



Cheshire and Merseyside

Sefton Place – North Sefton

Integrated Performance Report Summary – May 2022

Summary Performance Dashboard

| Metric | Reporting Level | | 2022-23 | | | | | | | | | | | | YTD |
|---|-------------------------------|--------|---------|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | | Q1 | | | Q2 | | | Q3 | | | Q4 | | | |
| | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | |
| Diagnostics, Referral to Treatment (RTT) & Long Waiters | | | | | | | | | | | | | | | |
| % of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test | North Sefton | RAG | R | R | | | | | | | | | | | |
| | | Actual | 43.81% | 39.66% | | | | | | | | | | | |
| | | Target | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | 1% | |
| % of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral | North Sefton | RAG | R | R | | | | | | | | | | | |
| | | Actual | 69.38% | 68.43% | | | | | | | | | | | |
| | | Target | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | |
| Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks | North Sefton | RAG | R | R | | | | | | | | | | | |
| | | Actual | 490 | 543 | | | | | | | | | | | |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Referral to Treatment RTT - No of Incomplete Pathways Waiting >78 weeks The number of patients waiting at period end for incomplete pathways >78 weeks - reduction, 0 by April 2023 | North Sefton | RAG | R | R | | | | | | | | | | | |
| | | Actual | 98 | 113 | | | | | | | | | | | |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Referral to Treatment RTT - No of Incomplete Pathways Waiting >104 weeks The number of patients waiting at period end for incomplete pathways >104 weeks - 0 waits by July 2022 | North Sefton | RAG | R | R | | | | | | | | | | | |
| | | Actual | 21 | 17 | | | | | | | | | | | |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Cancelled Operations | | | | | | | | | | | | | | | |
| Cancellations for non-clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice | Southport & Ormskirk Hospital | RAG | R | G | | | | | | | | | | R | |
| | | Actual | 7 | 0 | | | | | | | | | | | 7 |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons. | Southport & Ormskirk Hospital | RAG | G | G | | | | | | | | | | G | |
| | | Actual | 0 | 0 | | | | | | | | | | | 0 |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Metric | Reporting Level | 2022-23 | | | | | | | | | | | | | | |
|---|-----------------|---------|---------|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
| | | Q1 | | | Q2 | | | Q3 | | | Q4 | | | YTD | | |
| | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | | |
| Cancer Waiting Times | | | | | | | | | | | | | | | | |
| % Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer | North Sefton | RAG | R | R | | | | | | | | | | | R | |
| | | Actual | 77.38% | 70.89% | | | | | | | | | | | | 77.90% |
| | | 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 | North Sefton | RAG | R | R | | | | | | | | | | | R | |
| | | Actual | 11.11% | 23.53% | | | | | | | | | | | | 7.14% |
| | | 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 | North Sefton | RAG | G | G | | | | | | | | | | | G | |
| | | Actual | 96.97% | 96.74% | | | | | | | | | | | | 96.84% |
| | | 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) | North Sefton | RAG | R | R | | | | | | | | | | | R | |
| | | Actual | 87.50% | 75.00% | | | | | | | | | | | | 79.17% |
| | | 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) | North Sefton | RAG | G | G | | | | | | | | | | | G | |
| | | Actual | 100% | 100% | | | | | | | | | | | | 100% |
| | | Target | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% | 98% |
| % of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy) | North Sefton | RAG | G | G | | | | | | | | | | | G | |
| | | Actual | 95.83% | 100% | | | | | | | | | | | | 98.11% |
| | | 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 | North Sefton | RAG | R | R | | | | | | | | | | | R | |
| | | Actual | 60.53% | 70.83% | | | | | | | | | | | | 66.28% |
| | | 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 | North Sefton | RAG | | R | | | | | | | | | | | R | |
| | | Actual | No pats | 33.33% | | | | | | | | | | | | 33.33% |
| | | Target | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% |

| Metric | Reporting Level | | 2022-23 | | | | | | | | | | | | YTD | |
|---|------------------------------------|--------|---------|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--------|
| | | | Q1 | | | Q2 | | | Q3 | | | Q4 | | | | |
| | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | | |
| Cancer Waiting Times | | | | | | | | | | | | | | | | |
| % of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority | North Sefton (local target 85%) | RAG | G | G | | | | | | | | | | | G | |
| | | Actual | 94.44% | 96.30% | | | | | | | | | | | | 95.56% |
| | | Target | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% | 85% |
| 28-day faster referral standard (FDS) - two week wait referral (MONTHLY) % of patients diagnosed within 28 days | North Sefton | RAG | R | R | | | | | | | | | | | R | |
| | | Actual | 59.39% | 59.30% | | | | | | | | | | | | 59.34% |
| | | Target | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% |
| 28-day faster referral standard (FDS) - two week wait breast symptom referral (MONTHLY) % of patients diagnosed within 28 days | North Sefton | RAG | R | R | | | | | | | | | | | R | |
| | | Actual | 15.00% | 42.86% | | | | | | | | | | | | 29.27% |
| | | Target | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% |
| 28-day faster referral standard (FDS) - screening referral (MONTHLY) % of patients diagnosed within 28 days | North Sefton | RAG | R | R | | | | | | | | | | | R | |
| | | Actual | 47.62% | 32.14% | | | | | | | | | | | | 38.78% |
| | | Target | 75% | 75% | 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 | North Sefton | RAG | R | R | | | | | | | | | | | R | |
| | | Actual | 79.49% | 76.08% | | | | | | | | | | | | 77.84% |
| | | 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 | Southport & Ormskirk NHS Trust | RAG | R | R | | | | | | | | | | | R | |
| | | Actual | 80.55% | 77.04% | | | | | | | | | | | | 78.86% |
| | | 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 | Southport & Ormskirk NHS Trust | RAG | R | R | | | | | | | | | | | R | |
| | | Actual | 12.46% | 9.6% | | | | | | | | | | | | 11.05% |
| | | 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 | Southport & Ormskirk NHS Trust | RAG | R | R | | | | | | | | | | | R | |
| | | Actual | 91.28% | 97.57% | | | | | | | | | | | | 94.54% |
| | | 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 | Southport & Ormskirk NHS Trust | RAG | R | R | | | | | | | | | | | R | |
| | | Actual | 65.50% | 76.60% | | | | | | | | | | | | 71.30% |
| | | 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 | Southport & Ormskirk NHS Trust | RAG | R | R | | | | | | | | | | | R | |
| | | Actual | 40.61% | 47.50% | | | | | | | | | | | | 44.20% |
| | | 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 | North Sefton | RAG | R | R | | | | | | | | | | | R | |
| | | Actual | 2 | 2 | | | | | | | | | | | | 4 |
| | | 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) | North Sefton | RAG | R | R | | | | | | | | | | | R | |
| | | Actual | 0.5 | 0.5 | | | | | | | | | | | | 1.0 |
| | | 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 | North Sefton | RAG | G | G | | | | | | | | | | | G |
| | | YTD | 0 | 0 | | | | | | | | | | | 0 |
| | | Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative | North Sefton | RAG | R | G | | | | | | | | | | | R |
| | | YTD | 5 | 7 | | | | | | | | | | | 7 |
| | | Target | 4 | 8 | 12 | 16 | 20 | 24 | 28 | 32 | 36 | 40 | 44 | 48 | 48 |
| Number of E.Coli Incidence of E.Coli (Commissioner) cumulative | North Sefton | RAG | G | G | | | | | | | | | | | G |
| | | YTD | 7 | 14 | | | | | | | | | | | 14 |
| | | Target | 10 | 19 | 27 | 34 | 41 | 48 | 56 | 67 | 80 | 91 | 100 | 107 | 107 |
| 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 | North Sefton | RAG | G | G | | | | | | | | | | | G |
| | | Actual | 100% | 100% | | | | | | | | | | | 100% |
| | | Target | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% |
| Episode of Psychosis | | | | | | | | | | | | | | | |
| First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral. The access and waiting time standard requires that more than 50% of people do so within two weeks of referral. | North Sefton | RAG | | | | | | | | | | | | | |
| | | Actual | To be updated in Q1 | | | | | | | | | | | | |
| | | Target | 60% | | | 60% | | | 60% | | | 60% | | | 60% |
| Eating Disorders | | | | | | | | | | | | | | | |
| Eating Disorders Service (EDS) Treatment commencing within 18 weeks of referrals | North Sefton | RAG | R | R | | | | | | | | | | | R |
| | | Actual | 28.60% | 42.90% | | | | | | | | | | | 35.75% |
| | | Target | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% |

