

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE:
DATE OF MEETING:	23 May 2024	
REPORT TITLE:	Integrated Board Assurance Exception Report 1 April 2023 – 31 March 2024	
REPORT AUTHOR:	Alison Henly, Chief Finance Officer and Director of Performance and Contracting	
EXECUTIVE SPONSOR:	Alison Henly, Chief Finance Officer and Director of Performance and Contracting	
PRESENTED BY:	Alison Henly, Chief Finance Officer and Director of Performance and Contracting	

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

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

PREVIOUS CONSIDERATION / ENGAGEMENT

Following discussion at the Finance Committee and Quality Committee meetings, 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 31 March 2024.

REPORT TO COMMITTEE / BOARD

The report provides a detailed summary for the following areas:

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

The ICB Board is asked to discuss the performance position for the period 1 April 2023 to 31 March 2024.

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 31 March was £1,314,621,000.
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

Integrated Board Assurance

Exception Report

March/April 2024



CQC inspection of maternity services

The CQC have published their reports following the focussed maternity services inspection. The inspection took place in November 2023 focussed on safe and well-led. The overall ratings for both Yeovil District Hospital and Musgrove Park Hospital maternity services are rated inadequate for both safe and well-led. The teams at Somerset Foundation Trust have a robust action plan covering the main findings identified by the CQC, progress is being overseen by Maternity and Neonatal Action Group.

Joint area inspection

A joint targeted area inspection of the multi-agency response to serious youth violence is taking place between the 03-24 May. Led by the Local Authority, those involved are in the process of managing the logistics of this. The Safeguarding Team will lead the coordination of the health input.

Urgent care

The overall 111 service performance continues to be impacted by continuing high levels of dental calls that have been received since May 2022 when changes to how patients access Somerset's dental care helpline went live (moved away from Somerset Dental Helpline that took the majority of these calls and now these are coming through 111). ICB proposals continue to be developed to address the high levels of dental demand: work is being led by the ICBs Head of Pharmacy, Optometry and Dentistry in partnership with the South-West Commissioning Hub this includes the following:- cost analysis, dental activity and provider selection regime.

The ICB has worked with HUC and system partners to successfully switch on NHS 111 call routing direct to Mindline for those in mental health crisis from 2 April. This improves patient experience and supports parity of esteem. It also reduces call volumes to NHS 111 by approx. 70 – 100 calls a week, thereby enabling health advisors to be available to take other calls.

We remain an outlier for our ambulance Category 2 performance, but are a positive outlier for hospital ambulance handovers. The System Coordination Centre Lead is meeting weekly with HUC and SWAST to review improvement plans, assurance of improvement will be governed through the A&E Delivery Board. Delayed discharges and transfers into our intermediate care service also remain a concern within the system with a renewed focus through the intermediate care programme.

Mental health, learning disability and autism

A local working group, chaired by ICB Mental Health Commissioning, has been established working with system partners to undertake a baseline assessment, gap analysis and planning for the new mental health commissioning guidelines (MHLDA Quality Transformation Programme).

NHSE have confirmed funding to deliver mandatory Oliver McGowan training will come to an end in March 2025, 16,177 NHS staff are still to be trained. This will mean that all system providers will need to source and fund training places themselves, it is likely this will have an impact on compliance. The ICB continue to offer training to the ICS via Autism Somerset and is considering options for sustaining the programme going forward.

Regulation 28

A preventing further deaths letter has been received in relation to recommendations and learning for Somerset Foundation Trust mental health services. The Trust response is pending, although the ICB have previously received the investigation and action plan. The learning will be shared and monitored through the System Mortality Group.

