

**Report to the NHS Somerset Integrated Care Board on 28 September 2023**

<b>Title: Integrated Board Assurance Exception Report 1 April 2023 – 31 July 2023</b>	<b>Enclosure E</b>
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Version Number / Status:	1
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**Summary and Purpose of Paper**

Following discussion at the Finance Committee meeting and the Quality Committee held on 21 and 28 June, the enclosed paper provides a summary of escalation issues for quality and performance against the constitutional and other standards, for the period 1 April 2022 to 31 May 2023, and provides a detailed summary for the following areas:

- Quality indicators
- Primary Care
- Urgent and emergency care
- Elective care
- Mental health

**Recommendations and next steps**

The NHS Somerset Governing Body is asked to discuss the performance position for the period 1 April 2021 to 31 July 2023.

**Impact Assessments – key issues identified**

<b>Equality</b>	Equality and diversity are at the heart of Somerset ICB’s work, giving due regard to eliminate discrimination, harassment, and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, in its functions including performance management.
<b>Quality</b>	Decisions regarding improvements against the performance standards are made to deliver regarding the best possible value for service users.
<b>Safeguarding</b>	We are dedicated to ensuring that the principles and duties of safeguarding children and adults are applied to every service user and that safeguarding is integral to service development, quality improvement, clinical governance, and risk management arrangements.
<b>Privacy</b>	No issues identified.

<b>Engagement</b>	All discussions regarding performance improvement have been detailed in the enclosed report.			
<b>Financial / Resource</b>	ICB allocation as at 31 March 2023                      £942,759,000.			
<b>Governance or Legal</b>	Financial duties of NHS Somerset not to exceed its cash limit and comply with relevant accounting standards.			
<b>Sustainability</b>	The ICB has a responsibility to provide high quality health care whilst protecting human health minimising negative impacts on the environment. The Somerset ICS Green Plan 2022-2025 is a mechanism to take a coordinated, strategic, and action-orientated approach to sustainability. This includes core work elements around sustainable healthcare, public health and wellbeing, estates and facilities, travel and transport, supply chain and procurement, adaptation and offsetting and digital transformation.			
<b>Risk Description</b>	NHS Somerset must ensure it delivers financial and performance targets.			
<b>Risk Rating</b>	Consequence	Likelihood	RAG Rating	Risk ID
	2	4	8	19

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# Exception Report

## July 2023

# Board Exception Report – Quality

## **Continuing Healthcare (CHC) – Fast Track Pathway**

The ICB is required to adhere to the National Framework for Continuing Healthcare, whereby all Fast Track referrals received into the service are usually assessed within a 48-hour timeframe. Our performance against this metric was recorded at 86% July 2023.

In addition, NHS England are also reviewing national benchmarking data relating to 'Fast Track Referral Conversion Rates', with ICBs being required to provide assurance where performance attainment falls below the national average. In Q1 23/24, national benchmarking data show ICBs achieving an average of 94.8% against this metric, whereby our performance was recorded at 82.9% for this period. Continued analysis is being undertaken, to understand where opportunities for improvement exist.

**System Co-ordination Centre (SCC)** In August NHSE published a System Co-ordination Centre (SCC) specification. Somerset System Resilience Centre going forward will be called Somerset Co-ordination Centre. The SCC should be responsible for the strategic, planned and unplanned interventions across the ICS on key systemic issues that influence patient flow.

**Somerset system winter/operational plan**, is currently being developed in partnership with all system partners, this will be presented at ICB board on before being submitted to NHSE. This will be a dynamic operational plan and will continue to be developed over the next 12 months.

**Infection Prevention and Control:** Norovirus: There have been a number of outbreaks at Norovirus and SFT is taking all measures to prevent further cases, including strict hand hygiene Covid: Increasing numbers of Covid in the community is being reported and outbreaks have also continued to be reported across all hospital sites.