| Metric | Reporting Level | | 2022-23 | | | | | | | | | | | | YTD |
|---|-----------------|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | | Q1 | | | Q2 | | | Q3 | | | Q4 | | | |
| | | | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | |
| IAPT (Improving Access to Psychological Therapies) | | | | | | | | | | | | | | | |
| IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies | North Sefton | RAG | R | R | | | | | | | | | | R | |
| | | Actual | 0.71% | 0.78% | | | | | | | | | | | 1.49% |
| | | Target | 1.59% | 1.59% | 1.59% | 1.59% | 1.59% | 1.59% | 1.59% | 1.59% | 1.59% | 1.59% | 1.59% | 1.59% | 19% |
| IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery. | North Sefton | RAG | R | G | | | | | | | | | | R | |
| | | Actual | 45.30% | 52.6% | | | | | | | | | | | 48.90% |
| | | Target | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% |
| IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment. | North Sefton | RAG | R | R | | | | | | | | | | R | |
| | | Actual | 73.00% | 54.0% | | | | | | | | | | | 63.0% |
| | | 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. | North Sefton | RAG | G | G | | | | | | | | | | G | |
| | | Actual | 98% | 100% | | | | | | | | | | | 99% |
| | | Target | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% | 95% |
| Dementia | | | | | | | | | | | | | | | |
| Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia | North Sefton | RAG | R | R | | | | | | | | | | R | |
| | | Actual | 66.13% | 65.94% | | | | | | | | | | | 66.03% |
| | | Target | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% | 66.70% |

| Metric | Reporting Level | | 2022-23 | | | | | | | | | | | | 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 | North Sefton | RAG | | | | | | | | | | | | | |
| | | Actual | To be updated in Q1 | | | | | | | | | | | | |
| | | Target | TBC | | | TBC | | | TBC | | | TBC | | | TBC |
| Severe Mental Illness - Physical Health Check | | | | | | | | | | | | | | | |
| Rolling 12 month as at the end of the quarter | | | | | | | | | | | | | | | |
| People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting. | North Sefton | RAG | | | | | | | | | | | | | |
| | | 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 | North Sefton | RAG | | | | | | | | | | | | | |
| | | Actual | To be updated in Q1 | | | | | | | | | | | | |
| | | Target | 8.75% | | | 8.75% | | | 8.75% | | | 8.75% | | | 35% YTD |
| Children and Young People with Eating Disorders | | | | | | | | | | | | | | | |
| The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY) | North Sefton | RAG | | | | | | | | | | | | | |
| | | 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) | North Sefton | RAG | | | | | | | | | | | | | |
| | | Actual | To be updated in Q1 | | | | | | | | | | | | |
| | | Target | 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 | |
| SEND Measures | | | | | | | | | | | | | | | |
| Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks open pathways - Alder Hey | North Sefton | RAG | R | R | | | | | | | | | | | |
| | | Actual | 34.1% | 51.5% | | | | | | | | | | | |
| | | Target | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | 92% | |
| Child and Adolescent Mental Health Services (CAMHS) - % referral to partnership within 18 weeks - Alder Hey | North Sefton | RAG | R | R | | | | | | | | | | | |
| | | Actual | 68.9% | 76.2% | | | | | | | | | | | |
| | | 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 | | | | | | | | | | | |
| | | Actual | 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 | | | | | | | | | | | |
| | | Actual | 53% | 51.5% | | | | | | | | | | | |
| | | 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 | | | | | | | | | | | |
| | | Actual | 100% | 100% | | | | | | | | | | | |
| | | Target | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% | 90% | |
| Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks - Alder Hey - KPI 5/13 | Sefton | RAG | R | R | | | | | | | | | | | |
| | | Actual | 87% | 74.4% | | | | | | | | | | | |
| | | 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 5/16 | Sefton | RAG | | | | | | | | | | | | | |
| | | Actual | 8.8 | 12.1 | | | | | | | | | | | |
| | | Target | | | | | | | | | | | | | |
| Average waiting times for Autism Spectrum Disorder (ASD) service diagnostic assessment in weeks (ages 16 - 25 years) - Mersey Care - KPI 5/16 | Sefton | RAG | | | | | | | | | | | | | |
| | | Actual | 84.2 | 84.7 | | | | | | | | | | | |
| | | Target | | | | | | | | | | | | | |
| Average waiting times for Attention Deficit Hyperactivity Disorder (ADHD) service <u>in weeks</u> (ages 16 - 25 years) - Mersey Care - KPI 5/17 | Sefton | RAG | | | | | | | | | | | | | |
| | | Actual | 54.9 | 56.3 | | | | | | | | | | | |
| | | Target | | | | | | | | | | | | | |

Executive Summary

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

| Constitutional Performance for May 2022/23 & Q4 2021/22 | North Sefton | S&O |
|---|--------------|--------|
| Diagnostics (National Target <1%) | 39.66% | 43.59% |
| Referral to Treatment (RTT) (92% Target) | 68.43% | 74.86% |
| No of incomplete pathways waiting over 52 weeks (Target zero) | 543 | 289 |
| No of incomplete pathways waiting over 104 weeks (Target zero from July 2022) | 17 | 0 |
| Cancelled Operations (Zero Tolerance) | - | 0 |
| Cancer 62 Day Standard (Nat Target 85%) | 70.83% | 67.48% |
| A&E 4 Hour All Types (National Target 95%) | 76.08% | 77.04% |
| S&O Waits in A&E from Arrival to Discharge, Admission or Transfer (Target 2%) | - | 9.60% |
| A&E 12 Hour Breaches (Zero Tolerance) | - | 65 |
| Ambulance Handovers <= 15 mins (Target 65%) | - | 47.50% |
| Ambulance Handovers <= 30 mins (Target 95%) | - | 76.60% |
| Ambulance Handovers <= 60 mins (Target 100%) | - | 97.57% |
| Stroke (Target 80%) (April data - reported a month in arrears) | - | 33.3% |
| TIA Assess & Treat 24 Hrs (Target 60%) (April data - reported a month in arrears) | - | 100% |
| Mixed Sex Accommodation (Zero Tolerance) | 2 | 6 |
| CPA 7 Day Follow Up (95% Target) 2021/22 - Q4 | 100% | - |
| EIP 2 Weeks (60% Target) 2021/22 - Q4 | 50% | - |
| IAPT Access (1.59% target monthly - 19% YTD) | 0.78% | - |
| IAPT Recovery (Target 50%) | 52.60% | - |
| IAPT 6 Weeks (75% Target) | 54.00% | - |
| IAPT 18 Weeks (95% Target) | 100% | - |

To Note:

Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response the decision was made to pause the collection and publication of several official statistics, these include Delayed Transfers of Care (DToc), cancelled operations, occupied bed days, wheelchair return (QWC1), Better Care Fund (BCF) and NHS England monthly activity monitoring. These measures will be updated as soon as the data becomes available and will be incorporated back into the report.

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

COVID Vaccination Update

In a North Sefton eligible population of 121,068, the number of patients successfully vaccinated with a primary course at the end of May 22 is 92,873 (76.7%). 77,620 (64.7%) of North Sefton patients have received booster 1. There are 24,418 (20.17%) patients that have not yet had any vaccination and 3,369 (2.8%) that have only had the 1st dose. In April 2022, the Spring Booster campaign started and at the end of May 22 15,780 (14.4%) patients have received a 2nd booster. Some patients in vulnerable groups, have also been offered a 3rd booster vaccination. At the end of May 2022, there have been 351 (0.7%) patients, usually severely immunocompromised, who have received a 3rd booster.

Planned Care

Local providers have continued to undertake urgent elective treatments during the COVID-19 pandemic period, and this has been clinically prioritised. Work is underway locally in the Southport & Ormskirk system to increase the available capacity to support urgent elective activity. This will include use of nationally agreed independent sector contracts following clinical assessment in terms of triage and prioritisation.

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

Southport and Ormskirk Trust have continued to deliver routine elective activity throughout the pandemic, with a focus on delivering greater theatre capacity utilising on site theatres and that of the independent sector. Cheshire and Merseyside Hospital Cell has set out principles for elective recovery with a proposed recovery approach. The approach is focused on development of system level waiting list management both in diagnostic and surgical waits to maximise the capacity available and to standardise waiting times where possible and with priority given to clinically urgent patients and long waiters (52 week plus). The recently published 'Planning guidance' 2022/23, has also put a greater emphasis on recovery with expectations that trusts aim to deliver 110% of 2019/20 outturn, leading to a reduction in the waiting list position, primarily focused on those waiting the longest and at highest risk. The Health Care Partnership (HCP) Elective Care Programme Board has been 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' and elective theatre utilisation within the following specialities: dermatology, referral optimisation, ophthalmology, urology, orthopaedics/MSK and ENT. These workstreams are co-ordinated centrally with close working relationships with Place and Trust leads. The expectation being that these programmes will provide additional capacity by either reducing demand or making better use of current resources. Elective recovery will continue to be supported by the independent sector facilitated by the procurement of service via the Increasing Capacity Framework (ICF). The Hospital Cell has developed a dashboard of elective care metrics focused on elective recovery, with weekly meeting with Trust Chief Operating Officers to hold the system to account for performance.

For local referral monitoring, the Place Business Intelligence team are undergoing network developments in order to enhance data processing and analysis. Some issues remain at month 2, which will require further investigation. However, comparing referrals at the main acute hospital provider, the year-to-date position at May-22 shows that referrals are comparable to the previous year at this stage but remain -21% below the equivalent period of pre-pandemic (i.e. 2019/20). Specialities such as Ophthalmology, Gynaecology and ENT have seen notable decreases in referrals when comparing these reporting periods.

