

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD	ENCLOSURE:
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DATE OF MEETING:	25 January 2024	
REPORT TITLE:	Integrated Board Assurance Exception Report 1 April 2023 - 30 November 2023	
REPORT AUTHOR:	Alison Henly – Chief Finance Officer and Director of Performance	
EXECUTIVE SPONSOR:	Alison Henly – Chief Finance Officer and Director of Performance	
PRESENTED BY:	Alison Henly – Chief Finance Officer and Director of Performance	

PURPOSE	DESCRIPTION	SELECT (Place an 'X' in relevant box(es) below)
Approve	To formally receive a report and approve its recommendations, (authorising body/committee for the final decision)	
Endorse	To support the recommendation (not the authorising body/committee for the final decision)	
Discuss	To discuss, in depth, a report noting its implications	
Note	To note, without the need for discussion	
Assurance	To assure the Board/Committee that systems and processes are in place, or to advise of a gap along with mitigations	x

PREVIOUS CONSIDERATION/ENGAGEMENT

Following discussion at the Finance Committee meeting and the Quality Committee the enclosed paper provides a summary of escalation issues for quality and performance against the constitutional and other standards, for the period 1 April 2023 to 30 November 2023

Executive summary and reason for presentation to Committee/Board	<p>The report provides a detailed summary for the following areas:</p> <ul style="list-style-type: none"> • Quality indicators • Primary Care • Urgent and emergency care • Elective care • Mental health
Recommendation and next steps	<p>The NHS Somerset Governing Body is asked to discuss the performance position for the period 1 April 2023 to 30 November 2023.</p>

SELECT (Place an 'X' in relevant box(es) below)	Links to Strategic Objectives (Please select any which are impacted on / relevant to this paper)
X	Objective 1: Improve the health and wellbeing of the population
X	Objective 2: Reduce inequalities
X	Objective 3: Provide the best care and support to children and adults
X	Objective 4: Strengthen care and support in local communities
X	Objective 5: Respond well to complex needs
	Objective 6: Enable broader social and economic development
	Objective 7: Enhance productivity and value for money

**Impact Assessments – key issues identified
(please enter ‘N/A’ where not applicable)**

Reducing Inequalities/Equality & Diversity	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
Quality	Decisions regarding improvements against the performance standards are made to deliver regarding the best possible value for service users.
Safeguarding	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
Financial/Resource/ Value for Money	ICB revenue resource limit as of 30 November 2023 was £1,307,812,000.
Sustainability	Outline how you have considered the underlying objectives of the Somerset ICS Green Plan 2022-2025. 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.
Governance/Legal/ Privacy	Financial duties of NHS Somerset not to exceed its cash limit and comply with relevant accounting standards.
Confidentiality	No issues are identified
Risk Description	NHS Somerset must ensure it delivers financial and performance targets

Please keep these front pages to a maximum of three

Integrated Board Assurance

Exception Report

November 2023



111

Although there has been an increase in activity across 111 and performance had deteriorated their service has not seen an increase in complaints or incidents. Patient survey results showed 76% of patients were satisfied with the service and only 2% stating very dissatisfied. NHS Somerset have published communications, requesting patients to use 111 on-line, this should lead to patients receiving a timelier contact from 111. Regular clinical audits are taking place to review delayed patients, and these will be, being discussed at HUC's contact review meeting.

Cat 1 and 2 ambulance response

We have recently received an incident whereby a cat 2 ambulance was delayed attending to a patient in September. The patient passed away before the ambulance arrived. NHS Somerset, in partnership with other system partners will undertake a system review of this case. To understand if there is anything additional, we could have done to prevent this from occurring. A recent piece of work is to understand the impact of handovers versus ambulance response times. Somerset SCC is monitoring performance and any exceptions on a day to day basis.

Elective Care

Whilst over 65-week waits have consistently improved, it is expected that the junior doctors planned industrial action in December and January will impact waiting times and our elective recovery plan. The addition of children and young people elective care data is important in order to understand the impact on education, health and wellbeing.

Following a change in national guidance with surveillance endoscopies now forming part of the active waiting lists, the recent announcement of Yeovil having a new diagnostic centre will help to increase capacity from late 2024. The centre is going to provide more than 70,000 diagnostic tests and outpatient appointments per year.

Vaccinations and Infection Prevention and Control Somerset has a lower uptake of flu vaccination for health and care staff. Following the recent increase in influenza, the ICB and our providers are ensuring maximum update of the flu vaccination in order to keep themselves and patients safe. The new National NHS Vaccination Strategy was launched in December.

Patient Safety Incident Response Framework (PSIRF)

The ICB and SFT have formally transitioned to using PSIRF from 1st January 2024. PSIRF takes a considered and proportionate response to patient safety events and will mean there will no longer be serious incidents being reported to the ICB. The majority of serious incidents having been reviewed and closed, and the provider is now taking responsibility for quality assuring a large percentage of any serious incidents which remain open. The ICB will only be retaining oversight for a few exceptions, such as never events and homicides.

Our providers in Somerset will be responding to future patient safety events based on their own individual patient safety profiles and priorities, with a focus on identifying learning and making system improvements. The ICB will attend provider patient safety meetings and be part of the patient safety discussions. Our role under PSIRF is to ensure our providers' improvement efforts are effective at keeping patients safe, to assist with cross-system sharing of learning, and to coordinate learning reviews for those patient safety events which have more complex multi-disciplinary patient pathways.