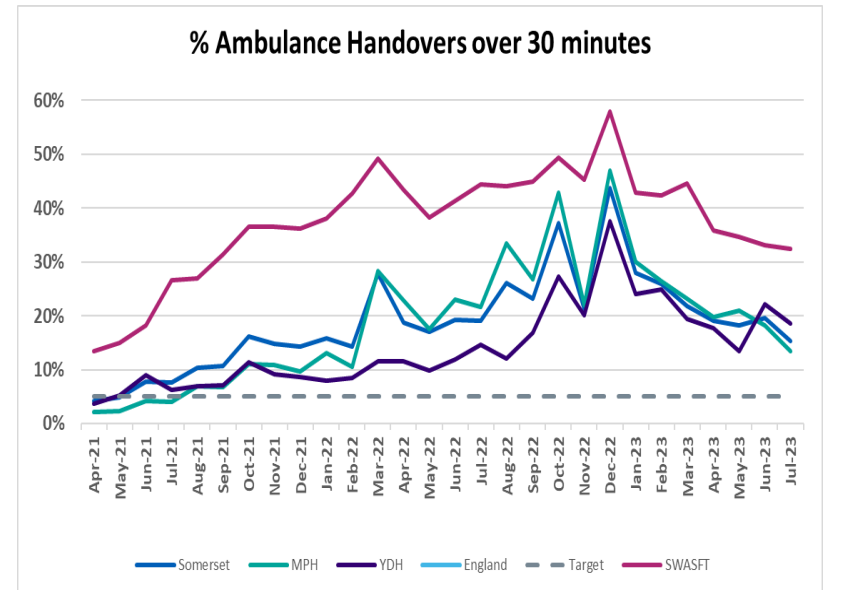
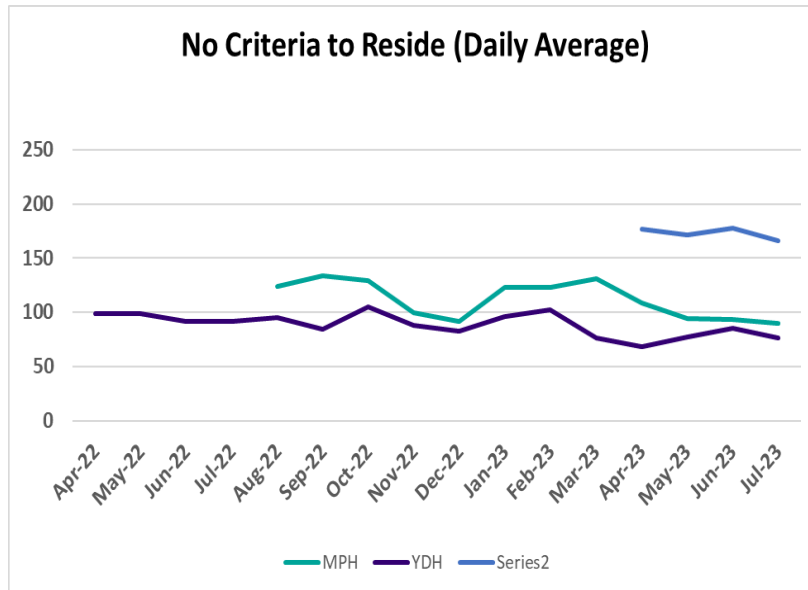
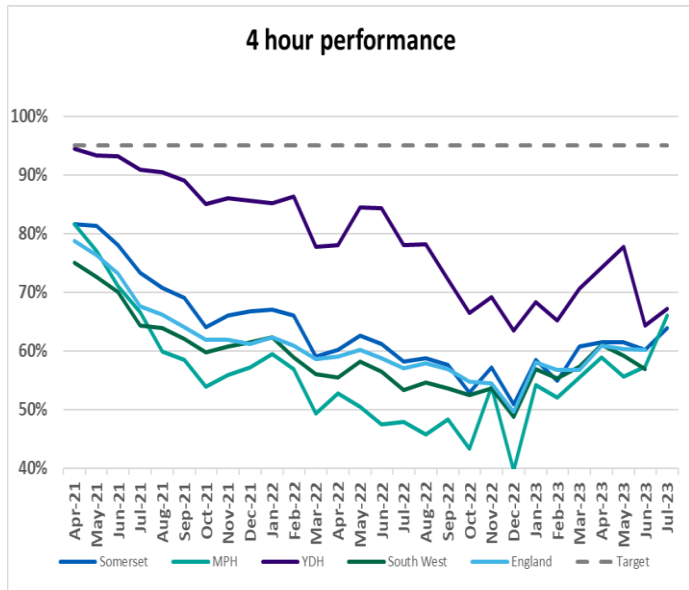
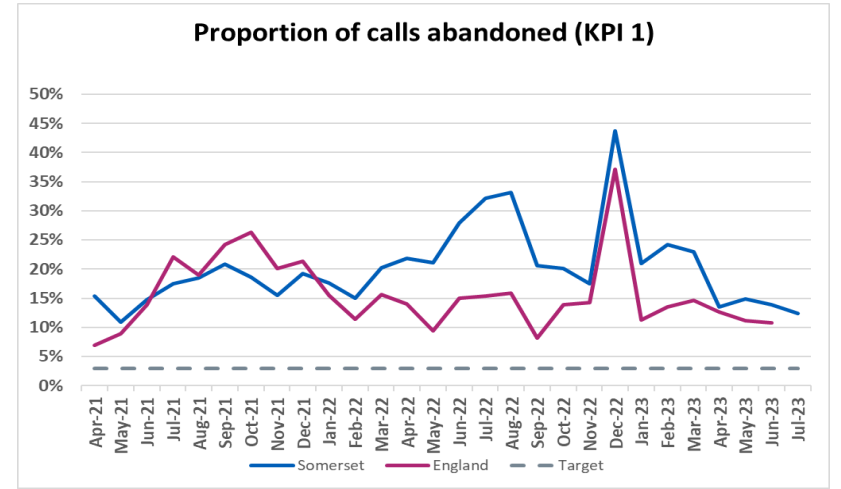
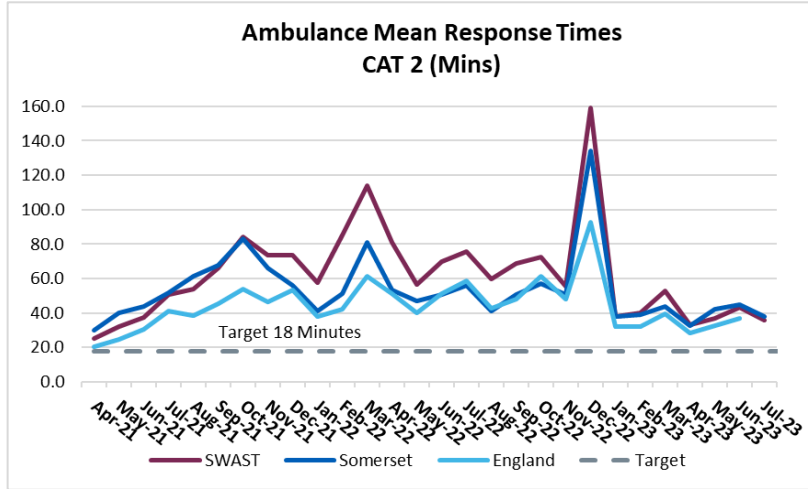
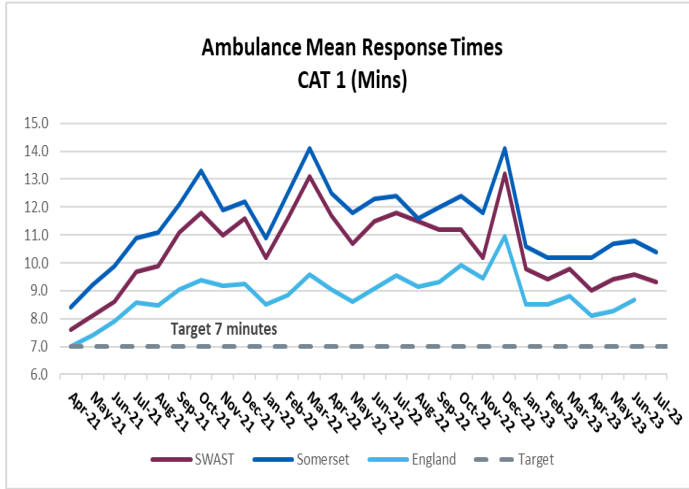
**Children Looked After (CLA):** Initial Health Assessment performance has dropped since the last reporting period. The reasons for this is largely due to a delay in completion of assessments for Somerset Children placed out of area. The Dental Access Pathway for CLA and Care Leavers from NHS E SW is embedded and continues to have a positive impact on the number of children without a dentist or requiring emergency dental care.

