

Report to the NHS Somerset Integrated Care Board on 30 November 2023

Title: Integrated Board Assurance Exception Report 1 April 2023 – 30 September 2023	Enclosure M
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Version Number / Status:	1
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Summary and Purpose of Paper

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 2022 to 30 September 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 2023 to 30 September 2023.

Impact Assessments – key issues identified

Equality	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.

Privacy	No issues identified.			
Engagement	All discussions regarding performance improvement have been detailed in the enclosed report.			
Financial / Resource	ICB allocation as at 30 September 2023: £1,249,048,000			
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

Integrated Board Assurance

Exception Report

September 2023



Urgent and Emergency Care

The ambulance response times' standard continue not to be met (see CAT1 and CAT2 data on slide 5). Regular meetings are taking place to monitor and to undertake action. There are several pathways of work being coordination by the ICB to support improvement. However, it is worth noting that some challenges are out of hands e.g. stacking of ambulance in Devon system etc. For the boards information there has been no evidence supplied to ICB quality team that harm has occurred within our system because of these pressures.

NCTR has seen a further increase during September. UEC team have a programme of work to support the Somerset system. They hold weekly system discharge improvement meetings to monitor performance and take action. During the month SFT, ASC and Intermediate care held events to support patients "Home first" . This was to review who could go home with POC rather than care home setting.

Cancer 28 Day Faster Diagnosis

With the introduction of Cinapsis (an electronic advice and guidance service) for GPs by end of 2023, this will enable more timely advice and onward referral. The first service to commence will be tele-dermatology, which is a high-volume cancer pathway. Work continues to reach out to patients with health inequalities to improve the attendance rate at outpatient appointment. People who live in areas of deprivation are five times more likely to not attend their appointment and present at stages 3 and 4 of cancer.

Maternity

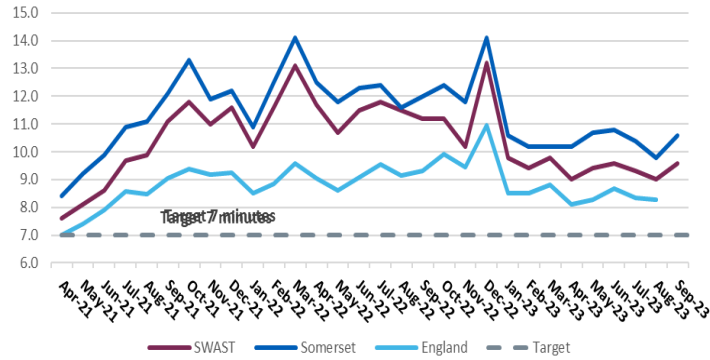
An Insight visit took place with both Yeovil District and Musgrove Park hospitals during October 2023. This was a positive visit with some areas identified for improvement. Maternity and Newborn Safety Investigation Programme (previously HSIB) now within the CQC have also provided feedback to SFT as a result of a review of 9 cases over 2022 – 2023, that echoes some of the themes identified in the insight visit. The Local Maternity Neonatal System (LMNS) will monitor any improvements required. Smoking at time of delivery performance is an ongoing improving picture. SFT, (YDH unit) has reported 3 still births in September, these will be discussed at the LMNS Safety Subgroup and at the SFT Perinatal Mortality Review Tool Group.

Continuing Health Care

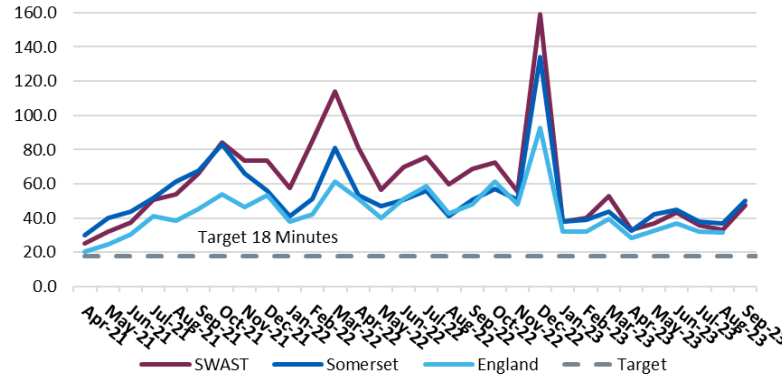
The ICB is required to adhere to the National Framework for Continuing Healthcare, whereby all Fast Track referrals received into the service are usually assessed within a 48-hour timeframe. Our performance against this metric was recorded at 84% in September 2023.

Board Exception Report – Urgent Care

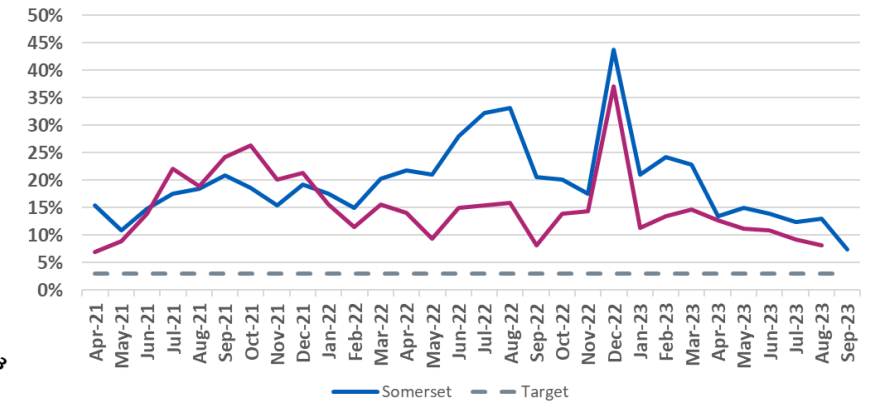
**Ambulance Mean Response Times
CAT 1 (Mins)**