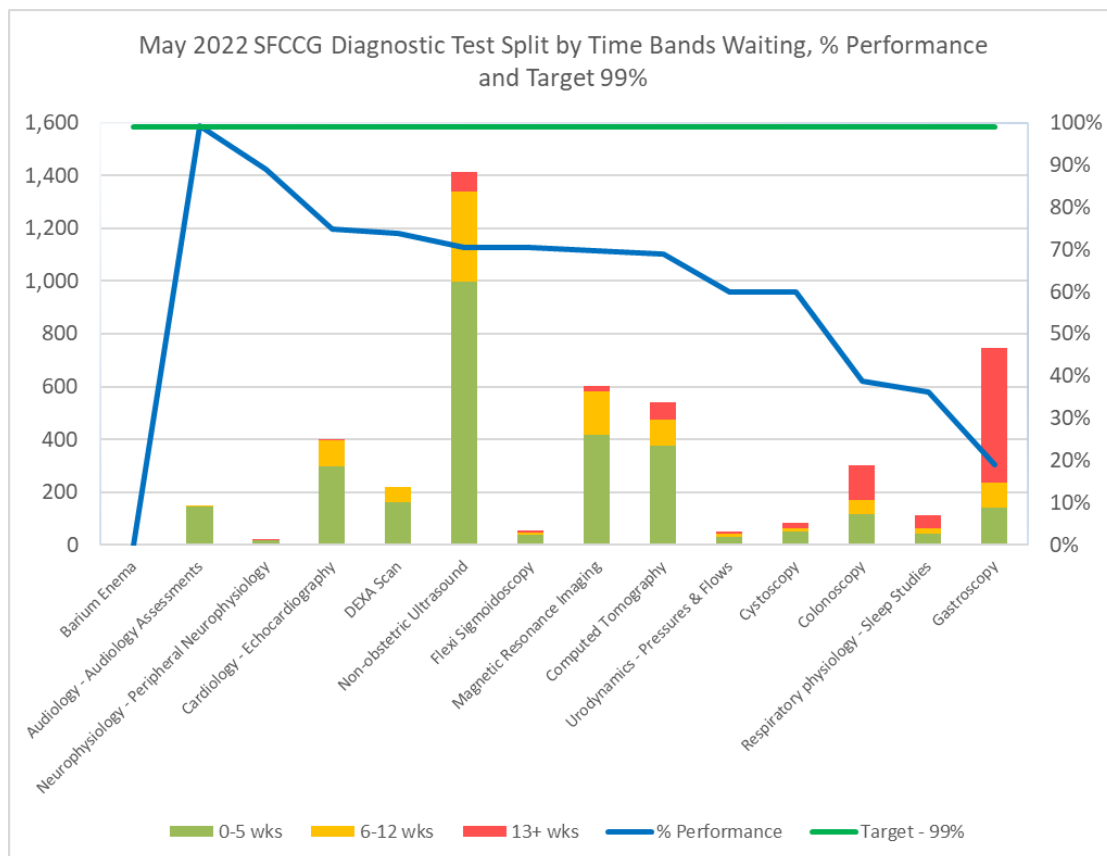
Reporting has been suspended on the e-Referral Service (e-RS) metric as e-RS capacity has been removed to ensure equity of provision. The current e-RS pathway is for all patients to be referred via the Appointment Slot Issue (ASI) functionality or via a Referral Assessment Service (RAS) for Trusts to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

North Sefton is over the less than 1% target for Diagnostics in May, recording 39.66%, around a 4% improvement in performance from last month when 43.81% was reported. Along with being above the target, North Sefton is measuring above the national level of 35.17%. Southport and Ormskirk reported 43.59%, a 5% improvement on last month when 48.56% was reported. Overall,

increased demand, changes to the urgency of requests across all modalities and effects of Infection Prevention and Control (IPC) guidance is impacting performance. Additional lost capacity due to technical issues with the MRI scanner (3 days) and lost capacity at the Walton Centre due to CT scan downtime. The Walton Centre CT scan is now reinstated with further improvement in performance expected in June 2022. Additionally, open hours for MRI extended to increase capacity with a potential opportunity for the Trust to commission additional activity at the Walton Centre for MRI also.

The Trust is also currently utilising imaging network capacity at St Helens & Knowsley, a weekly session at The Walton Centre for CT and additional capacity at Renacres for non-obstetric ultrasound. Staff are continuing to carry out additional sessions of an evening and weekend where possible. A detailed piece of work will be completed with the Directorate to analyse and develop an improvement plan which the Place has formally requested via contract meetings. The expectation being that the improvement plan details a performance trajectory for improvement for individual modalities, areas of risk and concern, plans to utilise independent sector and where performance is not likely to achieve national targets, assurance that patient safety is prioritised. The constitutional standard performance will continue to be challenging for the remainder of the year based on infection control, workforce constraints and the continued effect of COVID. However, planned work in relation to the implementation of community diagnostic hubs across Cheshire & Merseyside in the coming months and the Trusts own plans are expected to deliver additional capacity and improve performance across the system.

Figure 1 – May North Sefton (previously SFCCG) Diagnostics Chart and Table



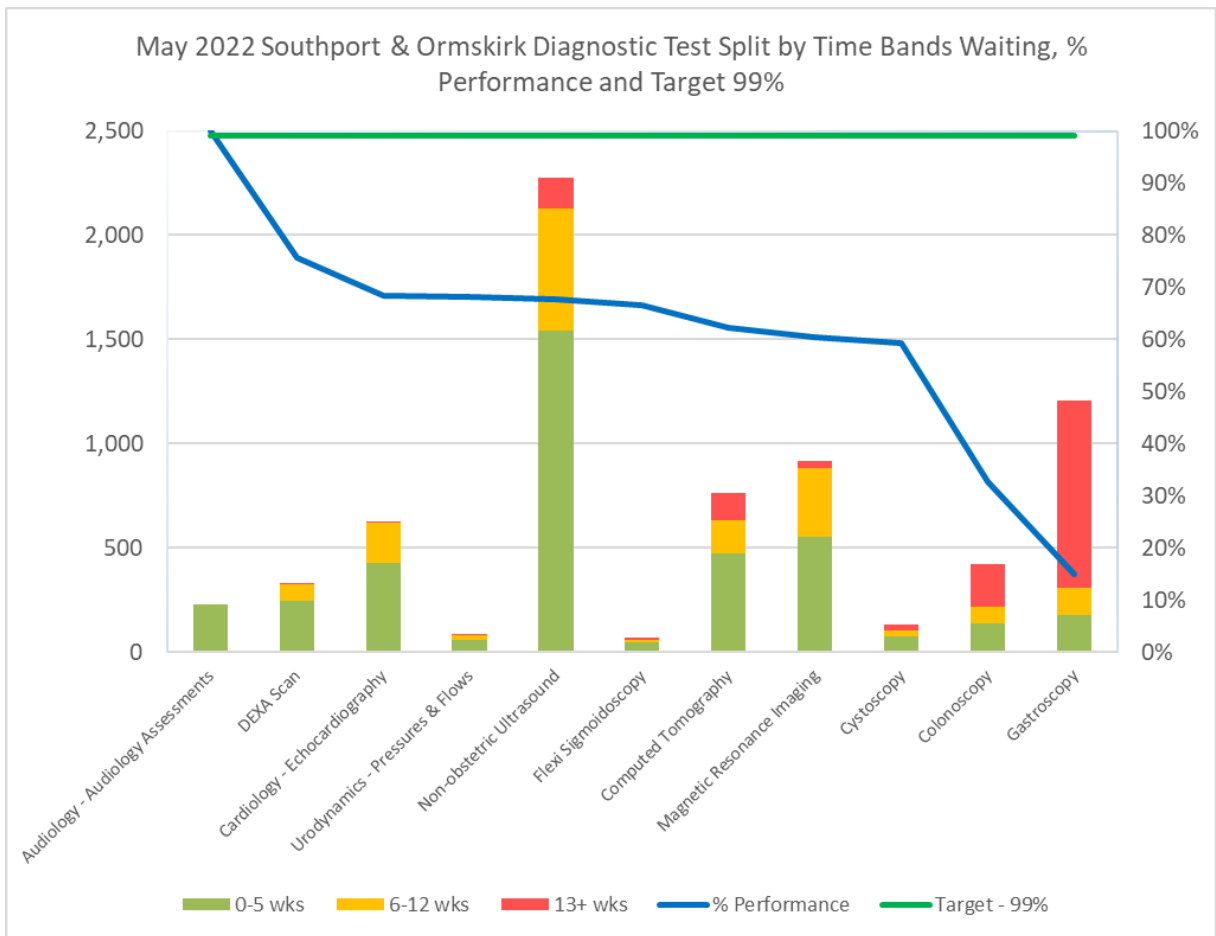
| Diagnostic | 0-5 wks | 6-12 wks | 13+ wks | % Performance | Target - 99% |
|--|--------------|------------|------------|---------------|--------------|
| Barium Enema | 0 | 0 | 0 | No patients | 99% |
| Audiology - Audiology Assessments | 145 | 1 | 0 | 99.32% | 99% |
| Neurophysiology - Peripheral Neurophysiology | 16 | 0 | 2 | 88.89% | 99% |
| Cardiology - Echocardiography | 298 | 97 | 3 | 74.87% | 99% |
| DEXA Scan | 163 | 58 | 0 | 73.76% | 99% |
| Non-obstetric Ultrasound | 996 | 344 | 74 | 70.44% | 99% |
| Flexi Sigmoidoscopy | 38 | 9 | 7 | 70.37% | 99% |
| Magnetic Resonance Imaging | 419 | 164 | 18 | 69.72% | 99% |
| Computed Tomography | 374 | 100 | 68 | 69.00% | 99% |
| Urodynamics - Pressures & Flows | 30 | 11 | 9 | 60.00% | 99% |
| Cystoscopy | 49 | 14 | 19 | 59.76% | 99% |
| Colonoscopy | 117 | 52 | 132 | 38.87% | 99% |
| Respiratory physiology - Sleep Studies | 41 | 21 | 51 | 36.28% | 99% |
| Gastroscopy | 141 | 94 | 510 | 18.93% | 99% |
| Total | 2,827 | 965 | 893 | 60.34% | 99% |