Neonatal cot capacity letter received from Regional Operation Control Centre in Sept 2023 - SFT responded very well, and an escalation policy has been shared with the ICB, all those at risk of premature delivery had plans in place and no incidents were reported.

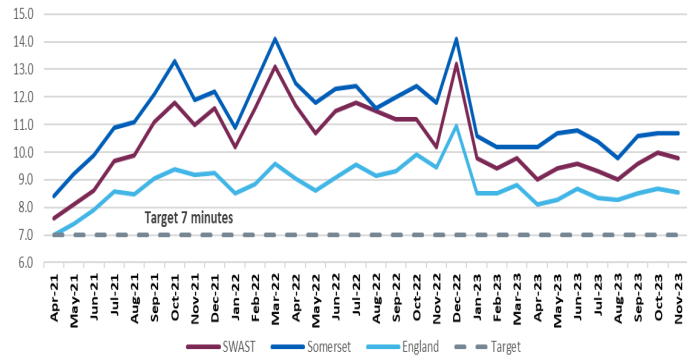
Maternity – recent insight visit feedback and initial feedback from the Maternity CQC visit are being worked through and action taken monitored through the LMNS and the Trusts Quality & Governance Committee. The draft CQC report is due Jan 23.

Safeguarding

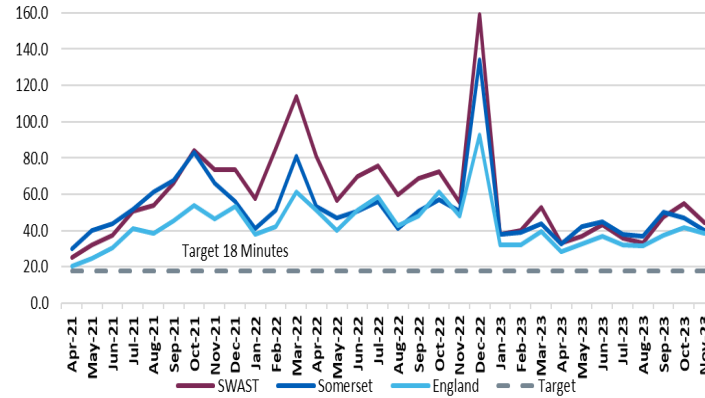
A number of safeguarding risks were added to the risk register:

- We are working with Primary Care Commissioning and the LMC to ensure we provide the best value support to practices in relation to gaps in Primary Care compliance with statutory safeguarding duties. There is a plan to pilot a new initiative in one or two PCN areas in Somerset.
- Access to dental services for Children Looked After and Care Leavers has been subject to two recent deep dives and work is moving forward with Somerset Council to understand the provision of private dental care for some of our most vulnerable children and young people.

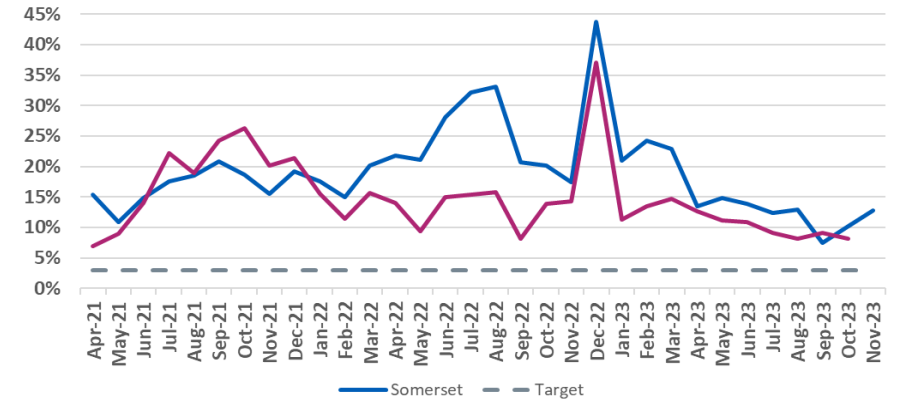
Ambulance Mean Response Times
CAT 1 (Mins)



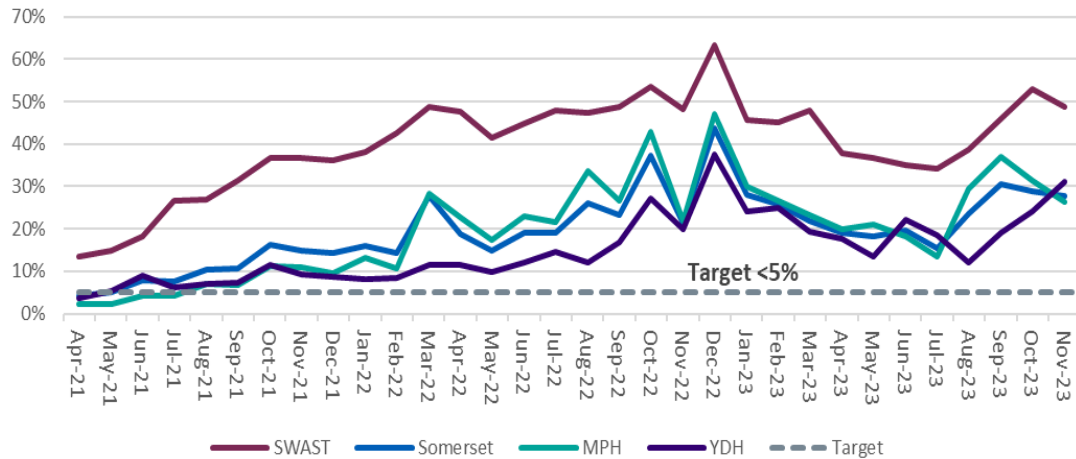
Ambulance Mean Response Times
CAT 2 (Mins)