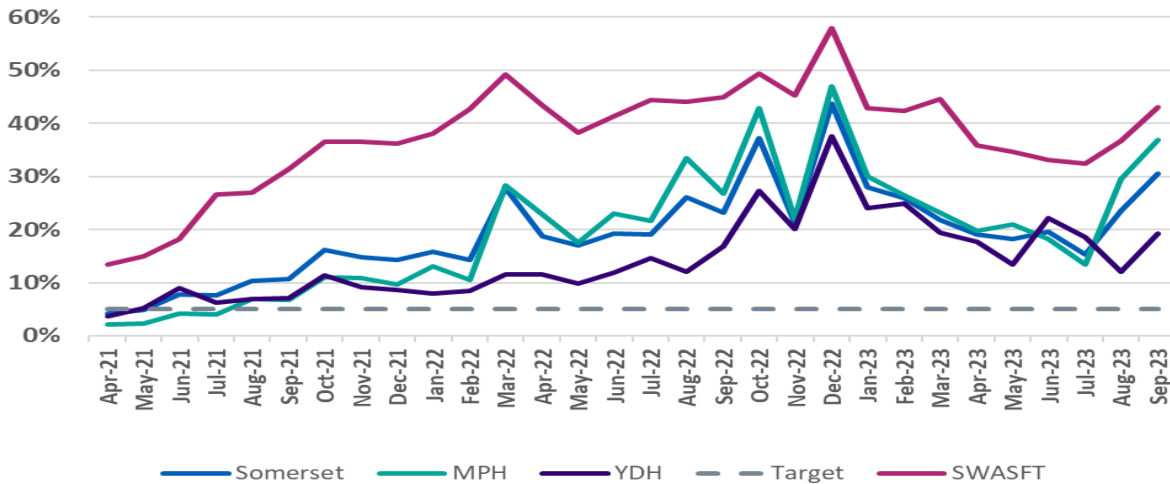
**Ambulance Mean Response Times
CAT 2 (Mins)**



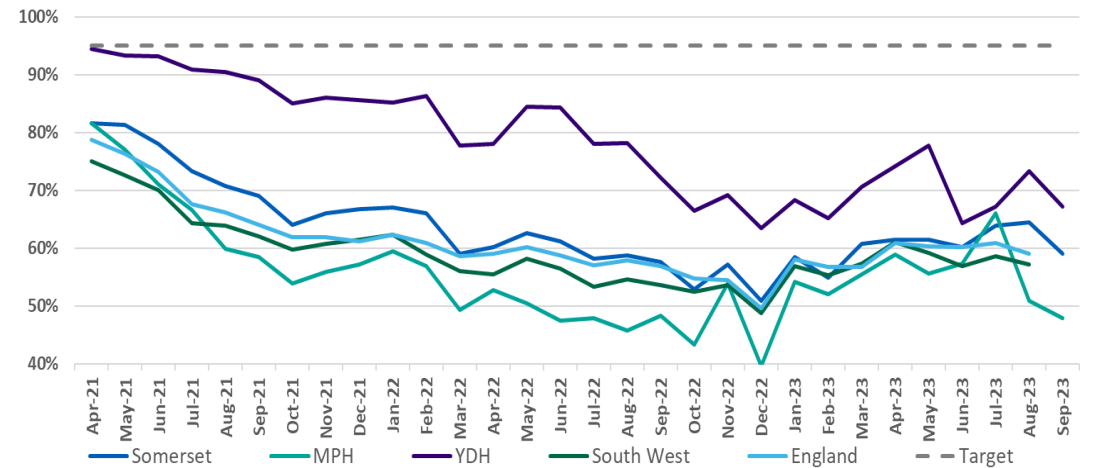
Proportion of calls abandoned (KPI 1)