For diagnostics overall, North Sefton is reporting 60.34%, below target of greater than 99% seen within 6 weeks and the proportion waiting over 13 weeks is 19.06%. National levels overall are currently at 73.99% and the proportion waiting over 13 weeks nationally at 10.04%. The Place is performing worse on both counts.

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

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

Figure 2 – May Southport & Ormskirk NHS Trust Diagnostics Chart and Table



| Diagnostic | 0-5 wks | 6-12 wks | 13+ wks | % Performance | Target - 99% |
|-----------------------------------|--------------|--------------|--------------|---------------|--------------|
| Audiology - Audiology Assessments | 232 | 0 | 0 | 100.00% | 99% |
| DEXA Scan | 249 | 79 | 1 | 75.68% | 99% |
| Cardiology - Echocardiography | 430 | 192 | 6 | 68.47% | 99% |
| Urodynamics - Pressures & Flows | 60 | 20 | 8 | 68.18% | 99% |
| Non-obstetric Ultrasound | 1,543 | 583 | 151 | 67.76% | 99% |
| Flexi Sigmoidoscopy | 48 | 11 | 13 | 66.67% | 99% |
| Computed Tomography | 475 | 161 | 127 | 62.25% | 99% |
| Magnetic Resonance Imaging | 555 | 330 | 33 | 60.46% | 99% |
| Cystoscopy | 79 | 25 | 29 | 59.40% | 99% |
| Colonoscopy | 139 | 82 | 204 | 32.71% | 99% |
| Gastroscopy | 181 | 128 | 901 | 14.96% | 99% |
| Total | 3,991 | 1,611 | 1,473 | 56.41% | 99% |

Figure 3 – North Sefton (previously SFCCG) RTT Performance and Activity (Incomplete Pathways)

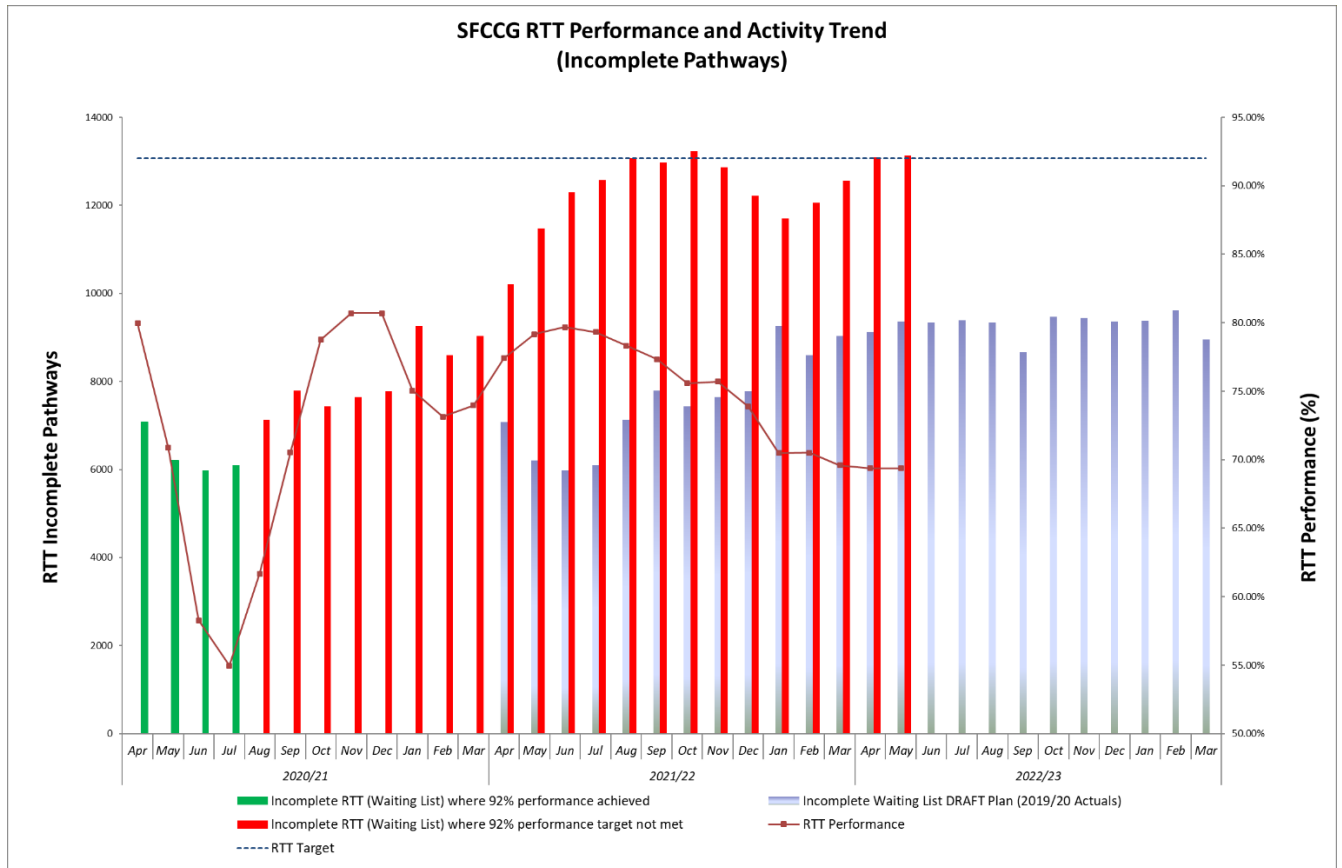


Figure 4 – RTT Incomplete Pathways, 52 weeks waiters v Plan

Southport & Formby CCG

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

S&O

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

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

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, North Sefton performance in May was 68.43%, a slight decline compared to performance to last month (69.38%). North Sefton is reporting above the national level of 63.49%. Southport & Ormskirk Hospital reported 74.86%, showing a decline in performance across the previous 3 months, from 79.12% in February 2022.

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

There were a total of 1,600 North Sefton patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 543 patients were waiting over 52 weeks, an increase on last month when 490 breaches were reported. Included in the long waiters there are 17 patients waiting over 104 weeks (4 less than last month). The Place meet on a bi-weekly basis with the provider to receive an update on the 104-day breaches. The hospital cell has established a weekly system review group for 104 week waits, with the expectation that providers deliver against targets set in the recently published Operational Planning Guidance 2022/23, specifically that the system eliminates 104 week waits by July 2022. There may however be some short-term deterioration in both 18 week and 52 week wait positions whilst long waiters are focused upon. Along with the ongoing focus on the long waits and the 104+ group, there is a focus on the next level down. Local targets are to be introduced to support a phased trajectory to the 78-week target, aiming to be below 78 weeks by the end of March 2023. See below:

- August: 96 weeks
- September: 92 weeks
- October: 88 weeks
- November: 84 weeks
- December: 82 weeks
- January: 80 weeks
- February: 78 weeks
- March: 76 weeks

Of the 543 52+ week breaches for North Sefton, there were 154 at Southport & Ormskirk, 204 at LUHFT, 30 at Renacres and 155 at 18 other Trusts. The 543 breaches represent 4.13% of the total waiting list, which remains below the national level of 5.02%.

Southport & Ormskirk had a total of 289, 52-week breaches in May, 97 more than reported last month. This, in contrast to the growth in 52-week waiters in the same period (53), indicates that although priority is given to long waiters (104/78 week waiters) and priority 2 (P2) patients, the Trust are continuing to tackle 52 week breaches. Growth in the 52-week position is in-line with the trend across Cheshire and Merseyside.

Overall, the number of patients waiting on an incomplete pathway for the North Sefton increased to 13,151 in May 2022 (April 2022 reported 13,082). The monthly waiting list position remains high for North Sefton and Trust, mirroring the national trend. The Place BI Team produces trend analysis into RTT incomplete pathways, which is shared with commissioners monthly.

