NHS
North East Lincolnshire
Clinical Commissioning Group

Agenda Item:

Report to: Governing Body
Date of meeting: **12/05/2022**
Subject: Escalations from Integrated Governance and Audit Committee
Presented by: Tim Render
Previously distributed to: N/A

STATUS OF THE REPORT *(auto check relevant box)*

Decision required	☐
For Discussion to give Assurance	☐ *(Only if requested by Committee member prior to meeting)*
For Information	☒
Report Exempt from Public Disclosure	☒ No ☐ Yes

PURPOSE OF REPORT:	To report to the Governing Body (as an escalation) performance issues considered at IG&A Committees on March 28th 2022 and April 21st 2022.			
Recommendations:	The Governing Body is asked to note the contents of the report and a. consider the information on performance issues considered by the Committee (Appendix 1) and the actions taken during 2021/22 to address them b. note the focus of the planning priorities identified for 2022/23 to continue to address these issues			
Clinical Engagement	There has been no specific previous clinical engagement although the substance of this report was shared with the Risk Committee (which includes clinical representation) on April 6th, and performance issues are regularly considered by the Senior Leadership Team			
Patient/Public Engagement	N/A			
Committee Process and Assurance:	The Integrated Governance and Audit Committee are required to give assurance on the performance of various issues for the Governing Body but consider the matters reported here needed to be escalated to the full Governing Body to ensure a wider formal recognition of performance for 2021/22.			
Link to CCG's Priorities	• Sustainable services • Empowering people	☒ ☒	• Supporting communities • Fit for purpose organisation	☒ ☒
Are there any specific and/or overt risks relating to one or more of the following areas?	• Legal • Finance • Quality • Equality analysis (and Due Regard Duty)	☐ ☐ ☐ ☐	• Data protection • Performance • Other	☐ ☒ ☐

Provide a summary of the identified risk

The recorded performance at Q3 2021/22 continues to show some serious shortcomings against targets and expectations for timely accessing of health services for the people of NE Lincolnshire, as well as significant areas of achievement in a difficult year as the impacts of the pandemic and the related vaccination programme continue to be felt. These are set out in the attached (abbreviated) copy of the performance reports considered by the Committee (**Appendix 1)** to which have been added notes from the draft Annual Report about actions taken to address the issues where applicable.

A number of these issues are being addressed in the planning process (overseen by the ICS) for 2022/23, where key priorities identified for "elective recovery" are

- Headline performance trajectories are similar to those for the second half of 21/22
- All 4 NHS acute providers across the ICB plan to :-
    - Eliminate 104+ week waiters by Sept 22 & 0 planned @ Mar 23
    - Eliminate 78+ week waiters by Mar 23
    - Reduce 52 week waiters (except NLAG who are planning eliminate 52 week waiters by the end of Sept 22)
    - Reduce in Cancer 63+ Days wait over the 12 months
- ICS (including NEL) is not hitting the challenging 104% activity ambition in the national planning ask (99.1% per the first draft plans) *The final plans submitted increased our position to 102.3% but with the impact of changes in case-mix of activity potentially getting us closer or even over the 104% target*

Final plans for 2022/23 were submitted on April 28th.

Appendix 1

Performance by Service Area

1. Below is a table showing North East Lincolnshire's **current and forecast performance position by Service Area** and the number of measures in each status of either Green, Amber or Red.

Service Area by Current Status

Service Area				Grand Total
1. Primary Care	1	1		2
2. Prescribing	2			2
3. Unplanned Care	1	1	11	13
4. Planned Care	6	3	8	17
5. Hospital Activity	8			8
6. Quality	3		1	4
7. Women & Children	1		4	5
8. Mental Health & Disabilities	8		5	13
9. Adult Social Care	4	1	1	6
11. Continuing Healthcare	1			1
12. Community Care			1	1
Grand Total	**35**	**6**	**31**	**72**

Service Area by Forecast Status

Service Area				Grand Total
1. Primary Care	1	1		2
2. Prescribing	2			2
3. Unplanned Care	1	9	3	13
4. Planned Care	10		7	17
5. Hospital Activity	8			8
6. Quality	3		1	4
7. Women & Children	1	1	3	5
8. Mental Health & Disabilities	8	1	4	13
9. Adult Social Care	4	2		6
11. Continuing Healthcare		1		1
12. Community Care			1	1
Grand Total	**38**	**15**	**19**	**72**

2. **Areas facing particular challenge in this quarter were**;

Prescribing

- Reduction in the number of antibiotics prescribed in primary care – this measures performance has deteriorated month on month from May 2021 and has now flagged on the SPC chart as SCCH (Special cause, concerning high performance), however performance is still below threshold and based on current rate of deterioration it would be approximately 3 months before being above threshold.

