

HSI21/064

GOVERNING BODY

Title of paper	Integrated Quality and Performance Report		
Agenda item	4	Date of meeting	3 November 2021
Director lead	Tessa Harvey, Executive Director of Performance Julie Dawes, Chief Nursing Officer		
Authors	Michaela Dyer, Deputy Director of Performance Joanna Clifford, Acting Deputy Director of Quality and Nursing (South West)		

Purpose	For decision	<input type="checkbox"/>	Link to strategic objective	1. Operational service delivery 2. Supporting people and teams
	To ratify	<input type="checkbox"/>		
	To discuss	<input type="checkbox"/>		
	To note/receive	<input checked="" type="checkbox"/>		

Executive Summary
<p>Following local area scrutiny, key quality and performance risks and issues requiring escalation to the Quality, Performance and Finance Committee (QPF) are agreed and summary reports, including deep dive slides on key areas, are provided to the QPF. The last QPF took place on 20 October 2021 and the following key items for escalation to the Hampshire Southampton and Isle of Wight (HSIOW) CCG Governing Body were agreed:</p> <ul style="list-style-type: none"> • Urgent and Emergency Care: <ul style="list-style-type: none"> ○ Sustained increase in demand for Urgent Care across all areas, with a particular risk being sustained increase in demand in the South Central Ambulance Service NHS Foundation Trust (SCAS) ○ 111 service call answering and response times ○ 999 service call answering and response times ○ Ambulance handover waiting times. • Primary Care: <ul style="list-style-type: none"> ○ Resilience and current challenges in meeting demand ○ Increased reports of aggressive behaviour towards Primary Care staff. <p>There were a number of key areas where performance is currently below national standards which has the potential to impact the quality of care delivered and these included:</p> <ul style="list-style-type: none"> • Mental Health Services: <ul style="list-style-type: none"> ○ Continued long waits for Child and Adolescent Mental Health Services (CAMHS) despite successful recruitment of 87 additional staff ○ Waiting times for assessment of children and young people with an eating disorder

- Lack of capacity for Tier 4 CAMHS Psychiatric Intensive Care Unit (PICU) beds with young people residing on acute paediatric wards for significant periods of time awaiting specialist care.
- **Planned and cancer care:**
 - 127 patients have now waited more than 2 years for treatment; and despite providers treating more patients each month than in the same period last year; patients are waiting longer and the total number of patients on our waiting list continues to increase
 - Pressure on cancer pathways as a result of increase in referral volumes – with services seeing 4% more patients than the previous month, and HSIOW CCG narrowly missing the two week wait referral target (89.47% against the 93% target) and the 62 days referral to treatment target (79.4% against 85%).

The purpose of this report is to provide a high level summary of these areas for escalation.

Recommendations	The Governing Body is asked to receive and review the Integrated Quality and Performance Report	
Publication	Include on public website ✓	

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.	The Quality Performance and Finance Committee – 20 October 2021



Hampshire, Southampton and
Isle of Wight
Clinical Commissioning Group

Governing Body Integrated Quality and Performance Escalation Report Part 1

October 2021

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Summary

Quality risks and issues are reviewed in detail at each of the local area quality committees and performance information is reviewed at local Integrated Care Partnership Boards and individually with Trusts.

Following local area scrutiny, key quality and performance risks and issues requiring escalation to the Quality, Performance and Finance Committee (QPF) are agreed and summary reports, including deep dive slides on key areas, are provided to the QPF.

The last QPF took place on 20 October 2021 and the following key items for escalation to the Hampshire Southampton and Isle of Wight CCG Governing Body were agreed:

- **Urgent and Emergency Care:**

- Sustained increase in demand for Urgent Care across all areas, with a particular risk being sustained increase in demand in the South Central Ambulance Service NHS Foundation Trust (SCAS)
- 111 service call answering and response times
- 999 service call answering and response times
- Ambulance handover waiting times.

- **Primary Care:**

- Resilience and current challenges in meeting demand
- Increased reports of aggressive behaviour towards Primary Care staff.

There were a number of key areas where performance is currently below national standards which has the potential to impact the quality of care delivered and these included:

Mental Health Services

- Continued long waits for Child and Adolescent Mental Health Services (CAMHS) despite successful recruitment of 87 additional staff
- Waiting times for assessment of children and young people with an eating disorder
- Lack of capacity for Tier 4 CAMHS Psychiatric Intensive Care Unit (PICU) beds with young people residing on acute paediatric wards for significant periods of time awaiting specialist care

Planned and cancer care

- 127 patients have now waited more than 2 years for treatment; and despite providers treating more patients each month than in the same period last year; patients are waiting longer and the total number of patients on our waiting list continues to increase
- Pressure on cancer pathways as a result of increase in referral volumes – with services seeing 4% more patients than the previous month, and HSIOW CCG narrowly missing the two week wait referral target (89.47% against the 93% target) and the 62 days referral to treatment target (79.4% against 85%).