The Trust has reported no cancelled operations in May, compared to 7 reported last month. For all patients who have had their operation cancelled, on or after the day of admission for non-clinical reasons are to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.

North Sefton are achieving 4 of the 9 cancer measures in May-22 and 4 year to date. The Trust are achieving 3 measures in May also 3 year to date.

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

Progress over the last month includes:

- A peer review process with St Helens and Knowsley NHS Trust looking at comparative cancer staffing establishment and performance. This led to a proposal for an augmented structure for the cancer management team
- Recruitment of a programme manager to oversee continuing development of the Faster Diagnosis Programme.

Challenges remain around:

- Sustained high referral rates (120% of pre-pandemic levels).
- Achievement of 14-day performance for first assessment in colorectal patients who have had FIT testing
- Inclusion of safety netting for low-risk FIT patients from September 2022
- Histology turnaround times.
- Staffing gaps in lung and skin.

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

North Sefton continues to fail the 2-week cancer measure in May reporting 70.89%. Southport and Ormskirk Hospital also continues to fail the 2-week standard reporting 84.20%, a decline on last month when 86.10% was recorded. The main reason for the breaches for both measures is inadequate outpatient capacity associated with sustained growth in 2-week referrals of 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 wait breast services, North Sefton performance has improved from 11.11% in April to 23.53% in May but remains significantly under the 93% target. Liverpool University Hospitals Foundation Trust (LUHFT), which is the main provider for breast services, is reporting 27.20% in May, with 190 breaches out of a total of 261 patients seen. This is an improvement on the previous month. Performance against the 28-day standard for North Sefton for patients referred with breast symptoms is under the 75% standard at 42.86%, a significant improvement from 15% recorded last month.

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

For Cancer 62 Day standard North Sefton is measuring above the national level of 61.47%, recording 70.83% in May, a 10% improvement. However, North Sefton remains below the 85% operational target.

For patients waiting over 104 days, North Sefton reported 3 patients in May, 2 more than last month: 1 breast patient (104 days), 1 gynecological patient (213 days) and 1 urological patient (125 days). North West guidance asks that any patients who experience a long wait are reviewed to assess whether harm has occurred as a result of the long wait and that a root cause analysis is undertaken to identify all causes of delay in the pathway. The Place expects to start receiving

harm reviews and root cause analyses in the next month which will provide assurance that all themes are being captured and addressed within the Provider's Cancer Improvement Plan.

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

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

Trajectories have been submitted by providers to reflect planning guidance for first appointments and first treatments to meet the expectation that the number of 62-day waits will return to pre pandemic levels by the end of 2022/23.

Systems were to meet the new Faster Diagnosis Standard (FDS) from Q3 2021/22, at a level of 75%. In May, North Sefton performed below the target all 3 indicators. 28-day FDS overall reporting for May 2022 is 57.43%, under the 75% target. It is recognised that the current focus on the 62-day backlog will close pathways for long waiting patients but that such long pathways will not by definition meet the 28-day standard. There is therefore likely to be a lag in achieving the operational standard for 28 days.

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

For Southport & Ormskirk Friends and Family Inpatient test response rate is above the England average of 18.5% in April 2022 at 34.4% (latest data). The percentage of patients who would recommend the service has remained at 91%, which is below as the England average of 94% and the percentage who would not recommend has increased to 7%, above 3% England average. The Trust recently provided a Patient Experience update at the Places Patient Experience Group (PEEG) meeting. This included actions put in place directly from patient feedback on the ward as well as the steps taken to reintroduce visiting times for relatives/carers following the recent lifting of restrictions.

For planned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for North Sefton. This was a direct consequence of the COVID-19 pandemic and subsequent response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. For 2021/22 there was a focus on restoration of elective services as set out in the NHS Operational Planning Guidance and this is a continued emphasis for 2022/23. Despite this, year to date activity in 2022/23 has seen a reduction in total planned care activity (incorporating day case, elective and outpatient attendances) for North Sefton. Month 2 has seen an increase in activity to the previous month but year to date levels are currently -10% below pre-pandemic levels in the equivalent period. Comparing to the previous year, activity has increased by 7%.

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

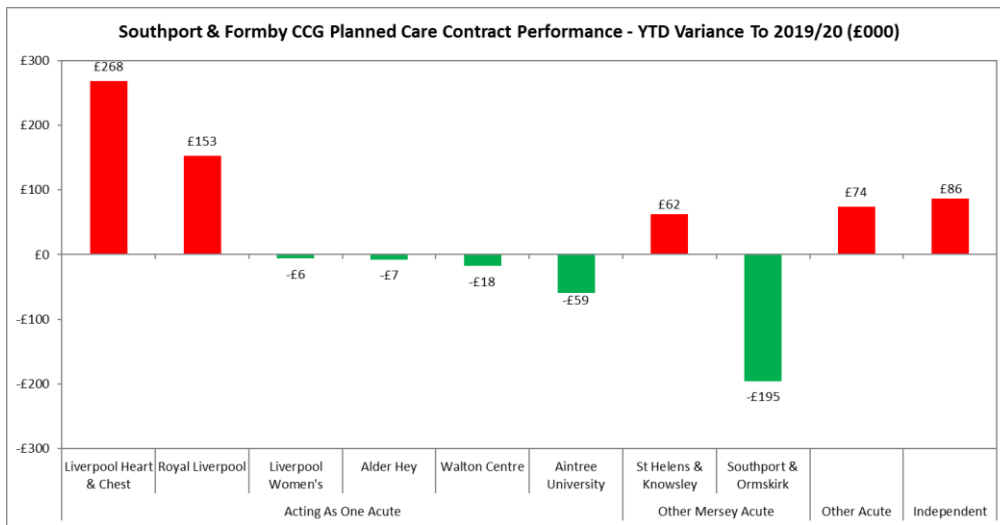


Figure 6 - Planned Care Activity Trends

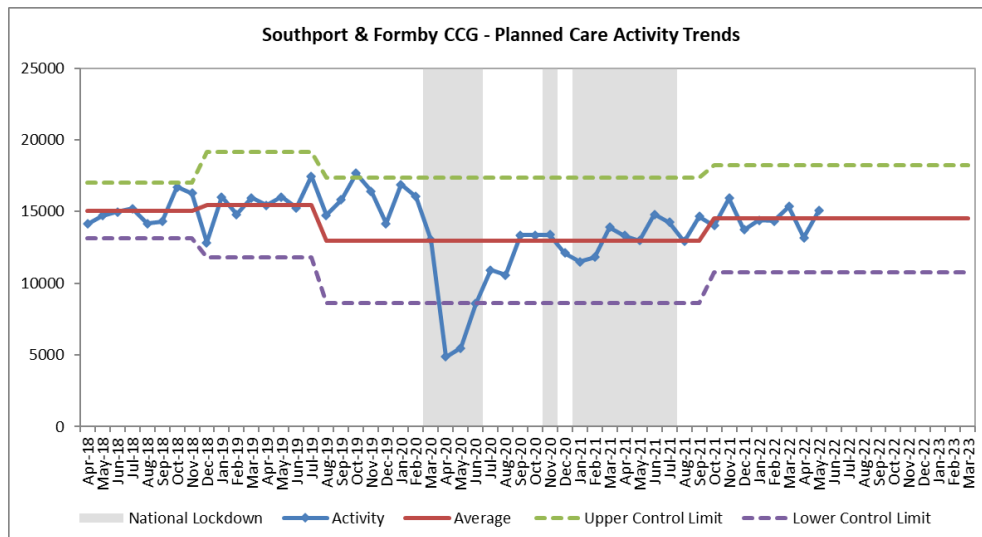


Figure 7 – Elective Inpatient Variance against Plan (Previous Year)

