

HSI22/003

GOVERNING BODY

Title of paper	Elective Care and Reducing Waiting Times for Patients - Performance		
Agenda item	5	Date of meeting	2 nd February 2022
Director lead	Tessa Harvey, Executive Director of Performance		
Author	Michaela Dyer, Deputy Director of Performance		

Purpose	For decision	<input type="checkbox"/>	Link to strategic objective	Operational service delivery
	To ratify	<input type="checkbox"/>		
	To discuss	<input checked="" type="checkbox"/>		
	To note/receive	<input checked="" type="checkbox"/>		

Executive Summary

The Governing Body is asked to note and accept the Performance Report, which is to be reviewed alongside the performance report, and the briefing on managing winter and covid pressures.

Please note:

1. Urgent and Emergency Care performance.

Performance has remained static over the last 4 weeks across the ICS across the majority of urgent care standards, in light of a continuation of higher levels of patients accessing urgent primary and secondary care.

The areas of key concern remain the long waiting times for ambulance services across both South Central Ambulance Service and the Isle of Wight Ambulance service, with one of the 8 standards being achieved – see slide 6 for details.

A key factor driving delays remains the long waits for ambulance handovers in the Portsmouth system, and all system partners are working daily to increase capacity in all services in that system, as well as deliver process improvements. The key objective is to reduce the occupancy of the acute hospital site, which is often above 99%, and we are on an improving trend, but still a regional outlier.

2. Recovery of elective activity and waiting times

Recovery of elective activity remains in line with regional and national averages; but outpatient recovery remains slightly below our agreed plans. There has been an increase in on the day elective cancellations as a result of urgent care pressures, but this is starting to improve in the last 7 days.

The key risk to patients remains that we have moved behind our agreed trajectory for reducing the number of patients waiting over 104 weeks, and there are over 100 patients who do still not have a confirmed date for treatment ahead of March 31st. We are working with all providers to ensure that care can be secured for these patients in a timely manner.

All patients with urgent elective care needs – including those with cancer – have had their planned surgery maintained across the winter.

3. Reducing the number of patients who are delayed leaving acute care

Nationally, there has been an increase in the number of patients who no longer “meet the criteria to reside in an acute hospital” - i.e. are medically fit, but may have other care needs – but who are delayed moving either home, with care, or to a community or care home setting

Across Hampshire and the Isle of Wight, around 20% of our acute beds are occupied by patients who could receive appropriate care elsewhere, and the health and social care teams in each of our geographies have been running multidisciplinary events to try and reduce these delays – a full briefing on the impact will be shared at the next meeting of this committee

4. Mental Health Care

Improving treatment times for mental health services (Children and Adolescent Mental Health Services and Eating Disorders), as well as the need to recover physical health checks for both patients with a learning disability and with serious mental illness.

The priority is to ensure no patient waits longer than 104 weeks from March 31st; and the 4 Trusts are working collectively, with support from the Independent Sector, to ensure all patients are treated before this date.

Recommendations	The Governing Body are asked to note the report and the issues raised
Publication	Include on public website <input type="checkbox"/>

Please provide details on the impact of following aspects	
Equality and quality impact assessment	Impact of delays due to Covid-19 is noted.
Patient and stakeholder engagement	The report will be of interest to patients and stakeholders across the CCG

Financial and resource implications / impact	No impact
Legal implications	No impact
Principal risk(s) relating to this paper	Impact of Covid-19 (including delays) and workforce
Key committees / groups where evidence supporting this paper has been considered.	Quality Performance Finance and Workforce Committee – 26 January 2022

Governing Body Members Briefing

Performance; including Elective Care – Highlight and Exception Report

Tessa Harvey, Executive Director of Performance

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Hampshire, Southampton and
Isle of Wight
Clinical Commissioning Group

