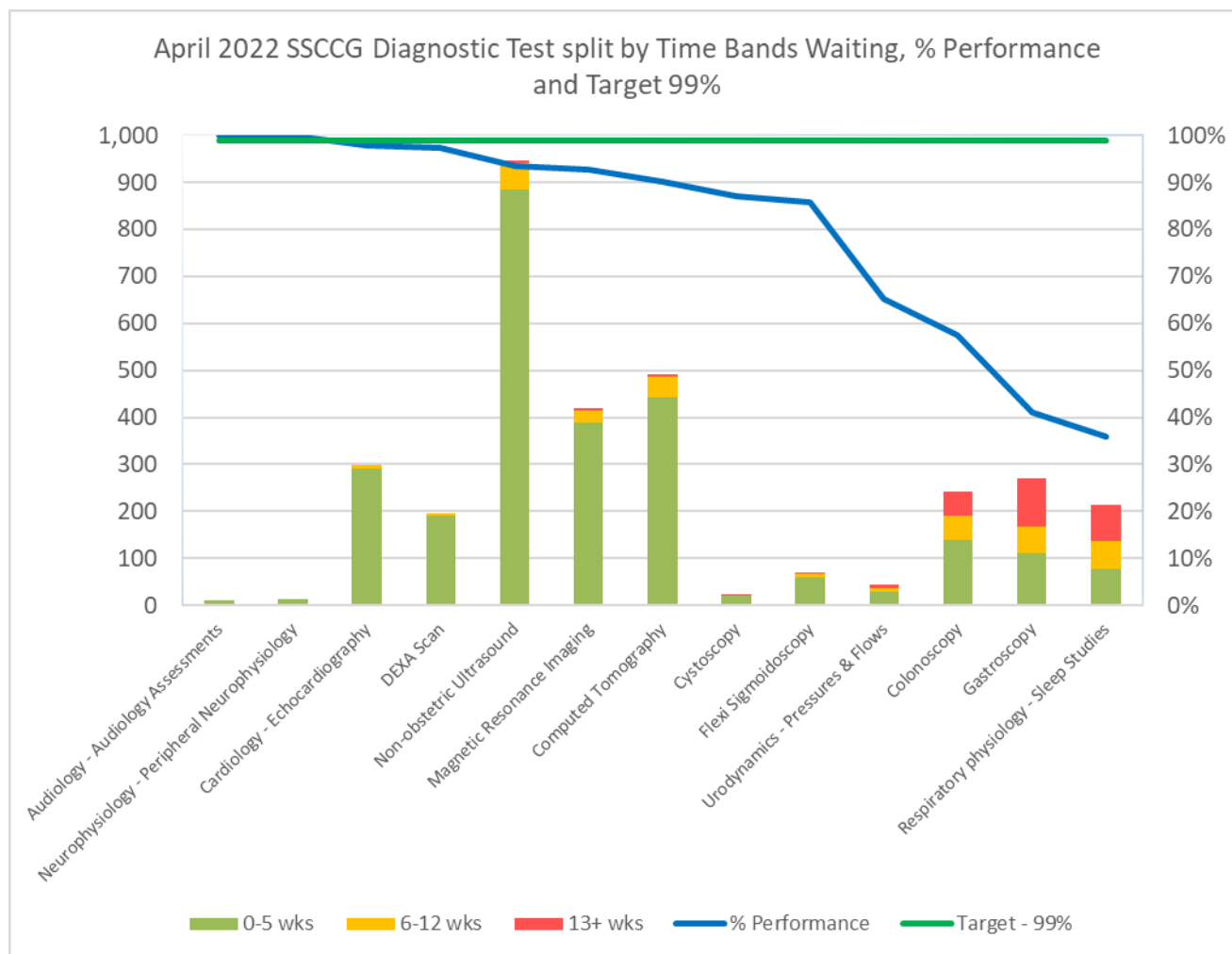
For local referral monitoring, the CCG Business Intelligence team are undergoing network developments in order to enhance data processing and analysis. As a result of this, Referrals for Month 1 of 2022/23 are unavailable at present. Months 1 and 2 will be updated in the next Integrated Performance report.

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 17.88% in April - this being higher to performance reported last month (16.22%). Despite being above the target, the CCG is measuring below the national level of 28.4%. Liverpool University Hospital Foundation Trust (LUHFT) performance was 15.45% in April, slightly higher than last month when 14.05% 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 6 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.

