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1. Summary

- 1.1.** This paper provides an update on the Somerset Integrated Care Board (ICB) Quality, Safety and Performance and provides an overview of performance against the constitutional and other standards to the period ending July 2023.
- 1.2.** This is a retrospective report which compares the reported month (July 2023) and compares to the same period in 2022/23 unless otherwise stated to provide a comparative view of performance.

2. Issues for consideration / Recommendations

- 2.1.** Scrutiny Committee is asked to consider and comment upon this paper.

3. Key Areas of Focus include:

3.1. Primary Care Access

Primary Care services have continued to experience considerable operational challenges in July 2023 with approximately half of the GP practices in Somerset reporting their OPEL status as OPEL 3 or above (Operational Pressures Escalation Levels). The practices reported pressure still showing in General practice due to staff shortages, sickness and patient demand and annual leave.

In July 2023 there were approximately 286,000 primary care consultations with either a GP or other healthcare professional, which is an increase of 4.8% when compared to July 2022. Of these consultations 59.3% were delivered face to face (compared to the South-West Regional average of 66.9% and

68.3% in England) and 80.9% were made within 14 days and 43.9% made on the same day.

The Deputy Director of Primary Care and Primary Care Development Manager attended the Oversight and Scrutiny Committee: Adults and Health on 12 September 2023 and provided a detailed overview on primary care access recovery. Feedback was provided by the Committee and there was agreement for a further update to be provided during Q4 2023-24.

In respect of the Primary Care Access Improvement Plan a dashboard will be developed that shows progress against key measurable objectives set nationally and will accompany a written report for NHS Somerset Public Board meeting on 30 November.

3.2. NHS 111

There are ongoing pressures across the wider UEC (Urgent and Emergency Care) system both in Somerset and nationally.

During the cumulative period April and July 2023 there were 62,000 people across Somerset who contacted (and had their call answered) by the NHS111 Service and this represents a 20.1% cumulative increase in demand over this period and comparable increase of 19.9% was also seen in the latest reported month (July 2023).

The average speed to answer calls in Somerset improved by 20 seconds in July 2023 to 213 seconds compared to the England average of 159 seconds.

There has been a significant reduction in the number of abandoned calls since HUC took over the running of the NHS 111 Service in Somerset from April 2023. Of the total calls received in July 2023 12.4% were abandoned compared to the previous England average of 9.1% and is an improvement upon the previous month.

63.5% of calls were assessed by a clinician or clinical advisor compared to the England average of 43.8%.

Actions to deliver performance improvements include Health Advisor recruitment, the use of national contingency during periods of high demand to improve resilience and ongoing discussions with the South-West Commissioning Hub in respect of the significant increase in dental calls.

3.3. Ambulance Performance

The number of people calling the ambulance service in July 2023 was 2.5% lower than the same month in 2022, but on a cumulative basis during the period April to July 2023 there was an overall 0.6% increase in demand.

Whilst there has only been a modest increase in the number people calling for an ambulance, we have seen a significant increase in the volume of patients conveyed to hospital; during the cumulative period April to July 2023 there has been a 10.0% increase in the number ambulance arrivals to MPH and YDH. Ambulance response times performance in Category 1 and Category 2 incidents continues to be challenged; in July 2023 the Category 1 mean response time was 10.4 minutes against the 7-minute standard, compared to the SWAST overall performance of 9.3 minutes. For Category 2, Somerset response times were 38.1 minutes against the 18-minute standard, compared to the SWAST (South-West Ambulance Service Trust) overall performance of 35.7 minutes.

To improve ambulance response times performance SWAST is increasing front line resourcing and improving the health of their staff by focusing on reducing sickness levels.

Somerset's Emergency Departments continue to have the least number of ambulance handover delays when compared to SWAST's other commissioners and in July 2023 the number of lost ambulance hours was 445 across Musgrove Park and Yeovil Hospitals, which is an improvement of 150 hours when compared to June 2023.

Somerset ICB has implemented a working group collaborating with SWAST and SFT to develop an Ambulance Handover Trajectory Improvement Plan to achieve the national ambulance handover (15, 30 and 60 minutes) Standards. Focus of the plans are to maximise every opportunity to avoid patients attending A&E, and to ensure efficient and effective processes are in place when patients do attend. Proposed actions and schemes implemented to improve ambulance handover performance and in turn response times include:

- Somerset ambulance doctors are continuing to see patients within the community
- Category 3 and 4 falls validated within NHS 111 to reduce conveyance
- Continue to develop community services including Urgent Crisis Response and progressing the ITK electronic link and Crew education on the use of alternative use of pathways and Same Day Emergency Care, removing barriers to the referrals that could take place.

- Hospital and Liaison Officer (HALO) supporting both Somerset EDs in times of extremis by coordinating ambulances and ensuring appropriate conveyance
- Acute Hospital Escalation Plans are in place at both MPH and YDH sites
- Direct admissions to Emergency Assessment Unit (EAU) and Same Day Emergency Care (SDEC)
- Looking to implement a review of system pathways and the Directory of Services which is currently being led by Dorset ICB

3.4. A&E Performance

Demand for A&E services has increased in 2023 and during the cumulative period April to July 2023 attendances to A&E has increased by 2.3% across MPH and YDH sites, and in July 2023 reduced by 1.9%.