Unplanned Care

- Total time in A&E: four hours or less – this measures performance has improved again slightly in latest month, however performance is still c64% .
- A&E: No waits from decision to admit to admission over 12 hours - performance deteriorated in latest month, 307 patients delayed over 12 hours in February 2022 .

Actions taken

The A&E Delivery Board are well sighted on the performance challenges across the urgent care pathway. High patient acuity, increased covid cases and resulting bed closures both within acute and community settings have severely impacted on patient flow and performance. The System Improvement Group was established to manage the programme of work to improve performance and manage risk across the system. This includes initiatives to reduce ambulance conveyance by transferring all appropriate Category 3 and 5 calls to the local Clinical Assessment Service for a community response. The development of the Community Urgent Care Team (CUCT) to deliver 2-hour urgent community response supports this initiative and recruitment is underway to ensure CUCT is equipped to meet the requirements of the National Specification. We are ensuring urgent primary care needs are met via Primary Care Hubs and GP Out of Hours access to prevent patients defaulting to Emergency Department (ED). The Urgent Care Service is co-located with ED to ensure all appropriate patients are seen in that service and the patient pathway is streamlined to ensure patients who do not need an ED 'majors' response are seen within the 4 hour target. Access pathways to Same Day Emergency Care (SDEC) have been reviewed and improvements identified to ensure Ambulance crews and GPs can directly refer to SDEC bypassing ED. Further UCS triage staff have access to directly refer suitable patients out of ED to Urgent Primary Care services. Much work has been undertaken on patient discharge pathways and the improvements to flow resulting from this programme to deliver improvements to ED performance particularly in respect of ambulance handovers and 12-hour Decision to Admit breaches.

- **Ambulance Response and Handover Times** – performance continues to deteriorate on these measures .

Actions taken

Support from the local Clinical Assessment Service (CAS) remains in place, in particular transfers of Category 3 and 5 calls to CAS. Where appropriate this can trigger a Community Urgent Care Team (CUCT) response. Support from CUCT to review patients awaiting a Category 2 response in community has been developed to support EMAS in the management of uncovered calls. Work is underway to improve the uptake of direct referral from EMAS into the Haven team to support end of life care for patients to remain at home where appropriate. EMAS have recruited additional HALO posts to support the safe management of ambulance patients queuing at acute sites. EMAS and NLaG are working together to ensure welfare needs of crews awaiting handover at acute sites are met. The existing Ambulance Handover Improvement Plan is being refreshed by the A&E Delivery Board for submission to NHSEI in March 2022. The plan details actions including reducing inappropriate conveyances by increasing here and treat/see and treat and making handover process as efficient and clinically safe as possible. New ambulance handover process with digital triage in place. New ED/AAU build in development. New EMAS patient self-handover SOP in place. Further review and revision of direct EMAS to SDEC pathway to increase usage and improve successful referral rate. Further the System Improvement Plan identifies a number of workstreams which will contribute to overall performance improvement across the urgent care pathway, detail of this programme included above within the A&E Waiting times actions.

Planned Care

- **Cancer waiting times** – Performance on a number of the cancer waiting times measures has deteriorated in latest period .).
  Actions taken regionally *- We continue to work closely with the Integrated Care System (ICS) and Cancer Alliance on regional solutions to address the issues outlined above and are actively engaged with both NLaG and HUTH in terms of their joint Cancer Transformation Programme. This includes continuing to work towards single services across the Humber for Lung, head and neck, upper GI and skin (tumour sites particularly under pressure). The Northern Lincolnshire Transformation Operational Board have oversight of the cancer agenda, including monthly updates on performance, risk, mitigating actions and escalation at ICS level.*
  Actions taken locally *- Locally, in 2021 the emphasis has been the work undertaken with Primary Care to implement the Cancer Primary Care DES aimed at early identification of cancer and the establishment of the national Rapid Diagnostic service. We have also participated in the CA Primary Care Strategy Clinical Group to streamline cancer pathways between NLaG and HUTH which will improve the patient journey/timeline and offer a more consistent equitable service. Some of the key highlights for Northern Lincolnshire in 2021 include national funding awarded to roll out Lung Health Checks across Northern Lincolnshire and regional funding obtained to provide dermascopes/ cameras to all practices* in Northern Lincolnshire.