Figure 1 – April CCG Diagnostics Chart and Table



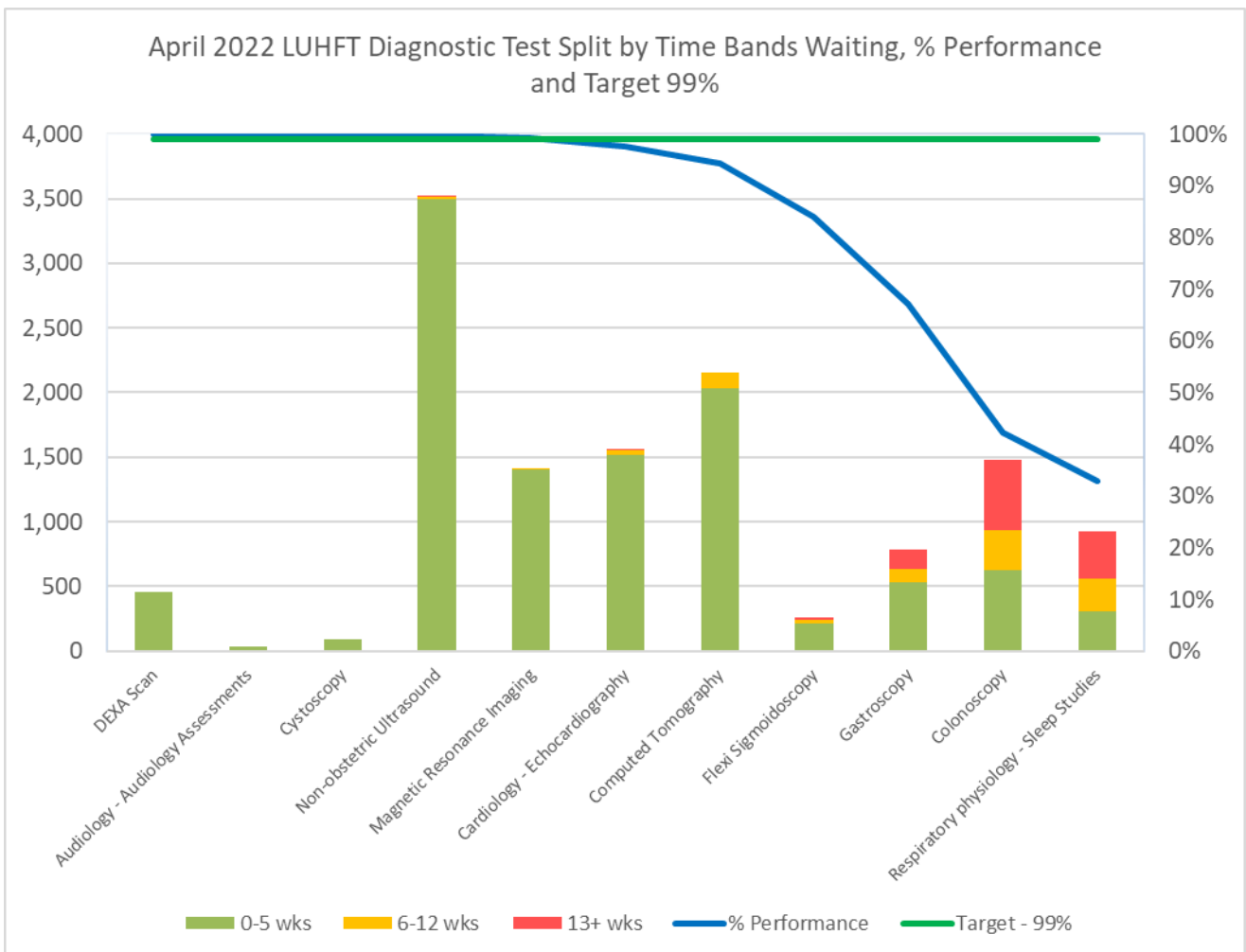
Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
Audiology - Audiology Assessments	10	0	0	100.00%	99%
Neurophysiology - Peripheral Neurophysiology	14	0	0	100.00%	99%
Cardiology - Echocardiography	292	6	0	97.99%	99%
DEXA Scan	191	5	0	97.45%	99%
Non-obstetric Ultrasound	885	56	5	93.55%	99%
Magnetic Resonance Imaging	389	26	4	92.84%	99%
Computed Tomography	443	43	5	90.22%	99%
Cystoscopy	20	2	1	86.96%	99%
Flexi Sigmoidoscopy	60	7	3	85.71%	99%
Urodynamics - Pressures & Flows	28	9	6	65.12%	99%
Colonoscopy	139	52	51	57.44%	99%
Gastroscopy	111	56	104	40.96%	99%
Respiratory physiology - Sleep Studies	77	59	79	35.81%	99%
Total	2,659	321	258	82.12%	99%

For diagnostics overall, the CCG is reporting 82.12%, below target of greater than 99% seen within 6 weeks and the proportion waiting over 13 weeks is 7.97%. National levels overall are currently at 71.60% and the proportion waiting over 13 weeks nationally is at 9.82%. 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 two week wait referrals and create capacity that will be focused on managing waiting lists. Gastroenterology is currently being appraised as an elective priority area by the regional elective programme board with CCG clinical and managerial resource likely to be utilised to support the adoption of pathways across the ICS footprint, with a focus on development of Gastroenterology RAS's (Referral Assessment Services) utilising clinical pathways for clinical triage.

Figure 2 – April LUHFT Diagnostics Chart and Table



Diagnostic	0-5 wks	6-12 wks	13+ wks	% Performance	Target - 99%
DEXA Scan	456	0	0	100.00%	99%
Audiology - Audiology Assessments	31	0	0	100.00%	99%
Cystoscopy	90	0	0	100.00%	99%
Non-obstetric Ultrasound	3,499	12	1	99.63%	99%
Magnetic Resonance Imaging	1,406	12	0	99.15%	99%
Cardiology - Echocardiography	1,516	36	2	97.55%	99%
Computed Tomography	2,032	121	0	94.38%	99%
Flexi Sigmoidoscopy	215	27	14	83.98%	99%
Gastroscopy	529	102	156	67.22%	99%
Colonoscopy	623	311	544	42.15%	99%
Respiratory physiology - Sleep Studies	304	256	362	32.97%	99%
Total	10,701	877	1,079	84.55%	99%

Figure 2 – CCG RTT Performance and Activity (Incomplete Pathways)