In July 2023, A&E 4-hour performance at MPH was at 65.1% and at YDH 67.2%, which is an improvement upon the previous month at both sites. Both MPH and YDH 4-hour performance is above (better) than the National and South-West average and MIU performance of 96.9% is comparable to the previous month.

In July 2023 there were three 12-hour trolley breaches at SFT (compared to 153 in January 2023, the highest volume in this calendar year).

Delivery of the 4-hour performance standard has been impacted by a number of factors including increased patient acuity, ambulance handover delays and patient flow issues due to operational pressures across the hospital. Actions include:

- Development of an improvement plan and trajectory
- Streamlining of pathways with work underway on the radiology pathway
- Rota review is underway to ensure they efficient and mapped against demand
- Joint-site SDEC task and finish is planned to aim towards a seven-day service, 12 hours per day.

3.5. Emergency Admissions

During the cumulative period April to July 2023 compared to the same period in 2022, the number of patients admitted to hospital as an emergency who stayed more than one day has increased by 6.3% (+890 admissions).

An analysis of the data showed that there has been an increase in acuity, demonstrated by the 10.0% increase in ambulance arrivals to A&E, acuity of A&E attendances and increase in zero and non-zero admissions.

There are number of initiatives in place particularly focusing on the 10 High impact interventions which were outlined in the Urgent and Emergency Care Delivery and Improvement Plan to ensure that we are reducing length of stay across all sites and patients who require ongoing care are on the right pathway for their ongoing needs.

In recognition of the increased demand SFT have reconfigured the medical and surgical bed base at both MPH and YDH sites to protect elective capacity and to support flow. This includes re-classifying the core and escalation beds, in-line with new national guidance. In addition, at the MPH site the Trust have increased the overall bed compliment by 15 beds.

3.6. Elective Recovery and Waiting Times

The waiting times expectation in 2023/24 is that there will be no patients waiting in excess of 104 and 78 weeks throughout the year, and the new ambition is for there to be no patients breaching 65 weeks by March 2023. In July there were no patients waiting over 104 weeks and continue to be no patients who are forecasted to breach this waiting times standard as of the end of September.

There were 66 patients across Somerset waiting over 78 weeks in July 2023 which is a reduction of 13 patients on the previous month; 39 of these patients are from SFT and 27 patients from hospitals outside of Somerset. The forecast for the end of September 2023 on an SFT Trust-wide basis is 55 and the apportionment of breach is expected to be 27 due to capacity, 27 due to complexity and one due to patient choice.

In July 2023 there were 840 patients waiting over 65 weeks which is a reduction of 55 patients from the previous month. 594 of these patients are from SFT, 246 patients are from Independent Sector providers and hospitals outside of Somerset. The specialty with the greatest backlog is Trauma and Orthopaedics.

There is an active programme of system-wide actions to support reduction in the backlog and longer- term recovery which include:

- SFT has identified the first cohort of patients, who are potentially happy to transfer to an alternative commissioned provider and have contacted

55 patients in the at risk >65 week cohort and a further 126 patients from outside this cohort who are also willing to transfer, to free up capacity for long wait patients to be treated.

- A programme of waiting list validation continues, which includes contacting patients to check that they still need to be seen.
- Detailed specialty plans continue to be progressed and actions include improved productivity, increased capacity (including use of the Independent Sector) and reprioritisation of available theatre capacity across the System.
- System Performance Group which meets fortnightly and receives a deep dive upon challenged elective specialties; the latest one was upon Trauma and Orthopaedics and actions include ring-fenced beds, proposals to increase theatre staffing and for an additional hand surgeon (sub-specialty of high demand), utilising all spare capacity and out-sourcing to the Independent Sector where possible.

3.7. Diagnostic Waiting Times

The number of patients waiting more than 6 weeks for a diagnostic test or procedure in July 2023 has increased by 501 patients to 3,650, but those waiting in excess of 13 weeks has slightly reduced. The proportion of patients waiting less than 6-weeks in July was 75.5% and achieving the 75% Regional improvement standard.

The diagnostic modalities with the longest waits are Endoscopy, Echocardiography, Audiology and non-obstetric ultrasound.

The key challenges predominantly relate to national workforce shortfalls (specifically ultrasound), compounded by the increase in suspected cancer, routine and unscheduled demand across a range of modalities Actions include:

- Non-Obstetric Ultrasound: Sourcing additional capacity and sharing-out the demand as far as possible, across the Musgrove and Yeovil sites.
- Echocardiography: overall waiting list and backlog has started to reduce at SFT mainly due to actions in place to mitigate the backlog, additional waiting list initiatives continue, and an insourcing contract has now commenced at Yeovil. Image sharing is now possible via the new upgrade of the clinical reporting system. The Trust continues to undertake waiting list validation and contact patients to ensure their condition has not worsened.