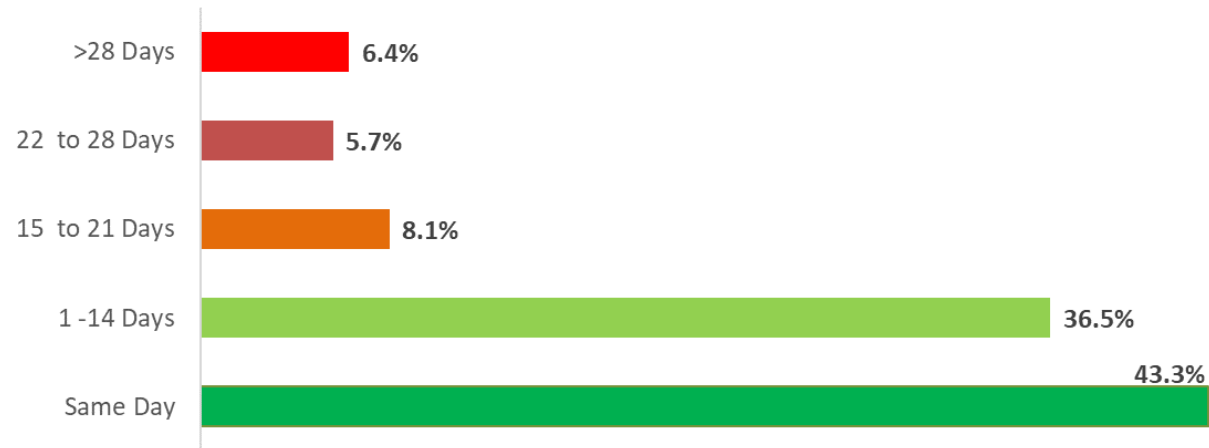
Dental complaints

The Healthwatch quarter 4 report was received in March; 21 comments were received for dentistry all had negative connotations and the key themes of these were lack of NHS provision and access to treatment. This is in line with the themes from complaints and PALs enquiries, of which there were 60 received during February and March 2024. Whilst the dental reform programme offers some medium and long term solutions, and the work that is taking place in Somerset has been acknowledged at Primary Care Commissioning Committee, further work is required to understand the impact on the Somerset population at this time. A review of cases that have accessed the stabilisation programme, urgent and emergency care services and primary care has been proposed.

General Practice

The key focus remains on access. The Board will receive a comprehensive report on our Recovering Access to Primary Care Programme as a separate agenda item. The headline performance on time from booking to appointment is shown below:

Time between booking and appointment as a % of total appointments -
March 2024



Dental

The key focus remains on access. The dental recovery plan was presented earlier in the meeting with a focus on introducing the new people premium, raising the minimum UDA (Units of dental activity), deployment of dental vans to hard-to-reach communities, ongoing recruitment and retaining of workforce.

Community Pharmacy

The key focus is on implementing Pharmacy First which allows peoples to be treated for a range of common conditions by pharmacists without GP referral.

Board Exception Report – Urgent Care

- **NHS 111** – The overall service performance continues to be impacted by continuing high levels of dental calls (approx. 30k/14% of total calls per year) that have been received since May 2022 when changes to how patients access Somerset’s dental care helpline went live (moved away from Somerset Dental Helpline that took the majority of these calls and now these are coming through 111). ICB proposals continue to be developed to address the high levels of dental demand: work is being led by the ICBs Head of Pharmacy, Optometry and Dentistry in partnership with the South-West Commissioning Hub this includes the following: Cost Analysis, Dental Activity ,Provider Selection Regime.

Performance remained challenged during the month of March, however, we have seen significant improvement during April and this is due to a number of workstream’s being undertaken by both HUC and Somerset ICB. Some additional (time-limited) capacity is currently supporting the system.

Areas of focus within HUC’s Service Delivery Improvement Plan includes:

- Health Advisor recruitment is ongoing with efforts to recruit to Pathways training courses that commence at fortnightly intervals. An exercise to review and better align rotas to better match patterns of activity has been completed and those newly revised rotas are now being recruited into;
- HUC have confirmed that there are improvement workshops scheduled looking at innovation, productivity, digital enablers/solutions, all of which are needed given there is no new money to invest in the service.
- Work is ongoing to reach an agreed position on the Indicative Activity Plan (IAP) which will provide an understanding of the position going into 2024/25 (including growth). This will be considered in line with the draft financial costings of the service provided by HUC with a shared remit of both commissioner and provider working towards achieving a plan of how to provide the anticipated activity within the financial envelope available. This provides the opportunity for flexible and innovative ways of working to achieve a shared goal.