% Ambulance Handovers over 30 minutes

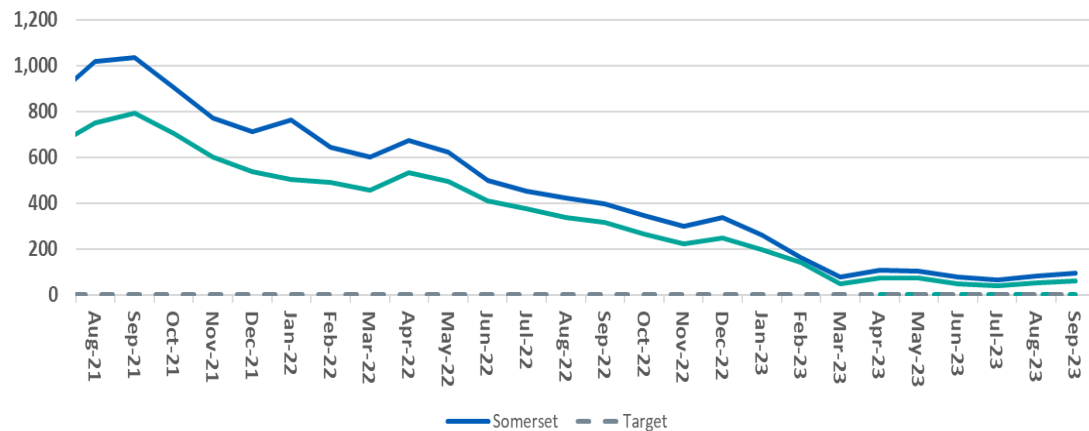


4 hour performance

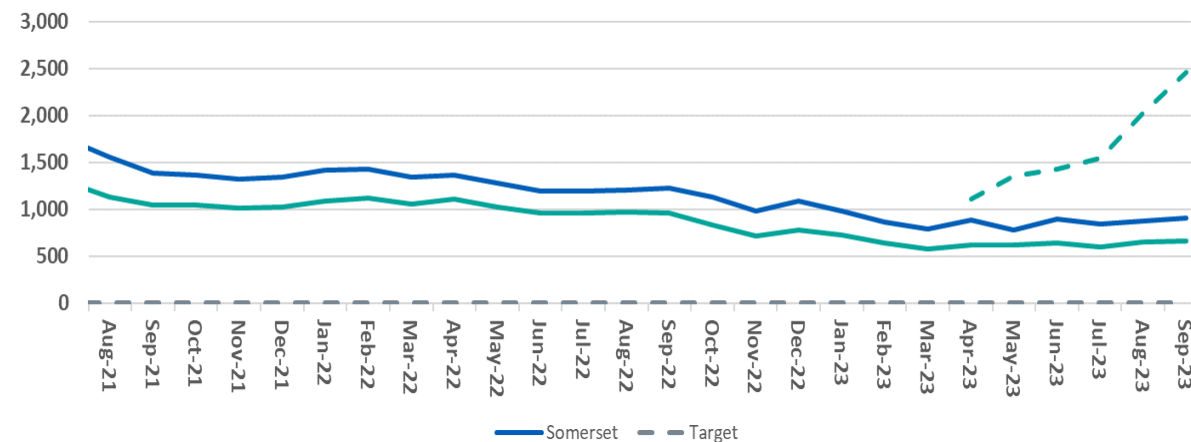


Board Exception Report – Elective Care

>78 weeks wait



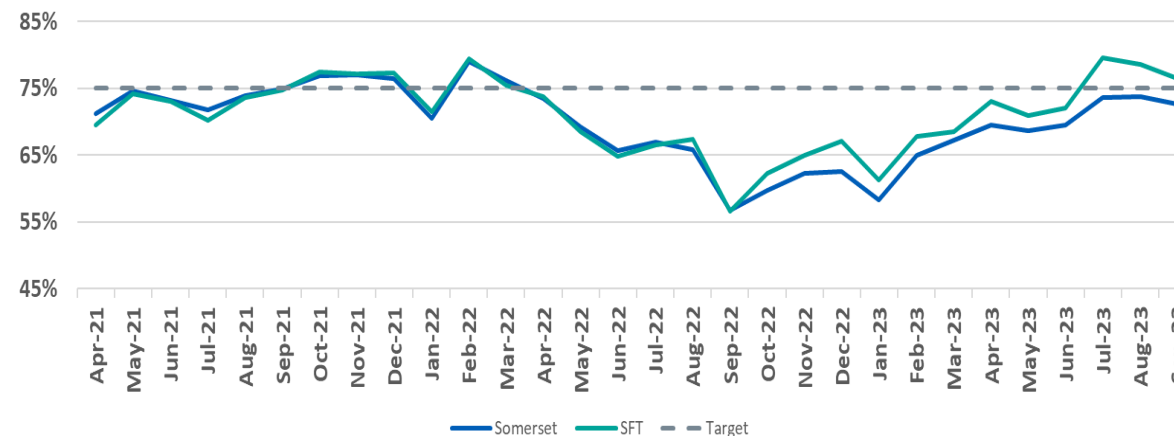
>65 Week waits



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



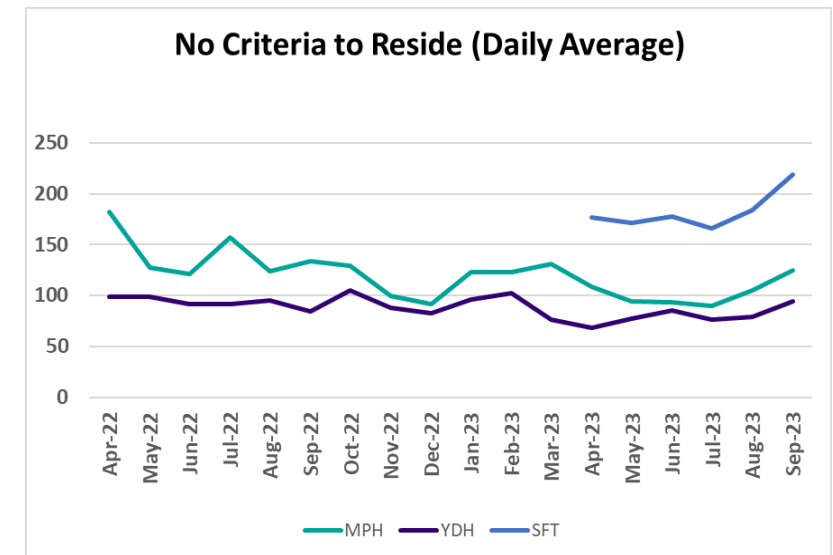
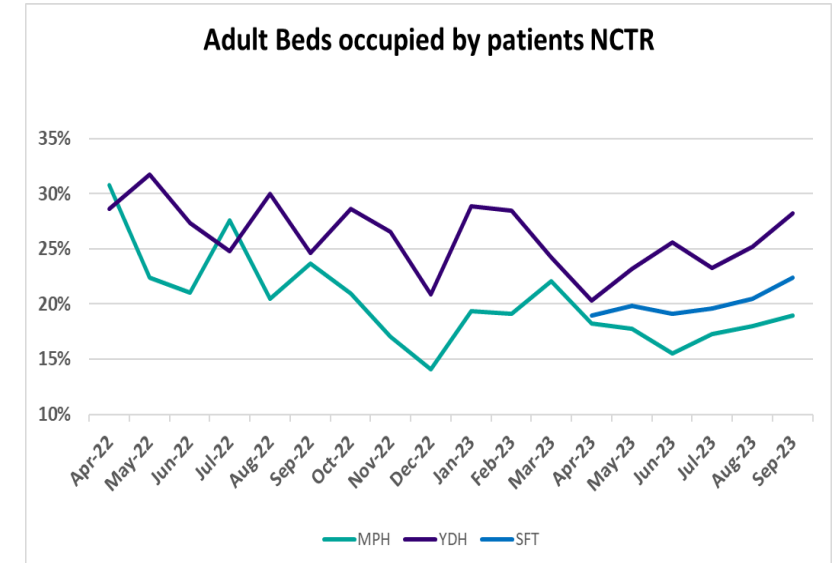
Cancer 28 days wait (faster diagnosis standard)



