

Report to the NHS Somerset Integrated Care Board on 25 May 2023

Title: Integrated Board Assurance Exception Report 1 April 2022 – 31 March 2023	Enclosure J
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Version Number / Status:	1
Executive Lead	Alison Henly, Chief Finance Officer and Director of Finance, Performance, Contracting and Digital Shelagh Meldrum Director of Quality and Nursing
Clinical Lead:	N/A
Author:	Alison Henly, Chief Finance Officer and Director of Finance, Performance, Contracting and Digital Shelagh Meldrum, Director of Quality and Nursing Alison Rowswell, Director of Operations and Commissioning

Summary and Purpose of Paper

Following discussion at the Finance Committee meeting and the Quality Committee both held on 20 and 26 April, 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 March 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 ICB Board is asked to discuss the performance position for the period 1 April 2022 to 31 March 2023.

Impact Assessments – key issues identified

Equality	Equality and diversity are at the heart of NHS 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.			
Privacy	No issues identified.			
Engagement	All discussions regarding performance improvement have been detailed in the enclosed report.			
Financial / Resource	ICB allocation as at 31 March 2023: £942,759,000.			
Governance or Legal	Financial duties of NHS Somerset not to exceed its cash limit and comply with relevant accounting standards.			
Sustainability	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.			
Risk Description	NHS Somerset must ensure it delivers financial and performance targets.			
Risk Rating	Consequence	Likelihood	RAG Rating	Risk ID
	2	4	8	19

Exception Report

March 2023

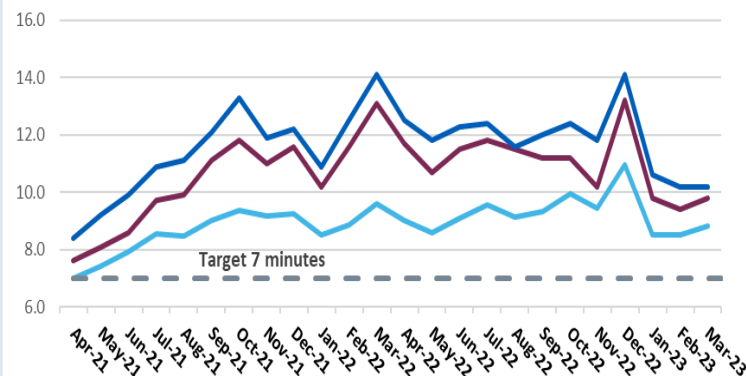
Board Exception Report – Quality

- Delays due to COVID have caused a backlog of Coroner inquests and completion of Structured Judgement Reviews. This is impacting on Learning from Deaths of People with a Learning Disability (LeDeR) – work being undertaken to assess the impact and recovery plan.
- On 1st April 2023, Community Pharmacy, Community Optometry and Dental services were formally delegated to the ICB. The ICB is working through the transition of these services in preparation for the staff transfer on 1st July 2023.
- There has been an increase of Carbapenemase-Producing Enterobacterales (CPE) cases within Somerset, with a number of people affected over the last year but no harm caused. CPE are bacteria which live in the gut and are a type of superbug resistant to many antibiotics. UK Health Security Agency is supporting the system to identify causative factors and take the required action to rectify.
- Liberty Protection Safeguards (LPS) implementation has been delayed due to the need to focus on social care prioritisation work. The future of LPS is not yet known and may be considered by the next parliament after the summer recess. The ICB will continue to take the responsibility for “community Deprivation of Liberty Safeguards (DoLS)” applications for those who are funded by Continuing Health Care living in their own homes or supported living and will not currently need to take responsibility for DoLS applications for those Continuing Health care funded individuals in Nursing or care homes. We will also be using some of the resource which was allocated to LPS to focus on improving our training and outcomes of the use of the Mental Capacity Act.
- Industrial action continues to affect both Trusts and GP Services in Somerset. We have observed excellent planning from all providers which has helped to mitigate some of the risk and to reduce the number of outpatients appointments and planned care treatments/operations needing to be cancelled. Opportunities to learn and improve have been taken as a system following each period of industrial action to assist in planning, identify potential or actual harm and improve communication both within providers and to our population.