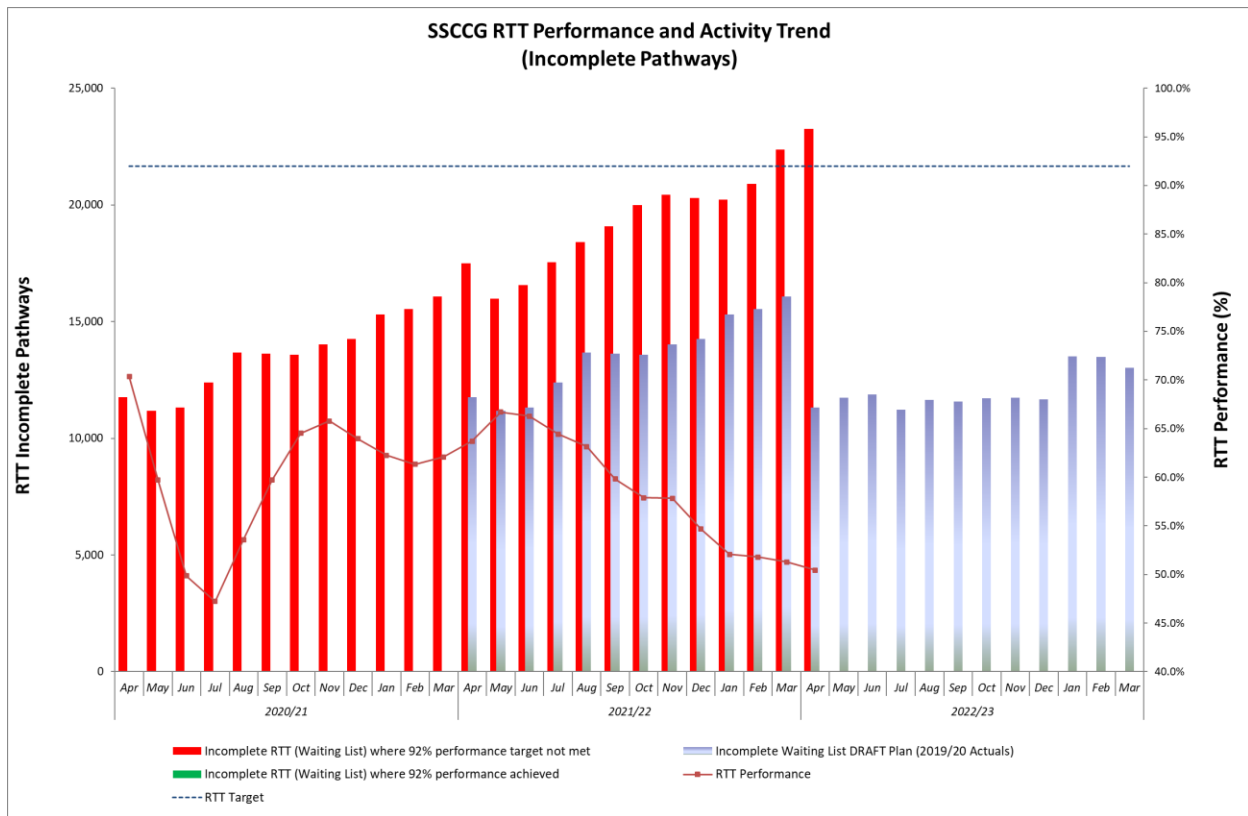


Figure 4 – RTT Incomplete Pathways, 52 weeks waiters v Plan

South Sefton CCG

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

LUHFT

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

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

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in April was 50.45%, lower to last month's performance (51.24%). The CCG is reporting well below the national level of 61.67%. LUHFT reported 52.73%, also lower to last month's performance when 54% 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 a total of 5,456 South Sefton CCG patients waiting over 36+ weeks, the majority at LUHFT. Of the total long waiters, 2,108 patients were waiting over 52 weeks, an increase of 272 on last month when 1,836 breaches were reported. The majority of these patients were at LUHFT (1,789) with the remaining 319 breaches spanned across 26 other Trusts.

The 2,108 52+ week wait breaches reported for the CCG represent 9.06% of the total waiting list in April 2022 which is above the national level of 4.98%.

Included in the long waiters there were 35 patients waiting over 104 weeks, 4 less than what 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). A focus on eliminating the number of patients waiting over 104 weeks has been an ICS imperative with a zero target by 1st July 2022. The focus will then switch to eliminating patients waiting over 78 weeks by 31st March 2023. There may however be some short-term deterioration in both 18 week and 52 week wait positions whilst long waiters are focused upon.

Overall waiters increased by 882 this month with a total 23,261 South Sefton patients now on the RTT waiting list in April 2022. This is compared to 11,309 patients waiting in the equivalent period in 2019/20 (pre-pandemic which is being used to monitor recovery). The monthly waiting list position remains high at CCG and Trust, mirroring the national trend. The CCG produces trend analysis into RTT incomplete pathways, which is shared with commissioners monthly.

LUHFT had a total of 7,225 52-week breaches in April 2022, showing an increase of 11.88% (858) from previous month when the Trust reported 6,367.

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

The Trust has reported 20 cancelled operations in April (8 more than last month). No further details given by the Trust, only that the breaches are investigated and lessons learned are disseminated across the organisation. All patients who have had their operation cancelled, on or after the day of admission for non-clinical reasons are to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.

The CCG is achieving 4 of the 9 cancer measures in April 2022. LUHFT are achieving just 1 in April 2022.

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

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

The CCG and Trust are still below for the two week wait measure in month 1. The main reason for the breaches for both measures is inadequate outpatient capacity associated with increased demand, which is sustained at 120% of pre pandemic levels. The Cheshire and Merseyside Cancer Alliance will undertake a deep dive on conversion rates from referral to cancer pathways (i.e., cancer detection rates). Headlines suggest these may have fallen over recent months.

For 2-week breast symptoms the CCG and Trust continue to fall way under the 93% target and report lower than last month. The CCG reported 18.42% and the Trust 14.57% - out of a total of 254 patients there were 217 breaches. The maximum wait was 69 days at the Trust. The median wait for April for this indicator for the CCG was 29 days. Performance against the 28-day standard for patients referred with breast symptoms is at 50%, which is below the 75% standard for the CCG.

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

For the Cancer 62 Day standard, the CCG is measuring below the national level of 65.24% recording 41.67% in April 2022, around 11% lower than the previous month, also well below the operational standard of 85%.

For patients waiting over 104 days, the CCG reported 2 patients in April, 1 lung patient (169 days) 1 urological patient (112 days). Any patients who experience a long wait are reviewed to assess whether harm has occurred as a result of the long wait. A cancer harm review action plan has been received from the provider which is focussed on managing the backlog of harm reviews which will be reported to commissioners at a tumour site level from July 2022. A meeting is planned with the provider, primary care and lead CCG to see how the recommendations from previous harm reviews can be incorporated to improve overall delivery.

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

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

Systems were to meet the new Faster Diagnosis Standard (FDS) from Q3 2021/22, at a level of 75%. In April the CCG performed below the target all 3 indicators. 28-day FDS overall reporting for April 2022 is 58.73%, 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.

LUHFT Friends and Family Inpatient test response rate is above the England average of 19% in March 2022 at 24.5% (latest data reported). The percentage of patients who would recommend the service has declined to 92%, remaining below the England average of 94%. The percentage who would not recommend remained at 5% and is above the England average of 3%. Patient Experience is embedded within the Trusts overall Improvement Plan which is monitored via the Clinical Quality Performance Group (CQPG) on a regular basis.

