

# Exception Report

## November 2022

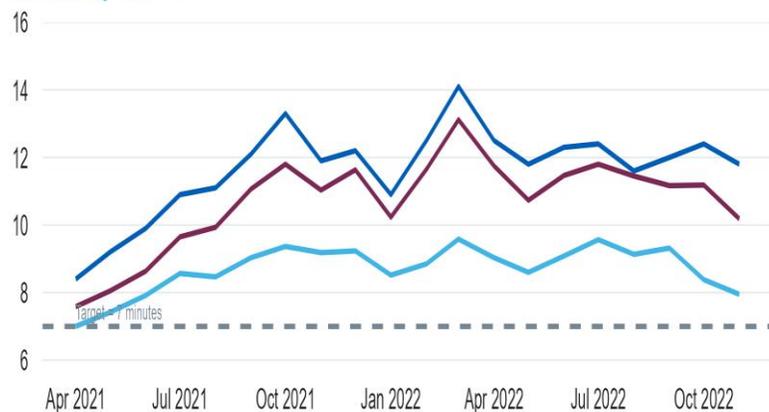
# Board Exception Report – Quality

- Dermatology 2 weeks waits continues with patients waiting an average of 12 to 15 weeks to be seen at Bristol Dermatology Centre. A business case has been approved to create additional capacity to see the backlog of patients waiting for be assessed. A GP with an extended role in Dermatology and Consultant Dermatologist will provide these additional clinics. Assurance has been sought for those patients from Somerset waiting for be seen at Southmead Hospital and they are being seen within the appropriate timescale
- The primary care and quality team are proactively supporting a number of GP surgeries across the country
- There continues to be a significant increase in the number of flu, Covid and Respiratory Syncytial Virus (RSV) cases presenting to both Yeovil, Musgrove Park and community hospitals which has resulted in some beds being closed and patients having to be moved to designated places within the hospital to keep other patients safe from infection. However, the number of new cases within the community are starting to decline. Members of the public and staff are being encouraged to continue to take up their flu and Covid vaccination
- With the number of displaced persons and asylum seekers arriving into Somerset from countries with a high prevalence of Tuberculosis, the ICB is working on a business case to create a community based service in 2023/4
- During December and January the ICB has seen an unprecedented number of attendances for the Emergency Department and emergency to both hospitals with high acuity of patients. This has been in part due to the high number of respiratory infections and their associated complications presenting i.e. pneumonia related to flu
- The ICB has been actively working with Yeovil District Hospital, Musgrove Park Hospital and South West Ambulance Service to make provision for the planned ambulance and nurses industrial actions
- As a health and care system we continue to address our workforce challenges, particularly in the domiciliary care sector, with active recruitment campaigns taking place
- The safeguarding team are seeking assurance from the providers of the misplaced persons hotel (near Bridgwater) regarding their safeguarding procedures
- Approval has been given for the sharing of Police domestic abuse notifications with General Practice. This is a significant positive step for the county, as lack of information regarding the sharing of domestic abuse with GPs has been a feature in many safeguarding case reviews.