Board Exception Report – Urgent Care

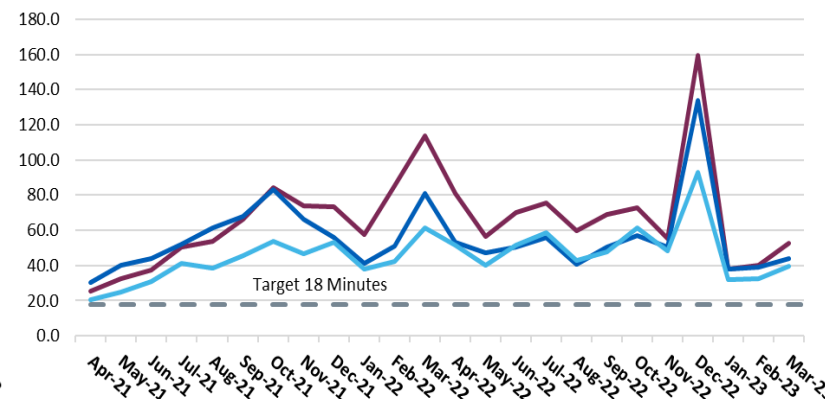
Ambulance Mean Response Times CAT 1 (Mins)

England, SWASFT, Somerset



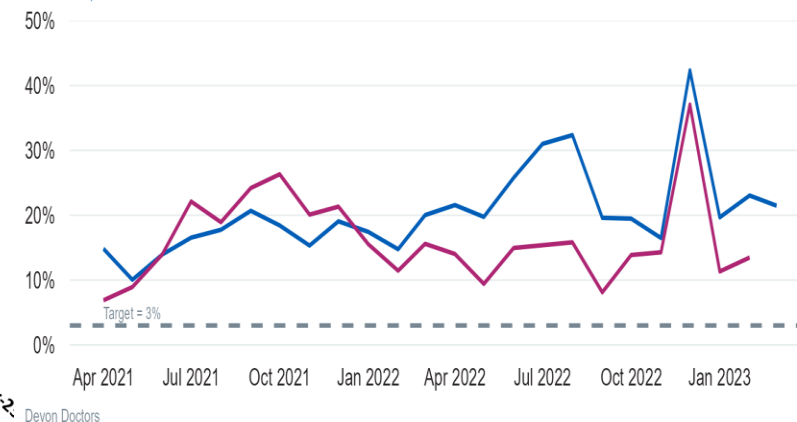
Ambulance Mean Response Times CAT 2 (Mins)

