

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE:
		K
DATE OF MEETING:	28/03/2024	
REPORT TITLE:	Integrated Board Assurance Exception Report 1 April 2023 – 31 January 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

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 31 January 2024

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 Integrated Care Board is asked to note the report for assurance of the performance position for the period 1 April 2023 to 31 January 2024.</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 31 January was £1,298,485,000.
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

January 2024



Urgent Care

HUC and undertaking a number of actions to improve their incident reporting and learning culture, this including rewriting their incident reporting policy, producing teaching videos and a self-help guide. As a result of the East of England CQC report and improvement plan has been developed. The Urgent Care Quality Lead is monitoring this alongside other colleagues within the ICB.

NHSE have produced a South West excessive delay ambulance handover standard operating procedure (SOP). This SOP outlines the regional and local escalation process for ambulance handover delays exceeding 6 hours, in line with the regional performance and delivery assurance and national escalation processes for ambulance handover delays exceeding 8 hours. In Somerset it has been agreed that the System Coordination Centre will make contact with the site clinical team when there is a delay of 5 hours to understand the pressures the Trust is under and what support can be provided; including supporting repatriations to other systems, facilitating discussion regarding discharges with system partners and sharing alternative pathways such as Urgent Community Response Teams. Communication and reporting of actions being taken to mitigate risk is continuous throughout the system, escalating to NHSE as required.

Safeguarding

The Designated Nurse for Children Looked After and Care Leavers is working in partnership with the regional public health lead to scope the provision of dental and oral health services for Children Looked After (CLA) within the Southwest region, recognising that this is an ongoing concern. In addition to this, the Designated Nurse has also undertaken a deep dive into Initial Health Assessments (IHAs) to identify issues that account for delayed assessments and the improvement work required.

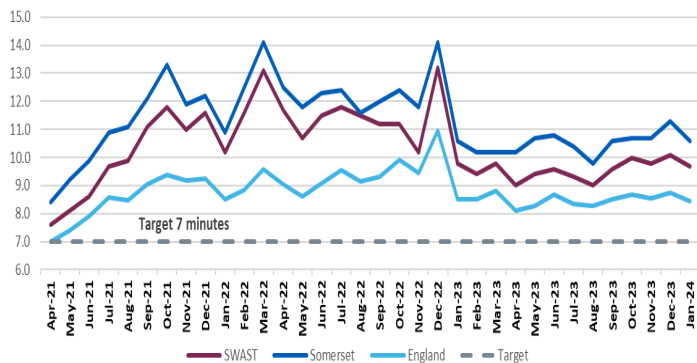
Learning from the LeDeR programme and specific case examples has identified a risk around diagnostics for those with learning disability (LD), due to the Mental Capacity Act (MCA) process resulting in referrals getting delayed between primary and secondary care. The ICB's MCA Lead has established a task and finish group working with key stakeholders, and an interim process has been developed to reduce this risk.

Intermediate Care

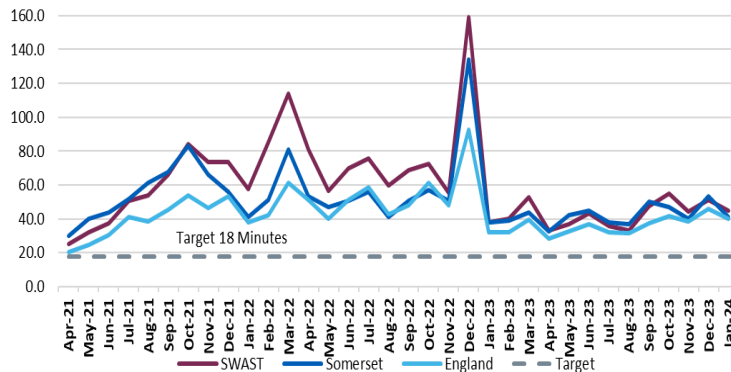
A number of complaints are being shared with the Trust in relation to patients' experience of discharge and inpatient care, the Quality lead will be working to understand any learning that can be shared and can also inform any changes to practice and pathways. Included in this, is the work being undertaken by the Discharge Quality Improvement group.