# Board Exception Report – Urgent Care

## Ambulance mean response times CAT 1 (Mins)

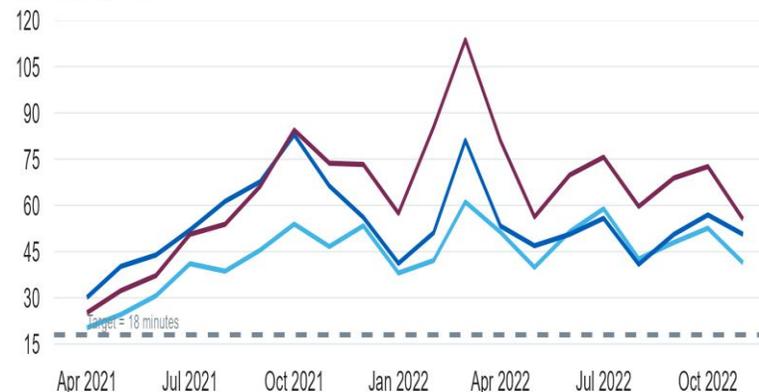
Somerset, England, SWAST



SWAST M032 and <https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/>

## Ambulance mean response times CAT 2 (Mins)

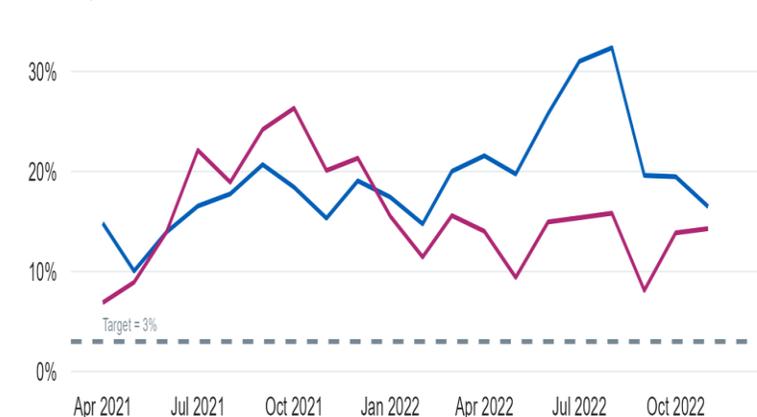
Somerset, England, SWAST



SWAST M032 and <https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/>

## Percentage of NHS111 calls abandoned

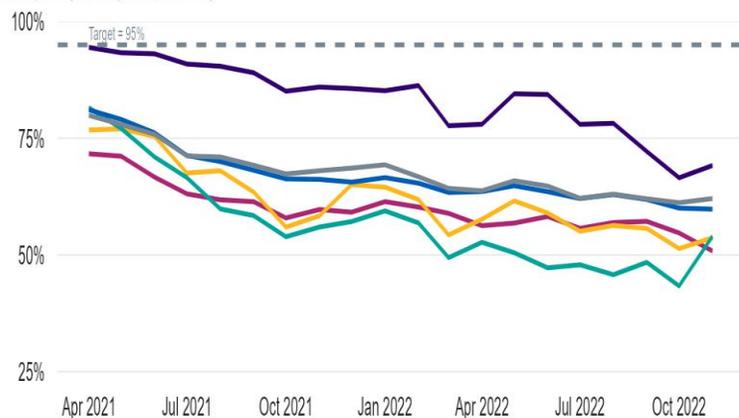
Somerset, National



Devon Doctors

## A&E 4 Hour Performance

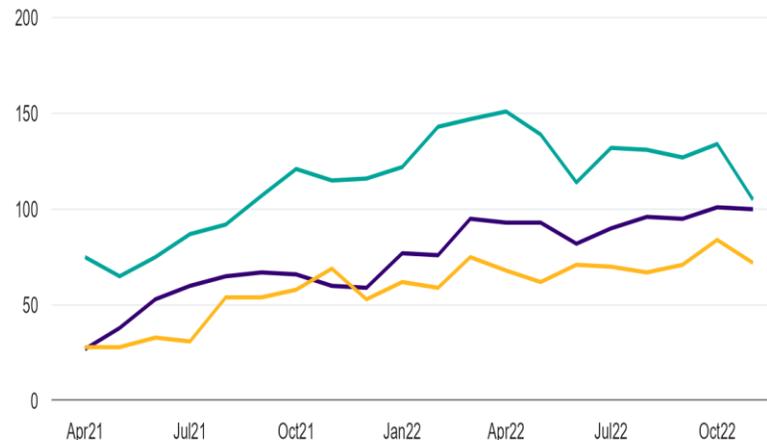
SFT, YDH, UHBW, RUH, National, South West