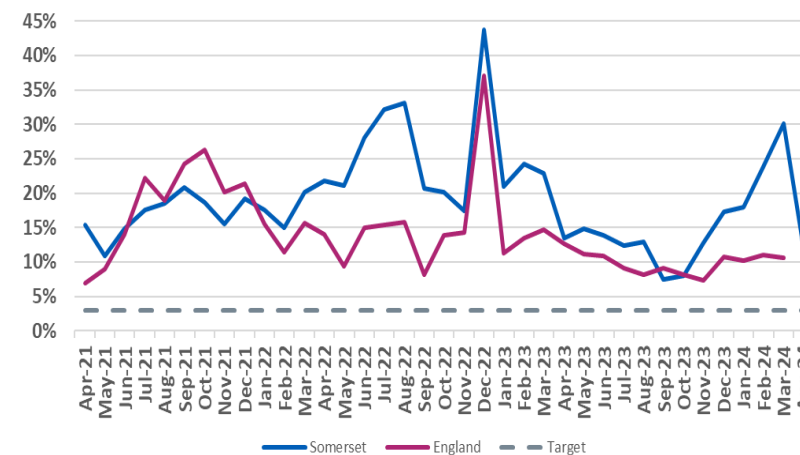
A number of innovations have already been implemented, including care advice by SMS, automated call handling, CPCS, and working with SFT to deploy Aadastra into the UTCs

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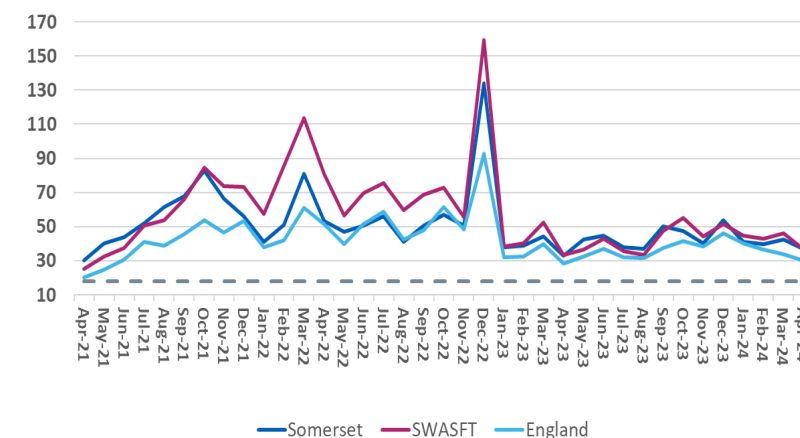
HUC also currently continues to provide a Covid Medicines Delivery Unit(CMDU) providing assessment and prescribing of Covid medications to identified patients.

- **Category 2 Ambulance Response Times:** Performance in April has improved from 42.2 minutes in March to 36.8 min in April. This is compared to the overall SWAST performance of 36.8 minutes and national average of 30.4 minutes. Infrastructure and workforce improvements as well as improved optimal call handling and long-term increase in resource utilising (fleet capacity at evenings/nights) are showing the positive impact on performance.

