

Governing Body Briefing

Performance – Highlight and Exception Report

Tessa Harvey, Executive Director of Performance

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Clinical Commissioning Group

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Executive Summary – HSICCG / ICS Performance



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Areas of strong performance

Cancer performance – across HIOW ICS	<ul style="list-style-type: none"> • 5 of 9 cancer waiting times standards were achieved – as predicted, 62 day performance not as strong for June – however Wessex Cancer Alliance (WCA) remain 2nd highest nationally and HIOW were 4th highest ICS. • HIOW remain 2nd highest ICS in country against the 28 days faster diagnosis standard • We have seen more challenged performance in June as a result of the (expected) marked increase in TWW referrals.
Recovery of elective activity	<ul style="list-style-type: none"> • HIOW recovery of elective activity remains significantly above regional and national averages; and published June performance shows a marked increase on May activity levels and therefore delivering 3 of the 4 accelerator trajectories.

Areas requiring improvement

Urgent Care performance – both ED and Ambulance handovers; and demand for all services	<ul style="list-style-type: none"> • ED Performance deteriorated in July, with significantly increased levels of attendances. • Ambulance handover delays significant issue for PHU • Discharge delays increasing across the HIOW system and increase in 7, 14 and 21 days lengths of stay • 111 demand and 999 demand higher than forecast levels. Call abandonment levels high within 111 service. • Action plans in place in each local delivery system to address both demand and capacity issues across the urgent care pathways.
Improving treatment times for long waiting patients	<ul style="list-style-type: none"> • The number of patients waiting over 52 weeks has decreased to 6428 at the end of June, compared to 10717 at end of March 2021. Plans have been developed to accelerate treatment and ensure patients can be treated as rapidly as possible, but this remains a key risk. Patients at the highest clinical need are being prioritised for care, with Trusts working collectively to ensure this.
Mental health performance – 5 areas	<ul style="list-style-type: none"> • There are 5 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 are not planning to achieve national standard in 2021/22. There is variable performance across ICS systems.

HSIOWCCG – ED performance



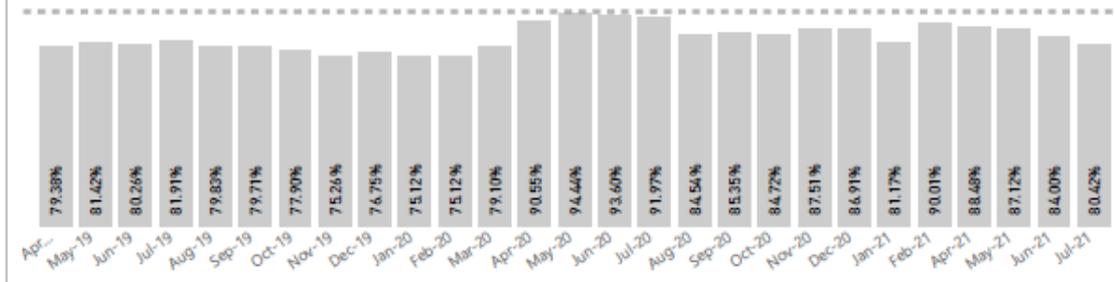
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Key performance standard	95% of patients seen within 4 hours
HSIOW CCG position (end July)	80.4% - not achieving standard – this is 5785 patients
Direction of travel	↓ Deteriorated from 84.0% in June
National benchmark	↑ HSIOW monthly perf above national average of 77.7%

Position

- Discharge rate not keeping pace with admission rate – increasing Medically Fit for Discharge (MOFD) and Length of Stay (LoS).
- Ambulance performance deterioration across all systems – no area achieved the 7 minute Category 1 standard, and drop in response times for all categories.
- 111 of significant concern – not meeting 60 second response time or call answering standards.
- Zero tolerance for 60 minute handover delays – not being achieved but improved position in early August
- Maternity pressures – unit closures at all sites over last month – escalation process in place.
- Covid cases within hospital have increased to 136. ITU Covid remains within core capacity plans and systems are managing Covid pressures

4 Hour Performance (95%)



System Performance and Recovery Plans

- HHFT – ED performance remains challenged (mid 70%), workforce and medical staffing remains key constraint. Flow in system has improved, but pathway 1 shortages remain – Trust to focus on getting patients into the Single Point of Access (SPOA). Action plan in place that shows expected improvements in late August.
- UHS – volume of ED attendances has increased and performance has deteriorated further over last 10 days. MOFD has risen and capacity reduced, and local system is working to open further capacity to support.
- PHU – ambulance handover remain high despite improved performance on some days. Urgent Treatment Centre (UTC) resilience issues impacting on delivering full opening times. UEC recovery plan in place with improvement trajectories mapped against key works streams.
- IOW – performance remains challenged, with reduced discharges.. Attendances have plateaued at a high level. IOW Ambulance Service pressured, support from South Central Ambulance Service (SCAS). Capacity restraints in domiciliary care.
- Review of access to primary care across all systems.