For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton 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 was a focus on restoration of elective services as set out in the NHS Operational Planning Guidance and this is a continued emphasis for 2022/23. Despite this, month 1 of 2022/23 has seen a reduction in total planned care activity (incorporating day case, elective and outpatient attendances) for South Sefton CCG. Comparing to the previous month, activity has decreased by approximately -15% and is also -17% that seen in April-19 (pre-pandemic).

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

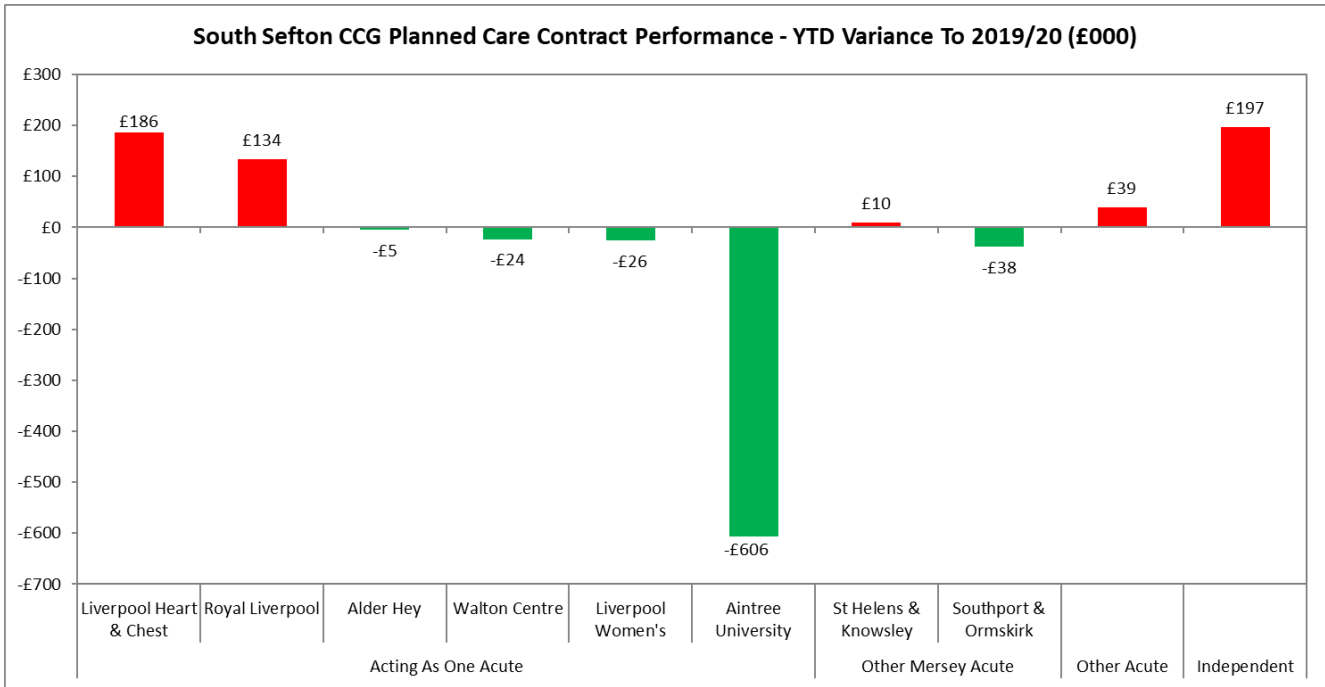


Figure 6 - Planned Care Activity Trends

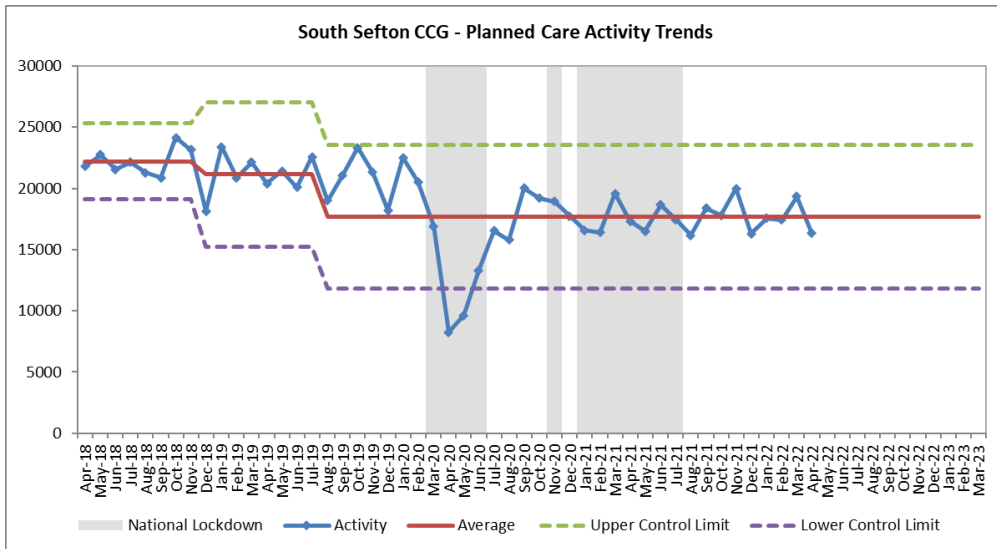


Figure 7 – Elective Inpatient Variance against Plan (i.e. Previous Year)