NHSE: A&E Attendances and Emergency Admissions

## No Right to Reside

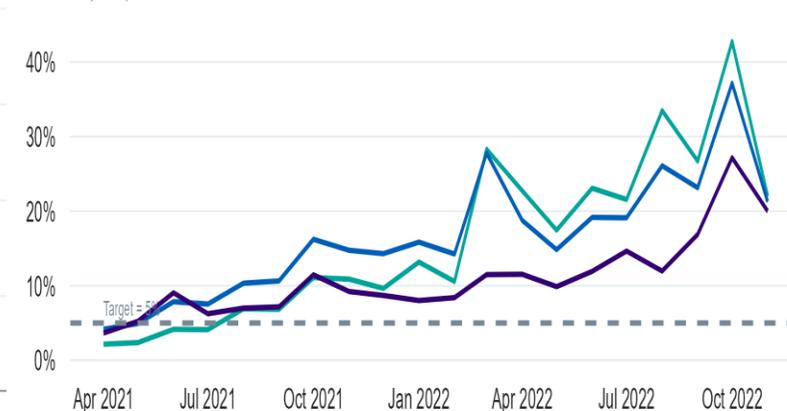
SFT (Acute), YDH, SFT (Community)



Data source: NRTR, updated on 14 December 2022

## Percentage of Ambulance Handovers over 30 minutes

Somerset, SFT, YDH



SWAST

# Board Exception Report – Urgent Care

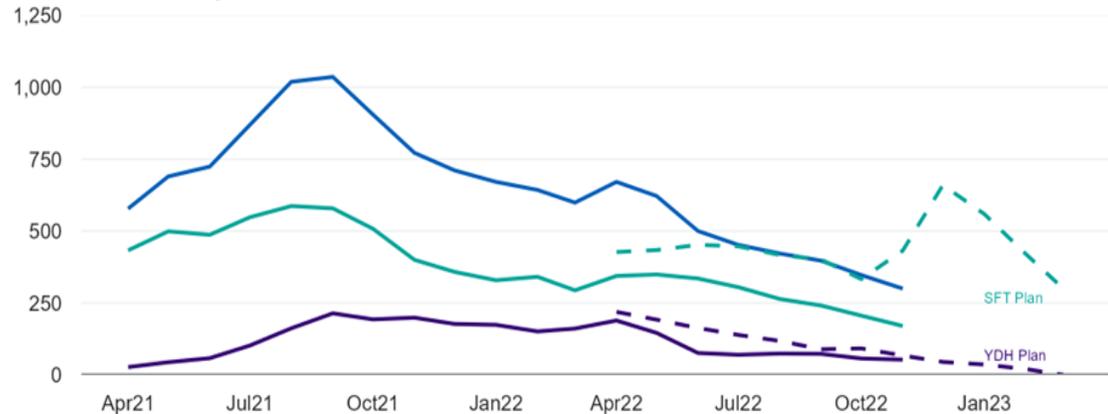
**Urgent Care Challenges:** The Somerset urgent care service continues to experience extreme pressure, which is being seen through all routes of delivery. During 2022/23 there has been an increase in the proportion of patients facing delays leaving hospital because they are waiting for support to become available from health and social care services outside of hospital. This picture continues to be seen in November and is having a consequential impact on a number of urgent care metrics including an increase in ambulance handover delays (which is impacting upon ambulance response times), a decline in A&E 4-hour performance and patients spending 12 hours in the A&E Department, an increase in bed occupancy with reliance on an increased volume of escalation beds and patients experiencing a longer length of stay in hospital including those over 21 days. There is a heightened risk of elective cancellations as a result of the bed pressures.

