Proud to be part of
Somerset Integrated Care System

NHS Somerset

Exception Report

January 2023

Proud to be part of Somerset Integrated Care System

Board Exception Report – Quality

NHS Somerset

- The GP with an extended role in Dermatology and Consultant Dermatologist triage and polyclinics are working well with the 2 week waiting list significantly reduced. The ICB continues to work on the business case for 2023/24 and beyond to increase capacity in dermatology within Somerset.
- The primary care and quality team are proactively supporting a number of GP surgeries across the country.
- The number of patients with flu, Covid and Respiratory Syncytial Virus (RSV) cases presenting to Yeovil, Somerset FT Park and community hospitals has significantly reduced. The Trusts continue to take infection, prevention and control measures to keep patients safe from infection
- With the number of displaced persons and asylum seekers arriving into Somerset from countries with a high prevalence of Tuberculosis, the ICB is currently considering the business case to create a community based service from 2023/4
- 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 including 'Proud to Care' Home | Proud to Care Somerset
- We are awaiting the single delivery plan for maternity and neonatal services in line with the recommendations of the Ockenden and East Kent independent reviews of maternity services and in the meantime continue to monitor the progress and outcomes through the Local Maternity Network
- Access to NHS dentistry continues to be a challenge for our Looked After Children and Care Leavers. The safeguarding team is actively working with NHS England on this issue
- We are supporting primary care to undertake additional assessments of Children and Young People using local Childhood Exploitation screening tools. This includes raising awareness (using Local Government resources) and improving the reporting arrangements for professionals who are concerned about Child Sexual Exploitation. A named safeguarding professional for primary care starts in May 2023 which will provided additional capacity
- Following the Ofsted and the Care Quality Commission (CQC) revisits in November and December 2022, sufficient progress has been made in the majority of areas following the last inspection in May 2020. However, more progress needs to be made in the following areas:
    - Improving the assessment and reduction in inconsistent practice, to improve the outcomes for children and young people with SEND
    - Increasing the number of children and young people accessing education due to school exclusion and the promotion of inclusive practices

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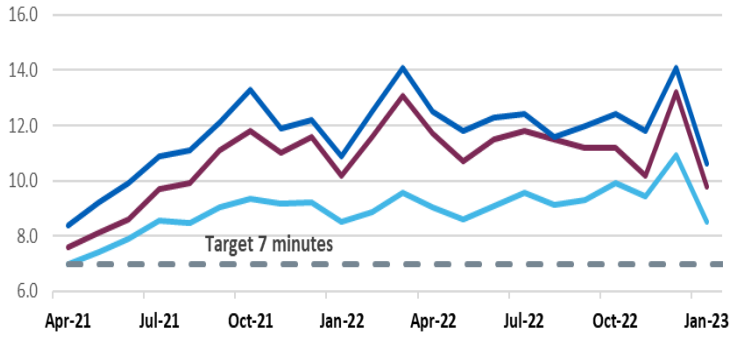
Board Exception Report – Urgent Care

NHS Somerset

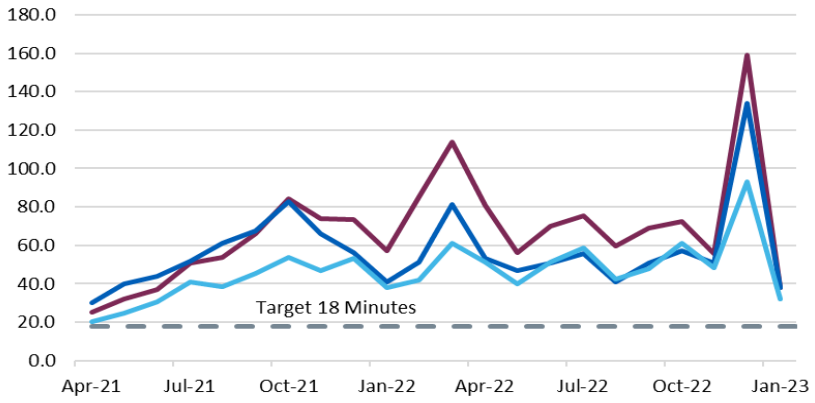
Ambulance Mean Response Times CAT 1 (Mins)