Board Exception Report – Urgent Care

- **NHS 111:** In September 2023, the provisional data for Somerset 111 average speed to answer calls was 118 seconds (August 2023 225 seconds) which is better than both the national (150 secs) and regional (156 secs) average. The call abandonment rate is showing an improved position at 7.4% in September (August 2023 13%), which is, again, better than the national (8.1%) and regional (11.5%) comparison. Recruitment into Somerset 111 continues with a target to reach full establishment for Health Advisors by the end of Q4 2023/24. We continue to monitor attrition along with rates of short-notice sickness. The service provides support to new call handlers to foster confidence alongside promoting health and wellbeing-related assistance (such as mental health).
- **Category 1 and 2 Ambulance Response Times:** Category 1 mean response times for life threatening injuries or illness (including cardiac arrest) remains challenged with performance in September 2023 of 10.6 minutes against the 7-minute standard (compared to all SWAST areas of 9.6 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 September 2023 was 49.9 minutes (against the 18-minute standard). This is compared to the overall SWAST performance of 47.5 minutes and national average of 37.6 minutes. We are working with SWASFT to improve optimal call handling, long term increase in resource utilising (fleet capacity at evening/night), infrastructure and workforce improvements. SWAST's Head of Operations for Somerset has been invited to the Somerset Assurance Forum on 15 November 2023 to provide an update on improvement plans ahead of winter with a specific focus on Category 2 response times.
- **Ambulance Handovers:** During September 2023 there continued to be a high volume of patients in hospital who had no criteria to reside. Whilst operational pressures continue to be experienced during the month, the trusts performed well with the number of lost hours decreasing from 1,311 in January 2023 to 1,088 in September 2023. Whilst Somerset ICS is seeing a very challenged position, we remain the best performing System in the region. We have invested in additional capacity for call validation, Somerset Ambulance Doctor Car, rapid assessment triage, and virtual wards which are supporting improved performance. We implemented an internal review of system NHS Pathways WebDoS (web-based national database of a range of urgent and emergency care services involved in patient care) for Somerset and can see that services all appear to be listed with appropriate referral criteria, opening times etc. This includes Virtual wards (frailty and respiratory) pharmacies, voluntary services – including village agents, MIND in Somerset crisis lines and the bespoke Hinkley Point service for non-registered patients and DoS (Directory of Services) activity at the monthly meeting. From 9 October 2023 there is a change in ambulance handover reporting whereby the existing 5-minute ambulance arrival 'grace period' that was agreed by South-West Commissioners will be removed to align with the new national definition. To this end, we expect to see a deterioration (increase) in the number of lost ambulance handover hours.

- Bed Occupancy:** Across Somerset during the cumulative period April to September 2023 compared to the same period in 2022 emergency admissions with a length of stay greater than 1 day has increased by 5%, leading to high bed occupancy. In September 2023, the combined bed occupancy across both MPH and YDH was 93.6% (all beds) and 96% in Adult G&A beds and average length of stay (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. In terms of the more up to date position, bed occupancy remains challenged and there has been a deterioration (increase).
- No Criteria To Reside:** In September 2023, on average 22% of adult occupied beds (219) 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. This is a deterioration on the previous month of +35. Within the community hospital setting 32% of occupied beds in a community hospital (49) are with patients with no criteria to reside, which is an improvement of 2 on the previous month. System actions have continued to be progressed such as the use of Hospital at Home and ‘Ready to Go’ units to enable patients to increase/maintain their independence. A Discharge Improvement Action Plan has been developed which focuses on Intermediate Care demand and capacity, development of improvement trajectories across all bedded facilities (Acute, Community and Care Home pathway bed), standardising and sharing of data across the System, improved discharge processes and clear ownership by responsible parts of the System. In addition, the “My Life, My Future” programme of has commenced led by Somerset Council and Newton Europe, with system input and support, which aims to design and deliver high-quality, person-centred services that promote independence and wellbeing. The first step has been to undertake an evidence-based review of our services, to identify what we need to change, and how to deliver change successfully. This has given us a deep understanding of our current services, areas of strength and pressures and developed a work programme comprising of 5 key workstreams; Reablement, Outcomes from Decision Making, Learning Disabilities Progression Enablement & Moves, Preparing for Adulthood and ASC Visibility Control and Improvement. Two of the main anticipated benefits this programme will have impacting NCTR is reduced starts in Pathway 2 rehabilitation/reablement beds due to more patients exiting on Pathway 1 (additional support at home). The up-to-date position is that there has been a deterioration (increase) in the number of patients with no criteria to reside specifically for those awaiting onward bedded care, and we are exceeding the levels outlined within the improvement trajectory.



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

- **78 & 104 week waiters** – On a Somerset Commissioner basis in September 2023 there were 94 patients waiting in excess of 78 weeks which is an increase of 14 compared to August 23; 59 of these patients are from SFT, and 35 patients from hospitals outside of Somerset and Independent sector providers. The latest available data (week ending 22 October 2023) shows the total number of patients waiting in excess of 78 weeks on a trust wide basis (SFT only) was 66, looking forward to the end of November there is expected to be 45 patients breaching 78 weeks. On a Somerset Commissioner basis there was one patient waiting in excess of 104 weeks. Looking ahead, by the end of November there are no patients expected breaching 104 weeks.
- **65 Week waiters** – On a Somerset Commissioner basis in September 2023 there were 908 patients waiting in excess of 65 weeks against a plan of 1,018 which is an increase of 28 compared to August 23; 666 of these are from SFT, and 242 patients from hospitals outside of Somerset and Independent sector providers. As at week ending 22 October 2023 (latest data available) the total number of patients waiting in excess of 65 weeks on a trust wide basis (SFT only) was 753. Monitoring of the 65 week cohort by speciality, site and pathway is place to inform plans for additional capacity requirement and actions to reduce the cohort further.
- The digital platform for PIDMAS which enables patients who are willing to transfer provider to register themselves has been live since the end of October, as at Friday 3rd November 109 patients had registered onto the system, which is around 3% if the cohort contacted. The registrations are validated by the provider before transfer to the ICB. The ICB will now lead on identifying potential alternative capacity within the system or across the region; processes for regional capacity management are the subject of ongoing discussion with the relevant regional teams.