- NHS 111:** In November 2022 the NHS111 average speed to answer calls was 348 seconds (-54 seconds to October) compared to a regional and national average of 230 and 388 seconds respectively. Challenged call answering performance can lead to an increased call abandonment rate resulting in patients either re-calling the service or accessing care through alternative routes; the call abandonment rate in November was 17.5% and whilst this is a 2.6% improvement upon October we remain below both the Regional and National average of 12.3% and 14.6% respectively.
- Category 1 and 2 Ambulance Response Times:** Category 1 mean response times for life threatening injuries or illness (including cardiac arrest) remains challenged with performance in November 2022 of 11.8 minutes against the 7 minute standard (compared to all SWAST areas of 10.11 minutes and Nationally 9.26 minutes). Category 2 ambulance calls are those that are classed as an emergency or a potentially serious condition that may require rapid assessment, urgent on-scene intervention and/or urgent transport and performance. Category 2 ambulance response performance in November 2022 was 50.6 minutes (against the 18 minute standard). This is compared to the overall SWAST performance of 55.5 minutes and national average of 48.08 minutes.
- Ambulance Handovers:** Ambulance handover delays occur when a hospital is under pressure; during November 2022 there continued to be a high volume of patients in hospital who had no criteria to reside which had an impact upon the flow through the A&E Department due to bed constraints within the hospital and compounded by periods of high ambulance demand. Whilst extreme operational pressures continued to be experienced during the month, the trusts performed well with the number of lost hours decreasing from 1,542 hours in October to 621 in November. Whilst Somerset ICB is seeing a very challenged position we remain the best performing System and made up 2.02% of SWAST's overall lost hours (30,806 hours) in November 2022.
- A&E 4-Hour Performance:** A&E 4-hour performance is not only a symptom of the pressures within the Emergency Department but is impacted by bed pressures across the wider hospital site, which restrict the flow of patients out of the department for those requiring admission. In November 2022 performance at Somerset FT was 54% ( 3,005 people waited more than 4 hours) and at Yeovil FT 69.17% ( 1,769 people waited more than 4 hours) in comparison to Regional Performance of 53.9% and National Performance of 54.5%
- Bed Occupancy and No Criteria To Reside:** In November 2022 the combined bed occupancy across both Somerset and Yeovil FTs was 94.7% which is an improvement of 1.3% upon the previous month although there continues to be a requirement to open an increased volume of escalation beds (on average 78 additional beds per day were required) to accommodate the in-patient demand. The most significant impact on beds is the number of patients who are fit to be discharged and the most predominant reasons are patients awaiting packages of care or awaiting beds in Care Homes for additional out of hospital care. In addition, there is also a number of patients who experience delays with accessing care home beds or care packages for support once they are discharged home, and this also has an impact on discharges. As a consequence in November 2022 19.2% of occupied beds in an Acute Hospital were with patients who no longer need care in an acute hospital bed and should be discharged home or to another care setting (No Criteria to Reside - equating to an average of 188 patients per day) and 32.7% of occupied beds in a community hospital (equating to an average of 72 patients per day). Whilst we have seen some improvement in the number of patients in hospital with no criteria to reside over recent weeks we remain significantly above our optimum level. Both YDH and SFT have set up 'Ready to Go' units to enable patients to increase/maintain their independence whilst waiting for a care package or returning home.

