

HSI21/006

GOVERNING BODY

Title of paper	Performance – Highlight and Exception Report		
Agenda item	8	Date of meeting	28 April 2021
Director lead	Roshan Patel, Chief Finance Officer		
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Purpose	For decision	<input type="checkbox"/>
	To ratify	<input type="checkbox"/>
	To discuss	<input type="checkbox"/>
	To note/receive	<input checked="" type="checkbox"/>

Link to strategic objective	The strategic objectives of the NHS Hampshire, Southampton and Isle of Wight CCG are in development
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Executive Summary
<p><u>Background</u></p> <p>This paper provides an exception report of the key latest performance information for Hampshire Southampton and Isle of Wight CCG.</p> <p>The Governing Body will recognise that a “composite” view of the new CCG performance position is not yet available – as national and local reporting has a delay, and published, validated performance information for the new CCG will not be made available until the end of May.</p> <p>Therefore, a short exception report in relation to the key performance issues across the CCG is provided.</p> <p>In addition, a full briefing document of unvalidated data will be made available separately to Governing Body members, ahead of the establishment of the full Quality, Performance and Finance Committee in May, after which point validated data will be published on a monthly basis.</p> <p><u>Key points to note</u></p> <p>There are a number of areas of exceptionally strong performance, including most notably in relation to cancer services delivery, ambulance response times, and recovery of elective activity levels. These are described in more detail on the following pages.</p>

However, members will note that there are a number of areas of performance where significant action is required to improve the experience and outcomes for local patients. Most notably this includes four areas where mental health services are not meeting national standards, health checks for those patients who have a level of learning disability, and the marked increase in patients waiting over 52 weeks for treatment as a result of the Covid pandemic.

Areas of strong performance:

Ambulance standards

- All response times standards were met by South Central Ambulance Service across the Integrated Care System, and 3 of 4 response times met by the Isle of Wight ambulance service.

Cancer performance

- 8 of 9 cancer waiting times' standards were achieved, and the number of patients waiting over 62 days is the lowest % of all Integrated Care Systems in the country.
- Referral levels have been maintained and patient access and treatment times improved.

Recovery of elective activity

- Hampshire and the Isle of Wight has recovered elective activity levels in all systems higher than the required NHS England standard of 70%. However, there is further work to do to improve restoration of all outpatient services, and – most importantly – to reduce the longest waits.

Emergency department performance

- Despite an increase in activity, average Hampshire and the Isle of Wight ED performance remains at 90.6%, and the Isle of Wight NHS Trust has consistently delivered 95% performance.

Areas requiring improvement include:

Improving treatment times for long waiting patients

- The number of patients waiting over 52 weeks has increased very significantly across the course of the year as a result of the Covid pandemic across the Integrated Care System area.
- A range of actions have been put in place by all systems to ensure that those patients with Priority 1 and Priority 2 conditions (the most urgent, and with the most clinical need) have been prioritised – this has included systems working together to offer hubs for surgical treatment across the Integrated Care System area.
- The Integrated Care System is working to finalise plans that will reduce the backlog of patients – both by prioritising the clinically most urgent patients, and ensuring we incorporate clinically led, patient focused reviews and validation of the waiting list on an ongoing basis.
- It is particularly critical that our plans ensure health inequalities are addressed, and that all systems complete an analysis of waiting times by ethnicity and deprivation, in order to ensure those patients most impacted by inequalities are not also impacted by longer waits

Mental health performance – four areas require improvement

- Patient access rates for Improving Access to Psychological Therapies (IAPT) services have declined over the past 12 months, but waiting times are being maintained, and plans are in place to expand treatment services now Covid lockdown restrictions are reducing and patients are more confident to access services.
- Conversely, the rate of access to Child and Adolescent Mental Health Services (CAMHS) has improved, but waiting times continue to exceed the minimum standard. We absolutely recognise the adverse impact on families of the delays in access to treatment and a significant investment programme has been agreed – this is already being implemented and recruitment has begun.
- Physical health checks for patients with Serious Mental Health conditions continue to fall below national standards, as does the dementia diagnosis rate. Both services have been impacted by the Covid pandemic, and recovery plans are in place to recover performance – as well as ensuring that the Covid vaccination programme appointments can be used as an opportunity to support wider health needs for patients with complex health conditions.

Services for patients with a learning disability

- The Hampshire and Isle of Wight Integrated Care System will not achieve the standard for annual physical health checks. As with health checks for patients with mental illness, the learning disability programme of health checks has been impacted over the past 12 months, and a rapid recovery plan is in place across all geographical areas.

Recommendations	The Governing Body is asked to receive and review the Performance Highlight and Exception Report, pending the establishment of the Quality, Performance and Finance Committee
Publication	Include on public website ✓

Please provide details on the impact of following aspects	
Equality and quality impact assessment	This paper does not request decisions that impact on equality and diversity.
Patient and stakeholder engagement	Not applicable
Financial and resource implications / impact	The key financial and resource implications in relation to this paper include the risk to the CCG of failing to deliver the required level of performance for its population, and the financial impact to the health system.
Legal implications	The key statutory implication in relation to this paper is the risk to the CCG of failing to deliver the requirements of the NHS constitution to our population.
Principal risk(s) relating to this paper	If acute providers do not meet standards for patient access and care for the CCG population, then constitutional standards will not be met and patient care may be adversely affected.

Key committees / groups where evidence supporting this paper has been considered.

In future papers on Performance will be reviewed by the Quality, Finance and Performance Committee, before assurance and/or escalation of issues to the Governing Body.