Board Exception Report – Urgent Care

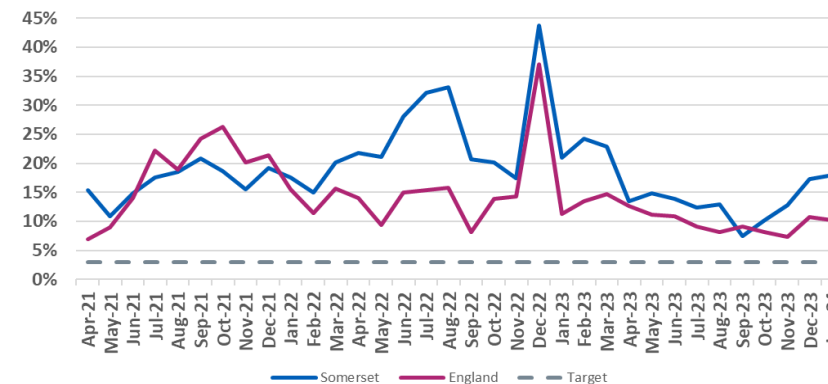
Ambulance Mean Response Times
CAT 1 (Mins)



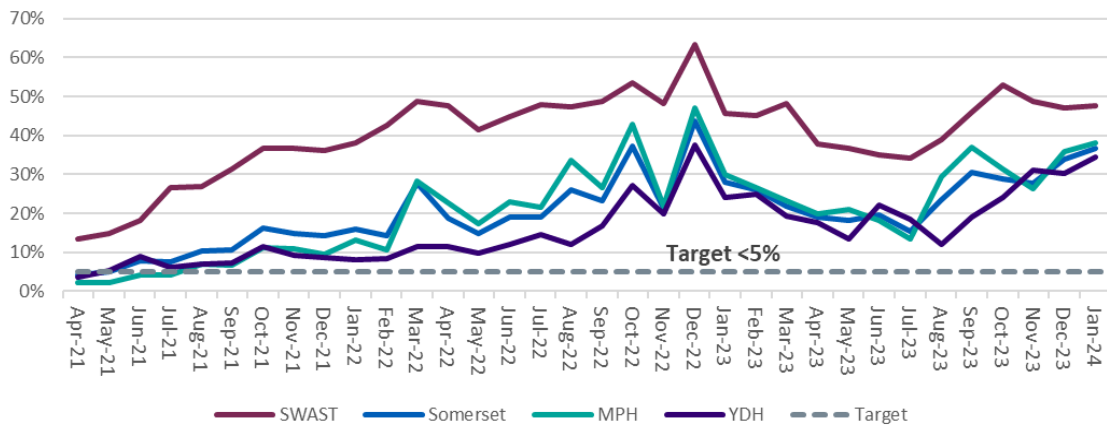
Ambulance Mean Response Times
CAT 2 (Mins)



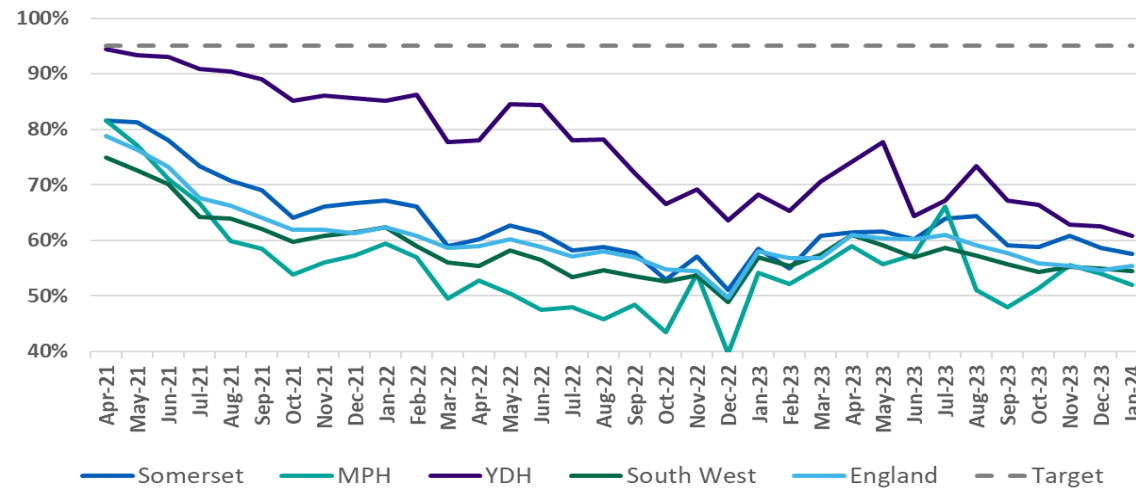
Proportion of calls abandoned (KPI 1)