# Board Exception Report – Elective Care

**Number of Patients Waiting >78 Weeks**

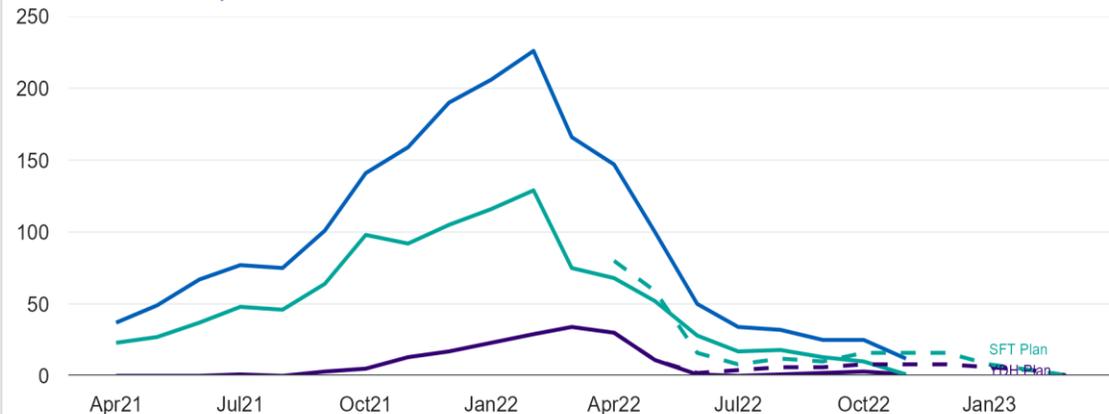
SFT, YDH, Somerset System



Source: Referral to Treatment MDS, updated on Thursday 05 January 2023

**Number of Patients Waiting >104 Weeks**

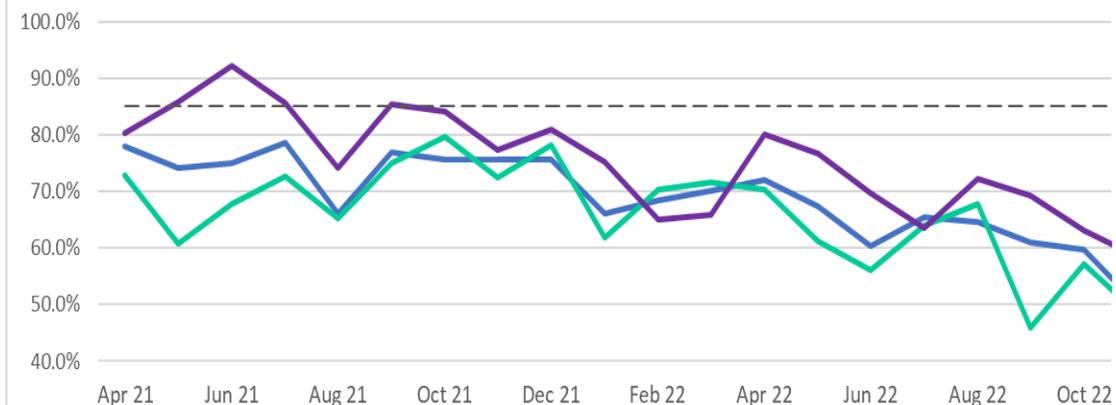
SFT, YDH, Somerset System



Source: Referral to Treatment MDS, updated on Thursday 05 January 2023

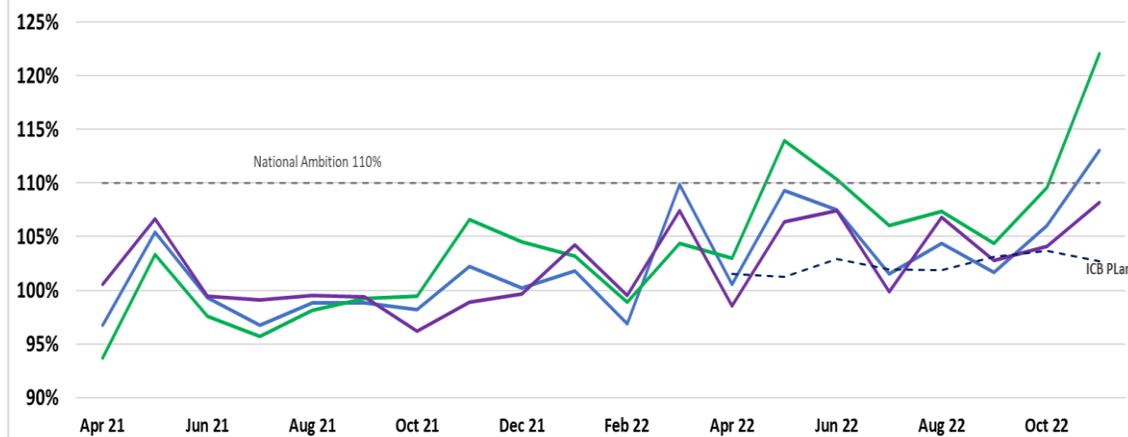
**Cancer first definitive treatment within 62 days, following GP referral**