The purpose of this report is to provide a high level summary of these areas for escalation.

Description	What actions are being taken in response
<p>Urgent and emergency care demand: there has been a sustained increase in demand for all urgent care services, which is meaning patients are waiting longer to access treatment than the national standards.</p> <p>Key issues include:</p> <ol style="list-style-type: none"> 1. South Central Ambulance Service (SCAS) and the IOW Ambulance Service (IOW AS) continue to experience significant operational pressure and are currently operating at Resource Escalation Action Plan (REAP) level 4 (severe pressure). Neither service achieved the 7 minute response time for Category 1 calls in the month to the end of September – at 8 minutes 27 seconds and 10 minutes 16 seconds respectively <p>SCAS have seen an increase in complaints and concerns -</p> <ul style="list-style-type: none"> • 7 complaints in July and 18 in August 2021 (all services) • 11 concerns in July and 17 in August 2021 (all services) <p>There are significant workforce shortages within the 111 call handling service, and as such the number of calls answered in 60 seconds (the national standard) has dropped below 20%</p> <ol style="list-style-type: none"> 2. Patients waiting more than 4 hours to be seen within Accident and Emergency (A&E) departments has deteriorated further; with all Trusts across HIOW seeing less than 80% of patients within 4 hours. Attendance volumes across HIOW are above 10% higher than before the Covid-19 pandemic. 3. Ambulance Handover delays – there has been a continued increase in patients waiting in an ambulance for a period longer than 60 minutes before they are admitted to an acute hospital. This challenge is seen particularly at Portsmouth Hospitals NHS Trust (PHU) where the Trust is experiencing occupancy that is often higher than 100% 4. The length of stay of patients within hospital is increasing, and the number of patients who are medically fit to be discharged but remain in hospital is also increasing – this is as a result of a lack of onward care capacity, including domiciliary care. 	<p>The commissioning, quality and performance teams are collectively taking the following actions with provider colleagues:</p> <p>For ambulance services:</p> <ul style="list-style-type: none"> • in relation to ambulance handovers, the provider has introduced daily safety huddles where incidents are reviewed and considered and a sample of long waits are reviewed for learning • in order to improve 111 and 999 response times additional funding has been allocated to SCAS to provide increased call handling capacity and homeworking. Recruitment remains a challenge, but continuous recruitment drives to hotspot areas are in place and online recruitment days are taking place • the impact of performance on the quality of service delivery and patient safety will be shared by SCAS at a Clinical Quality Review Meeting (CQRM) presentation in November 2021 <p>Across all Urgent Care Services:</p> <ul style="list-style-type: none"> • escalation of system operational focus, and development of surge plans to increase staffing and capacity in all services, to improve performance • development of a revised winter plan, including agreement of additional funding for both ambulance services, and all systems • providers are working collectively across HIOW on surge planning / shared working protocols in order to ensure risk can be shared across the system • the Portsmouth system has a six week action plan, monitored through provider meetings; and a full urgent care plan is in place across the north and mid Hampshire system • a range of new services has been put in place and includes the development of new teams of staff to work across the system to support rapid assessment and increase same day emergency care • development of an additional modular ward / bedded capacity at PHU and at Hampshire Hospitals NHS Trust (HHFT) • additional capacity commissioned within community services.

Escalations from the October 2021 Quality, Performance and Finance Committee to the Governing Body