England, SWASFT, Somerset



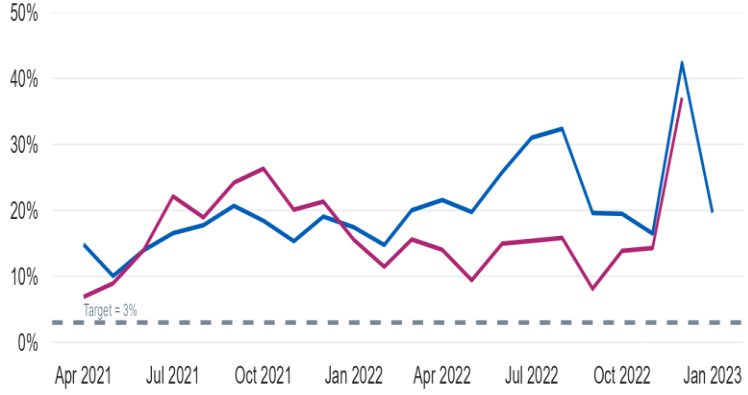
Ambulance Mean Response Times CAT 2 (Mins)

England, SWASFT, Somerset



Percentage of NHS111 calls abandoned

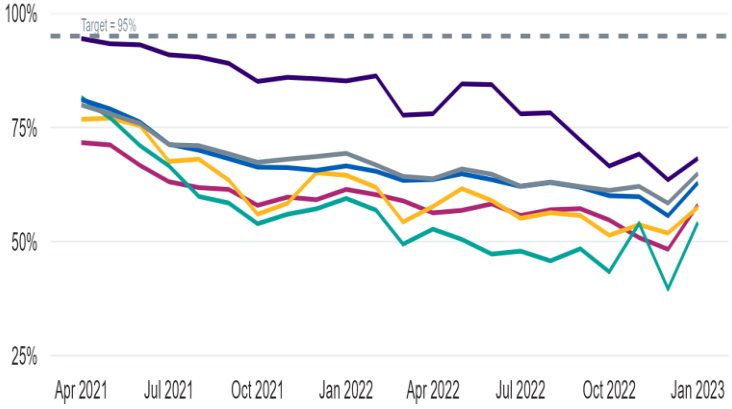
Somerset, National



Devon Doctors

A&E 4 Hour Performance

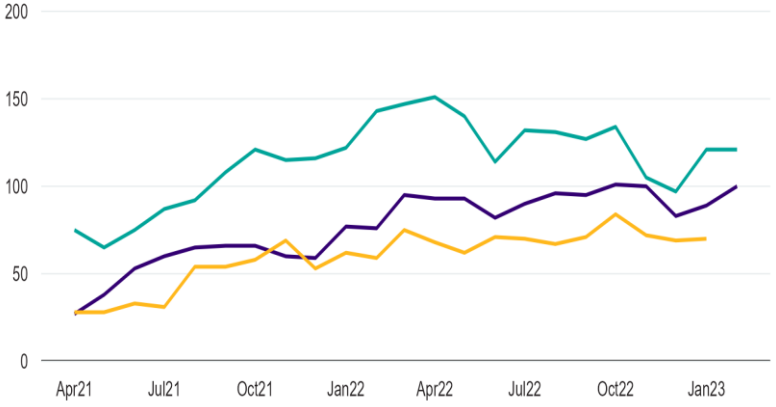
SFT, YDH, UHBW, RUH, National, South West



NHSE: A&E Attendances and Emergency Admissions

No Criteria to Reside

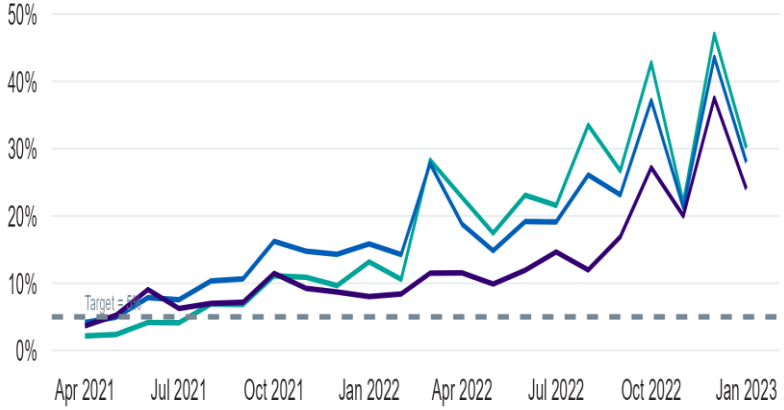
SFT (Acute), YDH, SFT (Community)



Data source: NRTR, updated on 16 March 2023

Percentage of Ambulance Handovers over 30 minutes

Somerset, SFT, YDH



SWAST

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Board Exception Report – Urgent Care

NHS Somerset

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 January and is having a consequential impact on a number of urgent care metrics which are detailed below.