Diagnostics : In September 2023 there were 3,722 (-226 on August 2023) patients whose wait exceeded 6 weeks, resulting in performance of 74% against the 75% South West Region improvement ambition (and 99% national standard), comparatively, Somerset ICB is performing better than Region at 70.2% and National at 72.5%.(August data the latest available nationally)

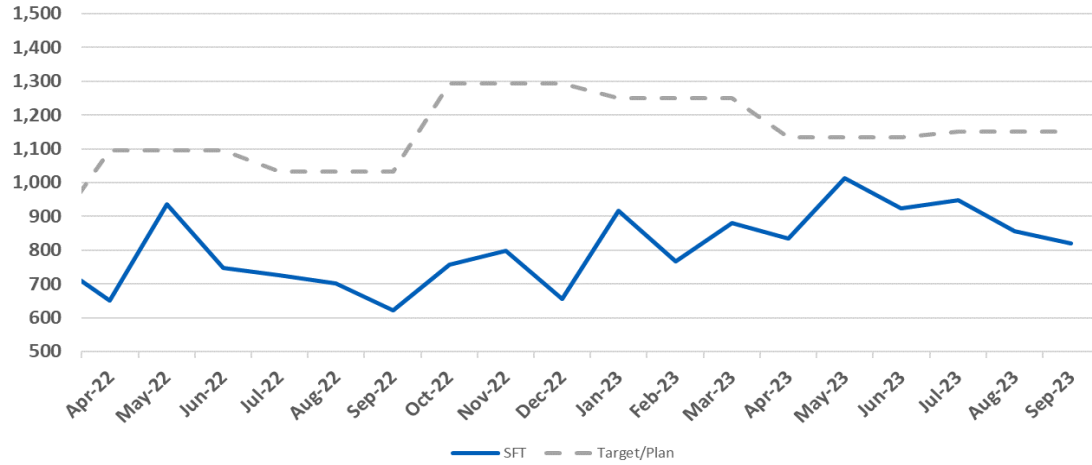
- The diagnostic modality impacting on the increase in backlog is Endoscopy due to planned overdue surveillance patients being added back onto the active waiting list for Colonoscopy and Gastroscopy at SFT in line with national guidance. Also impacting on the backlog is non-obstetric ultrasound and audiology where patients waiting >6 weeks remains high.
- The backlog in Endoscopy has reached its highest point in the last 12 months, 961 in September, a 75% (+412) increase compared to August due to the reason outlined above, SFT have established additional endoscopy sessions at weekends (YDH site) and where appropriate, patients are being offered appointments at alternative sites (Shepton Matter and Bridgwater community hospital) for their surveillance procedures. We will continue to monitor the backlog and will provide an update next month.
- The Audiology backlog (waiting >6 weeks) has reduced since May 23 to 419 in September by 117 patients (as at 22/10/23 there are 383), Musgrove has recruited to secure additional inhouse capacity in Audiology late in the year and the existing outsourcing contract will be utilised at Yeovil to reduce the 6 week wait backlog there.
- The backlog in Non obstetric ultrasound has reduced by 10.4% to 1347 (-157). At SFT additional ultrasound capacity is being established through waiting list initiatives and MPH and YDH are working together to share demand.
- The Echocardiography backlog reduced significantly in September by 56% to 216 (-275) due to actions in place to mitigate the backlog
- In September 2023 we delivered 141% of Diagnostic Activity relative to 19/20 (6,359 more additional activity) compared to a plan of 125.3% for September 2023.
- On a Trust-wide basis the number of patients waiting in excess of 26 weeks for their diagnostic test had been increasing throughout September to 336 at the end of the month. Numbers have been increasing during October and as at week ending 22/10/2023 there are 526 patients waiting in excess of 26 weeks with marked increases seen in colonoscopy and gastroscopy modalities.