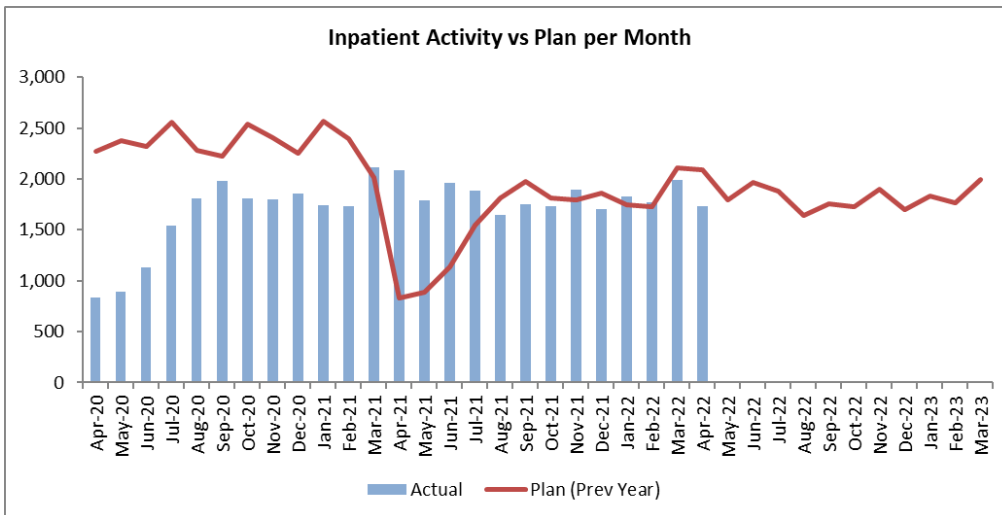
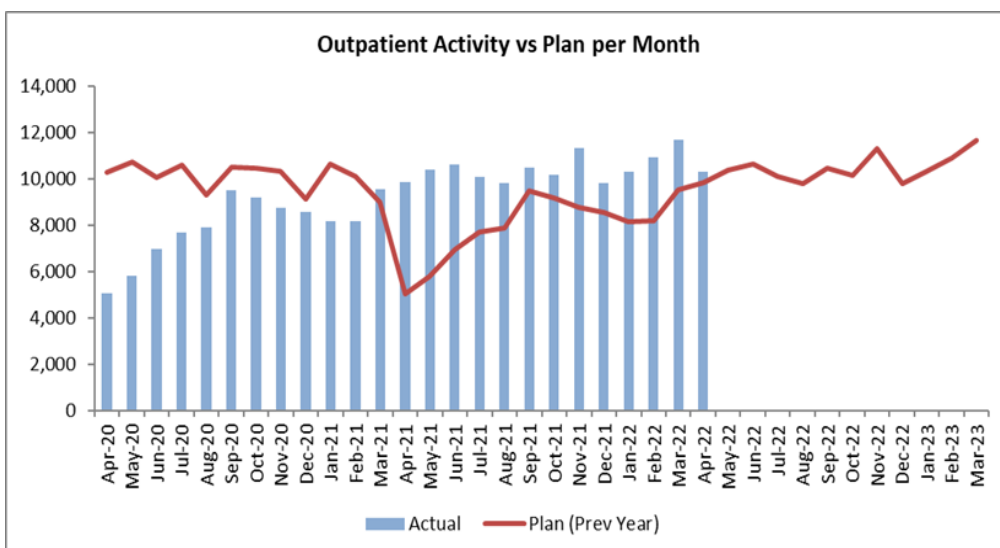


Figure 8 – Outpatient (First and Follow Up) Variance against Plan (i.e. Previous Year)



Unplanned Care

In relation to A&E 4-Hour waits for all types, the CCG and LUHFT continue to report under the 95% target in April-22, reporting 67.98% and 66.77% respectively. This shows a very similar performance from the previous month. The CCG and Trust performance is lower than the nationally reported level of 72.26%.

CCG Actions:

- Expedited discharge remains the focus of the North Mersey system to improve patient flow out of the trust. Main risk remains the shortfall in domiciliary care packages.
- 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 ready for discharge (RFD) data and validation.
- As a consequence of this work additional community bed capacity has been blocked to reduce discharge delays but is presently under review.
- 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:

- Care coordination mobilised in December to redirect self-presenting attendances to the most appropriate service. Await Trust to report findings and performance.

New in 2022/23, the Trust are required to report waits in A&E from arrival to discharge, admission or transfer. In April, the Trust reported 12.92% against the plan of patients waiting no more than 2% waiting over 12 hours therefore reporting over this threshold.

Trust Actions:

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

Impact:

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

The Trust reported two, 12-hour breaches in April with none reported in the previous month. The avoidance of 12-hour breaches is a priority for the Trust and continue to be reviewed in accordance with the recently agreed processes with the CCG and NHSE/I. The Trust continue to submit 12 Hour Breach forms within the agreed timescales. If the patient has come to moderate or severe harm as a result of the breach, then this will be declared as a serious incident and a full investigation undertaken to identify lessons learnt. No harms have been identified for the latest 12-hour breaches, resulting in no serious incidents being reported.

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20 and has continued. The latest available data is for April-22, when the average response time for South Sefton was 8 minutes, 44 seconds, over the target of 7 minutes

for category 1 incidents. Category 2 incidents had an average response time of 1 hour 9 minutes 90 seconds against a target of 18 minutes. The CCG are still reporting well over target for category 3 90th percentile (12 hours, 40 minutes) and for Cat 4 90th percentile (13 hours 34 minutes). 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 NWAS by improving access to urgent community response including referrals from NWAS and the community teams with a response within 2 hours.

For ambulance handovers, the metrics have been updated in line with the 2022-23 guidance based on percentage of handovers between ambulance and A&E within 15, 30 and 60 minutes. LUHFT report 32.15% against a target of 65% within 15 minutes, 74.24% against a target of 95% for handovers within 30 minutes and 90.56% against a target 100% for handovers within 60 minutes, all falling below target. The Trust state this is a joint challenge for NWAS and the Trust and has introduced a new NWAS escalation process in partnership with AQuA. Also, Every Minute Matters, a reconfiguration of front door estate within Aintree ED to support revised processes/pathways for ambulance handovers. Implementation of Patient Flow Collaborative at Aintree to support reduction in ED occupancy and reduce ambulance crews held over 60 minutes.

The mixed sex accommodation (MSA) collection was previously paused due to COVID-19 in April 2020 to release capacity across the NHS. The collection has now resumed. The plan is zero, published data shows the CCG reported none in April. Escalation beds have been identified and are being utilised to prevent any further breaches.

For stroke, the CCG requested the data via Liverpool CCG (LCCG) as the lead commissioner for LUHFT and have they have provided an update for quarter 4 2021-22 - 57.8% for Aintree and 61.8% for the Royal Hospital site, which are under the 80% target. 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 (ESD), Rehab and Radiology.