England, SWASFT, Somerset



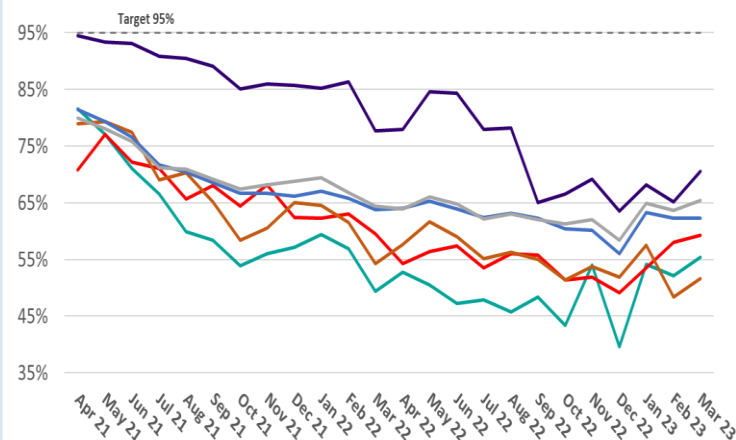
Percentage of calls abandoned

Somerset, National



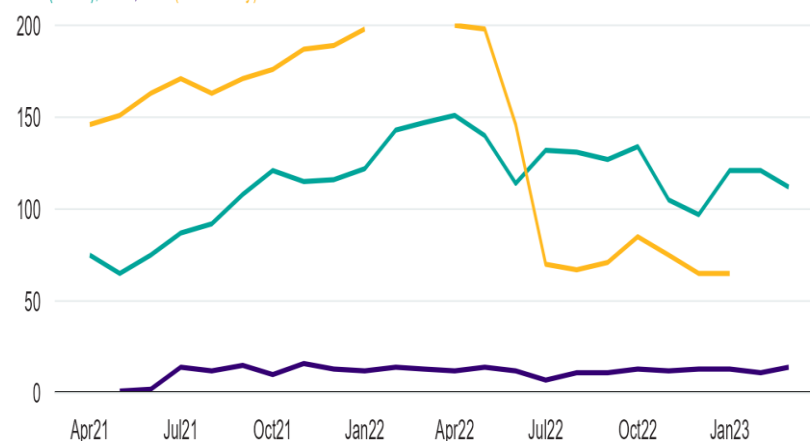
Type 1 A&E 4 Hour Performance

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



No Criteria to Reside

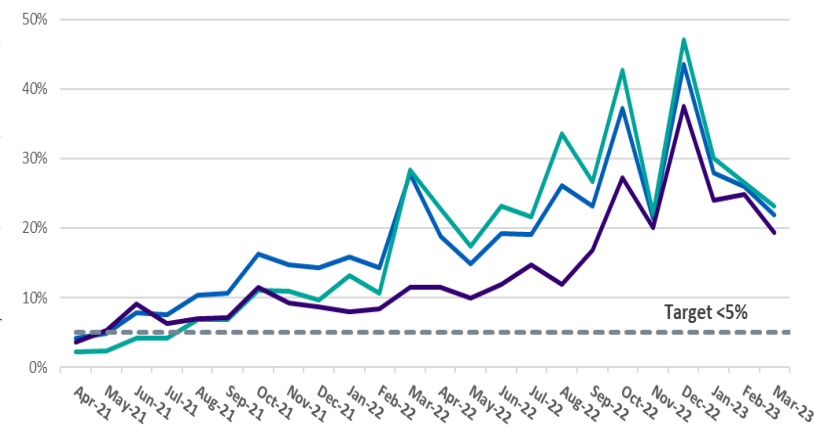
SFT (Acute), YDH, SFT (Community)