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

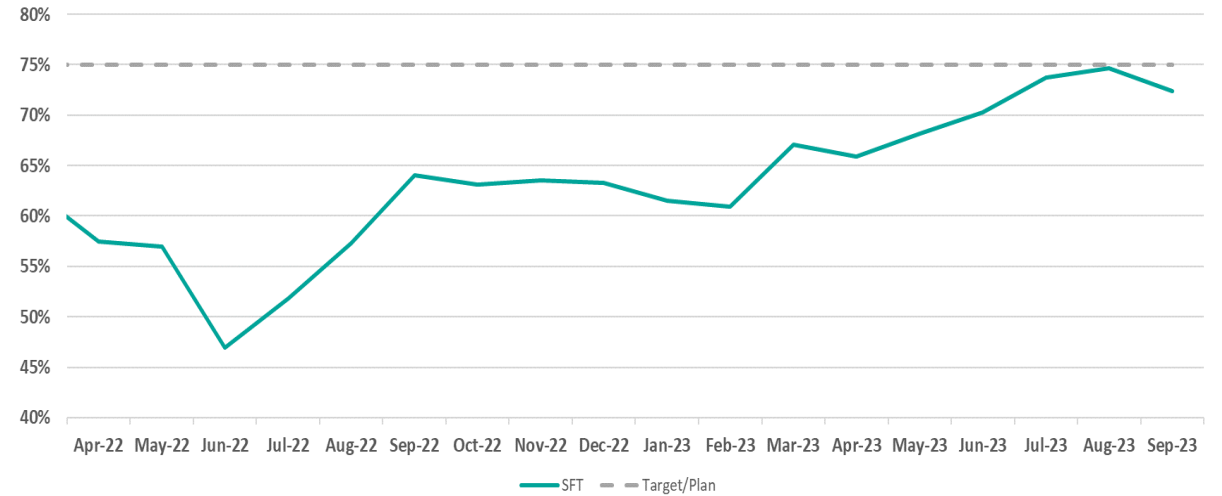
- **28 Day Faster Diagnosis:** The 28 Day Faster Diagnosis Standard (FSD) performance is similar this month (72.6%, 659 breaches) and is 2.6% higher than our operational plan of 70.4% for September but remains behind the 75% standard. The most impacted tumour sites are lower gastrointestinal (132 patients), gynaecological (132 patients), Skin (144 patients) and Urological (86 patients) which make up 80% of the breaches.
- Somerset FT has seen a significant improvement in the delays on the colorectal pathway, which has had a positive impact on their 28 Day FDS achievement throughout July and August. Due to recruitment of a trained nurse endoscopist increasing colonoscopy capacity and the addition of a lead nurse joining the Faster Diagnosis team has streamlined the processes between the MPH and YDH sites which has ensured that the management of Colorectal patients is efficient in this part of the pathway. The gynaecology pathway is still seeing challenges with high levels of demand and a high proportion of this increase is attributed to the shortage of HRT treatments which has meant that patients have had their HRT medication changed causing side effects. The increase in demand has led to capacity issues which is contributing to the challenged performance which is 33.7% in September. In collaboration with partners, the service has redesigned the 2 week wait referral form (live as of 21.08.23) to align with national guidance and best practice, ensuring patients have had the correct assessments prior to referral, issued guidance on HRT optimisation and will be supporting Gynaecology training for primary care colleagues. The trust has also recruited a pathway navigator to expedite the notification of benign results. A post-menopausal bleed clinic went live in September 2023 providing post-menopausal women with a community based one-stop clinic and ultrasound scan pathway running across 7 sites in Somerset. Somerset FT is raising awareness through various advertising campaigns and progress of this pathway will be monitored in the coming months.
- There has been an increase in demand for the Skin service into Somerset a majority of which are now with SFT, this is partly due to the repatriation of the service from University Bristol Hospital and Weston FT, and the usual seasonal demand. Despite the increase in demand, SFT's 28-day FDS performance for skin has remained at 95% in both August and September. SFT has established additional dermatology capacity with additional clinicians being appointed, insourcing at weekends and the training of GPs with extended responsibilities (GPwERs).
- University Bristol Hospital and Weston FT (UBHW) continue to see challenges in their 2 week wait pathway which is having an impact on their 28-day pathway and subsequently impacting Somerset's overall 28 Day FDS performance due to the issues in their Skin Cancer pathway. In September 2023 UHBW's skin cancer performance was 15.6% (for Somerset Patients), moving forward UHBW's performance is anticipated to improve as Somerset FT take on responsibility for the dermatology service in its entirety in Somerset from 01 November 2023.
- **62 Day First Definitive Treatment:** Within the 62 Day First Definitive Treatment standard there has been a 5.87% decline on the previous month with performance of 62.2%, 98 patients breaching the standard, (+20 on August 23) and remains significantly behind the 85% national standard. The most challenged tumour site is Urological (32). On a Trust-wide basis at SFT, the number of patients waiting >62 days for treatment, at week ending 29 October 2023 (latest data) there were 193 patients, (-7) from the end of September. The backlog by tumour site is: Urological (55 patients), Lower Gastrointestinal (32 patients), Head and Neck (13 patients), Gynaecological (27 patients), Skin (39 patients), and Other cancers (24).
- **Breast Screening Service:** The Covid-19 backlog has been cleared and performance is improving. Efforts are now being focused on the development of a targeted plan to improve uptake. Somerset Breast Screening Service intends to complete the Health Equality Tool (HEAT) to support accurate identification of cohorts with low uptake and intensify target action to address real or perceived barriers. Action is being taken to implement text message reminders and options are being explored in relation to identifying other areas such as supermarkets to raise awareness and encourage participation. Links continue to be made with PCNs / Practices prior to invitation letters being sent to ensure local promotion and awareness amongst eligible women.

Board Exception Report – Mental Health

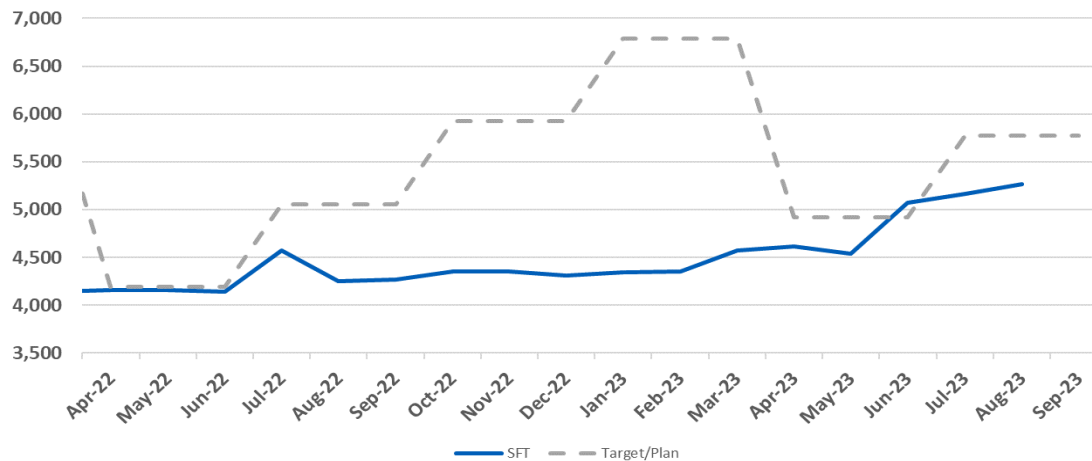
The number of people who first receive advice and signposting or start a course of Talking Therapies psychological therapy within the reporting period