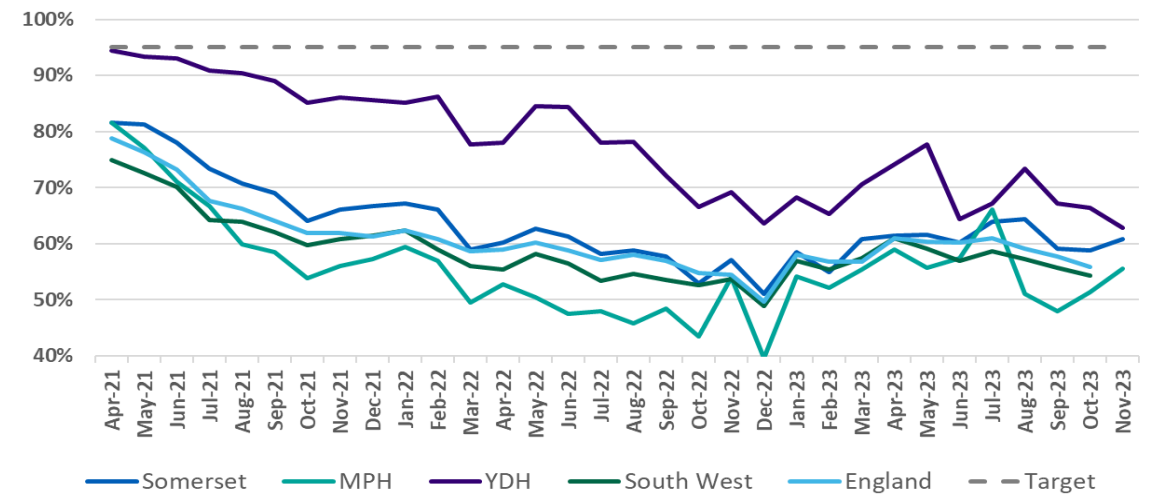
Proportion of calls abandoned (KPI 1)