- Audiology: the backlog has reduced since May 2023 to 373 (latest data as at 27/08/23) by 81 patients, additional clinics are being run to clear the backlog.
- Endoscopy: the backlog had reduced and has reached its lowest point in the last 12 months at 590 in June, however it has risen by 62 to 652 by July. Colonoscopy capacity continues to be prioritised where possible.

3.8. Cancer Waiting Times

The 28 Day Faster Diagnosis Standard (FDS) performance has improved this month to 73.3% (+4.2% to previous month) and is 9.2% higher (better) than our operational plan of 64.5% for June. The most impacted tumour sites are lower gastrointestinal, gynaecological, Skin and Urological. Key drivers are the shortfall in colonoscopy capacity to meet the significant increase in demand and capacity and challenges within the skin cancer service at University Hospital Bristol and Weston FT and an increase in gynaecological and urological demand YDH and MPH.

Pathway improvements for Urological and Lower Gastrointestinal are being developed to reduce delays in the diagnostic element of the pathway and joined up work across both the MPH and YDH sites to ensure streamlined and efficient processes in this part of the cancer pathway and had led to a reduction in triage times. A new community based (self-referral) post-menopausal bleed service opened in September and comprises of a one-stop clinic appointment and ultrasound scan and patients for whom a benign cause of their bleeding cannot be identified, and those requiring additional investigations, will be referred to the secondary care Gynaecology Service as a cancer two-week wait patients.

In respect of skin cancer University Hospitals Bristol and Weston Foundation Trust (UHBW) provide a service for some of the Somerset population and waiting times have been challenged due to sustained increased demand compounded by staff absence. Locums have been used by the Trust to reduce the backlog however industrial action and difficulty with recruiting locums into the dermatology service has slowed progress. As of September, some patients have started to be repatriated back to Somerset (predominantly to SFT) ahead of full repatriation in the Autumn when all patients will be managed within Somerset (unless they choose to be treated elsewhere). SFT continues to put on additional capacity by way of Locums to manage the increase in demand and secured insourcing from August. In addition, SFT has taken over clinical

oversight and responsibility for the tele-dermatology service previously provided by UHBW via the REGO platform.

Somerset has seen an 3.4% increase in the number of first definitive cancer treatments carried out during the cumulative period April to July 2023 compared to the previous year, underpinned by the increase demand into the service.

Within the 62 Day First Definitive Treatment standard there has been a 2.6% decline on the previous month with performance of 67.3% with performance impacted by treatment of the backlog. Performance compares well to National and Region performance of 62.3% and 65.7% respectively. The most challenged tumour sites and improvement actions are described within the faster diagnosis standard update above.

The covid-19 backlog has been cleared in the Breast Screening Service and performance is improving. Efforts are now being focused on development of a targeted plan to improve screening 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.

3.9. Mental Health – Improved Access to Psychological Therapies (IAPT)

The number of people accessing treatment for the year to date in July 2023 using local unvalidated data is 3,719 against the 2023/24 annual target of 13,896 (26.8% of the annual target) and whilst it is recognised that the service remains behind target, we are the only system in the South-West showing a long term sustained upward trajectory. The Service has 19 trainees in training, with a further 18 due to commence in the second half of the year which will significantly increase capacity in 2023/24 and into next financial year and additional capacity to support long waiters continues to be sourced via Xyla. Work is underway to embed Talking Therapies as part of the diabetes pathway, in addition to the work already underway with other long term conditions such as respiratory and cardiac conditions, alongside long COVID. The service is also exploring a digital referral/assessment process which has had a positive impact in other Systems to reducing drop-out rates. The service continues to exceed the national target around recovery rates and is the top performer nationally, demonstrating the high standard of care delivered.

Unvalidated data in July 2023 shows performance against the 6-week waiting times standard of 73.7% against the 75% national standard. The Trust has implemented a county-wide assessment model which will increase throughput and prompt access to treatment; this is working well to date and is anticipated to be fully implemented by end of Q2 2023/24. The additional capacity generated by the number of trainees will also support improvement. 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 6 week wait list.

In summary, 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.

3.10. Mental Health – Children and Young People Access

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. The latest national position shows that on a rolling 12-month basis to June 2023 Somerset delivered 4,535 contacts and due to the ongoing work to resolve an identified data issue it is anticipated that this will increase to 4,700 in July and we continue to work with SFT in respect of data completeness.

We are also 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. 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 addition we launched in July 2023 a new offer for VCSFE partners to flow data (with support) and in turn increase the level of countable activity being captured in the national dataset. Whilst this element of the data programme is

in its infancy, but we have already seen significant interest from eligible providers.

3.11. Physical Health check for patients with Serious Mental Illness (PHSMI)

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). However, between Q4 2022/23 and Q1 2023/24 data shows 2% drop in performance quarter on quarter, from 2,007 to 1,976 (however, this is in line with the national pattern as the bulk of PHSMI activity takes place in Q4 in line with primary care QOF). 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, with implementation planned in 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.

4. Consultations Undertaken

4.1. N/A

5. Implications

5.1. N/A

6. Background papers

6.1. The latest Public Board Report to Somerset ICB can be found here: [Previous Board papers - NHS Somerset ICB](#)

Note For sight of individual background papers please contact the report author