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Areas requiring improvement

<p>Urgent Care performance – both ED and Ambulance handovers; and demand for all service – Slides 5,6,7</p>	<ul style="list-style-type: none"> • Performance has been stable, but has not significantly improved, over the last 8 weeks across the ICS across the majority of urgent care standards. Patient demand has remained at around 8% higher than pre-pandemic levels (across urgent primary and secondary care). • The areas of key concern remain the long waiting times for ambulance services across both South Central Ambulance Service and the IOW Ambulance service, currently only 1 of the 8 core standards is being achieved – see slide 6 for details. • We have seen better performance in the last 4 weeks as we have opened additional capacity in the Portsmouth and South East Hampshire system. Ambulance delays remain a regional outlier, but are on a decreasing trend – see slide 7. The key objective across our urgent care systems is to reduce the occupancy of acute hospital sites, which has been above 95% across HIOW, and in the Portsmouth health above 99% • System wide action plans focus on reducing ED attendances and non-conveyance, particularly looking at the capacity of Clinical Assessment Services, further triaging of patients at the point of arrival at ED and improving access to Same Day Emergency Care. Staffing vacancies and short term sickness levels remain a challenge
<p>Cancer performance – across HIOW ICS Slide 9</p>	<ul style="list-style-type: none"> • Overall cancer performance remains strong, but we are seeing the impact of a marked rise in Two Week Wait referrals continue, with breast and gynaecology referrals 20% above planned levels - and a slight decline in performance as a result of this • 4 of 9 cancer waiting times standards were achieved, and the (trial) 28 days faster diagnosis standard was also achieved in November. The number of patients waiting over 62 days is the second lowest % of all ICS in the country; however it is critical to note that we wish to move to a position where no cancer patient waits longer than the recommended time. • Activity levels have been maintained and patient access and treatment times improved across the pandemic. Additional capacity has been planned across all modalities, but particularly lung and prostate. We expect to see more challenged performance throughout the year as a result of the marked increase in TWW referrals
<p>Recovery of elective activity</p>	<ul style="list-style-type: none"> • HIOW recovery of elective activity remains in line with regional and national averages; but outpatient recovery remains slightly below our agreed plans. We have had higher levels of cancelled activity during the Omicron wave

Continued on next slide

Areas requiring improvement

Improving treatment times for long waiting patients – slide 8

- There are 147 patients who have already waited over 104 weeks who require treatment. Due to the impact of the Omicron variant we have fallen behind our agreed trajectory to reduce 104 week waits
- Of these 147, 134 are not yet dated (mainly in Orthopaedic and ENT services) – this remains the priority
- There are 5943 patients who have waited more than one year, and this number is remaining stable

Reducing the delays in people leaving acute settings

- Nationally, there has been an increase in the number of patients who no longer “meet the criteria to reside in an acute hospital” - ie are medically fit, but may have other care needs – but who are delayed moving either home, with care, or to a community or care home setting
- Across HIOW, around 20% of our acute beds are occupied by patients who could receive appropriate care elsewhere, and the health and social care teams in each of our geographies have been running multidisciplinary events to try and reduce these delays – a full briefing on the impact will be shared at the next meeting of this committee

Mental health performance – 4 areas – Slides 10 and 11

There are 2 main areas where the ICS has significant performance challenges and is performing below plan. Recovery plans have been submitted to NHS England for all of these areas – and for some indicators we will not achieve national standard in 2021/22. There is variable performance across ICS systems

1. IAPT wait between 1st and 2nd treatment – The service is invested fully to meet demand and trajectories submitted meet the LTP targets. Growth in short term & long term capacity is paramount for continued and incremental growth. Southern Health saw a loss of c20 clinical staff over June to August, which has caused real capacity pressure and had a negative impact on performance. Currently 14.1% wait over 90 days between their first and second treatment, against a plan of 10%
2.

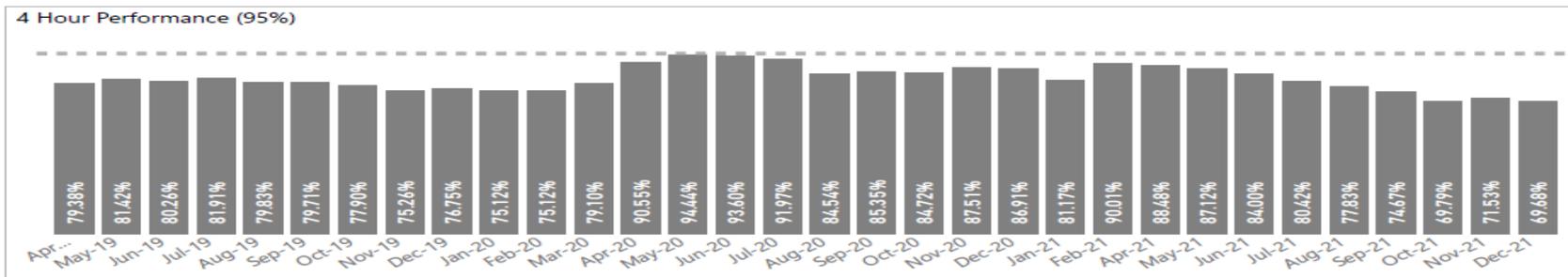
2. Children and Young People accessing MH services – positively across the ICS area there have been an additional 1,500 patients (19.8%) able to access treatment across the year as at the end of September 2021 compared to the same point in September 2020. However waiting times for access remain longer than the national standard for CAMHS and eating disorder services, which causes considerable distress to patients and their families and is a key priority for the ICS – a significant investment programme is agreed, and recruitment has begun successfully to these posts, with around 90 new staff appointed of the proposed 100.