% of Ambulance Handovers over 30 Minutes

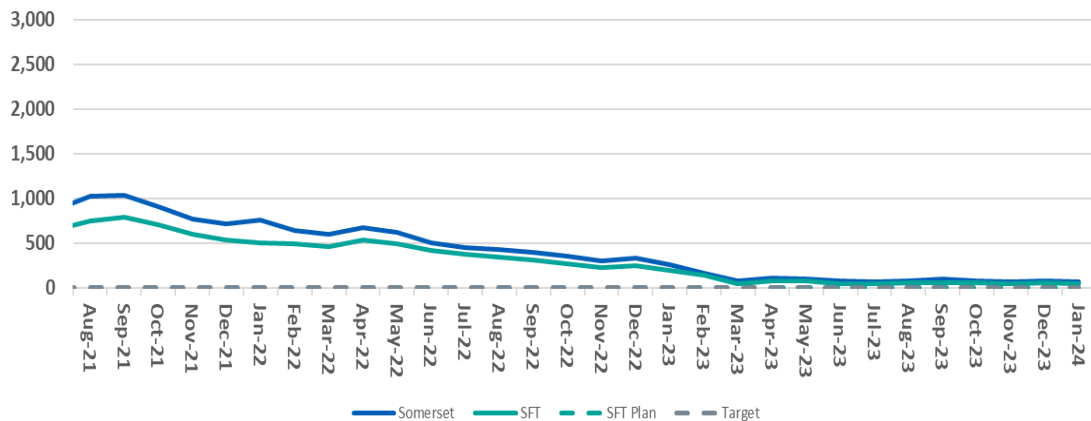


4 hour performance

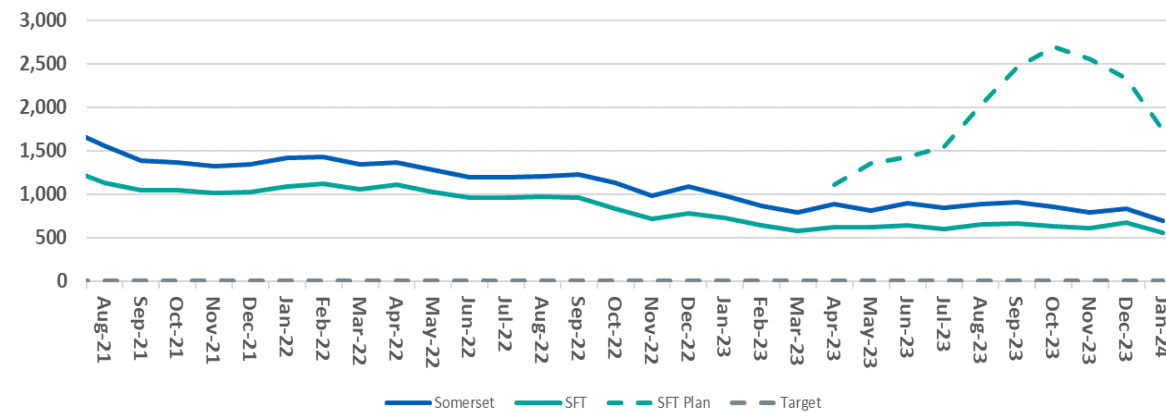


Board Exception Report – Elective Care

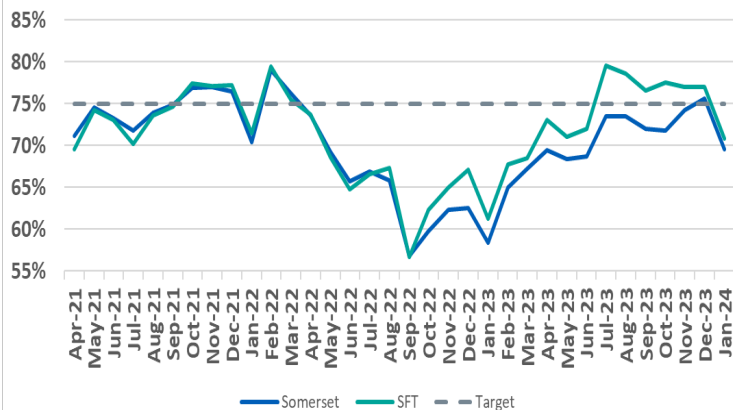
>78 weeks wait



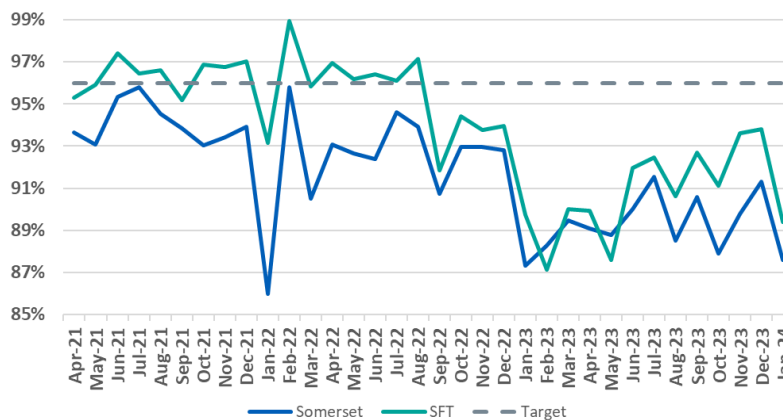
>65 Week waits



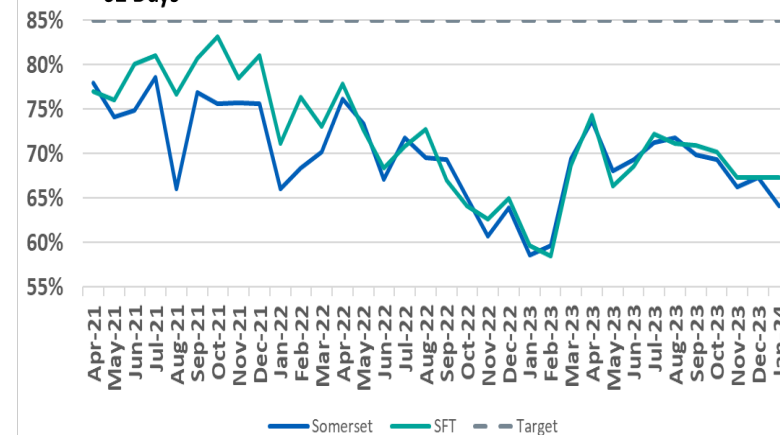
Cancer 28 days wait (faster diagnosis standard)



% 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 January 2024, the provisional data for Somerset 111 showed the average speed to answer calls was 294 seconds (December 2023 259 seconds) which is worse than the national (194 secs) and the regional (172 secs) average. The call abandonment rate has been deteriorating and is at 18% in January; worse than the national (10.2%) and the regional average (8.3%). HUC has developed a remedial action plan to support performance improvement which, alongside 111 recruitment, is reviewed weekly with the ICB. Areas for focus to improve performance include recruitment (ongoing); reducing absence and attrition (ongoing); revision of commercial model (early March 2024); rota realignment to better match patterns of activity (in progress); better management of healthcare professional calls (mid-March 2024); understanding call flows following implementation of regional IVR in partnership with NHSE and telephony providers (in progress), mental health calls to be routed to the local Crisis Line (in progress, national timescale for this to go live is the beginning of April, depending on call testing before local implementation), proposals continue to be developed to address the high levels of dental demand which is being led by the ICBs Head of Pharmacy, Optometry and Dentistry in partnership with the South-West Commissioning Hub. HUC presented on 111 performance to Somerset A&E Delivery Board (27 February 2024) and has attended the System Assurance Forum (7 March 2024).
- **Category 1 and 2 Ambulance Response Times:** Performance for Category 1 mean response times for life threatening injuries or illness (including cardiac arrest) in January 2024 of 10.6 minutes against the 7-minute standard (compared to all SWAST areas of 9.7 minutes and Nationally 8.3 minutes) an improvement on December. 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. Category 2 ambulance response performance in January 2024 was 41.1 minutes (against the 18-minute standard) showing an improved position on December. This is compared to the overall SWAST performance of 44.8 minutes and national average of 40 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. Improvement plans have 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:** The Somerset System has seen a sharp rise in lost handover hours. From 798 in November to 1,563 in January (4% of SWAST all handovers). 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

- **A&E 4 hour performance:** NHS England's 2023-24 planning guidance has introduced a lowered interim target of 75% compliance, below the official target of 95%. In January the interim standard wasn't achieved by either sites nor was it achieved by England's average performance or regionally in the South West, however YDH has performed better at 61% compared to both England and the South West average.

The volume of attendances have increased compared to 2022/23 in Somerset, however the Taunton and Yeovil sites have different rates of growth, Musgrove Park Hospital in Taunton seeing an increase while Yeovil District Hospital the number of attendances have reduced compared to the previous year.

