

Report Title	Integrated Performance Report (IPR) February 2023	
Purpose of Report	<p>This is the Integrated Performance Report (IPR) for NHS Gloucestershire ICB for January 2023. The report brings information together on:</p> <ul style="list-style-type: none"> • Performance <p>Full updates including metrics are provided bi-monthly to the full board meeting (latest full report January 2023 was sent to the previous HOSC meeting) and so this month is an abbreviated narrative summary giving the latest performance updates as of February 2023.</p>	
Is this for information or decision?	This Report is for information.	
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Key Issues:	<ul style="list-style-type: none"> • Areas of key exceptions have been included at the front of the Integrated Performance Report. 	

Integrated Performance Report

February 2023



Our Performance

Key Achievements

- Significant reductions in the number of patients waiting over 6 weeks for echocardiography have been achieved through increasing capacity within the service. This will continue to have a positive impact on the overall waiting time performance for diagnostics as the backlog is cleared.
- Ambulance category 2 response times and ambulance handover delays at GHFT have reduced substantially throughout January – with improvement targets met on a number of days across the month.
- Additional capacity created through the national discharge fund has led to improved flow, supporting wider system UEC improvement.
- The non-specific symptoms pathway for suspected cancer has now been rolled out to 75% of Gloucestershire PCNs with full countywide roll out projected to be completed in the coming months.

Areas of Focus

- System working and coordination via the UEC team and close liaison with the relevant trade unions continues in order to prepare for the ongoing days of industrial action – with plans being developed to minimise impact on patients, ensure urgent services remain operational and that disruption to elective services is avoided wherever possible.
- The elective recovery task and finish group has now reported and identified key areas of action which are being further developed as part of the operational plan for 23/24.
- The Newton Europe Urgent Care diagnostic is now informing the UEC operational planning for 23/24. Key workstreams are now underway.
- IAPT referrals continue to be below the levels required to meet the ambition for IAPT access in the system. The service is exploring workforce diversification and marketing initiatives to improve the resilience of the service and experience for patients.

Urgent & Emergency Care

- ED type 1 performance in January 2023 was 60.0% against the 4 hour target. Whole system performance including Type 3 (MIU) attendances was 74.9% in January. Performance has substantially improved from the December position (54.6% for Type 1 and 69.5% overall. This mirrors national improvements seen in January with Gloucestershire performing above the national average (Jan 2023 national position 58.0% (Type 1) and 78.4% (all)).
- Ambulance handover delay performance has significantly improved since the New Year with an average of 108 hours/ day lost in January 2023. This has missed the target for planned improvement in January (which was to achieve an average of 64 hours lost daily) but remains a large improvement on December performance (174 hours/ day lost on average), with performance at its best towards the end of January.
- Category 2 ambulance response times have also improved supported by the handover delay recovery and other system actions with January performance averaging 37.4 minutes.
- Several additional initiatives continue to support system to respond to winter demand: New ED footprint to support ambulance drop off, The Community Assessment and Treatment Unit (CATU) to aid admission avoidance, Virtual ward expansion to offer a home alternative to hospital admission, Discharge to Assess ward at Kingham Unit to aid rehabilitation. The new discharge waiting area opened at GHFT on the 3rd January 2023 with increased capacity to support more efficient discharge, and Cohort areas remain open within the emergency department. The System Control Centre remains in action continuing to support system flow and escalation 7 days a week.
- The Newton Europe Urgent Care diagnostic is now informing the UEC operational planning for 23/24. Key workstreams are now underway.
- Additional funding from the national discharge fund has been successfully used to block purchase home based care via collaborative working with GHC and brokerage. This has helped to improve capacity and assisted flow through the acute with a reduction in long stays and patients with No Criteria to Reside.
- System working and coordination via the UEC team and close liaison with the relevant trade unions continues in order to prepare for the ongoing days of industrial action – with plans being developed to minimise impact on patients, ensure urgent services remain operational and that disruption to elective services is avoided wherever possible.