ED 4 hour Performance (All Depts)



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Performance Standard	95% of patients seen within 4 hours
ICS Position (December)	69.68%
Direction of Travel	Down from 71.53% in November
National Benchmark	73.3%



- The number of patients arriving at HIOW Emergency Departments in 2021 has been on average 9% higher than in 2019
- Within this there have been some exceptionally busy periods, with surges in demand around 15% of pre Covid levels
- Emergency admissions have increased by 2% on average; and ambulance conveyances have been at all time high levels
- As a result, 4 hour performance within Emergency Departments has declined each month, from 88.48% in April to 69.68% for December
- This increase in urgent demand is also being seen in primary care and the 111 / MIU services – and collectively impacting on our ability to meet urgent care standards.
- All four systems across HIOW have in place urgent care plans, including winter surge plans, to ensure that only patients requiring ED care arrive at departments, and when they do arrive, receive timely care. The key elements of these improvement plans remain:
 - Improving 111 staff retention and recruitment rates; and maximising access to UTC care and other alternatives
 - Improving 2 hour community response pathways for admission avoidance, and maximising same day emergency care (SDEC) pathways
 - Improving staffing resilience within ED departments, and – where appropriate increasing physical capacity, which has been achieved in Portsmouth Hospitals (PHU) with the new Emergency Care Centre, which opened on the 1st November
 - Implementing the actions agreed by ECIST on visits to all 4 sites in early November
 - Reducing the number of patients who no longer have criteria to reside in an acute hospital

HLOWICS – Ambulance Standards Performance



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Performance Standard	4 call categories for 4 time standards
ICS Position (December)	SCAS did not meet any of the 4 standards, IOW achieved Cat 4 in Dec 21
Direction of Travel	All categories declining throughout 21/22 each month



South Central (SCAS)	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Cat 1 - Life Threatening	7 min	00:06:24	00:06:53	00:07:25	00:07:53	00:08:02	00:08:27	00:09:11	00:08:23	00:08:46
Cat 2 - Emergency	18 min	00:15:50	00:18:35	00:19:52	00:24:56	00:24:01	00:28:17	00:35:38	00:26:47	00:32:49
Cat 3 - Urgent	<2 hours	02:06:29	02:39:56	03:01:04	04:02:24	03:56:19	04:40:09	05:04:29	04:03:42	04:59:49
Cat 4 - Less Urgent	<3 hours	02:50:26	01:39:30	04:10:24	05:22:09	05:00:23	05:42:44	06:29:48	05:00:26	06:03:32

IOW	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Cat 1 - Life Threatening	7 min	00:08:43	00:09:18	00:10:15	00:09:50	00:10:13	00:10:16	00:09:55	00:10:51	00:09:12
Cat 2 - Emergency	18 min	00:21:39	00:22:34	00:29:14	00:20:09	00:23:47	00:28:01	00:32:07	00:27:33	00:23:25
Cat 3 - Urgent	<2 hours	02:26:02	02:24:26	03:39:46	01:54:34	02:30:32	03:12:47	03:54:13	03:04:55	02:09:36
Cat 4 - Less Urgent	<3 hours	02:48:09	02:39:18	03:00:02	02:48:45	03:24:19	03:35:14	04:46:27	03:18:36	02:38:29