- **NHS 111:** In January 2023 the Somerset 111 average speed to answer calls was 364 seconds (December - 1315 secs) compared to a regional and national average of 223 and 299 seconds (December: 1180 secs and 1496 secs) 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 January was 21% compared to Regional and National average of 12.9% and 12.4% 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 January 2023 of 10.6 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 January 2023 was 37.8 minutes (against the 18 minute standard). This is compared to the overall SWAST performance of 38.1 minutes and national average of 32.1 minutes.

- **Ambulance Handovers:** Ambulance handover delays occur when a hospital is under pressure; during January 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 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 2,436 hours in December to 1310 in January 2023. Whilst Somerset ICB is seeing a very challenged position we remain the best performing System in the region and made up 3.84% of SWAST's overall lost hours (34,058 hours) in January 2023.

- **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 January 2023 performance at Somerset FT was 54.2% (2,795 people waited more than 4 hours) and at Yeovil FT 68.27% (1,595 people waited more than 4 hours) in comparison to Regional Performance of 56.5% and National Performance of 58%.

- **Bed Occupancy and No Criteria To Reside:** In January 2023 the combined bed occupancy across both Somerset and Yeovil FTs was 95.7% (which is comparable to the previous month) with a need to open an increased number of escalation beds (102 per day compared to 91 in December 2023) to accommodate the in-patient demand. This is due to a combination factors including an increase in admission and length of stay. The 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 with most predominant reasons for delay being patients awaiting for additional out of hospital care.. In January 2023, 21.8% of occupied beds (221) 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 45.3% of occupied beds in a community hospital (81). An additional challenge underpinning the increase in recent weeks has been infection control factors preventing discharge. Both YDH and SFT have in place 'Ready to Go' units to enable patients to increase/maintain their independence whilst waiting for a care package or returning home and additional (external) pathway beds and Care Pods remain in place (funded through the national winter schemes) until the end of March to support discharge flow.