HLOWICS – Ambulance standards performance



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Key performance standards	6 time standards for 4 categories of calls	
HLOW ICS position (end July)	SCAS – achieved 1 of 6 standards 	IOW Ambulance service – achieved 2 of 6 standards 
Direction of travel	All categories deteriorated from June	Majority of standards improved in July

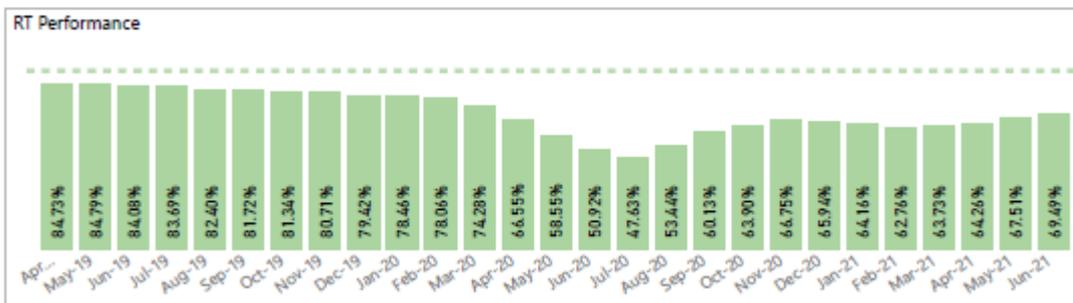
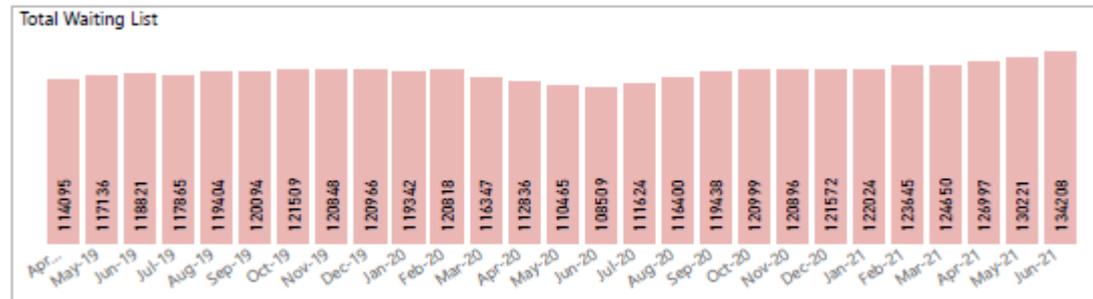
South Central Ambulance Service (SCAS)	Target	Apr	May	Jun	Jul
Category 1 - Life threatening calls	7 min average	00:06:24	00:06:53	00:07:25	00:07:53
Cat 1 - Life threatening calls (90th centile)	15 min average	00:11:56	00:12:43	00:13:50	00:14:51
Category 2 - Emergency calls	18 min average	00:15:50	00:18:35	00:19:52	00:24:56
Category 2 - Emergency (90th centile)	40 min average	00:30:34	00:36:32	00:39:34	00:51:11
Category 3 - Urgent calls	Calls within 2 hours	02:06:29	02:39:56	03:01:04	04:02:24
Category 4 - Less urgent calls	Calls within 3 hours	02:50:26	01:39:30	04:10:24	05:22:09

IOW Ambulance Service	Target	Apr	May	Jun	Jul
Category 1 - Life threatening calls	7 min average	00:08:43	00:09:18	00:10:15	00:09:50
Cat 1 - Life threatening calls (90th centile)	15 min average	00:17:14	00:18:21	00:18:57	00:19:14
Category 2 - Emergency calls	18 min average	00:21:39	00:22:34	00:29:14	00:20:09
Category 2 - Emergency (90th centile)	40 min average	00:43:36	00:42:38	01:03:38	00:41:08
Category 3 - Urgent calls	Calls within 2 hours	02:26:02	02:24:26	03:39:46	01:54:34
Category 4 - Less urgent calls	Calls within 3 hours	02:48:09	02:39:18	03:00:02	02:48:45

- Performance across all category calls for SCAS deteriorated as high levels of activity above normal levels continued into July, with SCAS escalating to “operational pressure” Level 4, indicating considerable pressure on services.
- Category 1 and 2 standards are significantly challenging to achieve on the Island due to the low volume of calls and geography of the Island, but the July performance did see some levels of improvement despite the service sustaining an increase in call volumes and conveyances.
- SCAS reporting high levels of annual leave and sickness, and those self-isolating. 111 service still experiencing unprecedented demand. Action plan in place to address current resource gap, including: deployment of military support, Command Cell in place, review of leave controls, review of 111 OPEL plan, CCAS GPs mobilised for winter
- Task times and ambulance handover delays have shown improvement but this is not yet a sustained improvement.