% of Ambulance Handovers over 30 Minutes

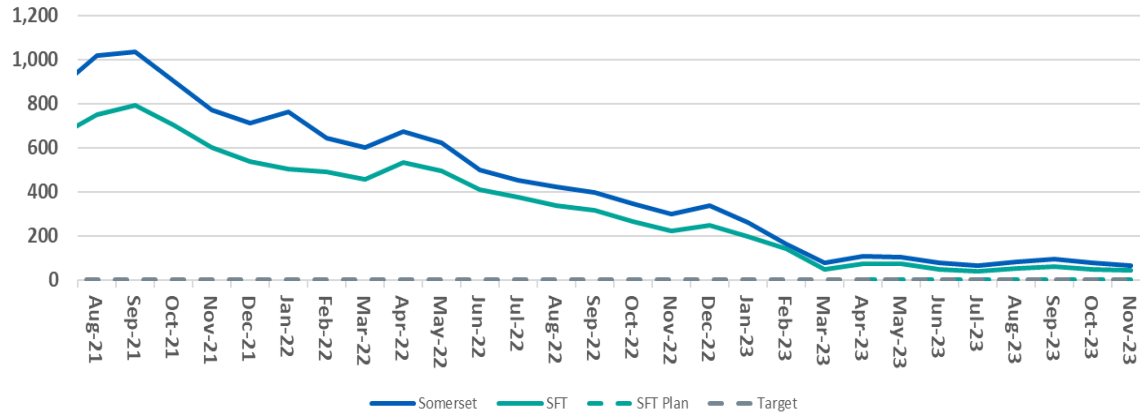


4 hour performance

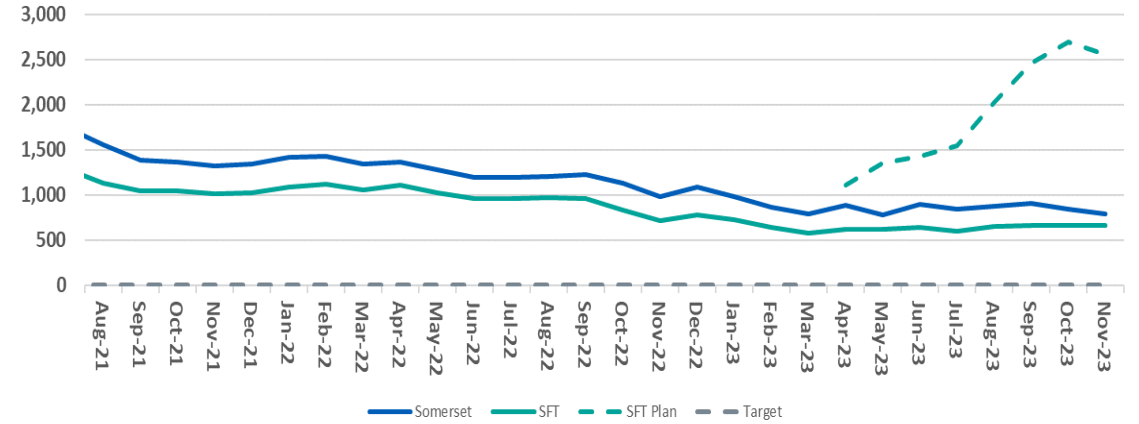


Board Exception Report – Elective Care

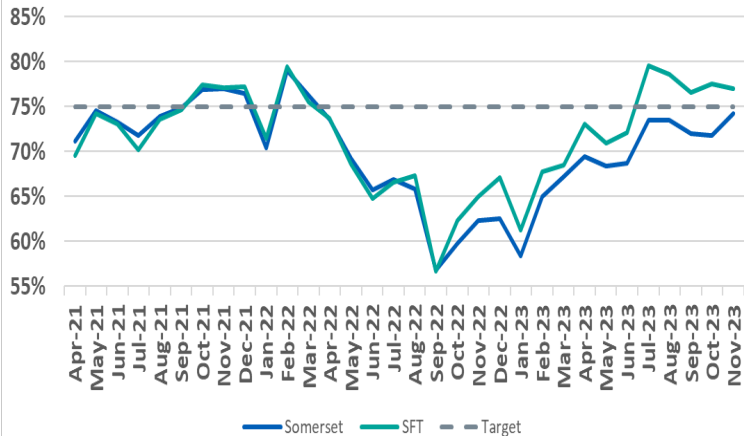
>78 weeks wait



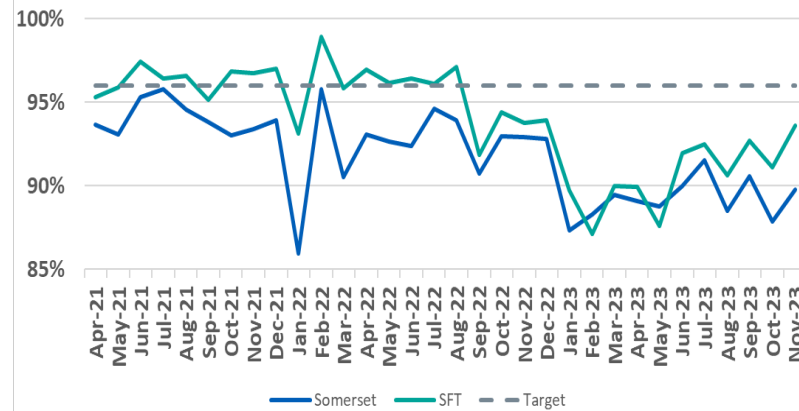
>65 Week waits



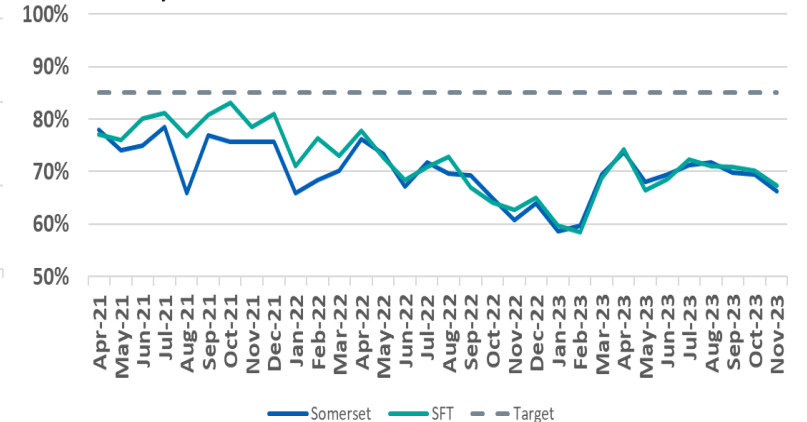
Cancer 28 days wait (faster diagnosis standard)



% of First Definitive Treatment Undertaken Within 31 Days



% of Patients with Diagnosed Cancer Receiving First Definitive Treatment Following GP Referral for Suspected Cancer Within 62 Days