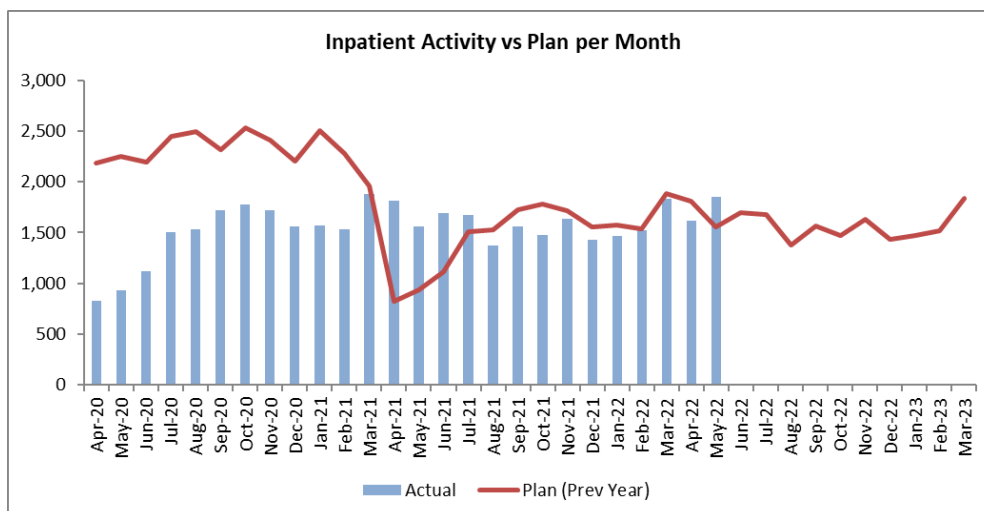
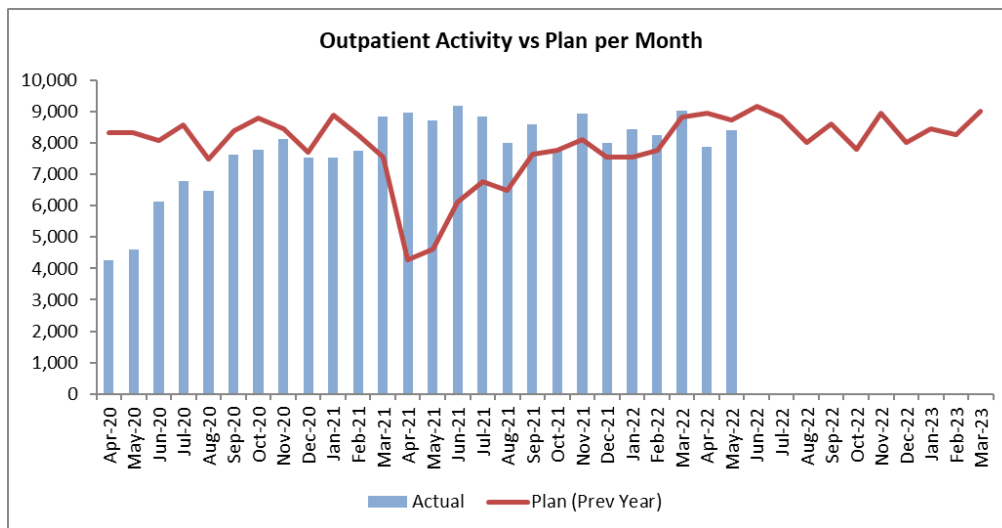


Figure 8 – Outpatient (First and Follow Up) Variance against Plan (Previous Year)



Unplanned Care

In relation to A&E 4-hour waits for all types, North Sefton and Southport & Ormskirk continue to report under the 95% target in May, reporting 76.08% and 77.04% respectively – a -3.4% decline for North Sefton and -3.5% for the Trust from what was reported last month. North Sefton and Trust are above the nationally reported level of 73.05%.

New in 2022/23, the Trust are required to report waits in A&E from arrival to discharge, admission or transfer. In May-22, the Trust reported 9.6% against the plan of patients waiting no more than 2% waiting over 12 hours, therefore reporting over this threshold, also an improvement from last month when 12.5% was reported.

- AED attendances have remained stable in the first quarter at around 1119 per week
- LLoS – 21 days increased slightly from April through to 1st June and has now stabilised at around 21.5%
- Bed occupancy levels 6-week average is currently 97.5%, so occupancy levels remain high.
- Ambulance attendances have remained stable through from April to June (approx. 313 per week)
- Average ambulance handover 6-week average is 35 minutes

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

The Trust reported 65, 12-hour breaches in May, a marked decrease of -136 from last month when 201 were reported. The avoidance of 12-hour breaches is a priority for the Southport and Ormskirk system and continue to be reviewed in accordance with the recently agreed processes with the Place and NHSE/I. The Trust continue to submit 12 Hour Breach forms within the agreed timescales. 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 patients were cared for and treated appropriately within the Department.

Actions and key priorities to reduce 12-hour breaches include:

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

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20 and has continued. The latest available data is for May-22, there was an average response time for North Sefton of 9 minutes, 38 seconds recording over the target of 7 minutes for Category 1 incidents. Following this, Category 2 incidents had an average response time of 39 minutes 42 seconds, against a target of 18 minutes. Category 3 90th percentile has shown a small improvement to the target of less than or equal to 120 minutes reporting 8 hours 14 minutes. There was no data reported for Cat 4 90th percentile. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

For ambulance handovers, the metrics have been updated in line with the 2022/23 guidance based on percentage of handovers between ambulance and A&E within 15, 30 and 60 minutes. The Trust report 47.5% against a target of 65% within 15 minutes, 76.6% against a target of 95% for handovers within 30 minutes and 97.57% against a target 100% for handovers within 60 minutes, all falling below target but an improvement on last month. Southport and Ormskirk Trust for April through to June have an average ambulance handover of 35 mins which remains one of the best performing Trusts across C&M. There is much variation, and this is dependent on time of day, surge management and ED overcrowding.

The mixed sex accommodation (MSA) collection was previously paused due to COVID-19 in April-20 to release capacity across the NHS. The collection has now resumed. The plan is zero. Latest published data shows North Sefton had 2 breaches and the Trust reported 6 breaches in May 2022. The Trust report their delays relate to transferring patients from Critical Care to ward beds due to bed capacity. The Trust have a process in place whereby each case is escalated through the daily meetings.

The stroke indicator is currently one month in arrears. Southport & Ormskirk reported 33.3% of patients who had a stroke spending at least 90% of their time on a stroke unit in April, a 7.11% decline in performance on the previous month. This is well below the 80% target. Compliance in April has been impacted by consistently high levels of attendance to the Trust which has resulted in bed capacity issues and therefore has had an impact on the ability to maintain at least 1 ringfenced Stroke bed. Also, impact has been seen by Stroke patients testing COVID positive and so being unable to admit directly to Stroke ward if no available side room. Compliance has been challenged by late referrals to the Stroke team and late diagnosis. These accounted for 4 of the 22 breaches. 2

were avoidable. The Trust Stroke Operational Group continues to focus on quality and pathway improvements. Collaborative work with LUHFT continues as part of the 'North Mersey Stroke Transformation' pathway. An implementation date of 19th September has now been formally agreed for the S&O patient cohort and the Final Business Case is due to go to the relevant boards in July 2022. In the interim, Stroke Nurses continue to provide ad-hoc teaching in ED to support earlier diagnosis. Bed meetings take place 4 times daily where a plan for Stroke admissions, and a contingency where there is a lack of ringfenced bed, is established.

TIA was reported at 100% against the 60% target with all 9 patients treated within 24 hours, another improvement in performance from last month when 81.8% was reported, continues to achieve. The data for April 2022 is based on validated TIA referrals only. Other organisations will not be reporting a validated position so this needs to be considered when benchmarking. This position is expected to continue to fluctuate due to the on-going workforce pressures at S&O. Most patients will have been reviewed by the Stroke team prior to discharge and have a comprehensive action plan in place but this action plan may not always meet the best practice pathway in being completed within 24 hours due to the on-going workforce pressures at S&O. This is expected to improve when the North Mersey Stroke Pathway is implemented as there will be a shared clinical team which will improve TIA clinic capacity. A revised Pre-Consultation Business Case is in its final draft for submission to NHSE with reworked costings including the impact on NWAS. It is expected that governance processes will be agreed and signed off by 4th August for further consideration by a Joint Oversight & Scrutiny Committee later the same month. An internal Trust group will be focusing on workstreams including: TIA, Early Supported (ESD), Rehab and Radiology.

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

For C.Difficile, North Sefton reported 2 new cases in May (7 year to date) against a year-to-date plan of 8 so are below the planned trajectory (year-end target is ≤ 48). Southport & Ormskirk Trust reported 2 new cases in May (7 year to date) against a year-to-date target of 8 also below trajectory, (year-end target is ≤ 49). Infection control panels, chaired by the Director of Infection Prevention Control, continue to meet and will be critical to ensure those actions put in place in 2021/22 are embedded across the organisation.

For E coli, North Sefton reported 7 new cases in May (14 year to date) against a year-to-date target of 19 so are below the planned monthly trajectory (year-end target is ≤ 107). The Trust reported 3 new cases (8 year to date) against a year-to-date target of 9 also below the planned trajectory (year-end target is ≤ 51). The North Mersey Antimicrobial Resistance (including gram negative bloodstream infections) Oversight and Improvement Group has identified specific work including the inclusion of consistent healthcare associated infections reporting through the quality schedule.

Southport & Ormskirk Trust Friends and Family A&E test response rate is above the England average of 10.2% in April 2022 reporting 24.1% (latest data reported). The percentage of patients who would recommend the service remained at 85% the same as reported the previously month but and remains above the England average of 75%. The percentage who would not recommend decreased to 12%, below the England average of 17%. The Trust continue to drive improvements with regards to the Patient Experience agenda and no quality concerns have been identified. The Trust hosted a Patient Experience Day in June 2022 which included presentations from a number of specialities, including:

- Planned Care
- Medicine and Emergency Care
- Women's and Children's
- Healthwatch Sefton
- Dementia and Delirium Team

- Therapy Services – Patient Initiated Follow Up

The Trust continue to engage with the Sefton Place EPEG and are due to provide a Patient Experience update in Q3 22/23.