**Learning Disability and Autism:** A draft Somerset Learning Disability and Autism Strategy is currently being co-produced, with an engagement event planned for 8 September. Outputs from the strategy event are to be reported in October

**LeDeR,** The Somerset LeDeR annual report was published in July. The report outlines a summary of learning from LeDeR reviews in 2022 - 23 - [LeDeR-ANNUAL-REPORT-2022-23-Final.pdf \(nhssomerset.nhs.uk\)](https://nhssomerset.nhs.uk/wp-content/uploads/2023/08/Makaton%20signed%20summary%20MOV) and a Makaton signed summary here <https://nhssomerset.nhs.uk/wp-content/uploads/2023/08/Makaton%20signed%20summary%20MOV>

**Maternity,** The Independent Senior Advocate for Maternity and Neonatal commenced in June, however concerns have been raised with the Regional Chief Midwife that we are unable to start to see patients as the NHSE resources are not yet available to support.

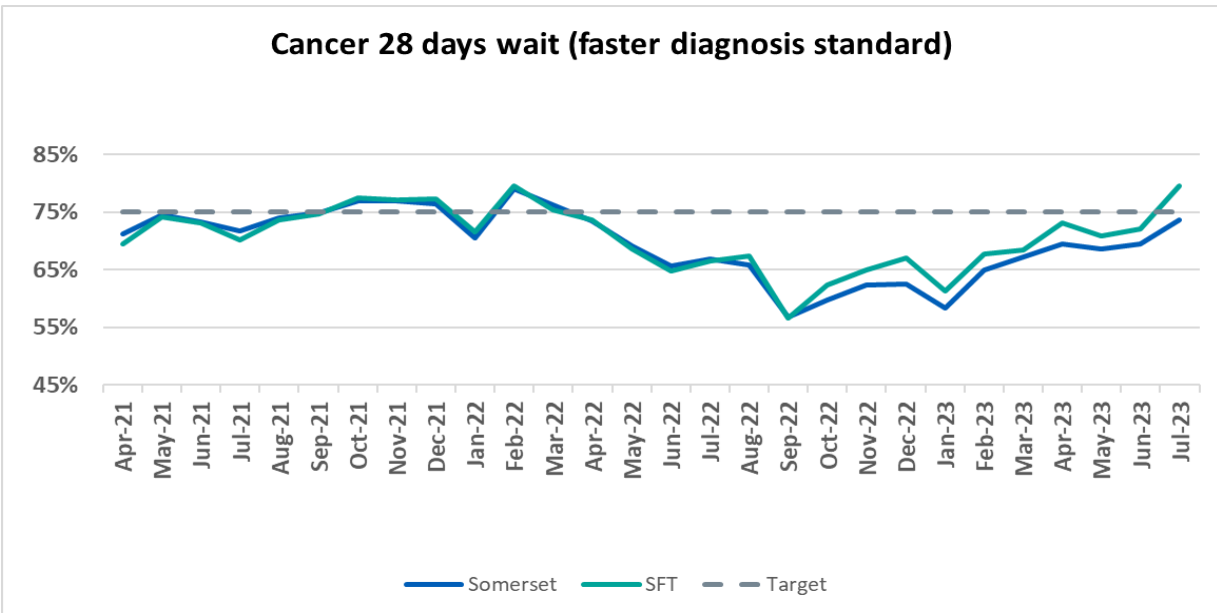
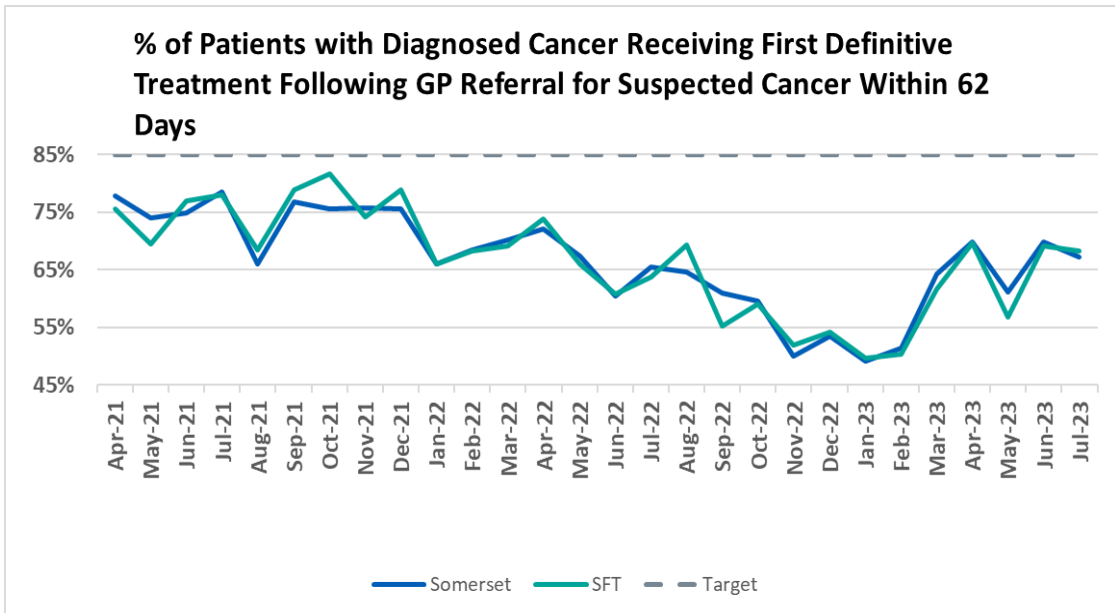
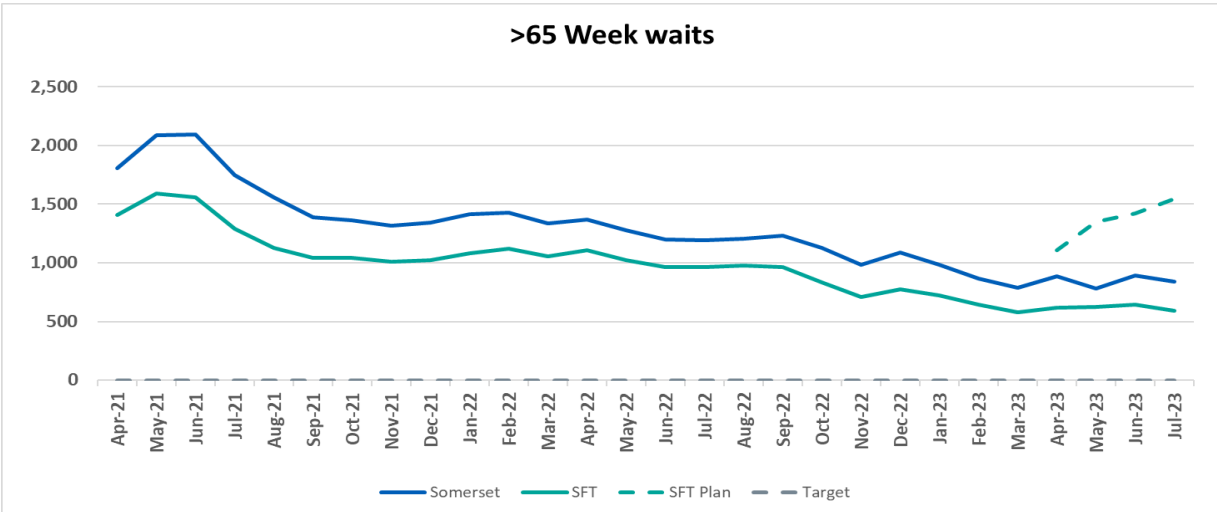
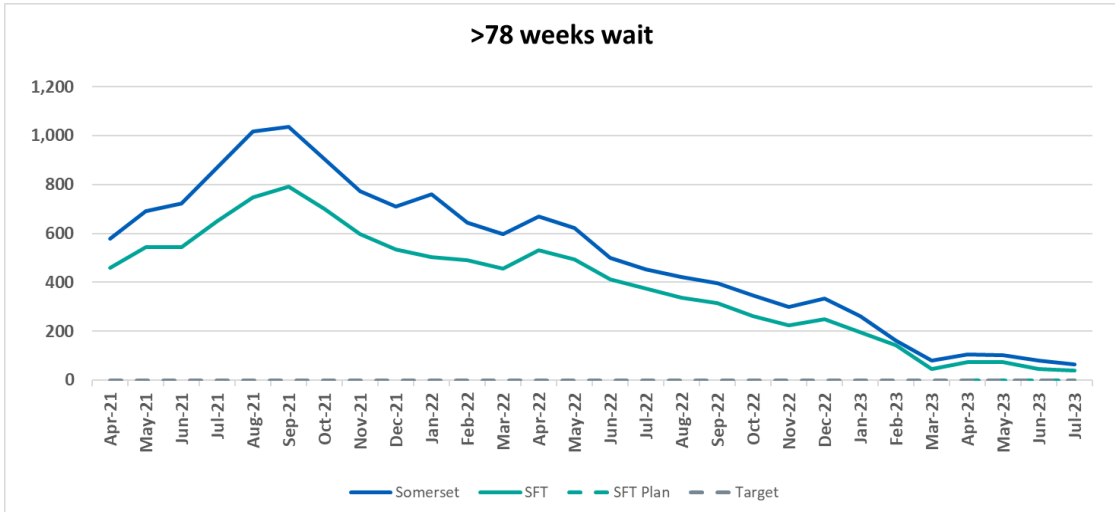
# Board Exception Report – Urgent Care