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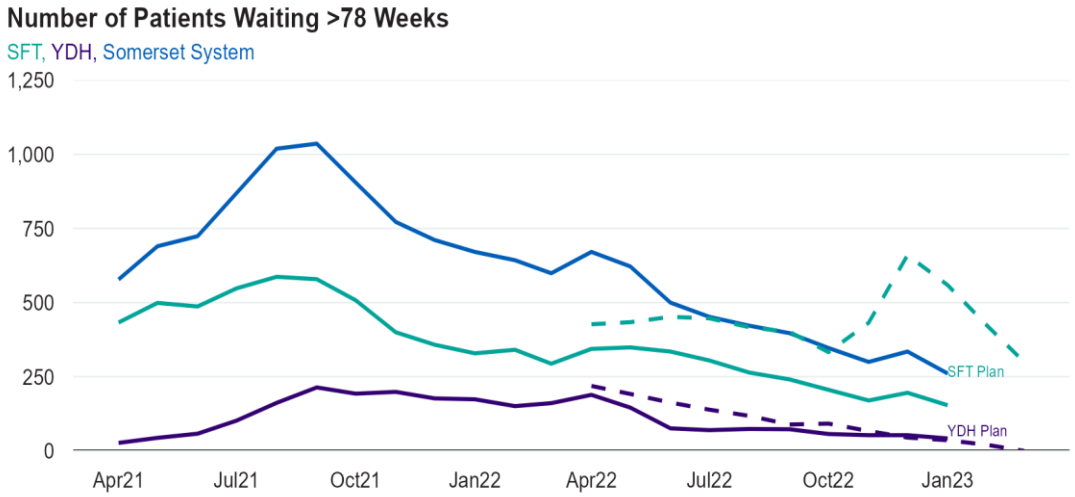
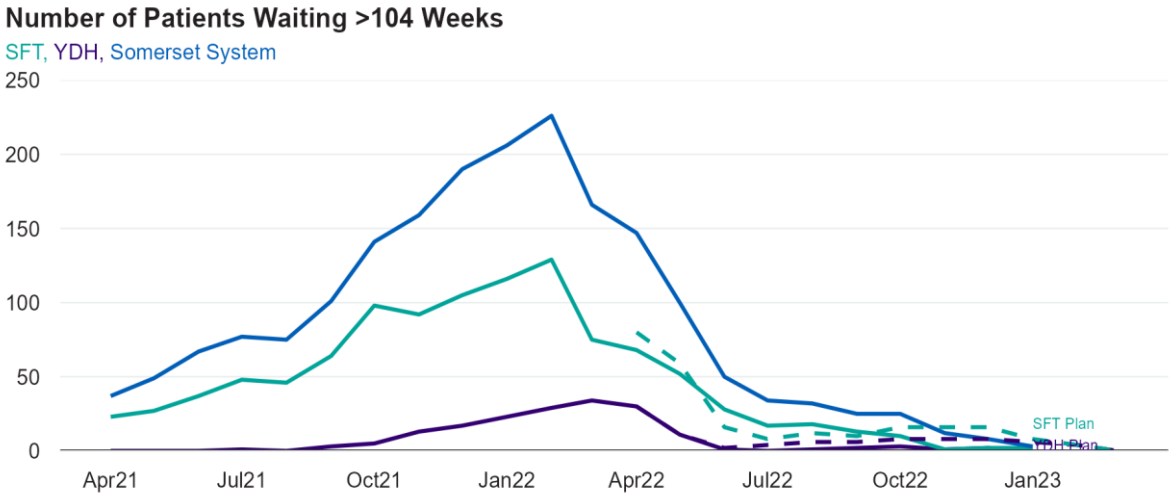
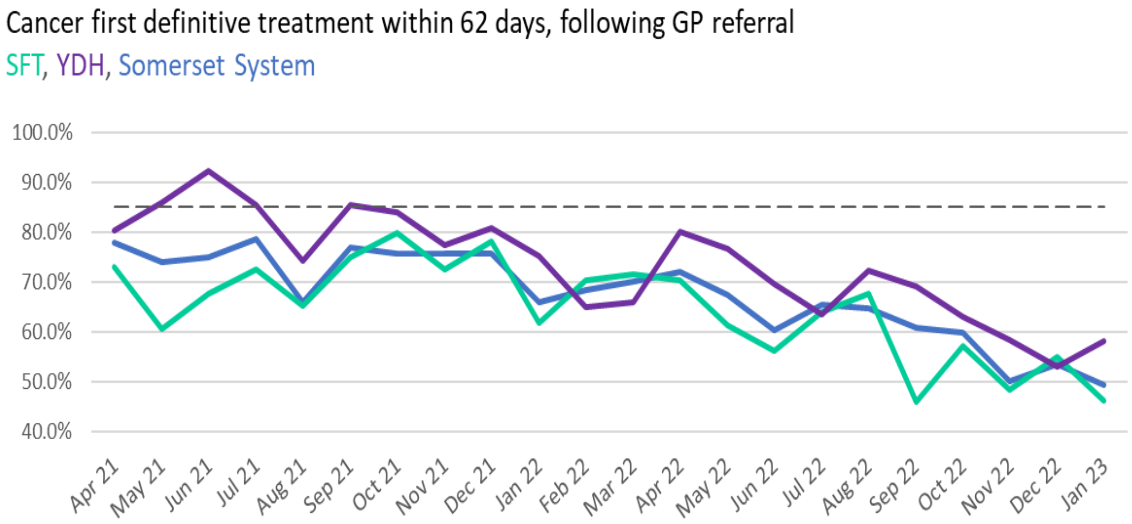
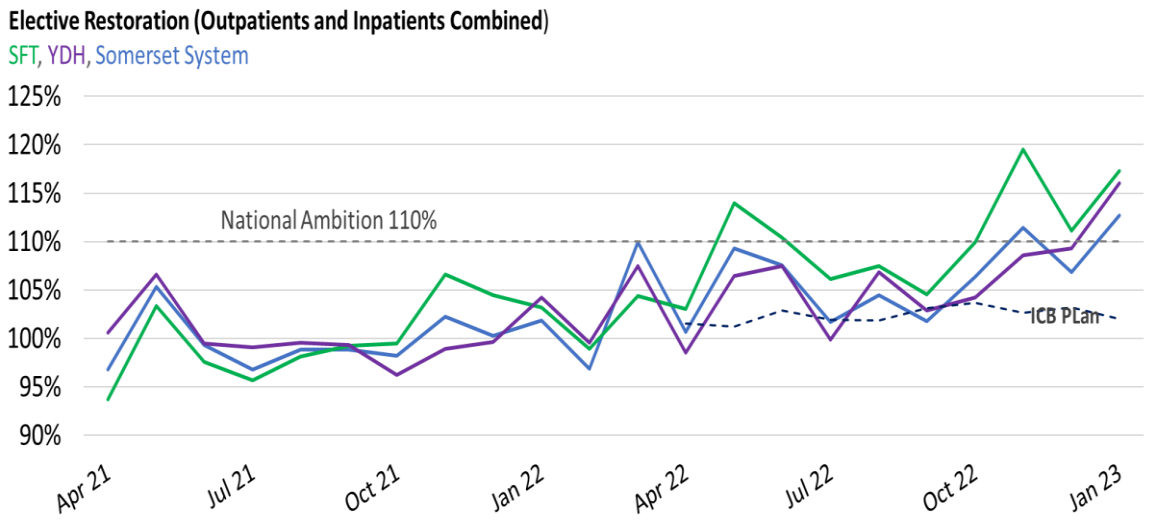
Board Exception Report – Elective Care