Urgent & Emergency Care – winter monitoring

Metric	Good is?	Target	Latest performance	Reporting period	Trend	Narrative
111 Call abandonment	Low	<3%	20.6%	w/c 06/02/2023		Call abandonment rates have stabilised in line with activity – the beginning of February seen demand for NHS111 at a similar level to mid-December for the mid week, but not as high at weekends.
999 Mean Call Answer time	Low	5 seconds	4 seconds	w/c 06/02/2023		Mean call answering in the 999 service has improved and has continued to meet the target this week.
Mean Cat 2 response time	Low	18 minutes	26 minutes	w/c 06/02/2023		Cat 2 response time remains much improved and is meeting the target improvement (30 min) average response time.
Hours lost to handover delays (daily average)	Low	64 Hours (Feb 2022)	54 hours	w/c 06/02/2023		Ambulance handover delays have reduced significantly and are below the target for February this week.
Adult G&A occupancy	Low	98%	96.3%	w/c 06/02/2023		Bed occupancy and escalation bed numbers in GHFT remain stable (escalation beds open this week = 5 on average).
Beds occupied by NCTR patients with LOS +7 days (%)	Low		22.7%	w/c 06/02/2023		NCTR patient numbers have declined slightly with the weekly average below 200 for the first time this year at 198 this week, and patients with NCTR making up a smaller proportion of patients in GHFT.

Planned Care

- The waiting list for elective care in Gloucestershire is currently running at 64,170 with the majority waiting at GHFT. 68.4% of the RTT waiting list had been waiting less than 18 weeks in December (against a target of 92%), with 1608 patients waiting over 52 weeks, 86 waiting over 78 weeks and 2 (all out of county) waiting over 104 weeks.
- December position for long waits (all over 18 weeks) has been negatively impacted by the operational pressures seen in the weeks leading up to and over the Christmas period. High influenza and COVID admissions created a challenging position at GHFT in common with other South West providers, compounded by increased staff sickness and a reduction in working days over the month. However ringfencing of elective beds in GHFT has made an important contribution to maintaining elective activity.
- Recovery of weighted cost activity for the Elective Recovery Fund target is predicted to be just under the 104% threshold – with current performance around 103.2% (November Flex data) – however latest finalised position is running above target at 104.3% (October Freeze data). YTD performance has seen good recovery in outpatient activity (particularly at GHFT) but below target activity in elective inpatient procedures, particularly day cases which have been impacted by capacity reductions while essential building work takes place. OOC NHS providers currently are showing the lowest activity recovery across the board. Independent sector provider contribution to system elective recovery plan and ESRF achievement is well above plan.
- Elective Recovery remains a key area of focus for 23/24 operational planning, with challenging activity targets outlined by NHSE to support reducing the elective backlog. The national expectation is that 65 week waits will be eliminated in 23/24 and that systems will continue working towards an increase of 30% in pre-pandemic activity once system transformation has been accounted for (target for 24/25).
- Demand for Advice and Guidance fell significantly in December 2022 (2740, down from 3731 in November) largely due to the reduction in working days. Although turnaround times remain poor for Dermatology, Haematology and Paediatrics, encouragingly the number of outstanding requests are reducing and Dermatology have now effectively cleared the backlog (which should result in much improved turnaround times into 2023).

Cancer

- 2 week wait performance decreased slightly to 86.7% in December 2022 (down from 88.3% in November). There were 297 breaches mostly in Lower GI, Urology and Skin specialties. 62 day treatment performance has increased from 63.6% in November to 73.0% in December – with 50 breaches of the target this month including 23 patients who were treated after 104 days (majority in Urology). 62 day breaches were predominantly in Lower GI and Urology – as in previous recent months, with Breast, Haematology, Skin, Upper GI, Gynaecology and Head and Neck seeing a small number of 62 day breaches.
- There are very few patients across any specialty waiting over 62 days with a decision to treat – reflecting the complex diagnostic pathways that often contribute to longer waits for cancer treatment. Less than 1% of the cancer PTL consists of patients who have a treatment confirmed and have waited more than 62 days. The trajectory for the 62 day PTL (patients waiting more than 62 days for cancer treatment from referral) aims to have no more than 154 patients waiting by March 2023 – currently there are 326 (at 29th January 2023).
- The non-specific symptoms pathway has now been rolled out to 75% of Gloucestershire PCNs with referrals rising in line with modelled expectations. Full roll out of the pathway countywide is expected to be completed in early 23/24.
- In line with national ambitions, focus on increasing use of faecal immunoprecipitation testing (FIT) prior to Lower GI 2 week wait referral is underway. This will ensure patients are not subject to invasive tests unnecessarily and assist with improving the wait times for the Lower GI specialty (currently a key driver of lower performance against cancer wait times targets).
- Work exploring early diagnosis and opportunities to narrow gaps associated with deprivation (in particular the Core20 population) is underway with work initially focussing on access to cancer services. Initial findings focussing on the make up of the cancer patient list have been presented to the ICB board and will be refined for further analysis and updates in the coming months.