Data source: NRTR, updated on 25 April 2023

Percentage of Ambulance Handovers over 30 Minutes

Somerset, SFT, YDH



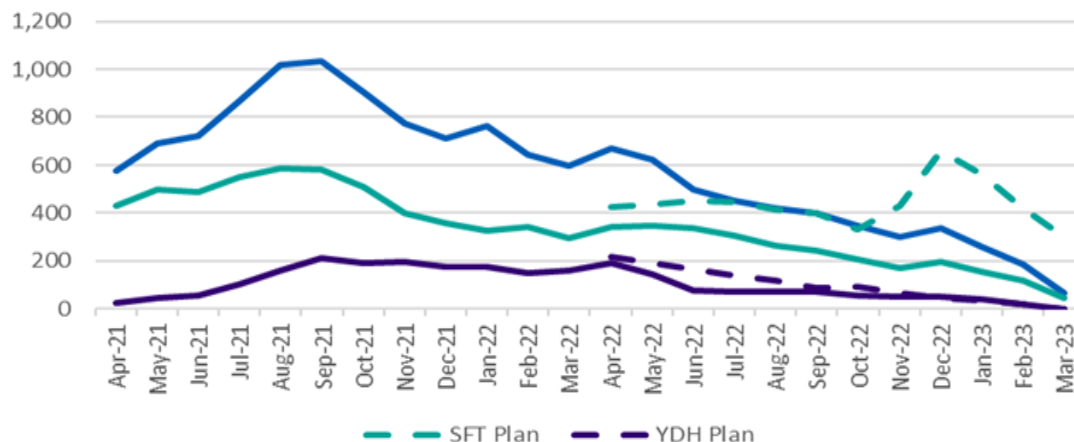
Board Exception Report – Urgent Care

- **NHS 111:** In March 2023 the Somerset 111 average speed to answer calls was 374 seconds and significantly improved since December. This has not been replicated in the call abandonment rate which is showing a position 23.5% in March compared to national: 16.4% and regional average of 14.6% . (HUC average speed to answer 330, call abandonment 16.2%) We are working with the new provider HUC who started to provide the service on the 30th March to improve this performance area.
- **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 March 2023 of 10.2 minutes against the 7 minute standard (compared to all SWAST areas of 9.8 minutes and Nationally 8.8 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 March 2023 was 44 minutes (against the 18 minute standard). This is compared to the overall SWAST performance of 52.6 minutes and national average of 39.6 minutes. We are working with SWASFT to work on the following areas to improve performance: Optimal call handling, increased frontline resourcing, infrastructure and workforce improvements.
- **Ambulance Handovers:** Ambulance handover delays occur when a hospital is under pressure; during March 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, compounded by periods of high ambulance demand. Whilst operational pressures continued to be experienced during the month, the trusts performed well with the number of lost hours decreasing from 1,310 in January 2023, 799 in February and 675 in March. Whilst Somerset ICB is seeing a very challenged position we remain the best performing System in the region and made up 1.9% of SWAST's overall lost hours (34,848 hours) in March 2023. To improve the performance we have invested in additional capacity for call validation, Somerset Ambulance Doctor Car, rapid assessment triage, and Hospital at Home. We are looking to implement a review of system pathways and improve the Directory of Services (DOS) with a meeting to take place in June with all South West emergency and locality DOS Leads.
- **Type 1 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 March 2023 performance at Somerset FT was 55.4% (2,998 people waited more than 4 hours) and at Yeovil FT 70.54% (1,612 people waited more than 4 hours) in comparison to Regional Performance of 56.5% and National Performance of 62.3%.
- **Bed Occupancy and No Criteria To Reside:** In March 2023 the combined bed occupancy across both Somerset and Yeovil FTs was 95.0% (all beds). To accommodate the in-patient demand there was a need to retain additional escalation bed capacity (on average 71 additional beds per day in March which is an improvement on previous months). This is due to a combination factors including an increase in both the number of admissions and lengths 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 but are waiting for additional out of hospital care. In March 2023, on average 19.6% of adult occupied beds (202) 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 45.0% of occupied beds in a community hospital (97). Several factors have impacted on flow throughout the year further compounded by capacity within the Intermediate Care and wider home care market. System actions have continued to be progressed to improved discharge flow across all pathway settings and additional external capacity remained open in March. Intermediate Care services and additional actions to support flow are underway, including ensuring patients are placed on the most appropriate reablement pathway for their needs. 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.