Proportion of calls abandoned (KPI 1)



Ambulance mean response times CAT 2 (Mins)



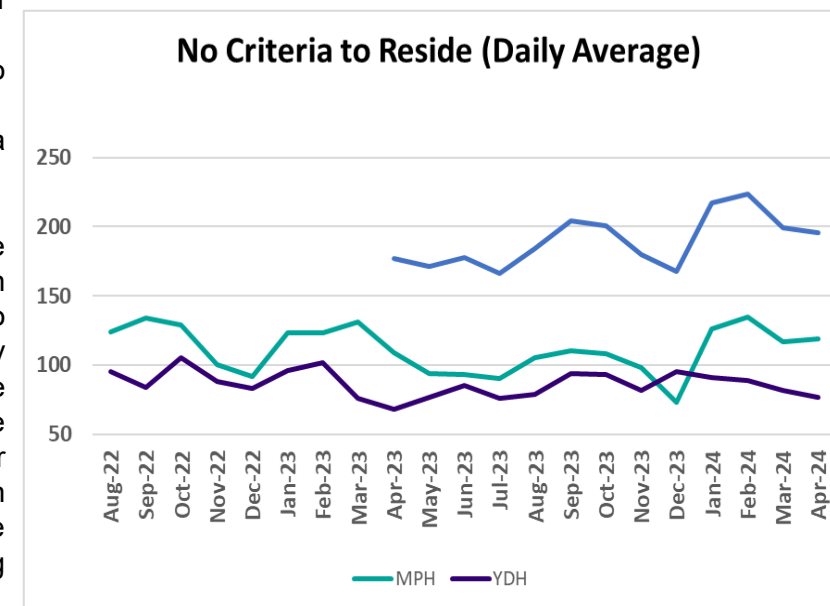
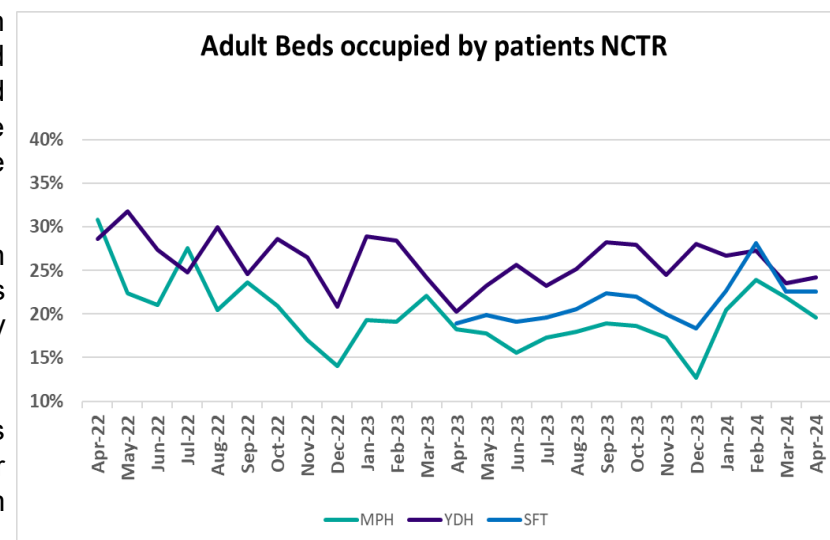
Bed Occupancy: Across Somerset during the cumulative period April 2023 to March 2024 compared to the same period in 2022/23 emergency admissions with a length of stay (LoS) greater than 1 day has increased by 8.5%, leading to high bed occupancy. The average length of stay of these emergency admissions are 8.6 days in March. The combined bed occupancy across both MPH and YDH was 93.2% (all beds) and 95.6% 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 people acuity and an increase in the number of peoples who are fit to be discharged but are waiting for additional out of hospital care.

No Criteria To Reside (NCTR): In April 2024, on average 20.4% of adult occupied beds (182) in an acute hospital were with peoples who no longer needed care in an acute hospital bed and should be discharged home or to another care setting. This is an improvement compared to March (-33). Within the community hospital setting 39% of occupied beds in a community hospital (77) are with peoples with no criteria to reside, which is a deterioration of 6 on the previous month.