SFT, YDH, Somerset System



**Elective Restoration (Outpatients and Inpatients Combined)**

SFT, YDH, Somerset System



# Board Exception Report – Elective Care

**Elective Care Challenges:** There continues to be delays in elective treatment in Somerset across diagnostic, cancer and RTT pathways; however we are seeing an improving position in RTT and diagnostic very long waits. Cancer waits continue to be affected by the level of growth in certain tumour sites most notably impacting upon the 2 week wait and 28 day Faster diagnosis standard performance and 62-day backlog

- **104 Week Waiters** – On a Somerset Commissioner basis the number of >104 week waits continues to reduce and in November 2022 there were 12 patients waiting in excess of 104 weeks which is a reduction of 10 when compared to the previous month; of these 1 was from Somerset and 1 from Yeovil Hospitals with 10 from smaller (including border) hospitals. On a Trustwide basis the number of patients waiting in excess of 104 weeks continues to reduce and as at the week ending 01 January 2023 (across Somerset FT and Yeovil FT only) there were 3 patients at risk of waiting in excess of 104 weeks compared to the plan of 24. These breaches are due to Complexity. Looking forward to the end of January 2023 we anticipate that there will be no breaches across Somerset FT and Yeovil FT.
- **78 week waiters** – On a Somerset Commissioner basis in November 2022 there were 300 patients waiting in excess of 78 weeks which is a reduction of 47 upon the previous month; 223 of these from Somerset and Yeovil Hospitals, and 77 patients from smaller (including border) hospitals. Whilst a reduction can be seen there is an expectation that this patient cohort will increase due to a surge of patients reaching this waiting time. As at week ending 1 January 2023 the total number of patients waiting in excess of 78 weeks on a trust wide basis was 255 (Somerset FT: 195 against plan of 660, Yeovil FT, 60 against plan of 45)
- **Cancer** – Cancer performance remains significantly challenged across all cancer pathways, including the 62 day cancer backlog. In November 2022 whilst there has been a small improvement in the suspected 2-week wait cancer performance (52.7% ,+2.94%) and Faster Diagnosis Standard (62.1%, + 2.6%) both remain significantly adrift from the national average of 78.8% and 69.7% respectively. Within the 62 Day First Definitive Treatment standard there has been a decline to the previous month with performance of 50% (-9.8%) compared to national performance of 61%
  - **2 Week Waits:** The tumour sites with the most challenged performance (and greatest number of patients breaching the standard) are Skin (27.9%, 378 patients), Lower Gastrointestinal (33.9%, 371 patients), Breast (45.9%, 240 patients) and make up 81.4% of the overall 2 week cancer pathway breaches. Across the aforementioned tumour sites Lower Gastrointestinal has seen a significant increase in demand (+42%) relative to 19/20 due to the impact of the celebrity cancer deaths which is impacting on performance. There are significant challenges in the skin cancer service predominantly due to workforce issues at both University Hospitals Bristol and Weston FT and Yeovil FT: University Hospitals Bristol and Weston FT delivered performance of just 7.5% (resulting in 173 patients breaching the standard) and Yeovil FT has delivered performance of 21.1% (with 165 patients breaching the standard). The ICB approved a business case in December to introduce a 2WW triage clinic and provide additional consultant capacity In respect of the breast Service, Somerset FT are continuing to see the impact of workforce challenges, with performance expected to improve from December
  - **28 Day Faster Diagnosis Standard:** The most impacted tumour sites are Lower Gastro (32.5%, 368 patients breaching the standard), Gynaecological (43%, 163 patients breaching the standard), Urological (54.4%, 108 patients breaching the standard), and Skin (61.6%, 168 patients breaching the standard), and make up 82.1% of the overall breaches. Breast has seen an improvement this month, where only 13.6% (59) of patients were seen outside of the standard.
  - **62 Day Backlog:** On a trust wide basis as at week ending 04 December 2022 the 62 day suspected cancer backlog prior to cancer diagnosis or treatment across Somerset FT and Yeovil FT combined was 257 and as at week ending 01 January 2023 the backlog has reduced to 255. The backlog by tumour site is: Lower Gastrointestinal (84 patients), Urological (66 patients), Skin (28 patients), Gynaecological (28 patients) and Other Cancers (48 patients). To note (and related to the challenges seen within the 2 week pathway) University Hospitals Bristol and Weston FT has a significant skin cancer backlog (134), some of which will be Somerset patients

# Board Exception Report – Elective Care

## Diagnostics -

In November 2022 there were 2,901 patients whose wait exceeded 6 weeks, resulting in performance of 77.3% against the 75% South West Region improvement ambition (and 99% national standard).