# Board Exception Report – Urgent Care

- NHS 111:** In July 2023, the provisional data for Somerset 111 average speed to answer calls was 213 seconds (June 2023 233 seconds) which is behind both the national (159 secs) and regional (187 secs) average. The call abandonment rate is showing a position 12.4% in July (June 2023 13.9%), which is, again, behind the national (9.1%) and regional (12.2%) comparison. Recruitment into Somerset 111 continues with a target to reach FTE establishment mid-September 2023. Attrition remains low but rates of short-notice sickness. The service provides support to new call handlers to foster confidence alongside promoting health and wellbeing-related assistance (such as mental health). The face to face element of the IUC Service that reflects the timeliness in which patients are seen (and now they are local KPIs, see detail in the Appendix) are both above 70% that exceeds the new combined indicator “Proportion of calls where the caller was booked into an IUC Treatments Service or Home residence” standard of 70%.
- 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 July 2023 of 10.4 minutes against the 7 minute standard (compared to all SWAST areas of 9.3 minutes and Nationally 8:21 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 July 2023 was 38.1 minutes (against the 18 minute standard). This is compared to the overall SWAST performance of 35.7 minutes and national average of 32 minutes. We are working with SWASFT to work on the following areas to improve performance to support people who are not in need of ambulances through other support option through: Optimal call handling, long term increase in resource utilising (fleet capacity at evening/night), infrastructure and workforce improvements.
- Ambulance Handovers:** Ambulance handover delays occur when a hospital is under pressure; during July 2023 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 to the A&E Department. Whilst operational pressures continued to be experienced during the month, the trusts performed well with the number of lost hours decreasing from 1,311 in January 2023 to 445 in July 23 Whilst Somerset ICB is seeing a very challenged position, we remain the best performing System in the region. We have invested in additional capacity for call validation, Somerset Ambulance Doctor Car, rapid assessment triage, and virtual wards and it is improving performance. We implemented an internal review of system NHS Pathways WebDoS for Somerset and can see that services all appear to be listed with appropriate referral criteria, opening times etc. This includes Virtual wards (frailty and respiratory) pharmacies (CPCS and those not providing CPCS), voluntary services – including village agents, MIND in Somerset crisis lines and the bespoke Hinkley Point service for non-registered patients and DoS activity at the monthly T111 meeting.
- Bed Occupancy and No Criteria To Reside:** Across Somerset during the cumulative period April to July 2023 compared to the same period in 2022 emergency admissions with a length of stay greater than 1 day has increased by 6.3%, leading to high bed occupancy. In July 2023 the combined bed occupancy across both MPH and YDH was 93.2% (all beds) and 95.9% in Adult G&A beds and average length of stay (when compared to previous years) has increased due to the change in patient acuity and an increase in the number of patients who are fit to be discharged but are waiting for additional out of hospital care. In July 2023, on average 19.5% of adult occupied beds (166) 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 and is an improvement on the previous month of (-12). Within the community hospital setting 33.3% of occupied beds in a community hospital (51) are with patients with no criteria to reside, which is an improvement of 4 on the previous month. System actions have continued to be progressed such as the use of Hospital at Home and ‘Ready to Go’ units to enable patients to increase/maintain their independence and following the National Discharge visit by Lesley Watts a Discharge Action Plan agreed which focuses understanding and modelling the system Intermediate Care demand and capacity, development of improvement trajectories across all bedded facilities (Acute, Community and Care Home pathway bed), standardising and sharing of data across the System, improved discharge processes and clear ownership by responsible parts of the System. In addition, the “My Life, My Future” programme of has commenced led by Somerset Council and Newton Europe, with system input and support, which aims to design and deliver high quality, person centred services that promote independence and wellbeing. The first step has been to undertake an evidence based review of our services, to identify what we need to change, and how to deliver change successfully. This has given us a deep understanding of our current services, areas of strength and pressures and developed a work programme comprising of 5 key workstreams; Reablement, Outcomes from Decision Making, Learning Disabilities Progression Enablement & Moves, Preparing for Adulthood and ASC Visibility Control and Improvement. Two of the main anticipated benefits this programme will have impacting NCTR is reduced starts in Pathway 2 beds due to more patients exiting on Pathway 1 support with reablement and reduced length of stay in acute beds due to higher capacity in the Discharge to Assess (D2A) / reablement service. In terms of the more up to date position, bed occupancy remains challenged and there has been a deterioration (increase) in the number of patients with no criteria to reside specifically for those awaiting onward bedded care, and we are exceeding the levels outlined within the improvement trajectory.

# Board Exception Report – Elective Care



# 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 significant reduction in the number of people with the longest waits-

- **78 & 104 week waiters** – On a Somerset Commissioner basis in July 2023 there were 66 patients waiting in excess of 78 weeks which is a decrease of 13 compared to June 23; 39 of these patients are from SFT, and 27 patients from hospitals outside of Somerset and Independent sector providers. The latest available data (week ending 27 August 2023) shows the total number of patients waiting in excess of 78 weeks on a trust wide basis (SFT only) was 63, looking forward to the end of September there is expected to be 55 patients breaching 78 weeks. On a Somerset Commissioner basis there were no patients waiting in excess of 104 weeks.
- **65 Week waiters** – On a Somerset Commissioner basis in July 2023 there were 840 patients waiting in excess of 65 weeks against a plan of 942 which is an increase of 55 compared to June 23; 594 of these are from SFT, and 246 patients from hospitals outside of Somerset and Independent sector providers. As at week ending 27 August 2023 (latest data available) the total number of patients waiting in excess of 65 weeks on a trust wide basis (SFT only) was 751. Monitoring of the 65 week cohort by speciality, site and pathway is place to inform plans for additional capacity requirement and actions to reduce the cohort further.
- SFT has now identified the first cohort of patients who are potentially happy to transfer to an alternative commissioned provider and SFT has contacted 55 patients in the at risk >65 week cohort and a further 126 patient outside of this cohort are also willing to transfer, which could potentially free up capacity for long wait patients to be treated. SFT continues to identify and contact patients who have been waiting the longest and are appropriate for possible transfer. Somerset ICB continue to take a lead on identifying alternative providers that have the shortest waiting times for the specialities/procedures identified. Stringent monitoring of this process is being established and tracked alongside the 65 week wait trajectory. Any issues, risks or concerns will be raised via the System Performance group to the Elective care delivery board.

**Diagnostics :** In July 2023 there were 3,650 (+501 on June 2023) patients whose wait exceeded 6 weeks, resulting in performance of 75.5% (11,226 patients waiting < 6 weeks) against the 75% South West Region improvement ambition (and 99% national standard), comparatively, Somerset ICB is performing better than Region at 73% and National at 74.8%.(June data the latest available nationally)

- The diagnostic modality impacting on the increase in backlog is non-obstetric ultrasound due to staff shortages and to address additional ultrasound capacity is being sought, in addition to sharing-out the demand as far as possible, across the Musgrove and Yeovil sites.
- The Echocardiography overall waiting list and backlog has started to reduce at SFT mainly due to actions in place to mitigate the backlog, additional waiting list initiatives continue, and an insourcing contract has now commenced at Yeovil. Image sharing is now possible via the new upgrade of the clinical reporting system. The trust continue to undertake waiting list validation and contact patients to ensure their condition has not worsened. The Audiology backlog has reduced since May 23 to 373 (latest data as at 27/08/23) by 81 patients, additional clinics are being run to clear the backlog. The backlog in Endoscopy has reduced and has reached its lowest point in the last 12 months at 590 in June, however it has risen by 62 to 652 by July. Colonoscopy capacity continues to be prioritised where possible.
- In July 2023 we delivered 135.1% of Diagnostic Activity relative to 19/20 (3,517 more additional activity) compared to a plan of 133.1% for July 2023.
- On a Trust-wide basis the number of patients waiting in excess of 26 weeks for their diagnostic test has remained fairly static throughout July 23 to 240 as at week ending 27/08/2023, this has increased throughout August and as at week ending 27/08/2023, there are 246 patients waiting in excess of 26 weeks. The overall increase is due to the issues in the Echocardiography service at Yeovil described above. The insourcing contract to increase echocardiography capacity has commenced and we should see improvements in this backlog, we will continue to track weekly and monthly performance.