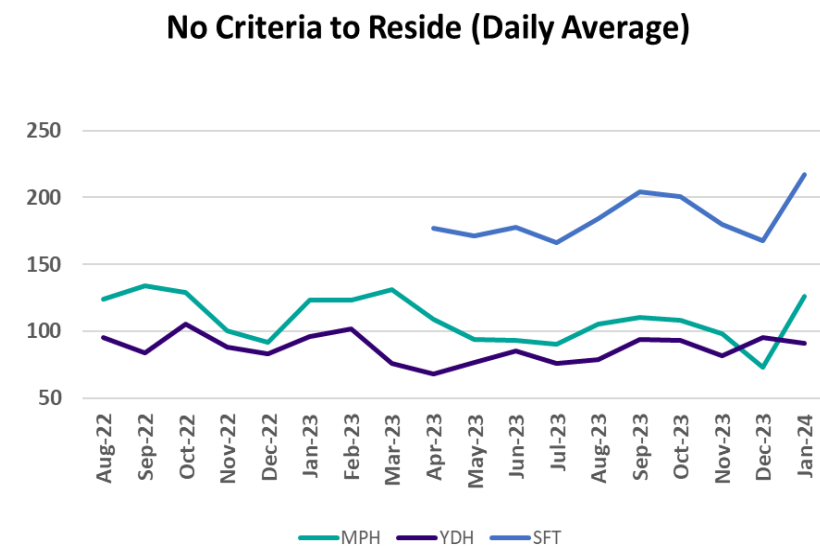
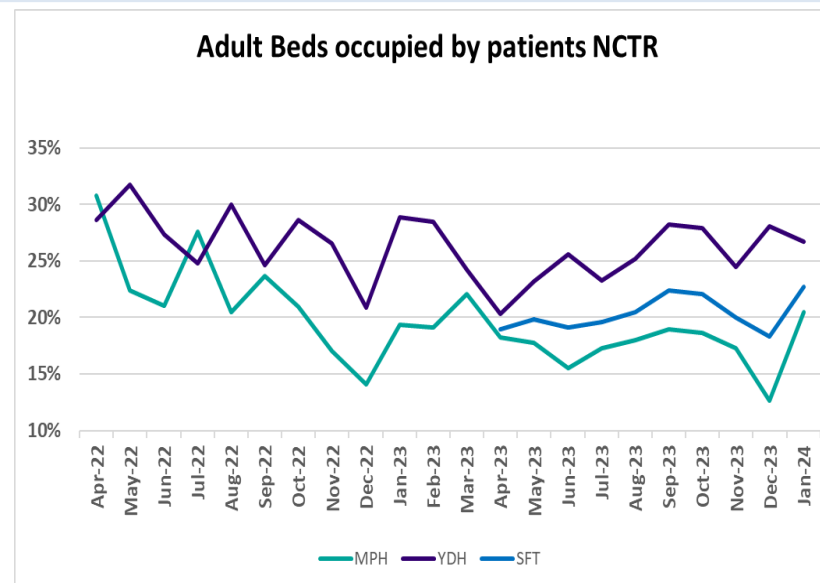
Performance has been impacted by increased patient acuity, ambulance handover delays and patient flow issues across the hospital as well as Doctor's strikes early in the month. The number of 12 hour trolley waits in Somerset have reached their highest in January 2024 at 125 since the same month last year (153). Musgrove Park Hospital reported 120, while Yeovil reported 5 incidences when patients waited more than 12 hours from the time decision was made to admit the patient to the time of admission.

Actions include reviewing staff rotas to match periods of higher demand, refine processes and flow across the hospital, working towards a same day emergency care service (7 days a week, 12 hours a day).

- Bed Occupancy:** Across Somerset during the cumulative period April 2023 to January 2024 compared to the same period in 2022/23 emergency admissions with a length of stay (LoS) greater than 1 day has increased by 8.7%, leading to high bed occupancy. The average length of stay of these emergency admissions are 9.2 days in January. The combined bed occupancy across both MPH and YDH was 94.3% (all beds) and 96.5% 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 (NCTR):** In January 2024, on average 23% of adult occupied beds (200) 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 a deterioration compared to December (+18). Within the community hospital setting 32.7% of occupied beds in a community hospital (67) are with patients with no criteria to reside, which is a deterioration of 9 on the previous month. A discharge Improvement group 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, which aims to design and deliver high-quality, person-centred services that promote independence and wellbeing. An evidence-based review of our services, to identify what we need to change, has been undertaken to provide us with a deep understanding of our current services, areas of strength and pressures and developed a work programme comprising of 5 key workstreams. The workstream that will have most impact on NCTR is the Reablement Workstream which is focussed on designing and implementing an improved reablement offer through efficient processes and sufficient capacity to support everyone with reablement potential. Two of the main anticipated benefits this programme will have impacting NCTR is reduced starts in community-based rehabilitation/reablement beds (Pathway 2) due to more patients exiting on Pathway 1 (additional support at home).