NHS Somerset









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Board Exception Report – Elective Care

NHS Somerset

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 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 January 2023 there were 2 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 another smaller hospital. On a Trustwide basis the number of patients waiting in excess of 104 weeks continues to reduce and as at the week ending 26 February 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 4. Looking forward to the end of March 2023 we anticipate that there will be 1 breach at Somerset FT due to complexity.

- **78 week waiters –** On a Somerset Commissioner basis in January 2023 there were 261 patients waiting in excess of 78 weeks which is a reduction of 74 upon the previous month; 196 of these from Somerset and Yeovil Hospitals, and 65 patients from smaller (including border) hospitals. As at week ending 26 February the total number of patients waiting in excess of 78 weeks on a trust wide basis was 202 (Somerset FT: 161 against plan of 420, Yeovil FT, 41 against plan of 20)

- **Cancer** – Cancer performance remains significantly challenged across all cancer pathways, including the 62 day cancer backlog. In January 2023 whilst there has been a small improvement in the suspected 2-week wait cancer performance (53.43% ,+4.69%) the 28 Day Faster Diagnosis Standard has declined (58.5%, -4.16%) and both remain significantly adrift from the national average of 81.8% and 67% respectively. Within the 62 Day First Definitive Treatment standard there has been a decline on the previous month with performance of 49.31% (-4.19%) compared to national performance of 54.44%.

  - **2 Week Waits:** The tumour sites with the most challenged performance (and greatest number of patients breaching the standard) are Skin (61%, 385 patients), Lower Gastrointestinal (69%, 290 patients), Breast (50%, 204 patients) and make up 81.8% of the overall 2 week cancer pathway breaches. Across the aforementioned tumour sites Lower Gastrointestinal has seen a significant increase in demand (+21%) relative to 19/20 due to an increase in demand. 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 8.93% (resulting in 255 patients breaching the standard) and Yeovil FT has delivered performance of 63.5% (with 100 patients breaching the standard), although this is a vast improvement on the previous month where performance was 1.14%. 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, however additional clinics have been run to provide additional capacity. As at 5th March 2023 there were 2,441 patients were waiting on the 2 week wait pathway.(Trust wide, YDH and Somerset FT)

  - **28 Day Faster Diagnosis Standard:** The most impacted tumour sites are Lower Gastro (26%, 337 patients breaching the standard), Gynaecological (37%, 113 patients breaching the standard), Urological 48%, 113 patients breaching the standard), and Skin (59%, 193 patients breaching the standard), and make up 81.3% of the overall breaches. Breast has seen an improvement this month, where only 11% (43) of patients were seen outside of the standard.