- The table above shows the deterioration in performance against the 4 call standards for ambulance conveyance across this year
- There are 3 factors driving this position:
 - a) An increase in call answering time across both 999 and 111 services as a result of workforce shortages across ambulance services; this is a position mirrored nationally
 - b) An increase in volume of calls to both 999 and 111 services
 - c) An increase in ambulance handovers in the Portsmouth system throughout the summer and during September and October, driven by increased occupancy in PHU and a lack of physical capacity
- The key actions being taken to improve performance are:
 - a) Significant additional funding and targeted action to both retain existing workforce and recruit further call handling staff, including linking with national support teams; and other winter investments including more vehicles
 - b) Improving promotion of 111 online, and a range of support services to both core 111 and 999 services, including additional clinical support to triage category 3 and 4 calls
 - c) The Portsmouth system action plan for UEC, which has included creation of the new emergency care centre, the intensive support team at the front door and a range of community based service additions

HLOWICS – Ambulance Handover Performance



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Handover performance by focused site

Choose metric

Total breaches >60 mins

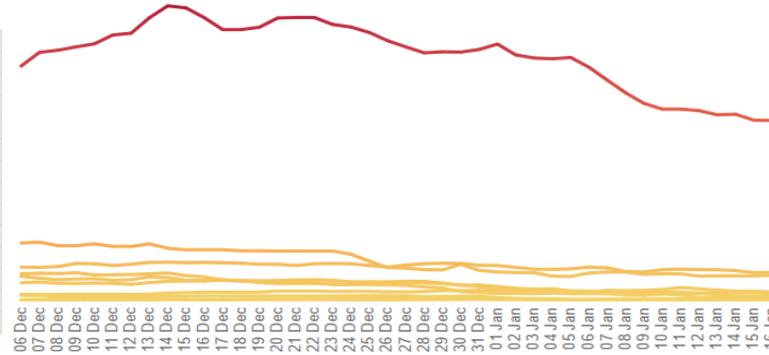
Total breaches >60 mins

Rolling 30-day position as at 16 Jan 22

click on a bar to highlight focused site on the trend chart

Ambulance Tr.	Focused Site	Count
outh Central	Queen Alexandra Hospital	703
outh Central	Stoke Mandeville Hospital	114
outh Central	Royal Berkshire Hospital	103
outh Central	Basingstoke And North Hamp.	38
outh Central	Royal Hampshire County Hos.	38
outh Central	Wexham Park Hospital	27
outh Central	John Radcliffe Hospital	17
outh Central	Horton General Hospital	10
outh Central	Frimley Park Hospital	8
outh Central	Southampton General Hospital	7
outh Central	Milton Keynes General Hospi..	0
outh Central	Royal Bournemouth General ...	0
	Unknown	0
	Wycombe Hospital	0

Rolling 30-day Trend



- The table above demonstrates the extent to which ambulance handover delays at Portsmouth Hospital are a regional (and national) outlier; however we are beginning to see a clear trend of reductions.
- Long handover delays have a direct impact on services patients receive, and on SCAS resource to attend all patients in a timely manner
- All partners within the PSEH system are working collectively, with heightened daily operational escalation processes to deliver actions that will reduce occupancy at the Trust, reduce demand, and therefore reduce delays
- This includes a range of actions to increase capacity in all services, and organisations have committed £14million of investment to achieve this – workforce capacity remains the key risk to delivery

HSIOW Elective Waiting List Performance



There are 3 requirements within the NHS Operating Plan for the end of 21/22. HIOW ICS is committed to meeting these standards for our patients, but they will be challenging to achieve

1. To ensure that no patient waits longer than 104 weeks by the 31st March, and that all patients who have already waited longer than that period are treated by that date
2. To reduce the number of patients who have waited more than 52 weeks
3. To maintain the total size of the waiting list at the size it was at the end of September

As of the 2nd January:

- There are 147 patients who have already waited over 104 weeks who require treatment. Due to the impact of the Omicron variant we have fallen behind our agreed trajectory to reduce 104 week waits
- Of these 147, 134 are not yet dated (mainly in Orthopaedic and ENT services) – this remains the priority
- There are 5943 patients who have waited more than one year, and this number is remaining stable

H&IOW: 52+

Weekly Long Waits Data - EL03 (unvalidated)

Super Thursday Validated Month

Plan Submission Trajectory

National Target Proxy

National Target : "Hold or where possible reduce the number of patients waiting over 52 weeks."