- **RTT Waiting list size** – Waiting list has increased in latest month and is above the trajectory set
- **RTT** - Number waiting on an incomplete pathway over 52 wks – Numbers waiting over 52 weeks has remained the same in latest month and is above the trajectory set .

  Actions taken - *The local NHS hospitals have worked with some of the local private (independent sector) hospitals to transfer some patients to them for treatment to help deliver the NHS activity. There have also been some reviews undertaken by the hospital teams and the general practice teams of patients waiting on lists to check if they still require or are still suitable for treatment. Primary care networks and the local hospital specialist teams for some specialties have started to work together in a more joined up way to discuss and manage patients who might need hospital outpatient care, often avoiding the need for referral into the hospital. In the areas where this has been tried, it has reduced transactions between the organisations and significantly reduced waiting times. This is now a way of working that we are looking to roll out more widely to more specialities and primary care networks, which* will help to tackle waiting lists.

Quality

- Numbers of unjustified mixed sex accommodation breaches – There were 2 breaches for North East Lincolnshire for February 2022, 1 at Scunthorpe General Hospital and 1 at United Lincolnshire Hospitals, the national threshold is zero. Feedback has been sought from the relevant providers regarding these breaches and will be fed back within the next report.

Women & Children

- Number of women accessing specialist perinatal mental health services – Unlikely to meet the target, although some promotional work has been carried out recently which hopefully will impact on the performance on this measure.

Mental Health & Disabilities

Psychosis treated with a NICE approved care package within two weeks of referral – Performance in November 2021 was below national threshold of 60% for latest month, zero cases of 1 was within 2 weeks. However, December 2021 performance is back above the threshold (75%). It should be noted that small numbers on this measure can affect the percentage variation on this measure by a large amount.

IAPT access – Performance has deteriorated in latest month 1.42% (260 people) against target of 2.1% .

Actions taken - *A comprehensive range of initiatives has been implemented with a good level of response, and we are working with the appropriate regional and national networks to maintain and further develop that improvement.*

Estimated diagnosis rate for people with dementia – Performance on this measure continues to deteriorate and is below the threshold of 66.7% (February performance 60.89.

Actions taken - *Implement reparation plan utilising SDF and SR funding, increased support for people to access diagnosis pathway and post diagnosis and work with HCV to support diagnostics access.*

3. <u>Areas seeing improvements in this quarter were</u>;

- Appointments in General Practice – the number of appointments has fallen in the last 3 months but was still above target set.
- Diagnostic waiting times performance has improved in last 2 months but still below threshold

Actions taken - *NHS hospital providers have worked with local independent sector organisations to increase their capacity within certain diagnostic tests, such as non-obstetric ultrasound and echocardiography, and the CCG has made activity available on a regular basis through use of additional providers within the area. The local system is now working together to develop a business case for a community diagnostic centre, as part of a national programme. This centre will provide routine tests in a community setting, providing more capacity within the area and enabling the hospital to focus on inpatient and emergency testing. The detail of this will be further developed over the next 6 months.*

- RTT – Incomplete Patients % seen within 18 weeks – performance has improved in last 2 months but still below threshold .

4. <u>Key successes for the CCG in 2021/22 overall included</u>:

- Appointments in General Practice – A trajectory for this measure was set for 2021/22 and reviewed halfway through the year, we have achieved the target set for this measure for every month apart from April 2021 and our latest year-to-date position (up to February 2022) shows we are above target too.
- Antibiotics prescribing in Primary Care – We have continued to meet the threshold set for both reduction in the number of antibiotics prescribed and the deduction in the proportion of broad-spectrum antibiotics prescribed.
- Cancer waiting times, one of the two week wait measures and three of the two of the 31 day wait measures continue to be achieved.
- Several of our hospital activity measures have met the target set for 2021/22 such as elective spells, non-elective spells, consultant led first outpatient attendances and consultant led follow-up outpatient attendances.

- Good progress has been made on the mental health targets with IAPT waiting times, IAPT Recovery and First Episode Psychosis treatment with NICE recommended package of care within two weeks of referral all above their respective national standards.
- Many of our adult social care measures continue to achieve the targets set (such as people receiving a review, permanent admissions to residential and nursing care, adults with learning disabilities who live in their own home or with their family, adults with learning disabilities in paid employment and people receiving self-directed support)