Work has also commenced to look at reducing the length of stay within intermediate care bedded provision. An Improvement Oversight Group 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. Since this started, within the community hospitals the average LoS for patients discharged in October to December 2023 was 34.8 days (34.7 days excluding stroke patients) around eight days shorter than LoS for the rest of 2023 (Jan to Sept 42.5 days). Reducing this LoS it will improve flow throughout the system and support the NCTR position in the acutes.



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 January 2023 there were 63 patients waiting in excess of 78 weeks which is a decrease of 16 compared to December 23; 40 of these patients are from SFT, and 20 patients from hospitals outside of Somerset and Independent sector providers. The latest available data (week ending 18 February 2024) shows the total number of patients waiting in excess of 78 weeks on a trust wide basis (SFT only) was 53, looking forward to the end of February there is expected to be 47 patients breaching 78 weeks.
- **65 Week waiters** – On a Somerset Commissioner basis in January 2024 there were 695 patients waiting in excess of 65 weeks against a plan of 1,626 which is a decrease of 131 compared to December 23; 551 of these are from SFT, and 144 patients from hospitals outside of Somerset and Independent sector providers. As at week ending 18 January 2024 (latest data available) the total number of patients waiting in excess of 65 weeks on a trust wide basis (SFT only) was 579.
 - Monitoring of the 65 week cohort by speciality, site and pathway is in place to inform plans for additional capacity and actions to reduce the cohort further, these 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.

Diagnostics : We delivered 137.7% of Diagnostic Activity relative to 19/20 (6,407 more additional activity) compared to a plan of 122.4% for January 2024.

There were 3,519 (-119 on December 2023) patients whose wait exceeded 6 weeks, resulting in performance of 74.9% almost reaching the 75% South West Region improvement ambition. Comparatively, Somerset ICB is performing better than Region at 72.6% and National at 73.2%.(December data the latest available nationally)

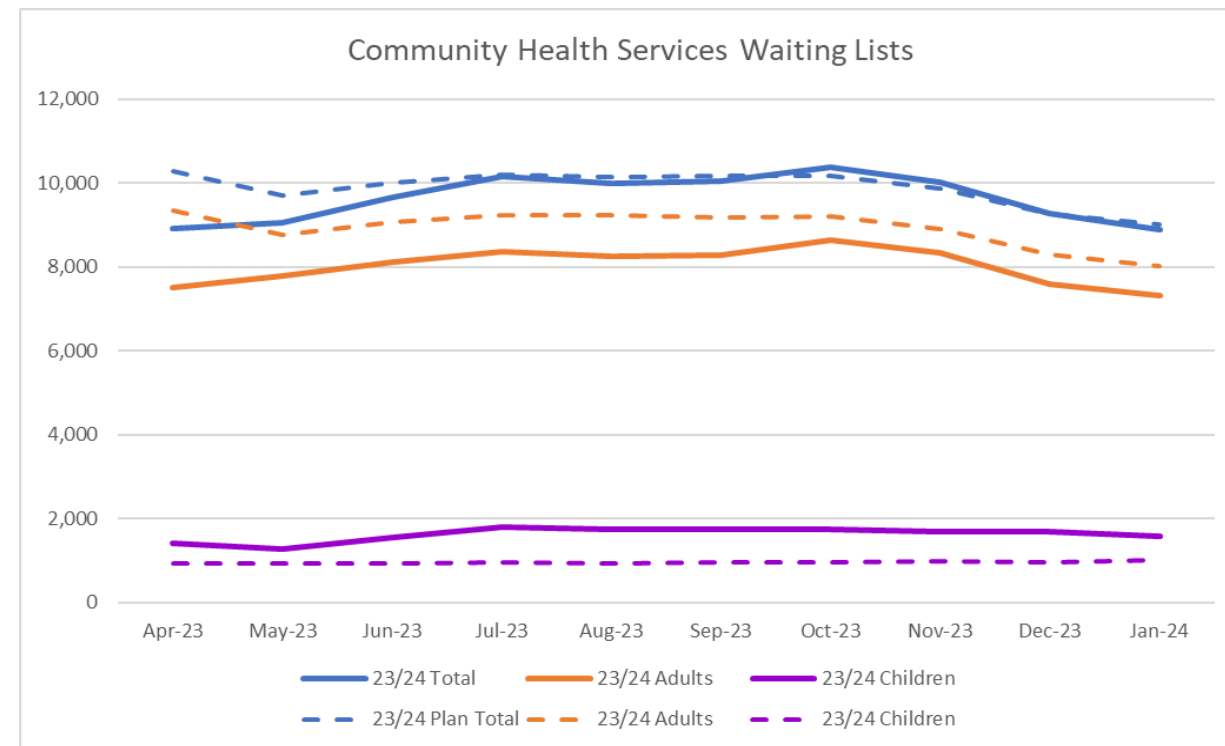
- The diagnostic modalities impacting on the backlog of >6 week waits are Endoscopy and MRI. Modalities seeing challenges previously, namely non-obstetric ultrasound and audiology have continued to improve in their performance this month however, monitoring of the modalities will continue.
- The backlog in Endoscopy has reduced slightly from its highest point in December 2023 at 1,080 it is now 1,038 in January 2024. SFT continue to run 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. Demand and capacity modelling is also being refreshed.
- The backlog in MRI increased significantly since October 2023 this was in part due to the failure of one of the Scanners at Musgrove and an increase in demand. An MRI scanning Van has been booked to start in February for 8 weeks. In addition, work is being shared across both the Yeovil and Musgrove sites with plans to increase capacity at the Taunton Diagnostic Centre.
- 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 December from 451 to 240 as of 18 February 2024. The decreases mostly seen in colonoscopy, flexi sigmoidoscopy, gastroscopy and cardiology modalities.