Primary Care

- Patient demand for GP surgery services in the county continues to be extremely high, with practices seeing a significant increase in contacts since 2019. Appointment volume was the highest on record in October 2022 with 406,275 appointments recorded in Gloucestershire GP practices (this includes GP and other clinical staff, face to face, virtual and telephone appointments) and remained high at 344,128 appointments delivered in December 2022 despite fewer working days across the month.
- Primary care metrics assessed in the System Oversight Framework are all performing well with rates of appointments, rates of GPs workforce, rates of direct patient care staff, and experience of making a GP appointment all benchmarking in the top quartile compared to other ICBs across England. Gloucestershire ICB is ranked 1/42 systems for both rate of GP appointments carried out (in July 2022) and for experience of making a GP appointment.
- As of 30th January – 73.6% of all those eligible for an Autumn Booster in Gloucestershire had received their booster dose against COVID-19. New JCVI guidance issued last week means that the 12th of February will be a ‘hard stop’ for Autumn Booster vaccinations and Gloucestershire are currently engaged in a final push to convince those still eligible but yet to have their Autumn Booster to come forward. Following the 12th of February, a much-reduced delivery network will continue to operate in Gloucestershire, supported by our outreach teams to try to drive primary course (first or second) vaccination uptake rates in ‘hard-to-reach’ cohorts – particularly in areas of relative deprivation.

Diagnostics

- Additional echo insourcing capacity has been established which has now started to have a significant impact on the waiting list – a reduction of over 1000 patients has been seen on the echocardiography waiting list since October, and fewer than 1000 patients are now waiting more than 6 weeks for this test.
- Funding for Community Diagnostic Hubs has now been confirmed – with the new hub in Gloucester city due to be fully operational by October 2023. Additional capacity across Non-obstetric ultrasound, CT, plain film x-ray and MRI is already operational, with additional Echocardiography due to come on line throughout 2023.
- Diagnostic test activity has fallen slightly in December 2022 compared with November – (18,054 vs 19,430 tests carried out across the 15 key modalities). However, the waiting list has continued to decrease with less than 10,000 patients waiting for a test for the first time this year.
- Waiting times for tests continue to improve, with 17.2% of the waiting list was waiting more than 6 weeks at the end of December 2022. GHFT's performance was 14.9% of patients waiting over 6 weeks – which meets the target for performance improvement set by NHSE to be achieved by March 2024. Reporting times for imaging tests at GHFT are currently 4-6 weeks, which is not routinely monitored as a performance target, but may be into 2023/24. GHFT are in discussions to outsource some imaging reporting to support reductions in these waiting times.

Adult and Children's Mental Health

- Out of Area Placements remain above planned levels with 875 days declared in 22/23 YTD (April-December) – and 155 new days declared in December. The total for the full 2022/23 year plan is 800 and although the national ambition for this target is 0, this is extremely challenging to balance the needs of a patient for urgent treatment, with system flow and bed availability. Performance is likely to be extremely challenging over the winter months, with GHC considering block booking of out of area beds due to high demand and increasing numbers of people remaining in the community against their best interests.
- Improving Access to Psychological Therapies (IAPT) access has been below the planned levels throughout 2022/23 – 812 people accessed the service in December against a target level of 1232. Referral volume continues to be below the level needed to meet this target. The service has also struggled to recruit the projected number of trainees required to expand the service. Both referral volume and difficult recruiting are issues that are currently being experienced across the South West and the service is exploring ways to diversify the workforce and offer additional choice to patients to improve uptake.
- Eating disorders - All waiting times targets for routine and urgent CYP and Adult referral to treatment were missed in December, however the service was in a position to assess all urgent referrals within one week (treatment targets were missed due to patient choice or treatment not being offered at assessment). Additional investment to the eating disorders service has been made as well as a review of the team skill mix to increase success in filling posts. Recruitment to a number of posts has been successful with further recruitment planned. The service is working with BEAT with people able to self-refer to the BEAT 'Developing Dolphins' programme whilst they are waiting for individual treatment.