The CCG reported no new cases of MRSA in April and 1 case at the Trust which have failed the zero-tolerance plan for 2022/23. The 1 case at the Trust was reviewed and further actions and plans implemented, this case was attributed to long term complex addictions. 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 4 new cases of C difficile cases in April against a monthly target of 5 so are below the planned trajectory (year-end target is ≤ 59). LUHFT reported 14 new cases in April against the monthly target of 11 and are reporting over (year-end target is ≤ 134). Post infection reviews are undertaken in all cases of healthcare associated infections, with any key themes/learning identified and monitored through the Trust's Action Plan and Infection Control & Prevention Meetings.

For E coli, the CCG reported 14 new cases in April against a monthly target of 13 so are above the planned monthly trajectory (year-end target is ≤ 177). LUHFT reported 16 new cases against the monthly target of 14 also above the planned trajectory (year-end target is ≤ 174). The North Mersey Antimicrobial Resistance (including gram negative bloodstream infections) Oversight and Improvement Group has recommenced with specific work identified including the inclusion of consistent healthcare associated infections reporting through the quality schedule.

LUHFT's Hospital Standardised Mortality Ratio (HSMR) was reported at 101.97 in April 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 10.4% in March 2022 at 17.4% (latest data available). The percentage of patients who would recommend the service has remained at 60%, which is below the England average of 73%. The percentage who would not recommend remained at 29% and remains above the England average of 18%. 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.

Emergency Department (ED) Friends and Family Performance remains below the national target. This 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 times remain the most common theme which is 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. The Trust have put in place improvement measures which includes the following:

- 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 real-time 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.

For unplanned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for South Sefton CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public guidance was to ‘stay at home’. Trends across 2021/22 have shown notable increases in A&E activity but fewer non-elective admissions when comparing to pre-pandemic activity. In the first month of 2022/23, total unplanned activity is recording a -4% reduction when compared to the previous month and is also -5% below activity levels in 2019 (pre-pandemic). Despite the reduction in activity, comparing costs in April-22 to April-19 shows that some key providers are seeing increases. For example, the average cost of a non-elective admission at Aintree Hospital appears to have increased from circa £2k to £3.2k. Some of this variance appears to be related to Sepsis admissions as well as admissions coded with higher Casemix Companion (CC) scores such as those for Heart Failure, Pneumonia and Stroke. COVID-19 admissions also account for some of the variance when comparing month 1 of 2022/23 to pre-pandemic.