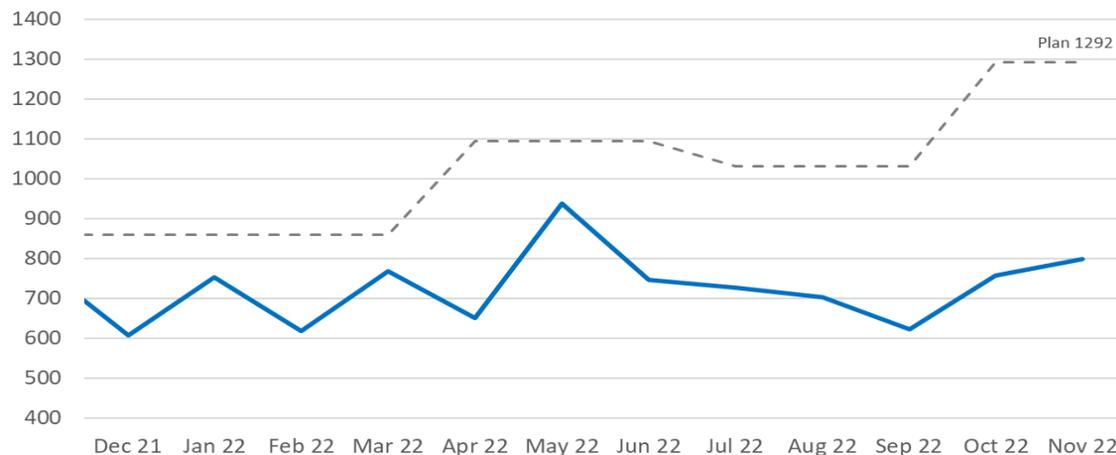
- Somerset ICB have seen a significant improvement in 6 week waiting time performance during 22/23; our comparative performance in November is 77.3% compared to Regional performance of 65.3% and National performance of 72.5%. Much of this improvement is as a result of Echocardiography backlog reduction at Somerset FT from 1,456 in April 2022 to 47 in October 2022 (with remainder of this modality backlog now seen at Yeovil FT and Other Smaller Providers)
- The diagnostic modalities in Somerset with the greatest level of 6-week backlog are: Endoscopy (604), Audiology (542), Echocardiography (455), non-obstetric Ultrasound (466), CT (365) and MRI (253). We have seen an increase in some diagnostic modalities, specifically those with a link the cancer diagnostic testing and most significantly within Endoscopy which is linked to cancer awareness and the 21% increase in suspected cancer demand relative to 19/20) following the recent celebrity high profile deaths
- There has been a slow increase over recent months for CT and in respect of Audiology the backlog remains relatively high but variable month on month due to challenges with the levels of insourced activities being delivered
- In November 2022 we delivered 116.5% of Diagnostic Activity relative to 19/20 compared to a plan of 104.9% for November
- On a Trust-wide basis over the past 6 months Somerset Acute Providers have been successful in reducing the Diagnostic very long waits from 594 >26 week waiters in April 2022 to 27 at the end of November 2022, and the focus is now moving to those waiting in excess of 13 weeks

# Board Exception Report – Mental Health

## IAPT Access

Somerset System: The number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy within the reporting period

Local data



## IAPT 6 Week wait

SFT

Local data



## Children & Young People Mental Health Access Number of One Contact

Somerset System: Number of CYP aged under 18 supported through NHS funded mental health with at least one contact on a 12 month rolling basis