Cancer : Performance remains challenged across the 31-day and 62-day cancer pathways

- **28 Day Faster Diagnosis Standard (75%):** The 28 Day Faster Diagnosis Standard (FDS) performance is at 69.5% (Out of the total of 2,719 patients 1,891 were receiving a diagnosis within 28 days), below the national ambition of 75% and is 0.2% below our operational plan of 69.7% for January. The most impacted tumour sites are lower gastrointestinal (198 patients), Urological (99 patients), Skin (284) which make up 70% of the breaches. Cancer performance has declined in January as expected due to the impact of Industrial Action, the bank holiday and the full impact of the repatriation of the Skin service on the performance standard.
- **31 Day Combined Standard (96%):** In January 2024 Somerset ICB achieved 67.61% against the 96% target and a decrease of 3.68% on December 2023. Overall, there were 100 breaches for this standard, of these, 53 people had started their first treatment more than 31 days after the decision was made to start that treatment. The tumour sites most effected is Skin (18), making up 34% of these breaches.
- **62 Day referral to treatment Standard (85%):** Performance is at 64.16% in January 2024 with 124 patients breaching the standard (an increase of 4 compared to December 23) and remains behind the 85% national standard. The most challenged tumour site is Urological (34), followed by Skin (19) Lower Gastro (15) On a Trust-wide basis at SFT, the number of patients waiting >62 days for treatment, at week ending 03 March 2024 (latest data) there were 173 patients, (-21) at the end of February. Urology (66), Lower Gastrointestinal (37 patients), Skin (36 patients), make up 80% of the total backlog.
- **Actions:**
 - Performance in the Gynaecology 28-day pathway has further increased from 65.2% in December to 73.4% in January for Somerset patients. Demand has also reduced by 17.8% in since October 2023, this is in part due to the success of the Somerset FT Post menopausal Bleed self-referral service.
 - Performance on the lower gastrointestinal 28 day pathway has declined from 66.8% to 57.1% in January 2024 (264 patients were diagnosed within 28 days out of 462) and Urological 28 day pathway performance has improved from 53.9% in December to 58.2% in January 2024. Somerset FT continue the pathway redesign work for Prostate Cancer and additional diagnostic capacity is established. RUH reported in January that they plan to increase diagnostic capacity in Endoscopy and Radiology which they expect will positively impact their performance.
 - Performance in the Skin 28 day pathway has declined 77.2% in December 2023 to 59.1% in January 2024 (411 patients were diagnosed within 28 days out of 695). The breaches for 284 patients reflect the repatriation of the skin Service to Somerset FT from University Hospital Bristol & Weston FT. Additional capacity in the Dermatology service continues to be established at Somerset FT. In addition, Royal United Hospital continue to see challenges in their skin cancer pathways on a Trust wide basis which will impact on Somerset's overall performance. In January, the RUH reported additional waiting list initiatives in Dermatology will be in place every month to the end of March. Demand and capacity modelling is being undertaken for the service and Somerset FT continue to establish additional capacity by increasing consultant appointments, training GPs with Extended roles (GPwERs) and insourcing.