Trust	52+ Variance on Baseline	52+ % Variance on Baseline	52+ Growth 4 weeks	52+ Growth 1 weeks
UHS	25	1.06%	43	17
IOW	-37	-6.83%	-7	3
PHU	-126	-9.03%	-110	10
HHFT	-152	-7.86%	-26	7
HSIOW	-290	-4.65%	-100	37

H&IOW: 104+

Weekly Long Waits Data - EL03 (unvalidated)

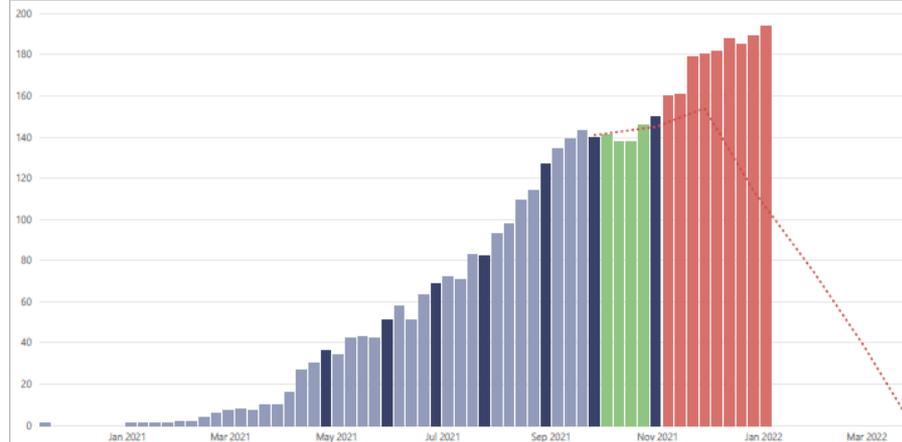
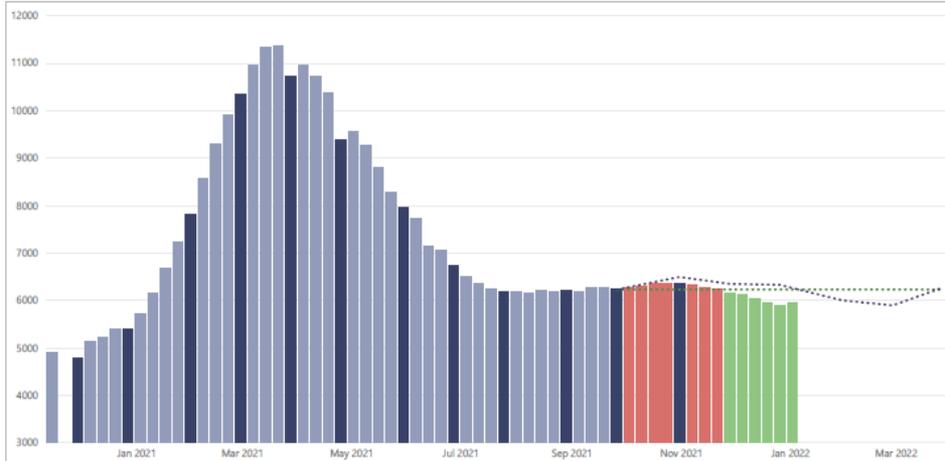
Super Thursday Validated Month

Plan Submission Trajectory

National Target Proxy

National Target : "eliminate waits of over 104 weeks by March 2022 except where patients choose to wait longer ('P5' and 'P6' patients)"

Trust	104+ Variance on Baseline	104+ % Variance on Baseline	104+ Growth 4 weeks	104+ Growth 1 weeks
HHFT	-6	-40.00%	-4	-1
IOW	0		-1	0
PHU	2	200.00%	0	-2
HSIOW	54	38.57%	6	5
UHS	58	46.77%	11	8



HLOWICS – Cancer Performance

Nov-21	HHFT	UHS	PHU	IOW	HSIOW
2WW (93%)	82.62%	76.84%	94.63%	93.47%	85.76%
2WW Breast (93%)	54.07%	13.56%	93.14%	89.71%	69.79%
31 Days (96%)	93.56%	96.63%	98.03%	95.24%	96.16%
31 Days Drugs (98%)	100.00%	96.63%	100.00%	100.00%	98.33%
31 Days Radio (94%)		81.67%	95.00%		84.24%
31 Days Surgery (94%)	94.44%	83.56%	100.00%	100.00%	89.67%
62 Days (85%)	70.06%	69.54%	77.63%	68.07%	71.78%
62 Days Consultant (86%)	92.11%	78.26%	93.65%	88.24%	88.41%
62 Days Screening (90%)	94.44%	93.55%	50.00%	100.00%	93.85%