Performance against standards - key messages:

- Comparatively, HIOW has recovered elective services well, with a range of actions taken including collective management of high priority patients, service and pathway redesign, and commissioning of additional capacity.
- The total number of patients waiting for treatment across HIOW is rising, despite staying stable during the pandemic due to a drop of in referral levels.** The total HIOW waiting list rose by over 4000 patients in the month to the end of June, despite treatment volumes increasing to 134,208 from 112,836 patients in April 2020.
- The % of patients receiving treatment within 18 weeks** has begun to recover, with performance improving by 5% in 2 months to 69.49%
- The number of patients waiting over 52 weeks has been reducing week on week since the end of March** as all Providers focus on treating the longest waiting patients – **however, despite increasing activity over 100% of normal levels**, as referral rates have increased **our modelling shows the number of long waiting patients will begin to rise again.**



Please note this is a HIOW provider collated position – representing all patients at HIOW providers across the systems including the independent sector.

HLOWICS – Recovery of elective activity levels

Elective recovery of activity – key messages

- Elective recovery plans have been finalised by all Trusts, and include additional activity in order to deliver the accelerator bid targets agreed with NHS England. HLOW ICS going further, faster for our patients, and aiming for a peak of 110% activity compared to 19/20 levels
- We are currently delivering a higher level of activity than the national standard (95% of 2019/20 activity levels), and the table below shows the delivery against accelerator standards for our NHS providers in July 2021, as per the recently published data. This shows HLOW ICS meeting all accelerator standards, with the exception of Day Case activity.
- The accelerator programme has been extended until November and the system will need to continue to meet its target of 110% of activity.

HLOW ICS forecast delivery against accelerator targets July 2021. Please note that final and verified figures will be available in October 2021.

Metric	August forecast based on current WAR 4 week average	July forecast plus A&G and PIFU	July forecast with improved outcoming from final SUS data
Outpatients Total			
OPFA	89%	99%	110%
OPFU	87%	89%	116%
Day Case (inc Endoscopy)	90%	90%	107%
Ordinary Admissions (inc Endoscopy)	103%	103%	111%

HLOWICS – Cancer performance

		Target	Mar	Apr	May	Jun
2 week waits	All	93%	95.06%	91.97%	91.15%	89.25%
	Breast symptoms	93%	97.54%	89.62%	86.79%	81.78%
31 days	First treatment	96%	98.79%	98.21%	98.45%	97.06%
	Subsequent treatment (anti-cancer drugs)	98%	97.44%	89.10%	99.67%	99.41%
	Subsequent treatment (radiotherapy)	94%	97.13%	96.57%	92.58%	97.19%
	Subsequent treatment (surgery)	94%	99.74%	99.71%	98.92%	89.63%
62 days	First treatment (urgent GP referral)	85%	83.35%	89.35%	83.69%	80.37%
	First treatment (screening service referral)	90%	98.53%	86.49%	93.48%	92.31%
	First treatment (consultant upgrade referral)	86%	95.20%	88.32%	89.87%	93.15%

Key actions across system:

- Focus on reducing waiting times above 62 days – for HLOW largest number of backlogs are Urology, Colorectal and Head and Neck.
- WCA is working on a number of projects looking to improve the prostate pathways including pathway analyser tool, pathway mapping and staff interviews. The final pathway analyser reports are being completed and findings will be published end of September/early October.
- Head and Neck pathway mapping work in HHFT agreed and will commence in September. Work in UHS on has commenced with the delivery phase of work expected to take 8 weeks. Outputs expected by end of October.
- Colorectal delayed pathways review being undertaken at HHFT
- Colon Capsule Endoscopy (CCE) pilot is underway at PHU. Endoscopy deep dive work completed at PHU is being undertaken for each of the other providers across HLOW. Final outputs from endoscopy deep dive work expected in Q3