Description	What actions are being taken in response
<p>Primary Care: are reporting challenges in terms of demand and resilience.</p> <p>In August 2021, Hampshire and Isle of Wight 735,035 appointments were given. The breakdown of appointments is as follows:</p> <ul style="list-style-type: none"> • 413,000 face to face appointments • 290,000 telephone appointments • 5, 582 home visiting appointments • 4, 484 online video appointments • 22,000 unknown type of appointment. <p>In the same month, 27, 439 GP appointments were lost when patients did not attend them.</p> <p>The national breakdown of General Practice appointments in August 2021 was:</p> <ul style="list-style-type: none"> • 58% face to face • 38% telephone • the rest were unknown. <p>The Hampshire and Isle of Wight (HIOW) breakdown of General Practice appointments in August 2021 was:</p> <ul style="list-style-type: none"> • 56% face to face • 39% telephone • the rest were unknown. <p>On a national level, 46% of appointments are offered the same day and this is mirrored within HIOW.</p> <p>NHSE/I published '<i>Our plan for improving access for patients and supporting general practice</i>' on 14 October 2021 - accessible via: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf</p> <p>There have been increasing reports of aggressive behaviour towards Primary Care staff within HIOW.</p>	<ul style="list-style-type: none"> • Primary Care access and resilience is being monitored through local Primary Care Operational Groups and the Primary Care Commissioning committees for HSICCG and Portsmouth CCG • as part of the commissioning and quality agenda, primary care teams are looking at metrics that best describe and articulate resilience, activity and access • the Blueprint published in October 2021 '<i>Our plan for improving access for patients and supporting general practice</i>' is currently being scoped out and it is anticipated that this will bring in additional funding to support Primary Care (although with additional demand) • quality teams are offering support to General Practice, for example, by undertaking supported quality visits (SQVs) • communication updates to the general public (for example, via Facebook) in relation to raising awareness about cancelling unwanted appointments • quality leads will be liaising with their local primary care teams to ensure Practices are supported to report incidents of violence and aggression – this will enable a system-level snapshot of the level and type of incidents being reported across the system • the Government and NHS England/Improvement (NHSE/I) will work with the trade unions and the Academy of Medical Royal Colleges to launch a zero-tolerance campaign on abuse of NHS staff • NHSE/I are taking action to protect and support staff through the NHS Violence Reduction Programme and the NHS continues to work closely with the police and the Crown Prosecution Service to bring offenders to justice.

Key performance and quality issues from the October 2021 Quality, Performance and Finance Committee to note	
Description	What actions are being taken in response
<p>Hampshire Child and Adolescent Mental Health Services (CAMHS)</p> <p>Key issues include:</p> <p>1. The number of young people waiting for assessment in the Hampshire CAMHS teams has been increasing, and we are not achieving any of the recommended waiting time standards.</p> <p>The additional investment made by HSIOW CCG has led to extensive recruitment of staff, but due to the volume of the backlog to be cleared, we have not yet seen an improvement in waiting times.</p> <p>2. Hampshire CAMHS continue to experience exceptionally high referral numbers – year to date referrals for the 12 months September 2020 - August 2021 have increased by 30.5%; and the waiting list has increased.</p> <p>3. HIOW ICS is not achieving the target that 90% of patients urgently referred with an eating disorder are seen within one week – latest validated performance for the last quarter is 56.3%.</p>	<p>The commissioning, quality and performance teams are collectively taking the following actions:</p> <p>Tracking the delivery and impact of investment:</p> <ul style="list-style-type: none"> 87 posts of the 100 whole time equivalent posts funded by extra investment within Hampshire CAMHS have now been recruited to. The provider reports a small increase in the level of activity at the end of September 2021. Our agreed Activity Plan predicts we will begin to see a greater impact on waiting times by the end of 2021 as new teams become productive and greater number of contacts are offered. <p>Triage:</p> <ul style="list-style-type: none"> all referrals have an initial screening for risk, following which a full triage is undertaken within the Early Help Service where risk is considered and documented (where indicated, this may include contact with the family, young person or other professionals). Referrals are prioritised based on the initial triaging process and consideration of risk if there are significant concerns proactive telephone follow up can be arranged and the referral reviewed more frequently, contact being made where indicated if a young person is waiting longer than six months for initial assessment a standard waiting list letter is sent to the family requesting the family make contact if there has been a change in symptoms or risk all teams have duty systems in place and when contacted with a change in presentation this will be re-evaluated by a clinician and a decision made as to whether or not the case needs to be prioritised or whether it is possible to safety plan and contain the situation without the need for additional prioritisation. <p>Patient/family/carer support:</p> <ul style="list-style-type: none"> as standard, when a young person is waiting a range of information is provided, including what to do if concerns increase. Referrers, families and professionals are routinely directed to the CAMHS website.
<p>Lack of capacity for Tier 4 CAMHS PICU beds: there are significant challenges for children and young people in accessing a range of CAMHS Tier 4 specialised services.</p> <p>There are continued instances of young people residing in acute paediatric wards for significant periods of time awaiting specialist care.</p>	<p>Actions include:</p> <ul style="list-style-type: none"> additional beds have been procured but there remains insufficient capacity to support the level of patient need increased capacity and focus within the Tier 1-3 service in order to support patients more intensively, and reduce the need for Tier 4 services work with NHS England at a regional level to ensure sufficient capacity can be commissioned.