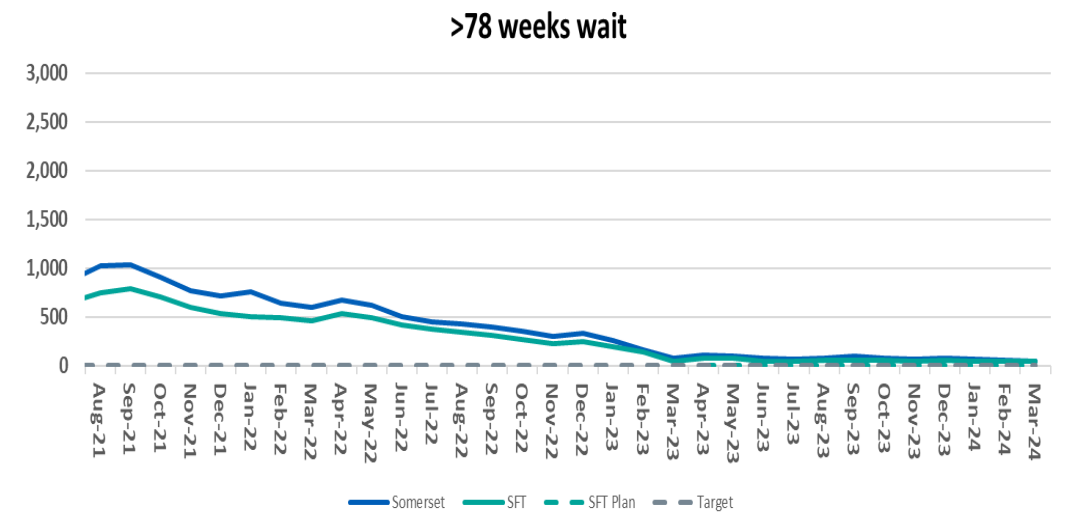
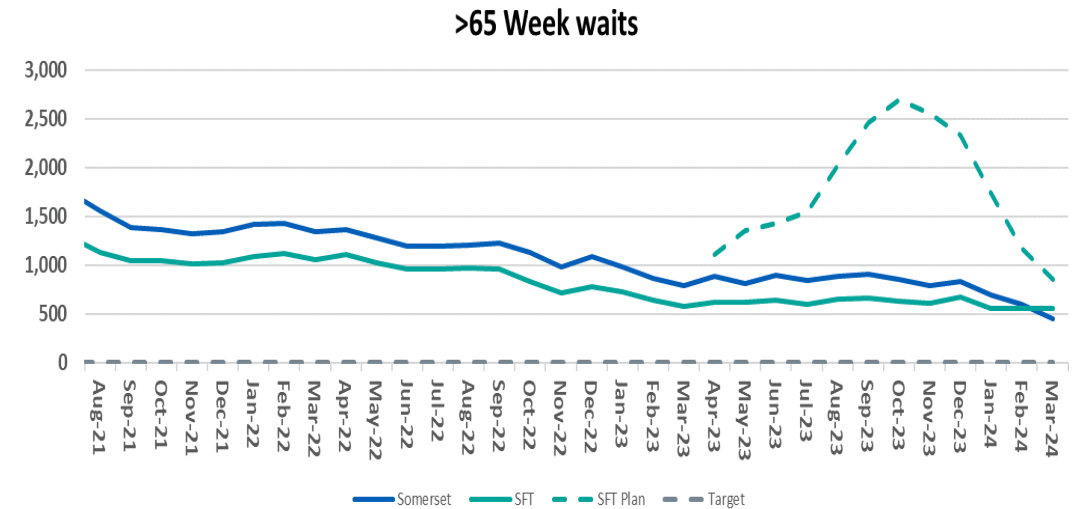
A review of the current demand and capacity for Intermediate Care Beds was undertaken on 26 April, the outputs from this informed a wider workshop focussing on System Flow and NCTR on 3 May led by Peter Lewis, Chief Executive for Somerset FT who has been identified as the SRO for the ICS priority area “System Flow”. The objectives within this system priority and the recent workshops is to:

- Reduce and maintain the number of people who do not meet criteria to reside in a hospital bed to no more than 10% of the adult general and acute bed base during 2024/25
- To reduce the number of Somerset residents who do not meet criteria to reside at non-Somerset based hospitals to similar levels
- To define the most appropriate metric to measure mental health delayed discharges and agree, deliver and maintain a reduction that is appropriate given the demand and capacity for inpatient care.