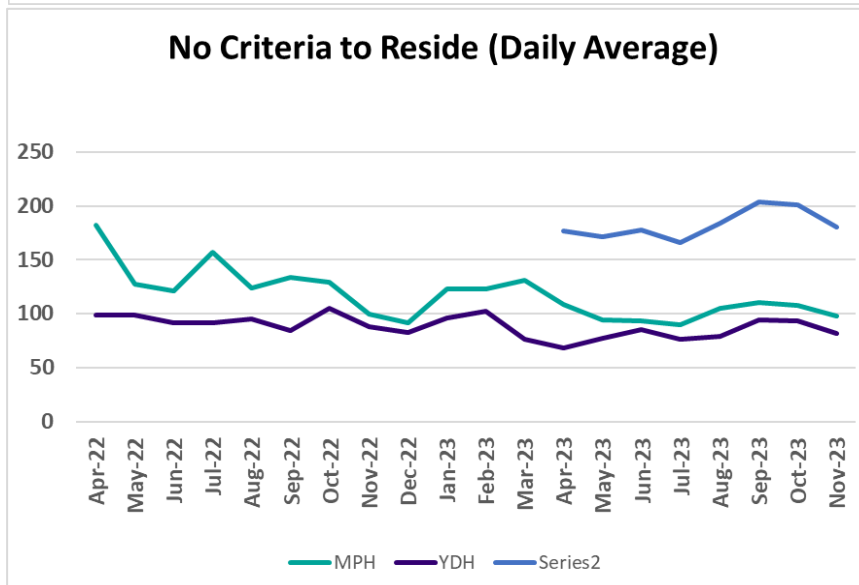
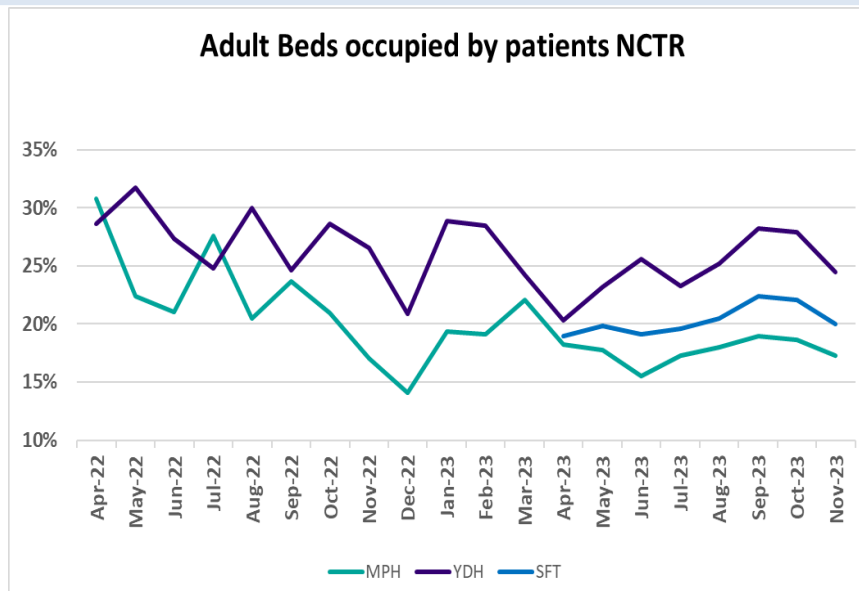
Board Exception Report – Urgent Care

- **NHS 111:** In November 2023, the provisional data for Somerset 111 average speed to answer calls was 154 seconds (September 2023 118 seconds) which is worse than the national (126 secs) and also the regional (135 secs) average. The call abandonment rate is 12.8% in November higher, compared to the national (7.5%) and the regional average (8.9%) for comparison. Recruitment into Somerset 111 continues with a target to reach full establishment for Health Advisors by the end of Q4 2023/24. We continue to monitor attrition along with 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).
- **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 2023 of 10.7 minutes against the 7-minute standard (compared to all SWAST areas of 9.8 minutes and Nationally 8.5 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 2023 was 40.2 minutes (against the 18-minute standard). This is compared to the overall SWAST performance of 44.4 minutes and national average of 38.5 minutes. We are working with SWASFT to improve optimal call handling, long term increase in resource utilising (fleet capacity at evening/night), infrastructure and workforce improvements. SWAST's Head of Operations for Somerset presented to the Somerset Assurance Forum on 15 November 2023 and provided an update on improvement plans ahead of winter with a specific focus on Category 2 response times. There are several pieces of work being undertaken to look at the links between handover delays and Cat 2 response times, it has also been reported that Somerset has seen an improved position within See and Convey and this is down to all the collaborative system working in regard to the alternative pathway work being led by our SWAST Clinical Lead and Community colleagues.
- **Ambulance Handovers:** During November 2023 there continued to be a high volume of patients in hospital who had no criteria to reside. Whilst operational pressures continue to be experienced during the month, the Somerset System performed well with the number of lost hours decreasing from 1,311 in January 2023 to 798 in November 2023. Whilst Somerset ICS 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 which are supporting improved performance. We implemented an internal review of system NHS Pathways WebDoS (web-based national database of a range of urgent and emergency care services involved in patient care) 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, voluntary services – including village agents, MIND in Somerset crisis lines and the bespoke Hinkley Point service for non-registered patients and DoS (Directory of Services) activity at the monthly meeting. The new Ex-Cad ambulance handover reporting system went live on the 7th December within both MPH and YDH whereby the existing 5-minute ambulance arrival 'grace period' that was agreed by South-West Commissioners has been removed to align with the new national definition, since going live we have seen a deterioration (increase) in the number of lost ambulance handover hours.

Board Exception Report – Urgent Care

- Bed Occupancy:** Across Somerset during the cumulative period April to November 2023 compared to the same period in 2022 emergency admissions with a length of stay greater than 1 day has increased by 5.9%, leading to high bed occupancy. In November 2023, the combined bed occupancy across both MPH and YDH was 93% (all beds) and 94.6% in Adult G&A beds and average length of stay have increased (when compared to previous years). The increase is 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.

- No Criteria To Reside:** In November 2023, on average 22% of adult occupied beds (174) in an acute hospital were with patients who no longer needed care in an acute hospital bed and should be discharged home or to another care setting. This is an improvement on the previous month of -8. Within the community hospital setting 32.4% of occupied beds in a community hospital (61) are with patients with no criteria to reside, which is a deterioration of 12 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. A Discharge Improvement Action Plan has been developed which focuses on 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 Adult Social Care Visibility Control and Improvement. Two of the main anticipated benefits this programme will have impacting NCTR is reduced starts in Pathway 2 rehabilitation/reablement beds due to more patients exiting on Pathway 1 (additional support at home). The up-to-date position is that 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.