Faster Diagnosis Standard				
Nov-21	Patients	Breaches	Performance	Change in Last Month
HLOW	6,794	1,342	81.62%	0.20%
Wessex				
Operational standard	75% (from Q3 21/22)			

- There continues to be pressure across cancer services due to the increasing volume of referrals across breast and gynaecology, at 30% and 20% respectively, which impacts on the two week wait performance
- Performance remains strong for the key “faster diagnosis” 28 day standard – with 81.6% of patients being diagnosed within 28 days, against the 75% standard. All trusts within HLOW achieved the overall standard in Nov 21, however urology, colorectal and gynaecology continue to be areas of concern. Clearly, the impact on every patient who waits longer than that is significant, and services are working to increase capacity and clear any backlog of patients.
- The number of patients waiting over 62 days for definitive treatment is largest in Urology, with none of our providers in HLOW achieving the 85% standard. Lower GI, lung, gynae and breast continue to be challenging, with lung at 44.8% and breast at 77.8%. UHS have undertaken a deep dive into breast services – the number of referrals is not significantly higher, but they see sudden surges in activity, in excess of 100 patients per week at these peak times. Currently reviewing one stop clinics, demand and capacity for breast theatre time. Additional surgical capacity is the key factor to reducing waits.

HLOWICS – Mental health services statutory targets performance



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1 Performance across the key mandatory mental health standards across the ICS, and in local areas is shown below. There are 2 main areas of concern – these exceptions are described on the next page

Period	Oct-21					Nov-21	Sep-21 (provisional data)		Dec-21 (Q3)	Sep-21 (rolling year)		Oct-21 (rolling quarter)
Item	IAPT					Dementia Diagnosis Rate	CYP Eating Disorder waiting times		Physical Health Check for SMI	Perinatal Access		OAP bed days (inappropriate)
	Access Rate	Recovery Rate	6 weeks wait	18 weeks wait	Over 90 days wait 1st-2nd treatment		Urgent	Routine		Number	Rate	
Latest available period	Oct-21					Nov-21	Q2	Q2	Q3	Sep-21	Sep-21	Oct-21
HLOW ICS - Plan	24,398 at Oct-21	50%	75%	95%	10%	62.18%	73.9%	72.1%	27.48%	1140	4.9%	310
HLOW ICS - Performance	20,900	50.2%	94.8%	99.4%	14.1%	60.5%	43.7%	35.0%	26.82%	930	4.6%	455
HSICCG - Plan	21,281 at Oct-21	As per ICS level plan				62.00% by Mar-22	ICS level plan only					0 for Oct-21
HSICCG - Performance	17,940	48.1%	95.2%	99.6%	15.0%	60.1%	35.0%	38.6%	25.7%	845	4.7%	455
Portsmouth CCG Trajectory	3,117 at Oct-21	As per ICS level plan				67.00% by Mar-22	ICS level plan only					0 for Oct-21
Portsmouth CCG performance	2,960	58.9%	92.9%	98.2%	9.3%	64.9%	N/A	83.3%	34.3%	85	3.6%	5

There are 2 areas of core mental health standards that are currently not meeting national standards across the HLOW ICS area. The Board will be aware there is an extensive investment and transformation programme in place to ensure delivery of these standards, and the more extensive standards within the long term plan.

1. IAPT wait between 1st and 2nd treatment – The service is invested fully to meet demand and trajectories submitted meet the LTP targets. Growth in short term & long term capacity is paramount for continued and incremental growth. Southern Health saw a loss of c20 clinical staff over June to August, which has caused real capacity pressure and had a negative impact on performance. Currently 14.1% wait over 90 days between their first and second treatment, against a plan of 10%
2.

2. Children and Young People accessing MH services – positively across the ICS area there have been an additional 1,500 patients (19.8%) able to access treatment across the year as at the end of September 2021 compared to the same point in September 2020. However waiting times for access remain longer than the national standard for CAMHS and eating disorder services, which causes considerable distress to patients and their families and is a key priority for the ICS – a significant investment programme is agreed, and recruitment has begun successfully to these posts, with around 90 new staff appointed of the proposed 100.

The committee should note:

- There has been improvement against the health checks for patients with Serious Mental Illness (SMI), and extensive work continues on this
- that the underperformance on the perinatal service access standard relates to data counting methods, rather than direct service standards, and that commissioners and providers agree that the current access to the service meets all patient needs; however the national method of counting activity excludes a large element of our activity.