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

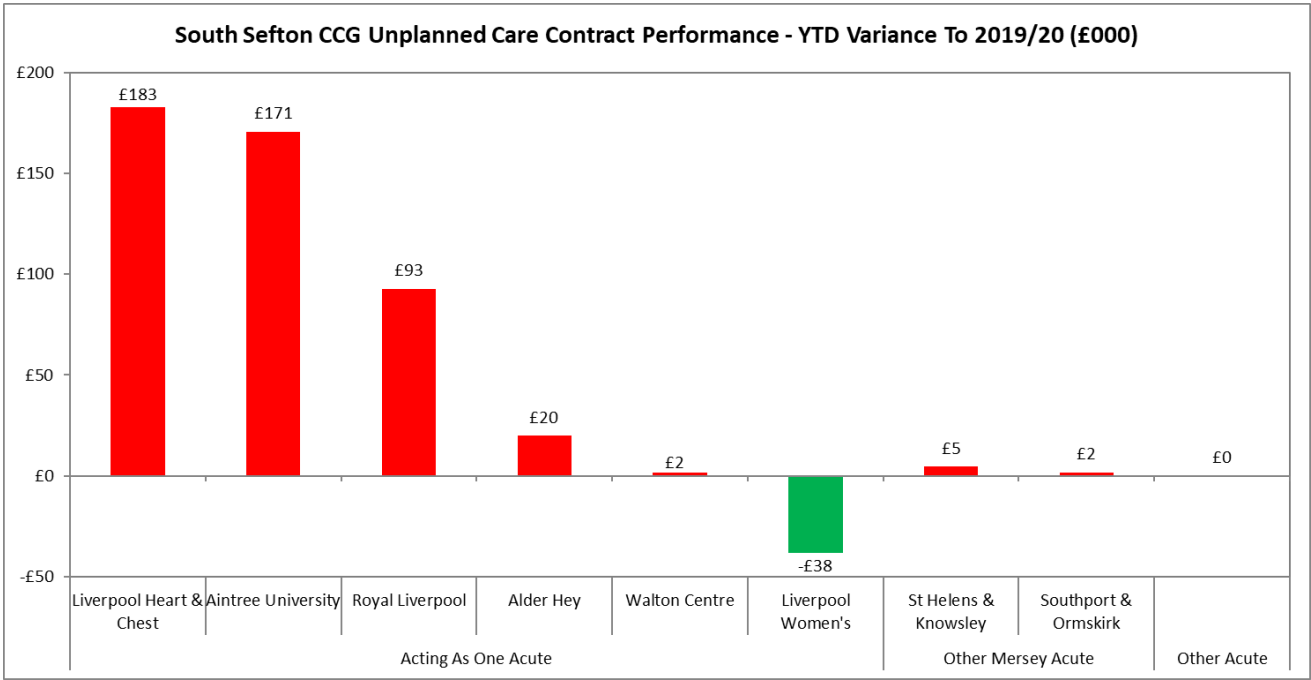


Figure 10 - Unplanned Care Activity Trends

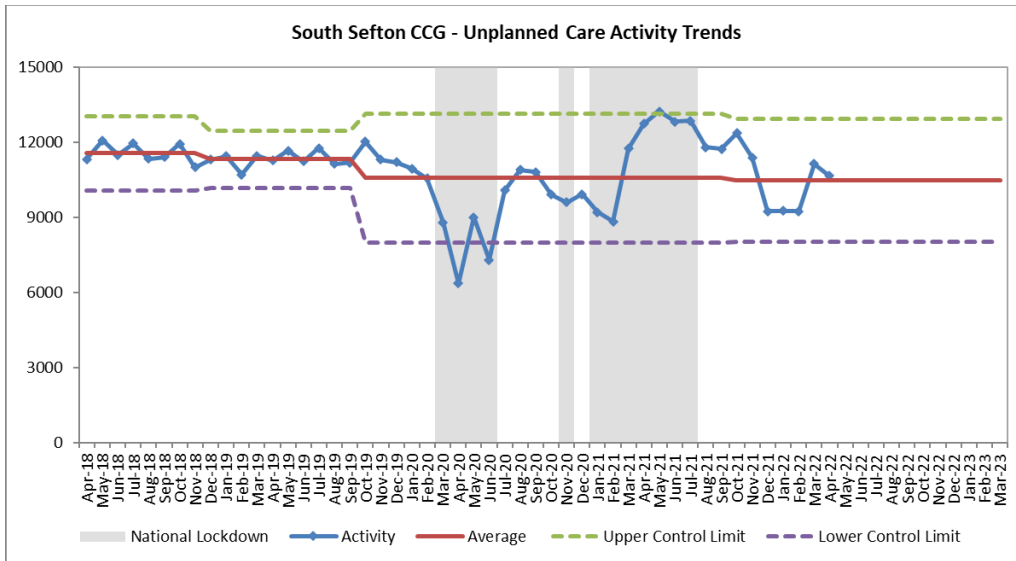


Figure 3 - A&E Type 1 against Plan (Previous Year)

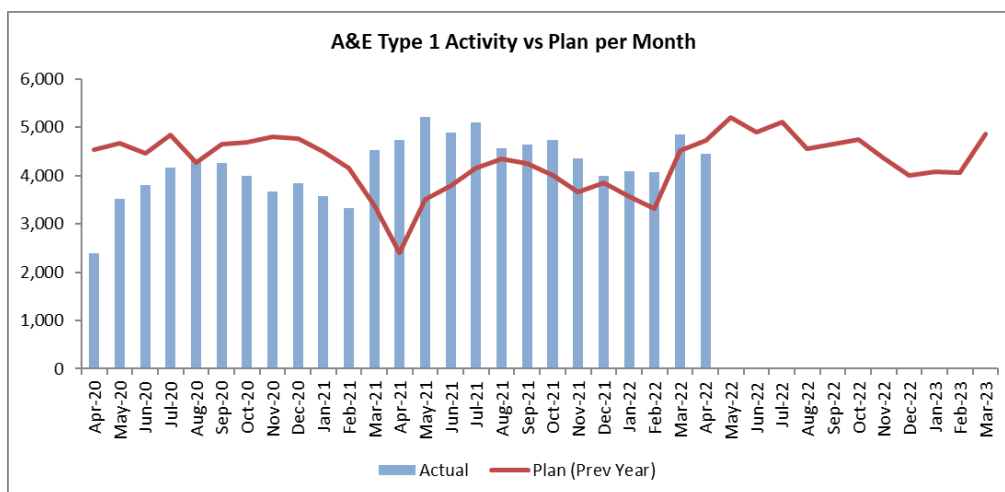
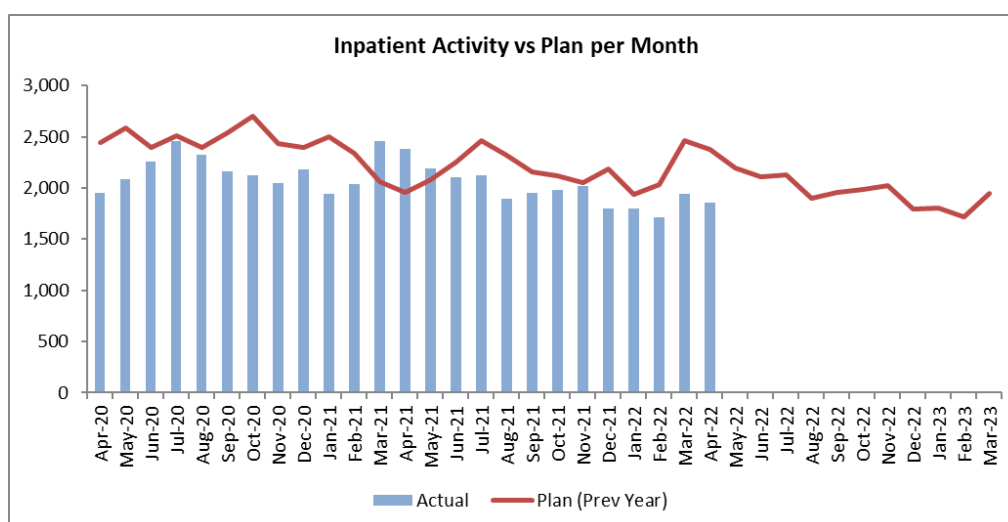


Figure 4 – Non-elective Inpatient Variance against Plan (Previous Year)



Mental Health

The Eating Disorder service has reported 22% of patients commencing treatment within 18 weeks of referral in April 2022, compared to a 95% target. Just 11 patients out of 50 commenced treatment within 18 weeks, which shows a decline in performance on last month when 29.40% 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. Staff are working to capacity and 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 weeks to treatment target. A wellbeing call is offered to all on the waiting list following which a psycho-education group is being offered for those who wish to attend from the waiting list. CBT-E training was delivered in April-22. The service feel that this structured, manualised and evidence-based intervention will improve throughput. As a wider piece of work, the service continues to explore how the acquisition of North West Boroughs NHS Trust can be of benefit and provide opportunities for additionality and service improvement. In relation to this, the eating disorder service has been confirmed as one of the first ten services across the Trust to formally go through the transition process. Both CCGs confirmed an additional £112k of investment for 2022/23 which has enabled 3.0 WTE band four assistant psychologists to be offered six-month, fixed term contracts to support

increasing psychology provision within the service. In addition, a band six dietician post has been recruited to on a 12-month fixed term basis, along with a permanent band seven dietician role. Recruitment continues to be challenging and one 1.49 WTE band seven CBT post has been readvertised. The service have reviewed their original business case and feel that it remains an appropriate and valid one. National community mental health transformation documentation for 2022/23 clearly stipulates need for robust arrangements to be in place in primary care for medical monitoring. This will need some consideration between C&M commissioners for whom Mersey Care provide eating disorder services.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.88% in April 2022, below the monthly target standard of 1.59%. Staffing has historically been a challenging issue but through some trainees now becoming qualified and those that are still progressing through their training gaining more experience and so able to complete more assessments, the service has increased its capacity and also introduced more robust internal processes around management and supervision. Performance is being closely monitored through regular meetings with the service.