Elective Care Challenges: There continues to be delays in elective treatment in Somerset across diagnostic, cancer and RTT pathways:

- **78 waiters** – On a Somerset Commissioner basis in November 2023 there were 63 patients waiting in excess of 78 weeks which is a decrease of 13 compared to October 23; 41 of these patients are from SFT, and 22 patients from hospitals outside of Somerset and Independent sector providers. The latest available data (week ending 31 December 2023) shows the total number of patients waiting in excess of 78 weeks on a trust wide basis (SFT only) was 60, looking forward to the end of January there is expected to be 55 patients breaching 78 weeks.
- **65 Week waiters** – On a Somerset Commissioner basis in November 2023 there were 792 patients waiting in excess of 65 weeks against a plan of 2,362 which is a decrease of 56 compared to October 23; 609 of these are from SFT, and 183 patients from hospitals outside of Somerset and Independent sector providers. As at week ending 31 December 2023 (latest data available) the total number of patients waiting in excess of 65 weeks on a trust wide basis (SFT only) was 749. 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.
- The digital platform for PIDMAS which enables patients who are willing to transfer providers to register themselves has been live since the end of October, As of the 29 December, 29 patients are still awaiting potential transfer to other providers, pending a review of clinical suitability and confirmation that the patient is prepared to travel to the alternative provider.

Diagnostics : In November 2023 there were 3,352 (-316 on October 2023) patients whose wait exceeded 6 weeks, resulting in performance of 77.3% exceeding the 75% South West Region improvement ambition but significantly below the 99% national standard. Comparatively, Somerset ICB is performing better than Region at 71.8% and National at 75.3%.(October data the latest available nationally)

- The diagnostic modality impacting on the increase in backlog is Endoscopy due to planned overdue surveillance patients being added back onto the active waiting list for Colonoscopy and Gastroscopy at SFT in line with national guidance. Modalities seeing challenges previously, namely non-obstetric ultrasound and audiology have made improvements in their performance this month however the backlogs still remain high, monitoring of these modalities will continue.
- The backlog in Endoscopy has reached its highest point in November at 1,042 (+103 compared to October). SFT have established additional endoscopy sessions at weekends (YDH site) and where appropriate, patients are being offered appointments at alternative sites (Shepton Mallett and Bridgwater community hospital) for their surveillance procedures. We will continue to monitor the backlog and will provide an update next month.
- The Audiology backlog (waiting >6 weeks) has reduced since May 2023 to 363 in November by 25 patients (as at 31/12/23 there are 303), Musgrove has recruited to secure additional inhouse capacity in Audiology late in the year and the existing outsourcing contract will be utilised at Yeovil to reduce the 6 week wait backlog there.
- The backlog in Non obstetric ultrasound has reduced by 32% to 711 (-367) compared to October. At SFT additional ultrasound capacity is being established through waiting list initiatives and MPH and YDH are working together to share demand.
- The Echocardiography backlog further reduced in November by 41% to 166 (-69) due to actions in place to mitigate the backlog
- In November 2023 we delivered 131.7% of Diagnostic Activity relative to 19/20 (5,517 more additional activity) compared to a plan of 126.6% for November 2023.
- On a Trust-wide basis the number of patients waiting in excess of 26 weeks for their diagnostic test has reduced from the end of October 526 to 451 as at 31/12/23. The decreases mostly seen in colonoscopy and cardiology and audiology modalities.