Board Exception Report – Elective Care

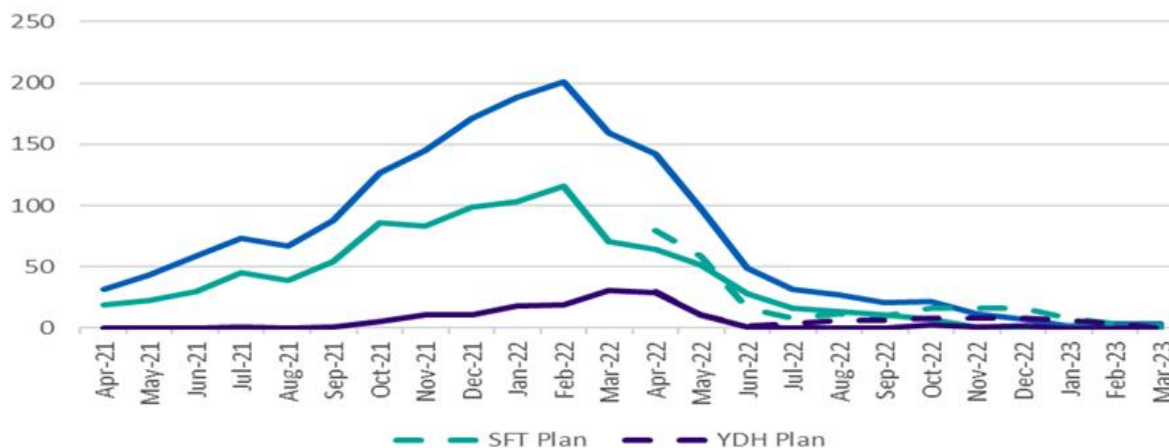
Incomplete Pathways >78

SFT, YDH, Somerset



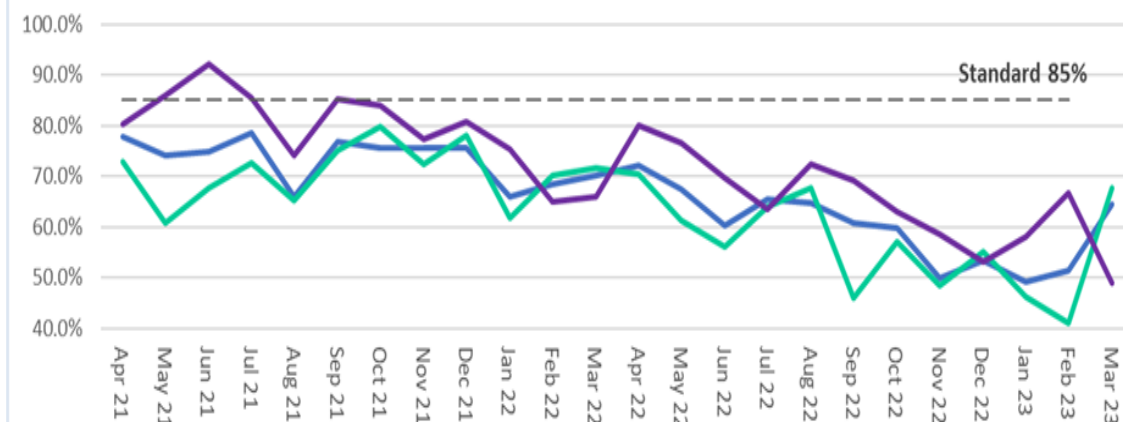
Incomplete Pathways >104

SFT, YDH, Somerset



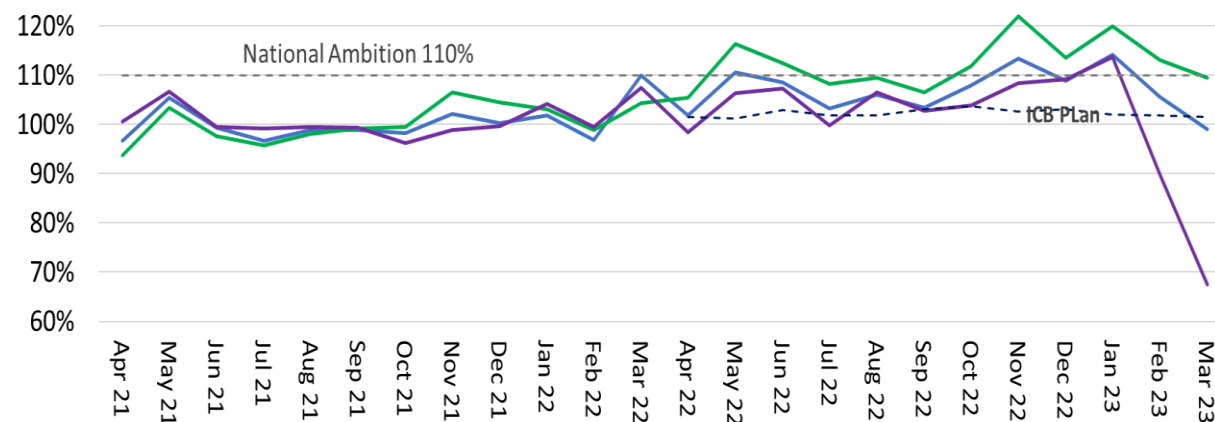
Cancer first definitive treatment within 62 days, following GP referral

SFT, YDH, Somerset System



Elective Restoration (Outpatients and Inpatients Combined)

SFT, YDH, Somerset System



Board Exception Report – Elective Care

Elective Care Challenges: There continues to be delays in elective treatment in Somerset across diagnostic, cancer and RTT pathways; however we are seeing significant reduction in the number of people with the longest waits-

- **104 Week Waiters** – On a Somerset Commissioner basis the number of >104 week waits continues to reduce and in March 2023 there were 4 patients waiting in excess of 104 weeks; of these, 2 from SFT and 2 from another smaller hospital (Others). On a Trustwide basis the number of patients waiting in excess of 104 weeks continues to reduce and as at the week ending 30 April 2023 (across Somerset FT and Yeovil FT only) there were 3 patients waiting in excess of 104 weeks compared to the plan of 0. Looking forward to the end of May 2023 we anticipate that there will be 1 breach at Somerset FT due to complexity.
- **78 week waiters** – On a Somerset Commissioner basis in March 2023 we ended the year with less patient waiting over 78 weeks than we planned for. There were 66 patients waiting in excess of 78 weeks which is a reduction of 118 compared to January; 46 of these from Somerset and Yeovil Hospitals, and 72 patients from smaller (including border) hospitals. As at week ending 30 April 2023 the total number of patients waiting in excess of 78 weeks on a trust wide basis was 78.