  - **62 Day Backlog:** On a trust wide basis as at week ending 29 January 2023 the 62 day suspected cancer backlog prior to cancer diagnosis or treatment across Somerset FT and Yeovil FT combined was 279 and as at week ending 05 March 2023 the backlog has reduced to 185. The backlog by tumour site is: Lower Gastrointestinal (69 patients), Urological (49 patients), Skin (25 patients), Gynaecological (21 patients) and Other Cancers (21 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 (68), some of which will be Somerset patients

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Board Exception Report – Elective Care

NHS Somerset

Diagnostics -

In January 2023 there were 3,621 patients whose wait exceeded 6 weeks, resulting in performance of 71.09% 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 22/2 however performance has dipped in January 2023; our comparative performance in January is 71.09% compared to Regional performance of 65.3% and National performance of 64.5%. Much of this improvement is as a result of Echocardiography backlog reduction at Somerset FT from 1,456 in April 2022 to 43 in January 2023 (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 (809), Echocardiography (700), non-obstetric Ultrasound (582), CT (419) and MRI (409), Audiology (399). 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 steady increase over recent months in Sleep Studies, CT and MRI. Echocardiography overall waiting list and backlog has increased at Yeovil FT due to capacity issues however actions are being undertaken to address this increase. The Audiology backlog has seemingly decreased since November 22 but remains high due to challenges with the levels of insourced activities being delivered.

- In January 2023 we delivered 155.9% of Diagnostic Activity relative to 19/20 compared to a plan of 109.4% for January 2023.

- 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 32 at the end of January 2023, however looking forward to February the increase in the echocardiography backlog has slightly pushed these waits up to 72 as at 26 February 2023.

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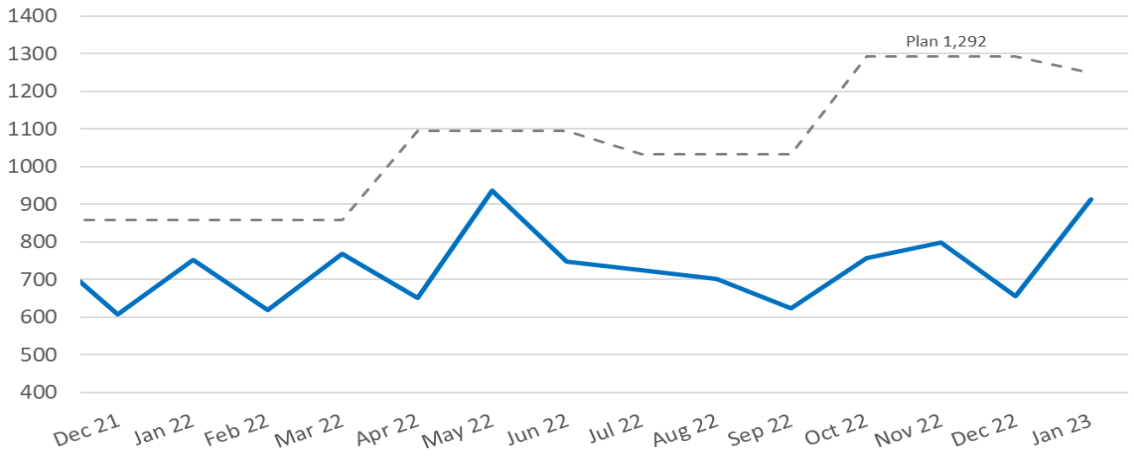
Board Exception Report – Mental Health