Community Health Services (all)

The number of adults and children on community health services waiting lists has reduced by 1,141 since November 2023 to 8,875. Somerset Foundation Trust continues to focus efforts on reducing the number of patients with the longest waits. Across all community services the number of patients waiting over 104 weeks as of 31st January 2024 was 34, a reduction from 145 at the peak in April 2023. A further 198 people are waiting between 52 and 104 weeks, again a reduction from 874 at peak in April 2023. The service with the highest number of long waits is the Podiatry Service and Somerset ICB has been working closely with Somerset Foundation Trust to review waiting lists for this and all Community Health Services.



Podiatry Service

Following a data cleansing exercise in the summer an ongoing waiting list validation process continues, and demand and capacity modelling exercise has been undertaken for the Podiatry Service which underpins their improvement plan. This has led to a reduction in the Podiatry service waiting list overall, from 1,217 in November 2023, down to 1,150 in Jan 2024, and a reduction in waits of 52 weeks and above from 236 in November 2023, down to 225 in Jan 2024, however, we continue to have instances of waits in excess of 104 weeks.

The initial ambition was to clear this long wait backlog by 31st March 2024 however this has been impacted by unexpected long-term staff sickness and compounded by vacancies within the service, and there is a risk that the backlog could further increase by this point due to the number of patients in the 'at risk of breach' cohort. A recruitment campaign is underway and an action plan to recover waiting times is weighted on recruitment to these vacant posts.

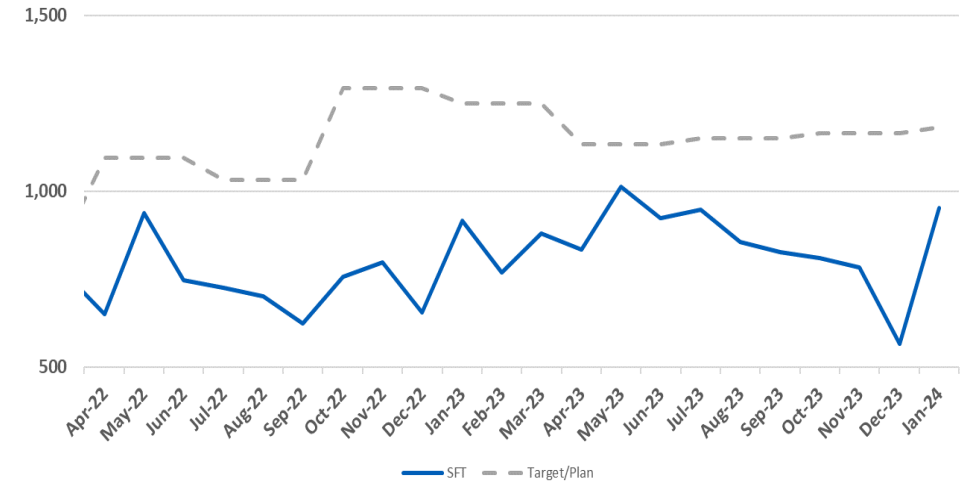
Talking Therapies Access: The number of people accessing treatment Apr to Jan 2024 using local unvalidated data shows an improving position of 8,517 against the 2023/24 annual target of 13,896 (61.3% of the annual target). This is in line with the national position, with most areas performing below target. This can be attributed to lower than anticipated referral rates as well as recruitment challenges (the current vacancy rate is about 14%, with a further 4% of the workforce currently on maternity leave, affecting capacity).

- 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. 14 trainees are currently in training, (due to a limited number of applicants, this is lower than the originally planned). The service is also launching a productivity programme which is also anticipated to increase throughput within the service. This will significantly increase capacity in 2023/24 and into next financial year.
- The service is also launching new condition focussed groups for menopause and insomnia in Q4. Increasing group work offerings means a greater number of patients can be seen by one therapist.
- The service continues to exceed the national target around recovery rates, demonstrating the high standard of care delivered, and is working to develop plans to meet the new targets for 2024/25 (reliable improvement and reliable recovery). The service is currently delivering on its waiting times targets, exceeding plan in both 6 week and 18 week waits.

Children and Young People’s Mental Health Access: The latest national position shows that on a rolling 12-month basis to December 2023 Somerset delivered 6,035 contacts (80.8% achieved of the 23/24 plan of 7,473). Significant performance improvement has been seen in 2023/24, following some data quality improvement work from our main providers, and since then there has been steady improvement in performance month on month.

- 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.
- Barnardos, SWEDA and Mind in Somerset are looking to flow data for the first time in Q4 which will demonstrate further performance improvement.

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