We continue to focus on the people who have been waiting longest by improving productivity (including use of the independent sector), increased capacity and waiting list validation.

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

- **2 Week Waits:** In March 2023 there has been a slight decline in the suspected 2-week wait cancer performance (64.77% , -0.37%). The tumour sites with the most challenged performance are lower gastrointestinal (250 patients), skin (213 patients), Gynaecological (116 patients) and breast (99 patients). The lower gastrointestinal pathway has seen a significant increase in demand (+17% YTD) as has gynaecological cancers (32.6% YTD) relative to 19/20–The skin cancer service at University Hospitals Bristol and Weston FT continues to face challenges predominantly due to workforce issues and the impact of industrial action with performance of 19.3%, a 1.2% improvement on January (184 patients breaching the standard). A 2 week wait triage clinic has been introduced to provide additional consultant capacity for the breast Service at Somerset FT, as a result performance in this tumour site has significantly increased to 52.9% (+39% on February 2023). Somerset FT continue to see challenges in lower Gastrointestinal due to the prolonged waits for colonoscopy. To address this, additional capacity has been opened at Bridgwater Community Hospital.
- **28 Day Faster Diagnosis Standard:** The 28 Day Faster Diagnosis Standard has continued to improved this month (67.2%, +2.4%) however both remain below the national average of 86.1% and 75% respectively. The most impacted tumour sites are lower gastrointestinal (226 patients), gynaecological (166 patients), skin (127 patients). The breast pathway has seen further improvement this month, where 16 of patients were seen outside of the standard compared to 26 in February. Similarly, urological cancer where 57 patients were seen outside of the standard compared to 91 in February 2023. University Hospitals Bristol and Weston FT have seen an improvement in their skin cancer pathways with performance as 44.3% in March. To address delays on the colorectal pathway a Primary Care-based colorectal hub has been set up. On the gynaecology pathway for post menopausal women a community based one-stop clinic and ultrasound scan pathway has been set up to address demand.
- **62 Day Backlog:** Within the 62 Day First Definitive Treatment standard there has also been further improvement on the previous month with performance of 64.44% (+12.99%) compared to national performance of 58.15%. Overall Somerset is seeing a steady improvement in the number of people waiting over 62 days for treatment. On a trust wide basis as at week ending 02 April 2023 the 62 day suspected cancer backlog prior to cancer diagnosis or treatment at Somerset FT (including Yeovil) was 180 and as at week ending 30th April 2023 the backlog has increased to 202. The backlog by tumour site is: Urological (49 patients), Skin (45 patients), Lower Gastrointestinal (37 patients), Gynaecological (32 patients) and Other Cancers (38 patients).

Board Exception Report – Elective Care

Diagnostics : In March 2023 there were 2,957 patients whose wait exceeded 6 weeks, resulting in performance of 77.16% against the 75% South West Region improvement ambition (and 99% national standard).