National data



Source: Referral to Treatment MDS, updated on Wednesday 12 October 2022

## CYPMH Access

Provider	National Data – June 2022 Rolling 12 Months	Trajectory for 2022/23	National data vs trajectory
Somerset NHS Foundation Trust	2795	3171	-376
Young Somerset	780	3080	-2210
Kooth	704	815	-88
2BU	125	150	-30
The Space	80	84	-14
<b>NHS Somerset</b>	<b>4140</b>	<b>7300</b>	<b>-3160</b>

# Board Exception Report – Mental Health

- IAPT (Improved Access to Psychological Therapies):** The number of people accessing treatment for the year to date to November 2022 using local unvalidated data is 5,944 against the target for 2022/23 of 14,003 (42.2% delivered). An improvement plan is in development to pull together the different strands for increasing performance, one of the main actions in performance plan is the service taking more trainees in January and March which is likely to increase performance in the latter part of the year.
- IAPT 6 Week wait standard:** Unvalidated data shows performance of 64.3% (154 people waited more than 6 weeks) in November which is a significant improvement from the reduction in performance of 46.9% in June (207 people were waiting). Recovery of performance is expected by the end Q4, supported by a dedicated quality improvement programme
- Overall IAPT Performance:** IAPT performance remains behind plan and work is focussed on increasing capacity of the service across all areas, with additional trainees and recruiting to qualified positions (administration, therapists and assessment workers). Additional capacity to support long waiters has been sourced via Xyla. The Long Term Condition expansion programme has been re-started which will generate additional referrals to meet the needs of patients and reach the target. Effective management of drop outs and DNAs are contributing to the improving performance of the 6ww list. New website to support the streamlining of assessments was launched in September, alongside a direct to digital offer. There has been a re-focus on group therapies, in line with revised NICE guidance. Management restructure being developed. A remedial action plan is currently in development.
- Children and Young People’s Mental Health Access:** The latest national position shows that on a rolling 12 month basis to June 2022 Somerset delivered 4,140 contacts against the ambition for 2022/23 of 6,785 (61% of target). Due to an ongoing cyber incident which has affected the MHSDS (Mental Health Services Data Set) the national level breakdowns have not been published since June 2022; unvalidated local data on a 12 month rolling basis to September 2022 is showing a position of 5,461 contacts against the 2022/23 ambition of 6,785 (80% of target). Additional investment has been made into Kooth, Young Somerset and Somerset Foundation Trust services for 2022/23, which will increase the capacity of services to meet the need of patients. With additional investment been made available, CAMHS Community Eating Disorder Team and Somerset and Wessex Eating Disorder Association (SWEDA), a pathway has now been developed to support CYP with eating disorders and those with dysregulated eating patterns with an additional 23 CYP being supported so far (April to September 2022), with a plan in place to extend the pilot for another year. Somerset ICB Mental Health Team has commissioned Tellmi – a peer support app for CYP aged 11-18 with a contract start date of 1st November 2022; this service will support CYP and expected to increase access into localised services. Service development plans are progressing for Somerset’s MHSTs (Mental Health Support Teams). Recruitment has now been finalised with Education Mental Health Practitioners starting their training in January 2023. An indicative activity plan for MHSTs is being developed and agreed with providers.
- PHSMI (Physical Health check for patients with Serious Mental Illness) :** A cross system working group was established to determine how to increase the number, quality and consistency of PHSMI checks, as well as working through data quality issues. This has resulted in significant improvement in reported performance between quarters. The digital team has implemented a new data extraction using EMIS Search and Report, which utilises updated codes. The data for Q2 2022/23 data shows further improvement, delivering 57.2% of the annual target for 22/23 (1,715 where all 6 checks were delivered). The blue boxes (contain medical equipment such as blood pressure monitor, blood glucose monitor etc. to complete the checks) have been approved for use, and so purchase is anticipated for launch in Q4. This will support the delivery of health checks to those who have not traditionally engaged with the programme as the checks can be delivered outside of a traditional health setting. In addition, data analysis has indicated that a further ~500 patients have had 4 or 5 health checks, and so dedicated focus on these patients will take place in Q4, supported by SFT.