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

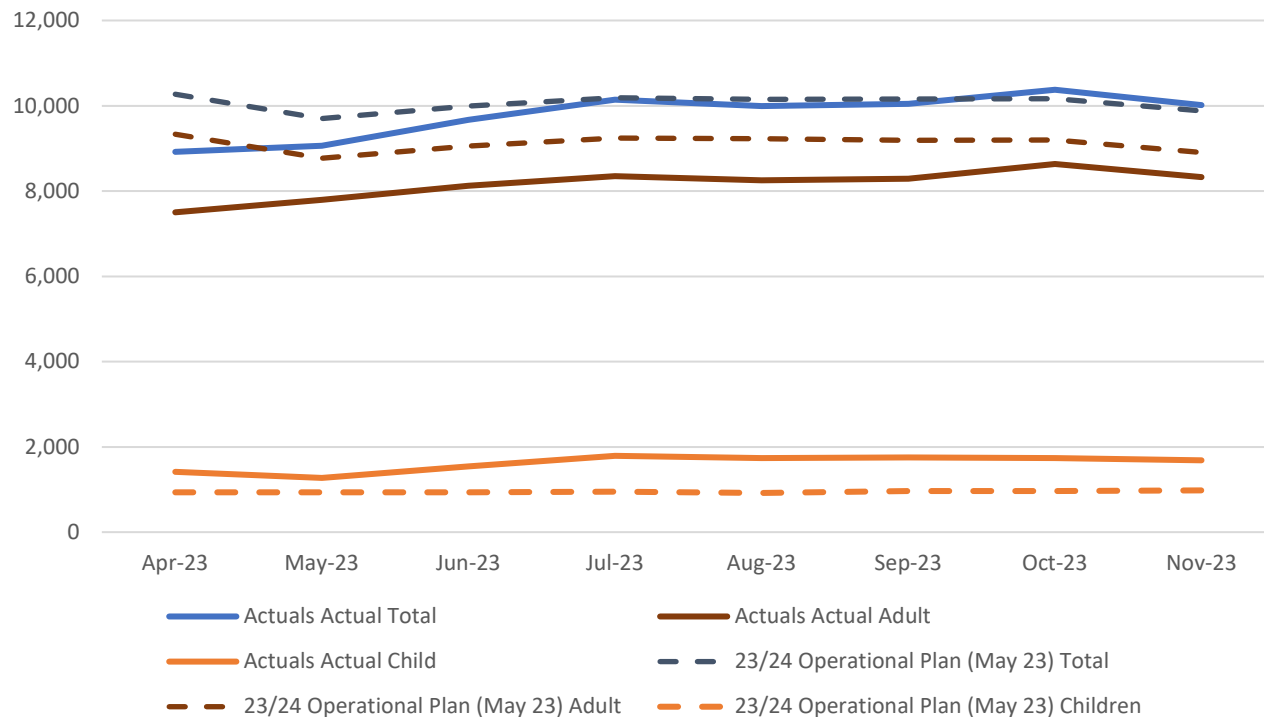
- **28 Day Faster Diagnosis Standard (75%):** The 28 Day Faster Diagnosis Standard (FDS) performance is at 74.2% and is 0.7% below our operational plan of 74.9% for November and remains behind the 75% standard. The most impacted tumour sites are lower gastrointestinal (254 patients), gynaecological (108 patients), Skin (127 patients), Urological (109 patients) and Head and neck cancers (49) which make up 87% of the breaches.
- In Somerset, demand for the Urology Cancer Pathway has grown by 18% when comparing April to Nov 2023 to the same period in 2019/20, this has caused delays to Prostate surgery (impacting the 31 day surgical pathway) and delays in associated diagnostic tests. SFT continue to hold additional Prostate biopsy sessions, with a view to keep these ongoing. Pathway redesign work continues at both the MPH and YDH sites to align the pathways and reduce delays
- Performance in the Gynaecology pathway has started to increase (60.2% in November, +3.0%, for Somerset patients) demand however remains high largely due to the shortage of HRT treatments which has led to some changes in medication, this has for some patients, caused side effects that in some cases could also indicate suspected cancer. The referral criteria have since been clarified to exclude patients with HRT related symptoms who are at a low risk of cancer. SFT continue to raise awareness of their Post Menopausal Bleed Clinic anticipating that diverting the appropriate demand via this new service will relieve pressures on the cancer pathway.
- From 1st November 2023, the Dermatology service has been repatriated back into Somerset in its entirety, this means that all new skin cancer pathway referrals for Somerset patients from this point will be seen within Somerset. SFT skin cancer performance in November (for Somerset patients) is 91.8%. University Hospitals Bristol and Weston FT continue to see challenges in their skin cancer pathways which will continue to impact on Somerset's overall performance until referrals for Somerset patients here are completed. In November 2023 UHBW's 2ww skin cancer performance was 10.9% (for Somerset Patients). We continue to monitor skin cancer performance as demand continues to flow into SFT.
- **31 Day decision to treat standard (96%):** In November the Somerset combined performance is at 89.8% (87 breaches). The most challenged pathway within the standard is the surgery route which is at 69.7% and mainly attributed to SFT, UHBW and other providers
- **62 Day referral to treatment Standard (85%):** Performance is at 66.25% in November 135 patients breaching the standard (+22 on October 23) and remains significantly behind the 85% national standard. The most challenged tumour site is Urological (41), followed by Skin (22) Lower Gastro (20) On a Trust-wide basis at SFT, the number of patients waiting >62 days for treatment, at week ending 31 December 2023 (latest data) there were 195 patients, (-1) from the end of November. The backlog by tumour site is: Urological (48 patients), Lower Gastrointestinal (31 patients), Head and Neck (19 patients), Gynaecological (20 patients), Skin (56 patients), these sites make up 89% of the total backlog.

Somerset ICB have been working closely with SFT to review waiting lists for Community Health Services in Somerset. Community Health Services waiting lists are growing in line with the national ambition to keep people safe and well at home and avoid hospital admission where possible.

A data cleansing exercise was undertaken on data being submitted through the Community Health Services SitRep. This exercise uncovered long waits over and above 52wks in the Podiatry Service. Since June 2023, data has been refreshed, waiting list validation continues, and demand and capacity modelling has been undertaken by SFT.

Early indications show a steady reduction in long waits and waiting list size for the Podiatry service from 2,111 in May to 1,217 in November. Plan trajectories are being re-based as a result of the data cleansing exercise and the Podiatry service is currently working on an improvement trajectory and recovery action plan to transform the Podiatry service and further reduce the waiting list.