A system flow improvement plan is being created to identify short, medium and longer-term actions that will reduce the current levels of NCTR and increase flow through the acute and intermediate care beds and discharge to assess, with expectations being set for what these actions will achieve and by when. A delivery team and governance arrangements to manage system flow are being discussed to ensure appropriate oversight to achieve this system priority action. The “My Life, My Future” programme continues, which aims to design and deliver high-quality, person-centred services that promote independence and wellbeing. Principles have been agreed for a target operating model. A recommissioning activity will be required to undertake this change however, the programme are trialling ideas within the current model to understand their effectiveness. Work continues to look at reducing the length of stay within intermediate care bedded provision. An improvement plan has been established to understand the issues which has been broken down into three areas: active reablement, assessment and sourcing care. Within each area actions are identified to support a reduction in LoS. Reducing this LoS it will improve flow throughout the system and support the NCTR position in the acutes.



- 65 Week waiters** – On a Somerset Commissioner basis in March 2024 there were 452 peoples waiting over 65 weeks against a plan of 821 (-145 compared to February 24); 377 of these are from Somerset FT, and 75 peoples from hospitals outside of Somerset and Independent sector providers. As at week ending 4th May 2024 (latest data available) the number of peoples waiting greater than 65 weeks on a trust wide basis (Somerset FT only) was 503. Somerset has delivered better than the 2023/24 operation plan as of March 2024 and remains 3rd best ICB nationally (ranking via the Oversight Framework dashboard is on the basis of actual numbers of long waiters and not on the proportion of the overall waiting list), however Somerset did not reach the 0 by March 2024 ambition.
 - The specialities with the most >65 week waits at the end of March 2024 on a Commissioner basis are Trauma and Orthopaedics, ENT, Urology and other surgical services, this makes up 82% of the backlog, the majority are within Somerset FT.
 - A new trajectory has been agreed for the 2024/25 operational plan whereby Somerset have committed to achieving 0 by September 2024.
 - Monitoring of the 65-week cohort by speciality, site and pathway will continue and plans for additional capacity and actions to reduce the cohort further include reprioritisation of Theatre Capacity and increasing capacity including use of the independent sector. A programme to support elective care recovery continues and Somerset FT continue to undertake waiting list validation.
- 78-week waiters** – On a Somerset Commissioner basis in March 2024 there were 43 peoples waiting over 78 weeks (-15 compared to February 24); 35 of these peoples are from Somerset FT, and 8 peoples from hospitals outside of Somerset (UHBW, NBT and DCH).
 - A Trust wide 78-week trajectory was submitted to the South-West Region alongside the 2024/25 Operational plan meeting the local ambition of 0 78 week waits by June 2024.
 - The latest available data (week ending 4th May 2024) shows the number of peoples waiting greater than 78 weeks on a trust wide basis (Somerset FT only) was 38, looking forward to the end of May there is expected to be 38 peoples breaching 78 weeks against a plan of 22 (8 Choice, 18 Complexity and 12 Capacity breaches) a further update is expected this week.
 - The most challenged specialty is Trauma and Orthopaedics in both admitted and non-admitted pathways at Somerset FT.
 - North Bristol Trust have a backlog within their Plastic surgery service, affecting Somerset waiters, a trajectory is in place to bring their >78 week wait cohort down to 0.