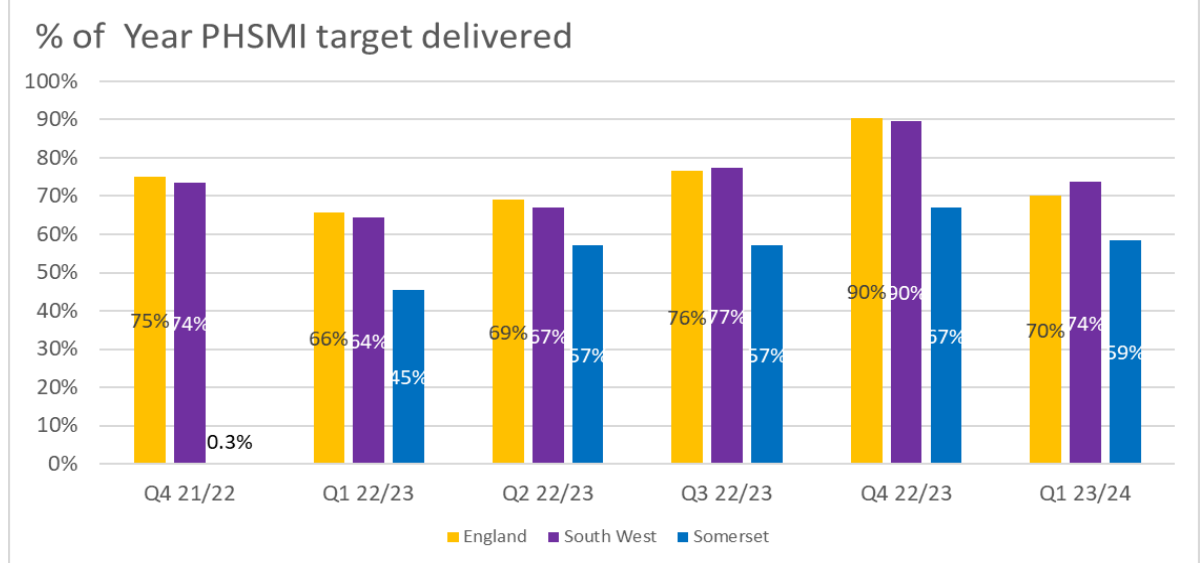
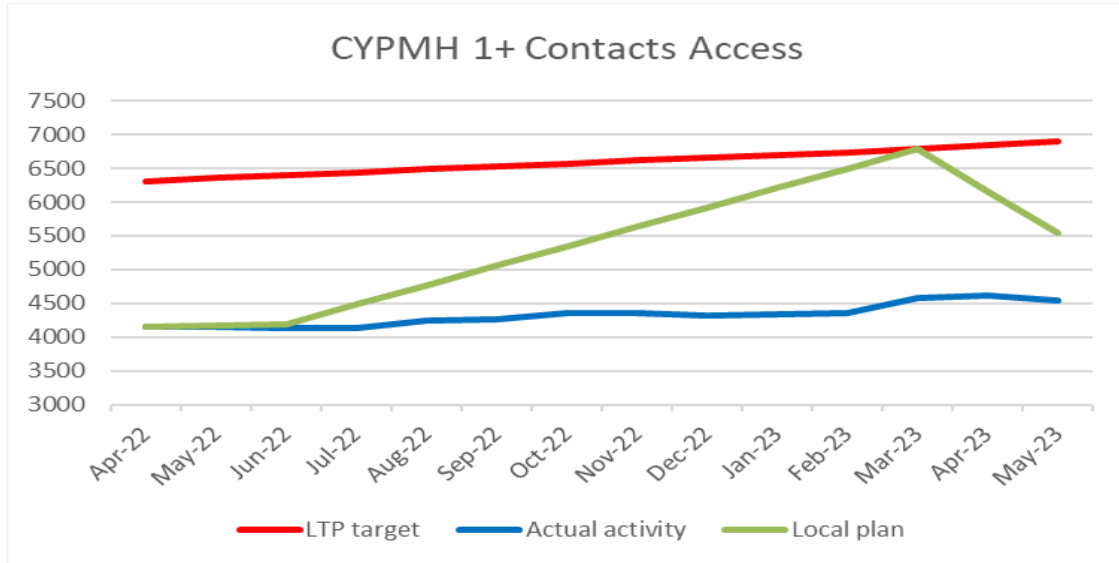
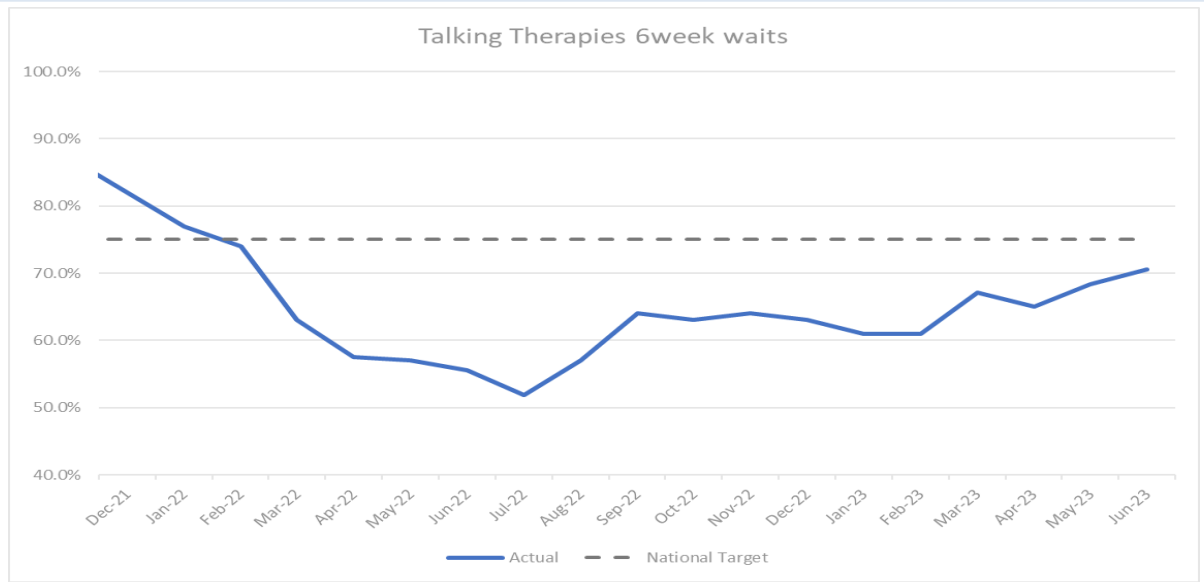
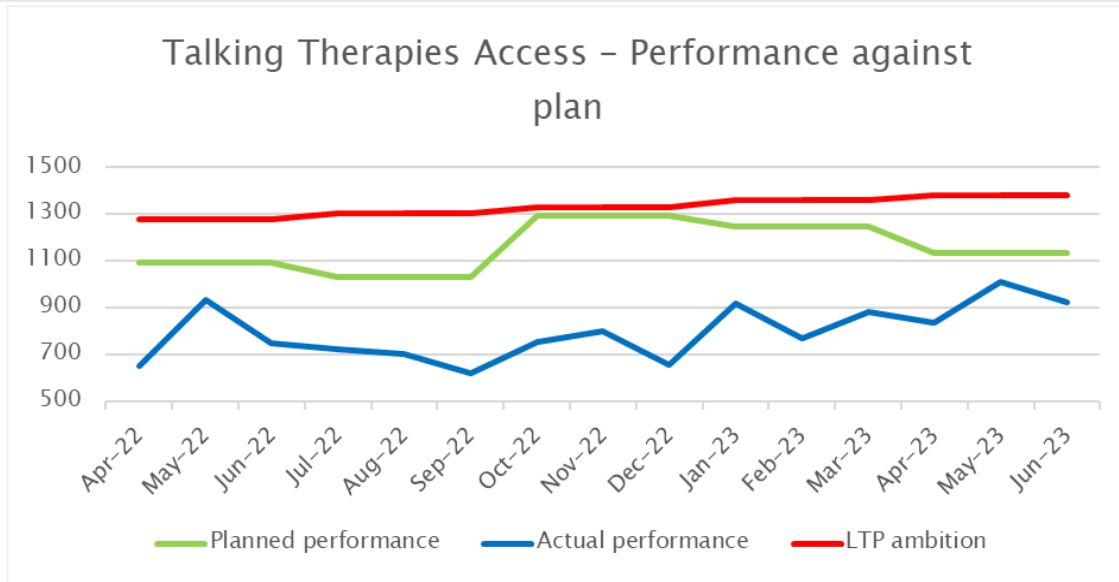