The percentage of people who moved to recovery was 33% in April 2022 against the target of 50%, which is a decline in performance from 44% that was reported last month and now reporting under plan. It has been recognised that for South Sefton CCG, individuals enter the service with higher complexity which has an impact on recovery times. The provider has submitted an action plan which is being monitored through regular meetings and formal contract review meetings. Lots of work being undertaken by the provider to tighten internal systems and processes, along with more robust internal practices around management and supervision.

For IAPT six week waits to enter treatment, this measure has reported 60%, which is under the 75% target and has now been under target for six months. The service has introduced a revised assessment process to maximise existing capacity, ensuring all cancellations are made available for assessments and using agency staff. It will take time before the benefits of this are seen in the performance figures. In addition, trainees are now all beginning to have a small assessment caseload, which will progress gradually throughout the training course. Again, this provides previously unavailable capacity. The recovery action plan continues to be adhered to.

The CCG is recording a dementia diagnosis rate in April-22 of 59.5%, similar to last month when 59% was recorded and is under the national dementia diagnosis ambition of 66.7%. This demonstrates a very small improvement from last month's performance of 58.3%. Ongoing capacity and demand issues in primary care where initial dementia screening is completed continue to have an impact upon performance. The current model means that the service are continuing to review patients who could potentially be managed in primary care, thereby occupying capacity in the service through which new assessments could be completed. Discussions have begun with GP clinical leads as to how primary care could support with patient reviews and management, thereby increasing capacity in the service.

For the month of April-22, average waiting times for the Autistic Spectrum Disorder (ASD) service diagnostic assessments for service user's aged 16 – 25 accessing ASD services and waiting for an initial assessment is 84.2 weeks in Sefton. This is lower than the 85.4 weeks reported in March. The service continues to prioritise those individuals with a documented SEND requirement and the Life Rooms continue to carry out welfare calls to individuals on the ASD service waiting list, escalating any concerns as per agreed pathways. £100k of additional funding was committed in 2021/22 and again in 2022/23. This has enabled the service to recruit a further substantive band four assistant psychologist to support the post diagnostic group programmes. Through an organisational change process, the service has also uplifted two band five practitioner posts to band six to enable them to autonomously undertake diagnostic assessments. 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 has been submitted with the intention of applying for non-recurrent

funding to increase capacity for diagnostic assessments and post-diagnostic support. Given that the Mersey Care service covers both Liverpool and Sefton, the bid is a North Mersey one. More widely, all North and Mid-Mersey 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. Discussions have taken place with the National Autistic Society and alternative service models nationally are being looked at. Work is also underway through the contract monitoring meetings to ensure that monthly data reports are much more detailed and robust than they currently are in order to inform discussions around potential future service models. To note: the average of 8.8 weeks waiting times for ASD performance in April 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 54.9 weeks in April 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 April of this year. £137k of additional funding was committed in 2021/22 and again in 2022/23 which enabled the Trust to complete a waiting list cleanse to identify those individuals who no longer either met the criteria for an assessment or did not wish to proceed. A general welfare review was also completed as part of this process. The service also recruited a band seven non-medical prescriber on a fixed-term basis to commence nurse-led clinics and free up capacity in medical clinics for diagnostic assessments. The funding has also contributed to a subcontracting arrangement with a third-party organisation specifically to undertake clinical diagnostic assessments on behalf of the service to further reduce the waiting list. The provider 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, although this will be challenging due to the variation in service models and commissioned providers operating across Cheshire and Merseyside.

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

Month 1 assurance supplied by the Trust indicates that Allied Health Profession (AHP) waiting times have maintained improved positions within the 18-week standard except for physiotherapy, which has reduced waiting times from previous month to 25 weeks and Speech and Language Therapy (SALT), which have increased from the previous month to 28 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.

Children's Services

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

As previously reported, the SALT performance continues to be challenged. A number of issues have impacted on the service, notably an ongoing increase in referrals which spiked in April with 200 referrals accepted into the service across both Sefton CCG areas. Waiting times in April remain stable with 41% of referrals seen within 18 weeks.

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

All referrals continue to be clinically triaged at the point of receipt and prioritised according to need.

Physiotherapy, Dietetics, Occupational Therapy (OT) and Continence continue to report above the 92% KPI in April 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. For 2022/23, 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 has been shared by the Trust outlining when capacity and waiting times are expected to improve, which the CCG is currently reviewing. This indicates that with an increase in capacity, the 92% referral to treatment target would be reached in September 2023,

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged. In April there has been a slight improvement in 'open pathway' KPIs (i.e., assessment) to 39% and similar for 18-weeks to treatment to 73.8%, indicating that 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.

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.

Mental health access has continued to show improvement throughout 2021/22 reporting an end of year position of 39.6%, exceeding the annual access target of 35%. This is in part due to the reporting of Venus and Kooth data through the national data set which commenced in 2019/20, and more recently the Mental Health School Teams (MHSTs). It is noted that the increase in CAMHS provision and increased mental health provision will continue to positively impact on access rates.

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

Although for both ASD and ADHD services the 12-week KPI for starting assessment is still being met, increased referral rates are impacting on capacity and leading to delays in completion of the 30-week assessment pathways. Following the deterioration in performance for this metric over the last 6 to 8 months, waiting times have slightly declined in April to 87% for ADHD and 53% 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 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

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 April.

NHS Oversight Framework (NHS OF)

The NHS Oversight Framework (NHS OF) was superseded by the NHS System Oversight Framework (NHS SOF). The NHS SOF for 2022/23 provides clarity to Integrated Care Systems (ICs), 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 2022/23 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.