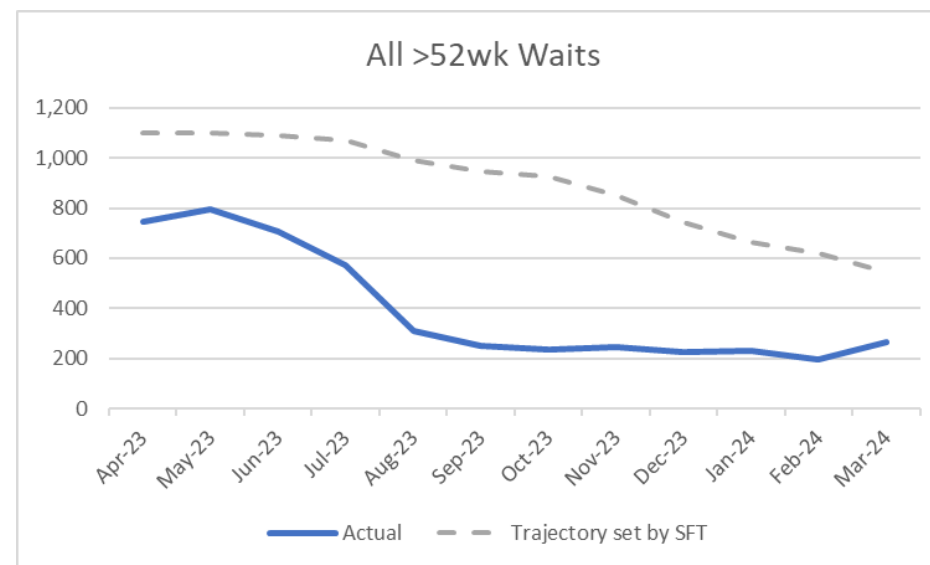
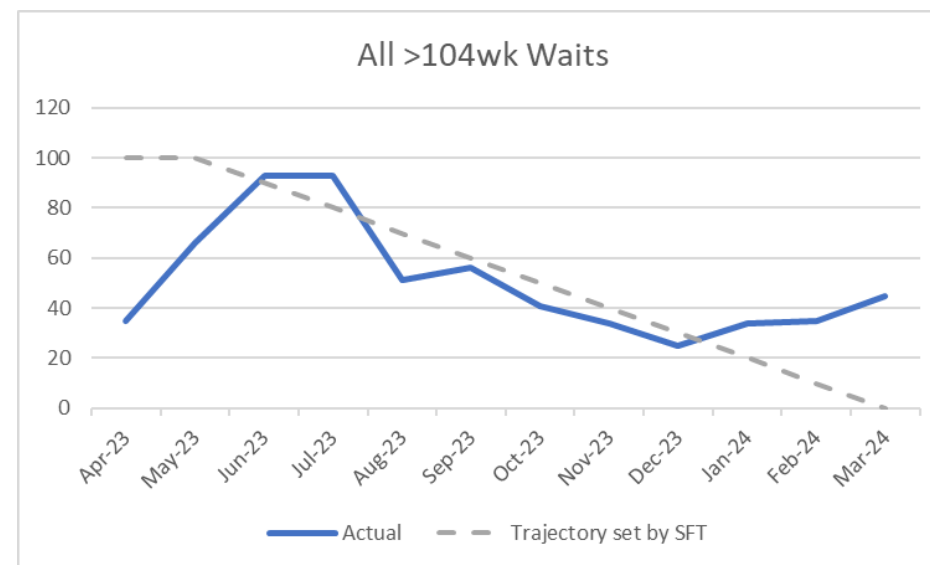


Community Health Services (all)

The overall waiting list Operational plan has been replaced by >52 week wait trajectories for adult and children services in 2024/25 and Somerset Foundation Trust continues to focus efforts on reducing the number of people with the longest waits. As of the 31st March 2024 the number of people waiting over 104 weeks has increased to 45, an increase of 10 on the previous month. A further 219 people were waiting between 52 and 103 weeks and excluding the 5 waiting for Occupational therapy services all other waits over 52 weeks were with the Podiatry service.

Podiatry Service

As at 31st March 24 there were 259 people were waiting over 52 weeks, of which 45 were waiting over 104 weeks. The ambition to clear the over 104 week wait backlog by 31st March 2024 has been impacted by unexpected staff sickness and compounded by vacancies within the service. There is a risk that the backlog could further increase in quarter 1 2024/25 due to the number of people in the 'at risk of breach' cohort. The Trust is currently developing a remedial action plan to address the long waits which will be aligned to the Productive Care programme and to increase clinical capacity. The improvement plan will be presented to the System Assurance Forum on the 25th June and the Somerset System will continue to keep NHS England appraised of progress via bi-monthly meetings.