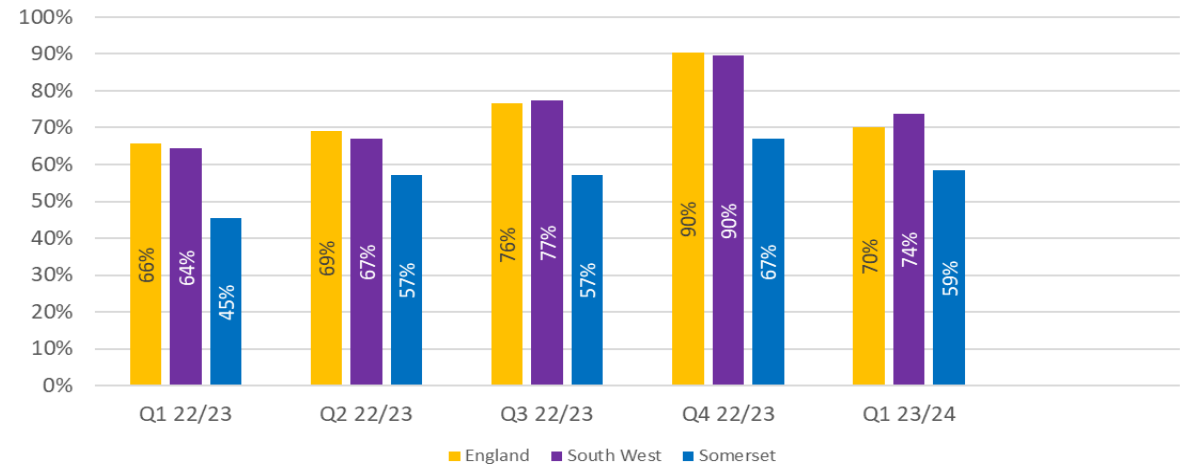
Talking Therapies 6 week wait Performance



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



% of Year PHSMI target delivered



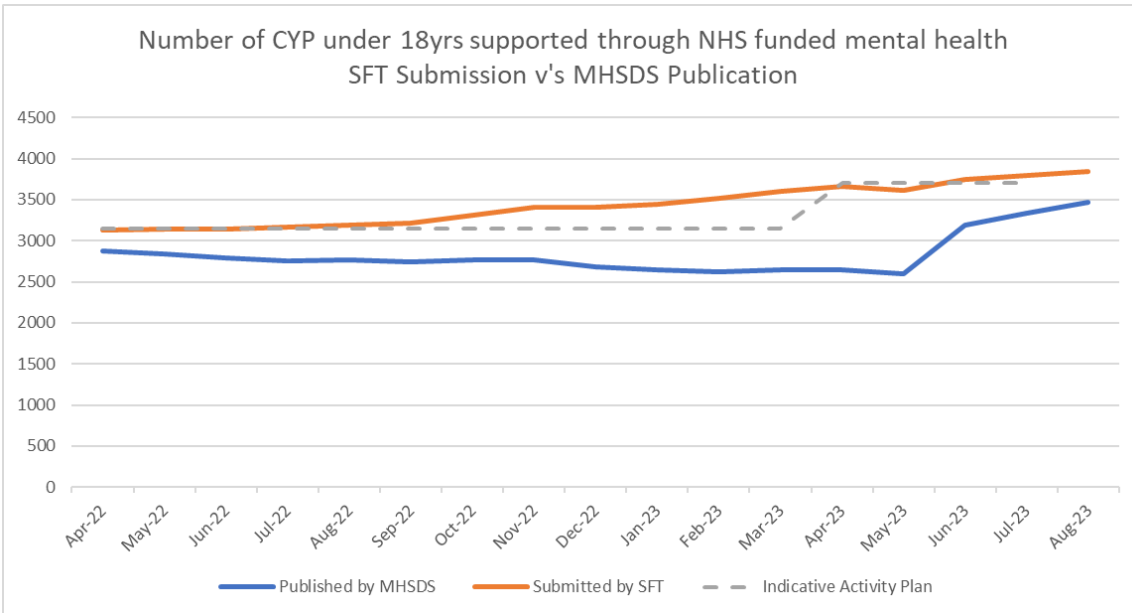
Board Exception Report – Mental Health

- **IAPT (Improved Access to Psychological Therapies):** The number of people accessing treatment for the year to date to September 2023 using local unvalidated data is 5,398 against the 2023/24 annual target of 13,896 (38.8% of the annual target). This is mirroring England aggregate performance against plan (i.e: performance across England is behind target). Whilst the service remains behind target, we are the only system in the South West showing a long term sustained upward trajectory, meaning NHS England has provisionally designated IAPT access performance as SOF Level 2, up from SOF Level 3. 19 trainees are currently in training, with a further 18 commencing in September and March 2023/24. This will significantly increase capacity in 2023/24 and into next financial year. Work is underway to embed Talking Therapies as part of the diabetes pathway, in addition to the work already underway with other LTCs, such as respiratory and cardiac conditions, alongside long COVID. The service is also exploring a digital referral/assessment process which has shown promise in other areas in reducing dropout rates. The service continues to exceed the national target around recovery rates, demonstrating the high standard of care delivered.
- **IAPT 6 Week wait standard:** Unvalidated data shows performance of 72.4% against a 75% national standard, part of a generally improving trend (165 people waited more than 6 weeks) in September. The Trust has implemented a county-wide assessment model which has increased throughput and prompt access to treatment. The additional capacity generated by the number of trainees will also support improvement over the latter half of the financial year. The current long waiters are waiting for less common therapy types, for which there are fewer staff trained to deliver, and/or an individual's preference to specific date, place, or timed sessions (note that Somerset is currently in line with the recommendations set nationally around % of staff trained in each of the modalities). The next cohort of fully trained therapists and effective management of drop-outs and DNAs will contribute to the improving performance of the 6week wait list.
- **Overall IAPT Performance:** IAPT performance remains behind plan. This can, in part, be attributed to referral rates, as well as recruitment challenges. Work is focussed on increasing capacity of the service across all areas, with additional trainee cohorts in place and recruitment to qualified positions (administration, therapists and assessment workers) ongoing. 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 support delivery of the target. There has also been a re-focus on group therapies, in line with revised NICE guidance.
- **Children and Young People's Mental Health Access:** The latest national position shows that on a rolling 12-month basis to August 2023 Somerset delivered 5,265 contacts, a roughly 4% improvement compared to the previous month. The performance improvement is a result of data quality work undertaken by SFT, which identified a significant volume of activity that had not been submitted. Additional investment has been made into Kooth, Young Somerset and SFT services for 2023/24, which will increase the capacity of services to meet the need of patients. We are working with Young Somerset to increase the countable activity delivered by the Mental Health Support teams, with the provider increasingly looking to group work to increase throughput. In 2023/24, we have invested in specific data resources to ensure all relevant data is capture. In July 2023 we launched a new offer for VCSFE partners to increase activity levels and flow data (with support). This work is in its infancy, but we have already seen significant interest from eligible providers. In addition, Barnardos and Mind in Somerset are working to submit their data. Finally, we are seeking an exemption from NHS England to allow the TeIMI data to be included in our CYP Access performance data (an exemption has been permitted for a similar provider). If the newly identified activity and the TeIMI data was included in the nationally reported figures, performance would increase by circa 8000