# Board Exception Report – Elective Care

**Cancer** : Performance remains significantly challenged across all cancer pathways, including the 62 day cancer backlog

- **28 Day Faster Diagnosis:** The 28 Day Faster Diagnosis Standard (FSD) performance has improved this month (73.3%, 634 breaches, +4.2% on June 2023) and is 9.2% higher than our operational plan of 64.5% for July but remains behind the 75% standard. The 28 Day Faster Diagnosis standard is also a Single Oversight Framework measure and has been assigned a Segment 2 by the Somerset System and this has been validated by NHSE. The most impacted tumour sites are lower gastrointestinal (115 patients), gynaecological (132 patients), Skin (164 patients) and Urological (59 patients). The increase in skin referrals into the 2 week pathway has impacted the 28 day FDS standard for the skin service delivered by University Hospitals Bristol and Weston FT with performance of 26.9% (122 breaches) in July 2023 (-4.4% on June 23).
- SFT continue to address delays on the colorectal pathway and recruitment of a trained nurse endoscopist to increase colonoscopy capacity and a new lead nurse has joined the Faster Diagnosis team to streamline the processes between the MPH and YDH sites and ensure the management of Colorectal patients is efficient in this part of the pathway. The gynaecology pathway is seeing challenges with high levels of demand and a high proportion of this increase is attributed to the shortage of HRT treatments which has meant that patients have had their HRT medication changed causing side effects. The increase in demand has led to capacity issues which is contributing to the challenged performance which is 54.4% in July. In collaboration with partners, the service has redesigned the 2 week wait referral form (live as of 21.08.23) to align with national guidance and best practice, ensuring patients have had the correct assessments prior to referral, issued guidance on HRT optimisation and will be supporting Gynaecology training for primary care colleagues. The trust has also recruited a pathway navigator to expedite the notification of benign results. In terms of capacity, there is ad hoc clinical capacity created via weekend Ultrasound lists at YDH and a change in the pathway to be more aligned with national guidance. Finally for post-menopausal women a community based one-stop clinic and ultrasound scan pathway commenced in June 2023. The ambition is for the self-referral post-menopausal bleeding service to be live and operational from the end of September 2023.
- University Bristol Hospital and Weston FT (UBHW) continue to see challenges in their 2 week wait pathway which is having an impact on their 28-day pathway and have an improvement trajectory to get to 75% across all tumour sites by March 2024. Skin has been their most significant performance risk due to the scale of the backlog which was caused mainly due to staff absence in the Summer of 2022 and an increase in demand for this tumour site. Locums have been used to reduce the backlog however industrial action and difficulty with recruiting locums into the dermatology service has slowed progress but the trust reports that they expect to see ongoing improvement in this standard. As UBHW provide a skin cancer service for Somerset patients this is impacting on Somerset performance. As of 1<sup>st</sup> September 2023, of the 40 per week historic baseline, only 15 patients per week will be sent to UHBW (10 patients will be sent to Royal Devon University Healthcare and the remaining 15 plus any additional demand over and above the 40 will be managed by SFT). This will continue to increase over time until all patients are managed within Somerset (unless they choose to be treated elsewhere). SFT continue to put on additional capacity by way of Locums to manage the increase in demand and have secured insourcing from August. In addition, SFT has taken over clinical oversight and responsibility for the tele-dermatology service previously provided by UHBW via the REGO platform.
- **62 Day First Definitive Treatment:** Within the 62 Day First Definitive Treatment standard there has been a 2.6% decline on the previous month with performance of 67.3%, 69 patients breaching the standard, (+7 on June 23) and remains significantly behind the 85% national standard. The most challenged tumour site is Urological (31). During July 2023 on a Trust-wide basis, SFT has seen an increase in the number of patients waiting >62 days for treatment, at week ending 27 August 2023 there were 205 patients, +7 from the beginning of August. The backlog by tumour site is: Urological (46 patients), Lower Gastrointestinal (37 patients), Head and Neck (20 patients), Gynaecological (29 patients), Skin (37 patients), and Other Cancers (36 patients).
- **Breast Screening Service:** The covid-19 backlog has been cleared and performance is improving. Efforts are now being focused on development of a targeted plan to improve uptake. Somerset Breast Screening Service intends to complete the Health Equality Tool (HEAT) to support accurate identification of cohorts with low uptake and intensify target action to address real or perceived barriers. Action is being taken to implement text message reminders and options are being explored in relation to identifying other areas such as supermarkets to raise awareness and encourage participation. Links continue to be made with PCNs / Practices prior to invitation letters being sent to ensure local promotion and awareness amongst eligible women.