NHS Somerset

IAPT Access

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

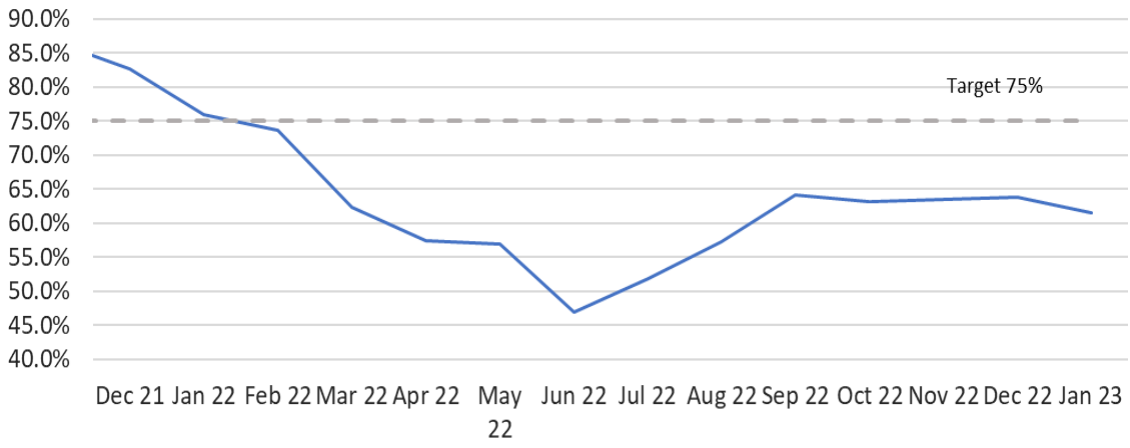
Local data



IAPT 6 Week wait

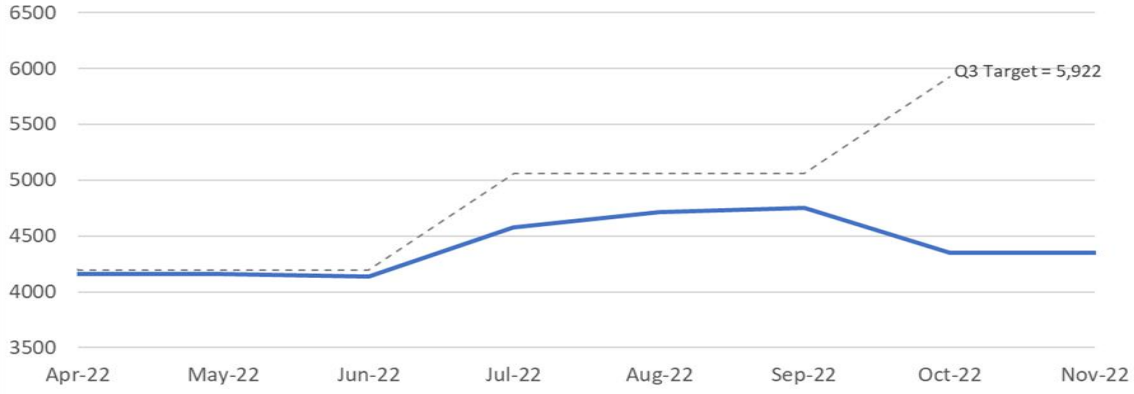
SFT

Local data



Children and Young People Mental health access - one contact

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



CYPMH Access

Provider	National Data – November 2022 Rolling 12 Months	Trajectory for 2022/23	National data vs trajectory
Somerset NHS Foundation Trust	2765	3171	-406
Young Somerset	1100	3080	-1980
Kooth	728	815	-87
2BU	110	150	-40
The Space	90	84	+6
NHS Somerset	4350	7300	-2507

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Board Exception Report – Mental Health

NHS Somerset

- **IAPT (Improved Access to Psychological Therapies):** The number of people accessing treatment for the year to date to January 2023 using local unvalidated data is 7,507 against the target for 2022/23 of 14,003 (53.6% 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. It is likely that the 2022/23 access target will not be achieved; however, the nationally set targets for 2023/24 are more realistic and achievable. Local modelling has been undertaken to support delivery.
- **IAPT 6 Week wait standard**: Unvalidated data shows performance of 61.5% (158 people waited more than 6 weeks) in January 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 has been developed. SFT has also commenced an internal deep dive, which will identify further actions.

- **Children and Young People's Mental Health Access**: The latest national position shows that on a rolling 12 month basis to November 2022 Somerset delivered 4,350 contacts against the ambition for 2022/23 of 6,785 (64.1% 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 January 2023 is showing a position of 5,649 contacts against the 2022/23 ambition of 6,785 (83.3% 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. The proposed indicative activity plan for MHSTs has been moved forward and providers have agreed refreshed targets as befits their recruitment activity. Further local efforts, increased means of accessing services have also improved service take up and we have a dedicated resource to enable data collect for our smaller 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. We have unfortunately been unable to run the EMIS extract in Q3 due to an issue with EMIS. We are exploring options for if this is not resolved in Q4. However, we understand anecdotally and with some of the additional activity undertaken that numbers have improved since the last complete data extract.