Southport & Ormskirk’s Hospital Standardised Mortality Ratio (HSMR) was reported at 73.79 by the Trust in May, remaining under the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

For unplanned care finance and activity, 2020/21 saw significant reductions in contracted performance levels across the majority of providers for North Sefton. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public guidance was to ‘stay at home’. Trends in 2021/22 demonstrated considerable increases in total unplanned care activity, which incorporates A&E attendances and non-elective admissions, particularly in the first half of the year. In the first two months of 2022/23, total unplanned activity is recording a -4% reduction when compared to pre-pandemic levels in the equivalent period. However, May-22 has seen the highest activity levels of 2022 to date for North Sefton.

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

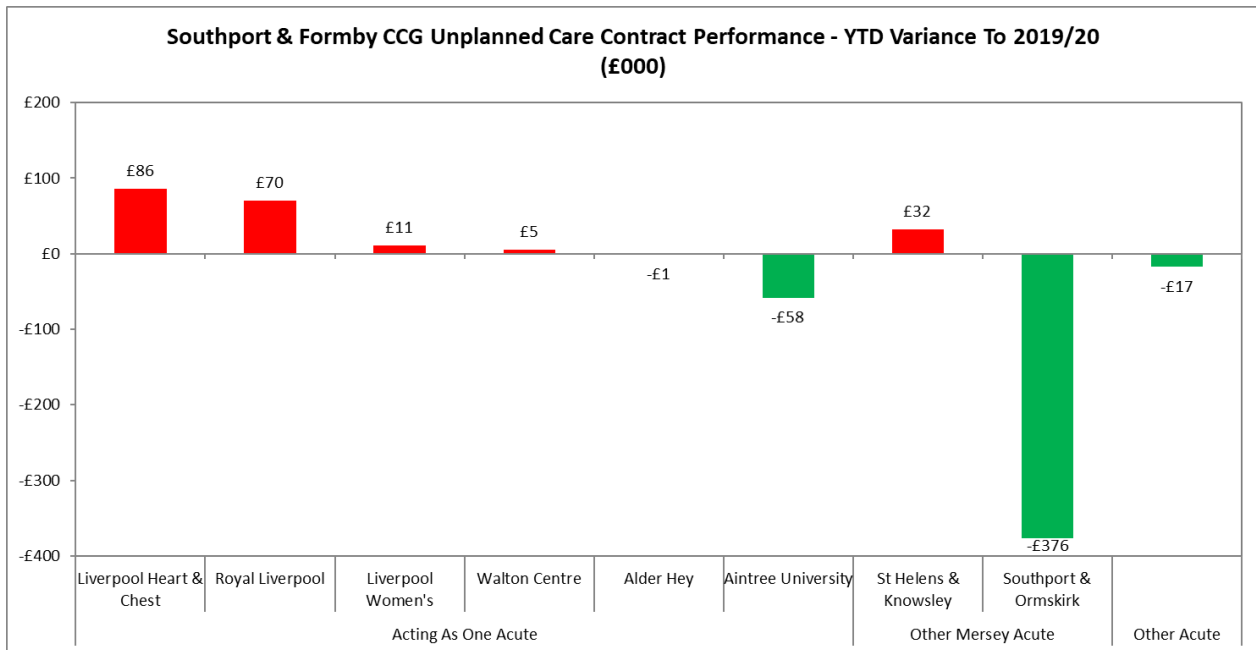


Figure 10 - Unplanned Care Activity Trends

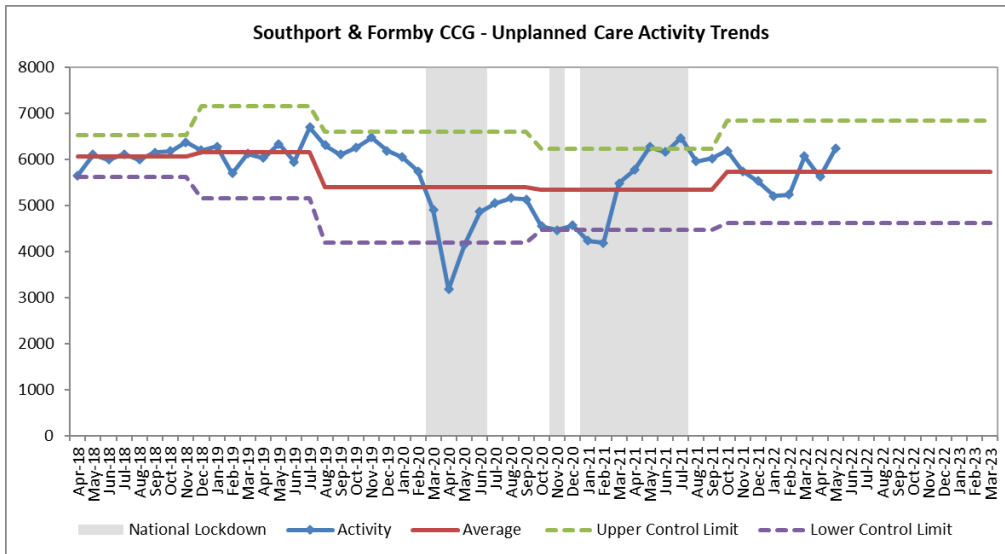


Figure 11 - A&E Type 1 against Plan (Previous Year)

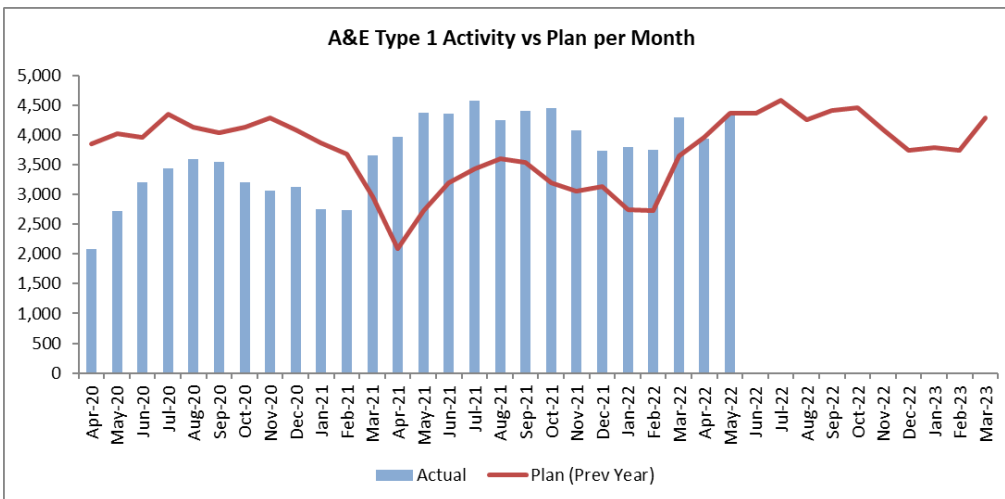
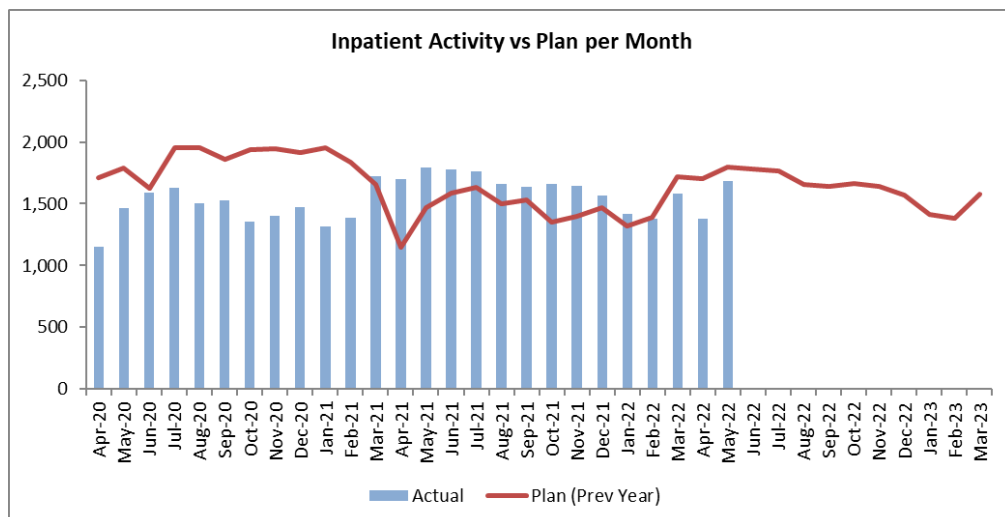