# Board Exception Report – Mental Health



# Board Exception Report – Mental Health

- IAPT (Improved Access to Psychological Therapies):** The number of people accessing treatment for the year to date in July 2023 using local unvalidated data is 3,719 against the 2023/24 annual target of 13,896 (26.8% of the annual target). This is in line with the England aggregate performance against plan (i.e: performance across England is behind target). Whilst the service remains behind target, we are the only system in the South West showing a long term sustained upward trajectory, meaning NHS England has provisionally designated IAPT access performance as SOF Level 2, up from SOF Level 3. 19 trainees are currently in training, with a further 18 due to commence in the second half of the year. This will significantly increase capacity in 2023/24 and into next financial year. Work is underway to embed Talking Therapies as part of the diabetes pathway, in addition to the work already underway with other LTCs, such as respiratory and cardiac conditions, alongside long COVID. The service is also exploring a digital referral/assessment process which has shown promise in other areas in reducing drop out rates. The service continues to exceed the national target around recovery rates, demonstrating the high standard of care delivered.
- IAPT 6 Week wait standard:** Unvalidated data shows performance of 73.7% against a 75% national standard, part of a generally improving trend (165 people waited more than 6 weeks) in July. The Trust has implemented a county-wide assessment model which will increase throughput and prompt access to treatment; this is working well to date and is anticipated to be fully implemented by end of Q2 2023/24. The additional capacity generated by the number of trainees will also support improvement. The current long waiters are waiting for less common therapy types, for which there are fewer staff trained to deliver, and/or an individual's preference to specific date, place, or timed sessions (note that Somerset is currently in line with the recommendations set nationally around % of staff trained in each of the modalities). The next cohort of fully trained therapists and effective management of drop-outs and DNAs will contribute to the improving performance of the 6week wait list.
- Overall IAPT Performance:** IAPT performance remains behind plan. This can, in part, be attributed to referral rates, as well as recruitment challenges. Work is focussed on increasing capacity of the service across all areas, with additional trainee cohorts in place and recruitment to qualified positions (administration, therapists and assessment workers) ongoing. Additional capacity to support long waiters continues to be 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 support delivery of the target. There has also been a re-focus on group therapies, in line with revised NICE guidance.
- Children and Young People's Mental Health Access:** The latest national position shows that on a rolling 12-month basis to June 2023 Somerset delivered 4,535 contacts. There has been an historic mis-match in 2BU data which has been resolved and will reflect in the next final release of the MHSDS (Mental Health Services Data Set) in July 2023, and it is anticipated to increase the Somerset position to 4,700. 2023. Additional investment has been made into Kooth, Young Somerset and SFT services for 2023/24, which will increase the capacity of services to meet the need of patients. We are working with Young Somerset to increase the countable activity delivered by the Mental Health Support teams, with the provider increasingly looking to group work to increase throughput. Increased means of accessing services on a local level have improved service uptake and our dedicated resource is enabling good quality data collection for our smaller providers. In 2023/24, we have invested in specific data resources to ensure all relevant data is captured. In July 2023 we launched a new offer for VCSFE partners to increase activity levels and flow data (with support). This work is in its infancy, but we have already seen significant interest from eligible providers. Initial data quality/completeness work has been undertaken by the Trust, and has identified a significant volume of activity that has not been previously submitted. In addition, Barnardos and Mind in Somerset are working to submit their data. Finally, we are seeking an exemption from NHS England to allow the TellMi data to be included in our CYP Access performance data (an exemption has been permitted for a similar provider). If the newly identified activity and the TellMi data was included in the nationally reported figures, performance would increase to circa 5,600. The VCSE interim offer has launched and this will support further increase in activity.

# Board Exception Report – Mental Health

- **PHSMI (Physical Health check for patients with Serious Mental Illness)** : A cross system working group is in place and has resulted in significant improvement in reported performance year on year (from almost zero to over 2000). However, between Q4 2022/23 and Q1 2023/24 data shows 2% drop in performance quarter on quarter, from 2,007 to 1,976 (however, this is in line with the national pattern as the bulk of PHSMI activity takes place in Q4 in line with primary care QOF). The remote health check boxes (which contain medical equipment such as blood pressure monitor, blood glucose monitor etc. to complete the checks) have been approved for use, although purchase has been delayed from planned launch in Q1 2023/24 to Q3. 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. A further physical health support worker has been recruited and commenced in May, which will further improve performance. Engagement with practices has been mixed, and the mental health and primary care teams are working together to support practices with delivery. To support uptake of the checks we have developed new communications material, staff training and peer support offers, which will support people to access their appointments (including chaperoning where appropriate) as well as supporting people with any post check support, such as access to exercise options.