- **PHSMI (Physical Health check for patients with Serious Mental Illness)** : A cross system working group is in place and has resulted in significant improvement in reported performance year on year (from almost zero to over 2000).
- The provisional data for Q2 2023/24 data shows a small drop in performance quarter on quarter from 1,976 to 1,940. This is because most of the checks are undertaken in the latter part of the financial year in line with the primary care Quality Outcomes Framework (QOF) cycle.
- The remote health check boxes (which contain medical equipment such as blood pressure monitor, blood glucose monitor etc. to complete the checks) have been approved for use, although purchase has been delayed from planned launch in Q1 2023/24 to Q3. 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. A further physical health support worker has been recruited and commenced in May, which will further improve performance. Engagement with practices has been mixed, and the mental health and primary care teams are working together to support practices with delivery. To support uptake of the checks we have developed new communications material, staff training and peer support offers, which will support people to access their appointments (including chaperoning where appropriate) as well as supporting people with any post check support, such as access to exercise options.

Data Quality – CYP Access & CMH2+ Contacts

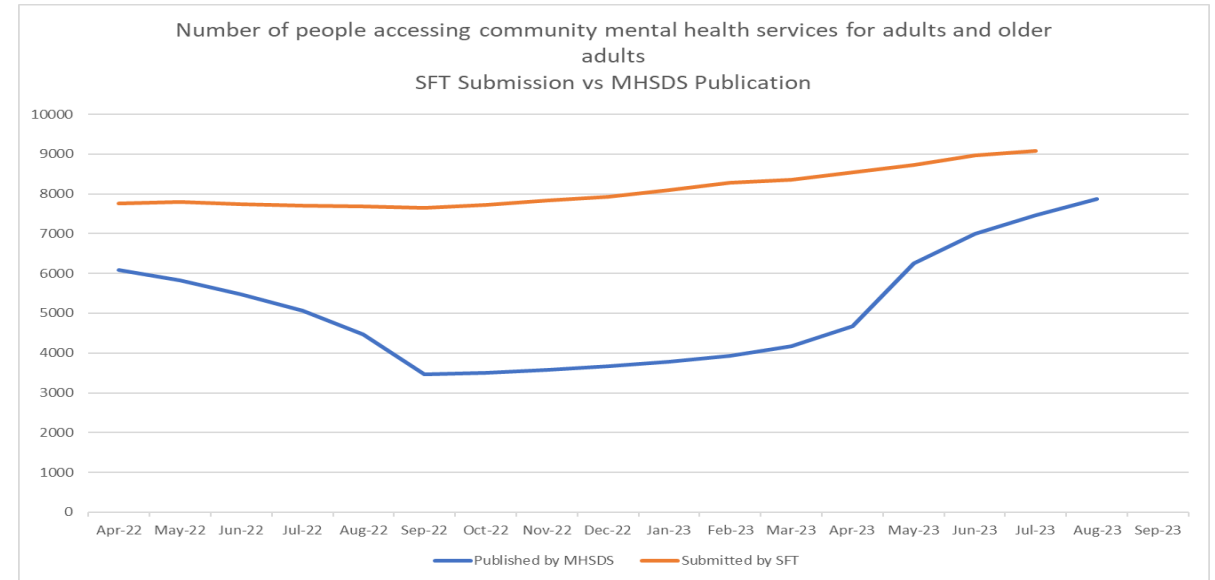
A variance in Children and Young Peoples 1+ Contact count between the data submitted by SFT and data published by NHSE was identified. Since April '22 the variance increased to almost 40% in June '23. Work is ongoing with early results showing a decrease to 11.0% in August. Other key metrics such as Community Mental Health 2+ Contacts have also been under investigation and are starting to show relative improvement.



SFT's Business Intelligence team discovered that the **CYP Access** data being flowed to MHSDS was lacking some new team types and care activities. These issues are listed below:

Issue 1: Not all clinic appointments were being flowed correctly into the MHSDS, they were missing.

Issue 2: CAMHS Tier 2, some Autism and ADHD activity wasn't being reported. Flowing this activity has significantly impacted data completeness and as a result we can demonstrate improvement from June 2023.



A variance in **Community Mental Health 2+ Contact** count between the data submitted by SFT and data published by NHSE was identified. The variance increased to over 120% in October '22. Work is ongoing with early results showing a decrease to 32.6% in June.

Somerset Foundation Trust's Business Intelligence team discovered that the CMH2+ Contact data being flowed to MHSDS was not reporting new team types and care contacts. These issues are listed below:

Issue 1: Not all care activity and care contacts were being flowed correctly into the MHSDS, they were missing both or one element which eliminated the record completely.

Issue 2: The introduction of new Teams meant that not all Team Types were being captured and reported.

Flowing this activity has significantly impacted data completeness and as a result we can demonstrate continuous improvement.