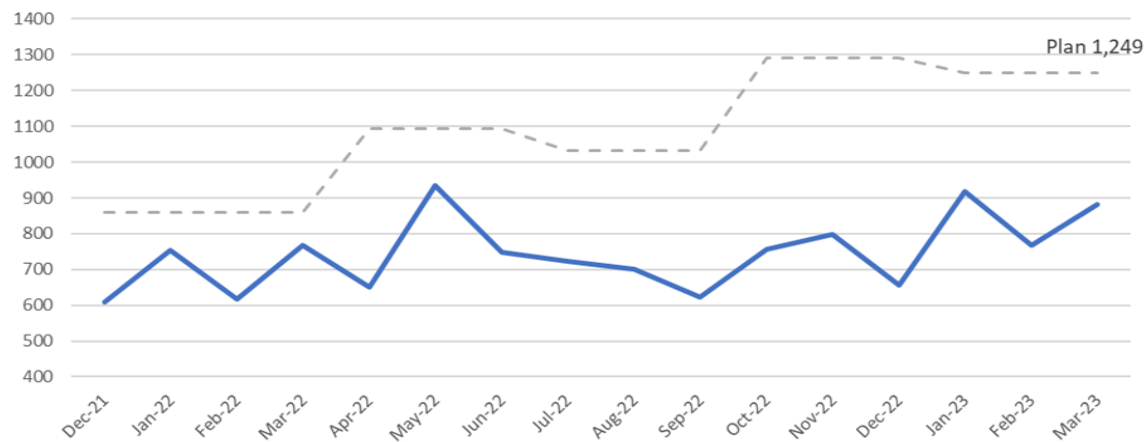
- Somerset ICB have seen a significant improvement in 6 week waiting time performance during 22/23 and performance exceeded the SW Region improvement ambition in March; our comparative performance in February is 75.44% compared to Regional performance of 70.3% and National performance of 74.9%. Much of this improvement is as a result of Echocardiography backlog reduction at Somerset FT from 1,456 in April 2022 to 18 in March 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 (761), Echocardiography (578), non-obstetric Ultrasound (418), CT (295), Audiology (385) and MRI (198). We have seen an increase in some diagnostic modalities, specifically those with a link to the cancer diagnostic testing and most significantly within Endoscopy which is linked to cancer awareness following recent celebrity high profile deaths.
- There has been a steady increase over recent months in Sleep Studies, however the CT and MRI backlogs are continuing to decrease. 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 remains high due to challenges with the levels of insourced activities being delivered. Additional clinics are also being run to clear the backlog.
- In March 2023 we delivered 172.9% of Diagnostic Activity relative to 19/20 compared to a plan of 147.4% for March 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 115 at the end of March 2023, looking forward to April 2023 this has increased to 154 as at 30 April 2023 due to the increase in the Echo backlog at Yeovil FT. To address this a further clinic room will be opened at YDH as well as review of the waiting list to prioritise patients.

Board Exception Report – Mental Health

Talking Therapies Access

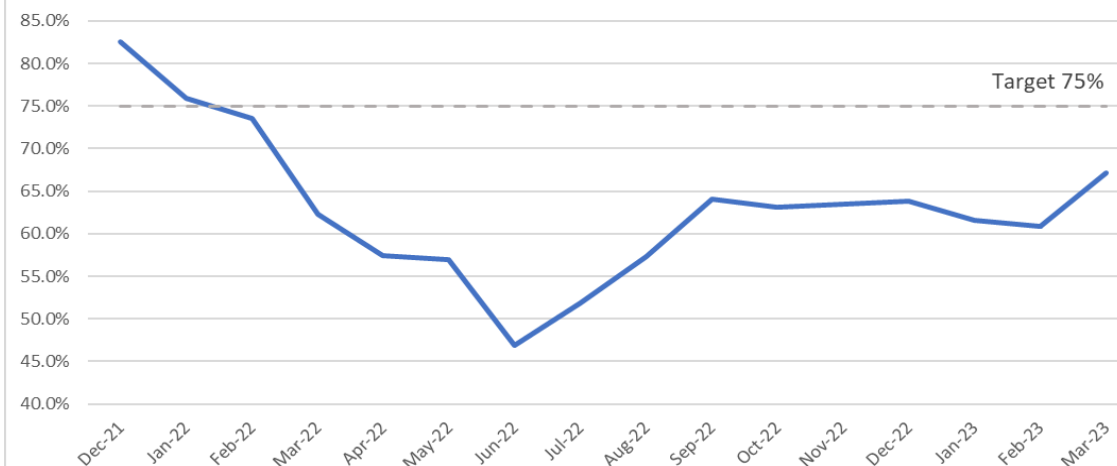
Somerset System: The number of people who first receive advice and signposting or start a course of Talking Therapies psychological therapy within the reporting period