Key performance and quality issues from the October 2021 Quality, Performance and Finance Committee to note

Description	Key actions/mitigations/updates
<p>Planned care</p> <p>1. Even though providers across HSIOW CCG are treating the same or more patients than before the pandemic the waiting list has grown. The latest validated total waiting list size is 140,917 – and unvalidated data shows that this has increased further. This is an increase of 14% since April 2021</p> <p>2. The latest validated data shows 127 patients have now waited more than 2 years for treatment; and again this has grown each week. Providers and commissioners are agreeing plans to ensure that no patient will wait over 104 weeks from the end of March 2022. We will aim to maintain our waiting list size, and reduce the number of patients waiting over 52 weeks by increasing the level of activity delivered above 100% for all types of activity</p> <p>3. Our current elective activity rate is 105% of elective and day case activity, but only 94% of 2019/20 levels for non admitted / outpatient activity, and we must take action to increase this level of activity - every NHS and independent sector (IS) provider is working very hard to maintain or increase the number of elective patients seen. They are doing this by working smarter as well as harder but it is a difficult balance of risks between emergency and elective care, in the face of growing urgent care demand</p> <p>4. Pressure on cancer pathways as a result of increase in referral volumes – with services seeing 4% more patients than the previous month, and HSIOW CCG narrowly missing the two week wait referral target (89.47% against the 93% target) and the 62 days referral to treatment target (79.4% against 85%)</p>	<p>The commissioning, quality and performance teams are collectively taking the following actions:</p> <ul style="list-style-type: none"> • continued focus on the management of the emergency programme, and the actions set out on slide 3, in particular hospital discharge, to ensure there is bed space for elective patients • creation of mutual aid between providers by providing resources or leadership; sharing good practice through creating clinical networks or new pathways • securing national support for capital investment in additional theatre, bed and diagnostics capacity • managing a HSIOW system wide review of patient harm as a direct result of a wait on the Referral to Treatment (RTT) pathway, learning from which is shared with providers • further work is being undertaken with providers to develop proactive and reactive harm reviews to enable a system-wide overview of harm in relation to other waiting lists • undertaking a quality improvement project with one of our providers to look at how we can improve the experience of those waiting for treatment. Learning from this work will be shared across the system • collective work across the cancer network with all providers to ensure sufficient capacity for all services (particularly for breast and urology cancer services, who have seen the largest increase in referrals) – key actions / risks as follows: <ul style="list-style-type: none"> • deep dive in University Hospital Southampton NHS Foundation Trust (UHS) breast pathways • detailed analysis of each step of the prostate pathway and funded mitigation plans, mapping of gynaecology and head and neck pathways in anticipation of best practice pathway publication with funded mitigation plans • additional resource to support urology and breast diagnostics • implementation of Rapid Diagnosis Services for all patients with non specific symptoms, plus additional pathways are now live for pancreatic cancer and breast pain (pilot in North Hampshire) • lung pathways mapped with a view to the implementation of one stop diagnostic clinics

Description	Key actions/mitigations/updates
<p>Continued from previous page:</p> <p>4. Pressure on cancer pathways as a result of increase in referral volumes - with services seeing 4% more patients than the previous month, and HSIOW CCG narrowly missing the two week wait referral target (89.47% against the 93% target) and the 62 days referral to treatment target (79.4% against 85%).</p>	<ul style="list-style-type: none"> • increased diagnostic capacity in endoscopy (via modelling review, colon capsule pilot and cytosponge) • operational cell is active and meets weekly to review pressures across HIOW and Dorset in partnership and identify opportunities for mutual aid, including diagnostics • weekly tracking of PTL position across alliance, led by COOs. Detailed coding and patient tracking . System wide mutual aid for challenged trusts or pathways. Surge planning and Cancer Hub stood up utilising independent sector capacity as required • capacity at the Spire Southampton was a critical factor in the success of sustaining P1 and P2 treatment, but also in sustaining diagnostic tests where day case activity is required. This will be essential through the winter to sustain a minimum backlog • work underway to review application of new MDT guidance, streamlining for example histopathology and reporting to ensure MDT discussions are in line with new national guidance making the best use of MDT capacity • reviews of patients who have breached 104 days (referral to treatment) undertaken by providers • local area CCG quality leads to share changes to practice/ learning following the review of patients who have breached 104 days with the Planned Care quality lead for sharing across the system.