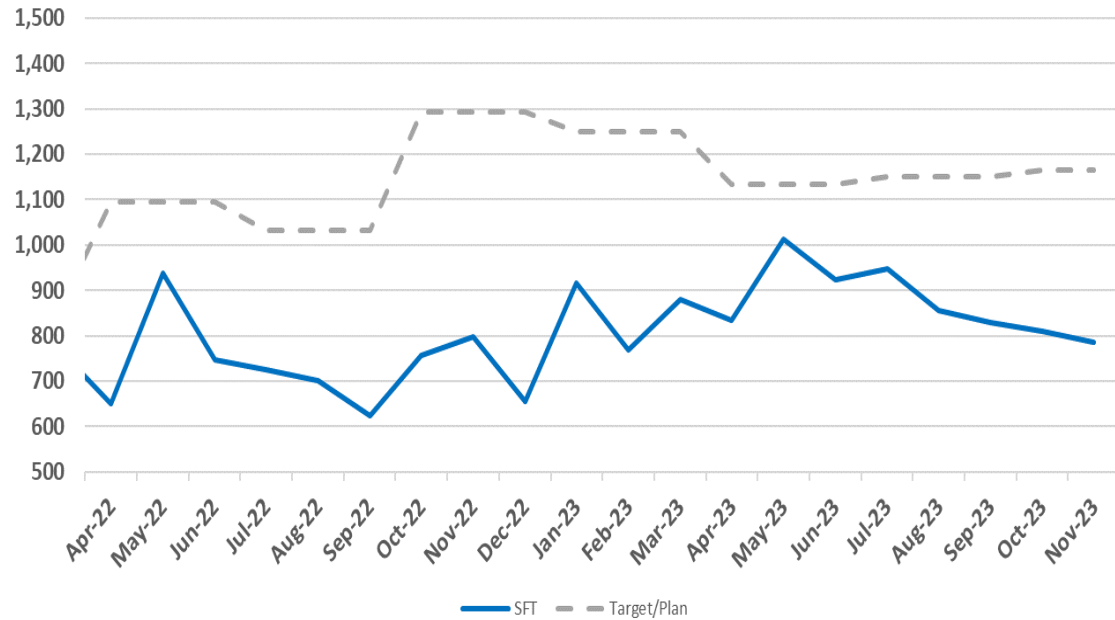
Community Health Services Waiting Lists



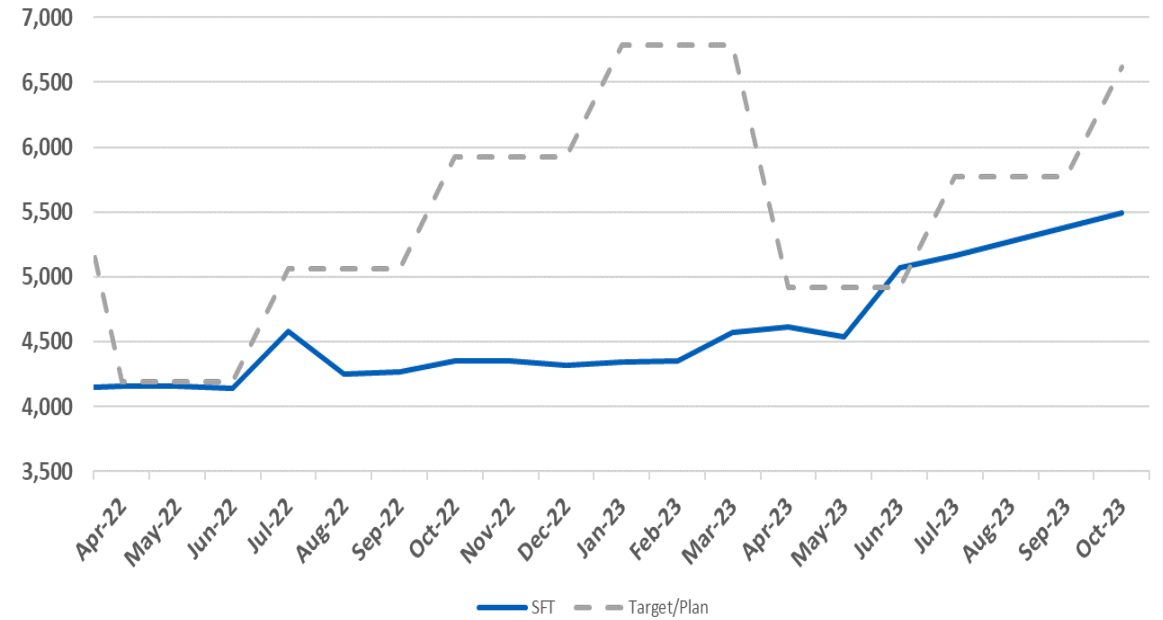
Wait band	Somerset May	Somerset Aug	Somerset Oct
>52-104 weeks	734	259	196
Over 104 weeks	66	51	41
Total	8,744	9,889	10,184
Proportion <52wk waits	90.85%	96.87%	97.67%
Proportion 52-104wk waits	8.39%	2.62%	1.92%
Proportion >104wk waits	0.75%	0.52%	0.40%

Board Exception Report – Mental Health

The number of people who first receive advice and signposting or start a course of Talking Therapies psychological therapy within the reporting period



Access to Children and Young People's Mental Health Services - 1 contact (rolling 12 months) - national data



Board Exception Report – Mental Health

- **Talking Therapies access:** The number of people accessing treatment for the year to date to November 2023 using local unvalidated data is 7,002 against the 2023/24 annual target of 13,896 (50.4% of the annual target). This is mirroring 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 Southwest 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 commencing in September and March 2023/24. 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 dropout rates. The service continues to exceed the national target around recovery rates, demonstrating the high standard of care delivered.
- **Overall Talking Therapies Performance:** 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. 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. Menopause and Insomnia Groups will commence in January 2024.
- **Children and Young People’s Mental Health Access:** The latest national position shows that on a rolling 12-month basis to October 2023 Somerset delivered 5,495 contacts (73.5% achieved of the 23/24 plan of 7,473). The performance improvement is a result of data quality work undertaken by SFT, which identified a significant volume of activity that had not been submitted. 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. In 2023/24, we have invested in specific data resources to ensure all relevant data is capture. 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. 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 8000.