Local data



Talking Therapies 6 week wait Performance

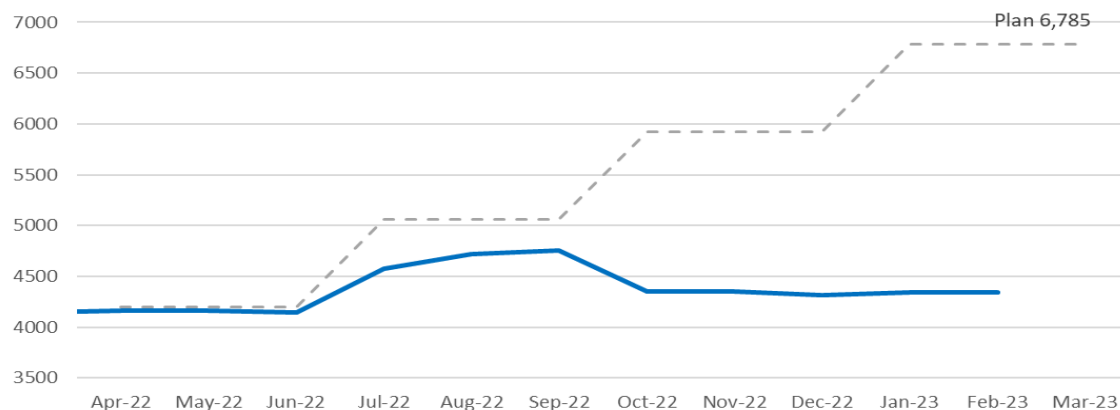
SFT



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 basis

National data



CYPMH Access

Provider	National Data – November 2022 Rolling 12 Months	Trajectory for 2022/23	National data vs trajectory
Somerset NHS Foundation Trust	2620	3171	-551
Young Somerset	1135	3080	-1945
Kooth	759	815	-56
2BU	145	150	-5
The Space	80	84	-4
NHS Somerset	4340	7300	-2960

Board Exception Report – Mental Health

- **IAPT (Improved Access to Psychological Therapies):** The number of people accessing treatment for the year to date to March 2023 using local unvalidated data is 9,160 against the target for 2022/23 of 14,003 (65.4% delivered). The 2022/23 access has not been achieved; however, the nationally set targets for 2023/24 are more realistic and achievable. Local modelling has been undertaken to support delivery. We have also identified some actions to support activity which we will look to implement from Q3 in 2023/24. We have recruited circa 20 trainees which will support the access target, and are currently looking at our investment schedule to support further access growth.
- **IAPT 6 Week wait standard:** Unvalidated data shows performance of 67.1% (173 people waited more than 6 weeks) in March which is a significant improvement from the reduction in performance of 46.9% in June (207 people were waiting). As recovery has not happened at the anticipated pace, the Trust is removing the locality-based model and implementing a county-wide assess to treat model which will increase throughput and prompt access to treatment; this is anticipated to be fully implemented by end of Q2 2023/24. The current long waiters are waiting for less common therapy types, for which there are fewer staff trained to deliver or can only be available for therapy on a specific day/time.
- **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 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 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 – the above actions will contribute to an improvement in performance.
- **Children and Young People's Mental Health Access:** The latest national position shows that on a rolling 12 month basis to February 2023. Somerset delivered 4,345 contacts against the ambition for 2022/23 of 6,785 (64% of target). The continuing cyber incident is still causing issues with nationally reported data. Unvalidated local data on a 12 month rolling basis to March 2023 is showing a position of 6,162 contacts against the 2022/23 ambition of 6,785 (90.8% of target). Mismatch in 2BU data has been resolved and will reflect in MHSDS (Mental Health Services Data Set) in June/July 2023. 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. £1.8m of new investment will be made available to continue progress into 2023/24. We are working with Young Somerset to increase the countable activity delivered by the Mental Health Support teams as we progress into 2023/24. The whole school approach has developed well - NHSE are yet to define the number of persons permissibly counted towards group work delivery. Once this is agreed at regional level we look to reorientate capacity towards group work activity. 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, and are working with our procurement team for a new commissioning approach to smaller providers, to further increase countable activity. This is due to launch in July 2023.
- **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 Q4 2022/23 data shows further improvement, delivering 67% of the annual target for 22/23 (2,007 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 Q1 2023/24. 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 and Q1, supported by SFT. A further physical health support worker has been recruited and due to commence in May, which will further improve performance.