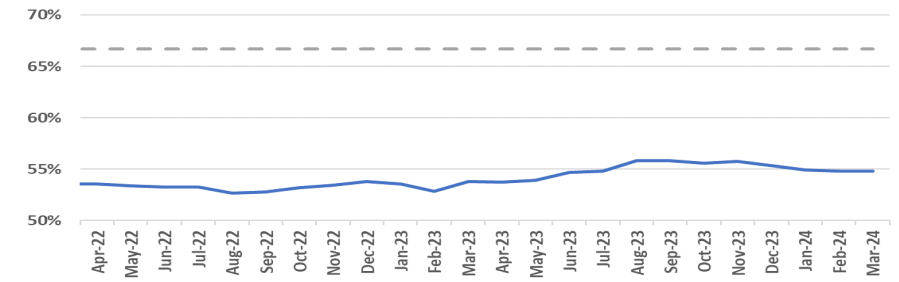


Dementia – Diagnosis rate for dementia in March 2024 reached 54.8% of prevalence. An improvement plan is in development and will be shared with Directors ahead of escalation to the System Assurance Forum in June. The proposed actions include a focus on improved dementia diagnosis coding which is expected to yield up to a 5% improvement. We are also exploring if there is an additional cohort of peoples being prescribed dementia medication who are not formally diagnosed and investigating the possibility of working with the LARCH team and PCNs to utilise the EHCH (enhanced health in care homes) programme of work to provide capacity for undertaking additional diagnoses.

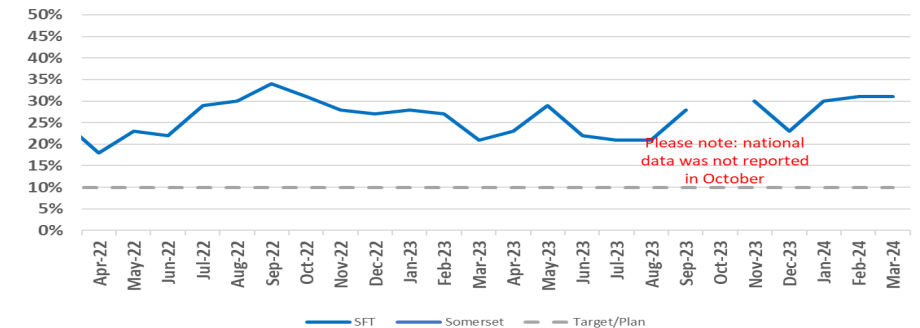
Talking Therapies – Time between the 1st and 2nd appointments is deteriorating; In March 24 31% of peoples are waiting over 90 days compared to the 10% national ambition. The service is experiencing increased demand for High Intensity Therapies and is being compounded by workforce challenges. There is currently a 14% vacancy rate in addition to maternity leave. Actions to increase capacity are as follows: Productivity improvements, as part of the Trusts productive care programme, and a recruitment campaign is underway to fill the vacant posts.

Children and Young People’s Mental Health Access – During 2023/24 this access measure was flagged as a segment 3 risk under the Oversight Framework due to the significant variance to plan. To address this there has been an ongoing programme of work focused on data quality, completeness, and flow of new activity data from Voluntary Sector providers (such as Barnardos and SWEDA). Following the success of this work we anticipate ending 2023/24 within close range of our Operational Plan target of 7,374. The latest nationally reported position shows that on a rolling 12-month basis to February 2024 Somerset delivered 6,330 contacts (84.7% of the annual target achieved) which includes a 30% increase in activity attributed to data quality. However, this does not yet include the Voluntary Sector data which is expected to be included in the March cumulative position.

Estimated Diagnosis rate for people with dementia



Proportion of patients waiting >90 days between their first and second treatment



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