Figure 12 - Non-elective Inpatient Variance against Plan



Mental Health

The Eating Disorder service has reported 42.9% of patients commencing treatment within 18 weeks of referral in May-22, compared to a 95% target. Only 15 patients out of 35 commenced treatment within 18 weeks. This shows a 14.3% improvement from last month. Demand for the service continues to increase and exceed capacity. COVID-19 has had a significant impact upon demand, along with the acuity and complexity of patients accessing the service. The service launched a digital peer support platform (SHARoN) on 4th April 2022 which will benefit those individuals on the waiting list. Staff are working to capacity and the service is offering a blended approach i.e. service users are offered a choice of face to face, telephone or digital appointment via Attend Anywhere or Zoom. Risk mitigation is in place for those breaching the 18 weeks to treatment target. A wellbeing call is offered to all on the waiting list following which a psycho-education group is being offered for those who wish to attend from the waiting list. CBT-E training was delivered in April 2022. The service feel that this structured, manualised and evidence-based intervention will improve throughput. The service continues to be responsive, and patients are prioritised based on clinical need. The service has been responsive to clinical need to ensure delivery of safe and effective service. In recent weeks the service has been supporting several low weight clients requiring inpatient admission. Unfortunately, the service has not been able to access eating disorder beds and out of area beds have been sought. However, there is a bed shortage nationally and consequently the outpatient service has continued to support severely low weight service users in the community, utilising a huge amount of resource impacting on throughput. As a wider piece of work, the service continues to explore how the acquisition of North West Boroughs NHS Trust can be of benefit and provide opportunities for additionality and service improvement. In relation to this, the eating disorder service has been confirmed as one of the first ten services across the Trust to formally go through the transition process. The Place confirmed an additional £112k of investment for 2022/23. 2.0 WTE band 4 Assistant psychologists have been offered (fixed term contracts until 31st March 2023) to support increasing psychology provision within the service. Applicants have completed employment checks and are due to start on 27th June and 4th July. Band 7 dietician permanent post has been recruited to. Pre-employment checks completed. Due to start August 2022. 7th June 2022 Interviewed applicants for 1.49 WTE band 7 Cognitive Behavioural Therapy (CBT). Appointed 0.8 WTE and 0.6 WTE, both applicants have accepted post and are going through pre-employment checks. Newly recruited Assistant Psychologists are being supported to deliver CBT-E. Sefton First Rapid Early Intervention for Eating Disorders (FREED) launched 6th June 2022. Recruitment ongoing, 0.5 WTE (band 6) vacancy to fill. Upcoming vacancies; Dietician 1.0 WTE (band 6) and Associate Psychological Practitioner. The service remains on the risk register and is subject to internal governance due to increasing waiting times. National community mental health transformation documentation for 2022/23 clearly stipulates need for robust arrangements to be in place in primary care for medical monitoring. This will need some consideration between C&M commissioners for whom Mersey Care provide eating disorder services.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.78% in May-22 and is therefore under the 1.59% target. Staffing has historically been a challenging issue but through some trainees now becoming qualified and those that are still progressing through their training gaining more experience and so able to complete more assessments, the service has increased its capacity and introduced more robust internal processes around management and supervision. Performance is being closely monitored through regular meetings with the service.

The percentage of people who moved to recovery was 52.6% in May-22, which is now over the 50% target an improvement in performance from the 45.3% reported last month. 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 54%, which remains under the 75% target and has now been under target for 6 months. The service has introduced a revised

assessment process to maximise existing capacity, ensuring all cancellations are made available for assessments and using agency staff. It will take time before the benefits of this are seen in the performance figures. In addition, trainees are now all beginning to have a small assessment caseload, which will progress gradually throughout the training course. Again, this provides previously unavailable capacity. The recovery action plan continues to be adhered to and regular meetings are in place around this, supported by colleagues from contracts, quality and finance.

North Sefton is recording a dementia diagnosis rate in May-22 of 65.9%, which is under the national dementia diagnosis ambition of 66.7%, slightly lower to what was reported last month (66.1%). 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 is continuing to review patients who could potentially be managed in primary care, thereby occupying capacity in the service to complete new assessments. Discussions have begun with GP clinical leads as to how primary care could support with patient reviews and management, thereby increasing capacity in the service.

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

The Place has developed a waiting list initiative with Psychiatry UK aimed at reducing Attention Deficit Hyperactivity Disorder (ADHD) waiting times which were reported as being 56.3 weeks in May-22. Average waiting times for the ADHD service have improved over 2021/22, reducing from 90.5 weeks in April-21 to their lowest reported level so far in April of this year, although rising slightly in May. £137k of additional funding was provided in 2022/23 which enabled the Trust to complete a waiting list cleanse to identify those individuals who either no longer met the criteria for an assessment or did not wish to proceed. A general welfare review was also completed as part of this process. The service also recruited a band seven non-medical prescriber on a fixed-term basis to commence nurse-led clinics and free up capacity in medical clinics for diagnostic assessments. The funding has also contributed to a subcontracting arrangement with a third-party organisation

specifically to undertake clinical diagnostic assessments on behalf of the service to further reduce the waiting list. The provider has commenced assessments and an improvement trajectory is awaited. Capacity issues remain through the service having to complete annual reviews of patients who could be managed in primary care via the shared care framework. Discussions have been held between the Place, GP clinical leads and Mersey Care around how the shared care framework can be implemented effectively for all stakeholders, with agreement reached around the value of exploring additional mental health practitioners to support with the annual reviews, although consideration will need to be given about how this is funded.

Adult Community Health Services (Mersey Care NHS Foundation Trust)

Focus within the Trust remains on COVID-19 recovery/resilience planning and understanding service specific issues e.g., staffing, resources, waiting times. Assurance will be sought in regard to changes instigated in response to COVID-19 and an understanding of services that are not operating at pre-COVID levels. A single Clinical Quality Performance Group (CQPG) across the Mersey Care footprint of commissioned services including South Sefton, North Sefton and Liverpool has been introduced. The joint Sefton and Liverpool Information Sub-Group is supporting the ongoing development and performance monitoring with the Trust. The Trust, in collaboration with Place leads agreed to review service specifications throughout 2021/22 to ensure they reflect required service delivery and improvement work that has taken place over past few years; however, this work has been impacted by the pandemic. This is to be discussed further as part of the 2022/23 work plan.

Month 2 assurance supplied by the Trust indicates that 3 patients are waiting between 19-24 weeks (1 SLT patient and 2 Pain Management). The Trust has previously stated that reports are not reflective of current positions and highlighted data quality issues. This will be addressed as part of a wider piece of work on EMIS migration work. The Place has requested that assurance be provided with regards to the numbers reported at month 2.

Children's Services

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

As previously reported, the SALT performance continues to be challenged. A number of issues have impacted on the service. Referrals across the service in Sefton are 12% higher in May than the previous month. Waiting times in May have seen a slight improvement of approximately of 4.5% compared to April.

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 the improvement plan, actions are being implemented to return the performance to 18 weeks by March-23, although the Trust has flagged the potential impact on this trajectory if the increases in demand are ongoing. Commissioners and providers are closely monitoring this position.

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

Dietetics (91.9%), Occupational Therapy (OT) Continence and Physiotherapy to continue to meet the 92% KPI in May.

The Alder Hey CAMHS team continues to address the ongoing impact of the pandemic on the increase in demand for the service and the increasing number of high risk and complex cases, a position which is reflected regionally and nationally. For 2022/23, investment has been agreed by

the Place in line with Mental Health Investment Standard (MHIS), Service Development Fund (SDF) and Service Resilience (SR) allocations. The process of recruitment is progressing, but workforce challenges continue to be an issue as mental health provision expands and there is internal/external movement across the system as posts are filled, including normal staff turnover. A detailed service improvement plan has been shared by the Trust outlining when capacity and waiting times are expected to improve, which the Place is currently reviewing. This indicates that with an increase in capacity, the 92% referral to treatment target would be reached in September-23.

Due to these ongoing issues, waiting times for assessment and treatment continue to be challenged. In May the 6 week and 18 week access KPIs have shown good improvement from April: 51.5% and 76.2%. The service continues to prioritise the increasing number of urgent appointments. All long waiters are regularly contacted by the service allowing for escalation if required.

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

As with CAMHS, the impact of COVID has led to an increase in demand for the Eating Disorders Young People's Service (EDYS) and a number of new and existing patients continue to present to the service at physical and mental health risk, a position that is reflected nationally. Consequently, during COVID-19 the service has seen the highest number of paediatric admissions for young people with an eating disorder since the service commenced. Despite these pressures, the service continues to meet the one-week target for urgent cases, ensuring that treatment commences within one week of referral. To support the increased numbers of high-risk inpatients, the service was awarded additional funding through the winter pressure mental health funding stream and the service will continue to grow its workforce through ongoing MHIS funding in 2022/23.

Although for both ASD and ADHD services the NICE compliant 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 9 months, waiting times have declined in May to 74.4% for ADHD and 51.5% for ASD. The Place have provided additional investment which has provided additional service capacity to meet increasing demand and reduce waiting times. A service recovery plan is being implemented to bring the performance re: 30-week assessment complete by December-22, although this assumes a stabilising of the referral rates. During 2022/23 capacity and demand will be more fully reviewed to identify any long-term recurrent investment requirements.

CQC Inspections

North Sefton GP practices are visited by the Care Quality Commission (CQC) and details of any inspection results are published on their website. The inspections have resumed and all practices in the Place report to be 'Good' with one reporting to be 'Outstanding'. There have been no new inspections in May.

NHS Oversight Framework

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

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

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