Performance Position

- HLOW Cancer performance has remained very strong during the pandemic period, and whilst there was a slight decline in performance against the 9 key standards in June our performance for patients remains amongst the best nationally.
- As expected, Two Week Wait (TWW) performance came under further pressure in June as a result of large increase in referrals. Breast services are pressured due to high referrals and diagnostic and treatment pathways are really pressured.
- Ongoing concerns around diagnostic capacity.
- Times for treatment after diagnosis continue to perform exceptionally well
- As predicted, 62 day performance not as strong for June – however WCA remain 2nd highest nationally and HLOW were 4th highest ICS.
- HLOW total backlog of patients waiting over 62 days is 213 w/c 2nd August – decrease of 16 on previous week.
- Wessex Cancer Alliance remain top nationally for 28 day faster diagnosis, (80.4%). HLOW remain 2nd highest ICS in country achieving 83.6%. Although performance in June dropped for both Alliance and ICS by 0.9% from May.

HLOWICS – Mental health services performance 1/2



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Performance across the key mandatory mental health standards across the ICS, and in the two CCGs, is shown below. There are 5 main areas of concern – these exceptions are described on the next page

Period	Jul-21	May-21					May-21	May-21 (rolling quarter)*		Jun-21 (Q1)	May-21	May-21 (rolling quarter)	May-21 (rolling year)	
Item	Dementia Diagnosis Rate	IAPT					CYP	CYP Eating Disorder waiting times		Physical Health Check for SMI	Early Intervention in Psychosis Access	OAP bed days (inappropriate)	Perinatal Access	
		Access Rate	Recovery Rate	6 weeks wait	18 weeks wait	Over 90 days wait 1st-2nd treatment	Access Number	Urgent	Routine				Number	Rate
Target	66.7%	1.94%	50.0%	75.0%	95.0%	10.0%	986 (ICS)	95.0%	95.0%	60.0%	60.0%			
Hampshire and The Isle of Wight ICS	61.10%	1.60%	50.51%	91.72%	99.36%	15.51%	1980	N/A	16.67%	19.25%	71.43%	390	830	4.10%
Hampshire, Southampton & Isle of Wight CCG	60.80%	1.60%	51.29%	92.46%	99.21%	16.60%	1740	N/A	16.67%	18.64%	71.43%	395	750	4.20%
Portsmouth CCG	63.30%	1.62%	47.54%	88.71%	100.00%	10.20%	240	N/A	N/A	23.38%	71.43%	0	85	3.58%

HLOWICS – Mental health services performance 2/2

There are 5 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 investment and transformation programme in place to ensure delivery of these standards, and the broader standards within the long term plan. Areas for further improvement are:

- **Perinatal Mental Health:** SHFT provide efficient and effective service across telephone, video and F2F contact. When telephone contacts are included in the trajectories, this model meets LTP targets. Provider in agreement that no further investment is needed. The South East Region Clinical Delivery MH Team have confirmed that the COO at Southern Health NHS Foundation Trust, will act as senior sponsor for the South East Perinatal Mental Health Programme.
- **IAPT:** Invested fully to meet demand and trajectories submitted meet the LTP targets. A continued roll out of promotions and service development has been key to this. Growth in short term & long term capacity is paramount for continued and incremental growth. Southern Health are aware that summer can show a downturn in access and so to counter this and encourage continued growth, four particular initiatives are being implemented in August '21 including increase in paid ads, Google search engine optimisation and strategic mail drops.
- **Urgent CYP eating disorder & Routine CYP eating disorder:** National waiting time standards not met pre-Covid. Significant increase in referrals over the last year, layered with CYP presenting later/more acutely unwell/needing inpatient care, has further challenged the service.
- We are now receiving data on a monthly basis from the MHSDS for a rolling 3 month period, which should enable commissioners to keep a closer eye on what is happening within the service.
- **SMI Physical health checks:** Target not met pre-Covid and performance had dropped considerably over the past year, however for Q1 there has been a small improvement of 2.3%.
- **Dementia diagnosis rate:** Target not met pre-Covid and performance dropped slightly in 2020/21. There has been a marginal improvement across the ICS and both CCGs month on month from June to July.

Other priorities:

- **Out of Area Placements:** Position has improved, but is reliant on private sector beds. Continuity of care arrangements are in place so they are not OOA placements. There is an underlying issue in the number of acute mental health beds across our system and work is underway to address this.
- **CAMHS Tier 4:** Continues to be a significant national pressure with growing demand for CYP PICU beds, despite initially seeing a reduction in the number currently admitted over the last 4 weeks. This has resulted in minors with LD and Autism waiting in 136 suites while PICU provision is sought. This puts pressure onto other areas of the system in terms of staffing requirements, Secure Care capacity, 136 availability.