

Report Title	Integrated Performance Report (IPR) June 2023	
Purpose of Report	Updates on recent performance covering the start of the 23/24 financial year.	
Is this for information or decision?	This Report is for information.	
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Key Issues:	<ul style="list-style-type: none"> • Performance is on track against the majority of planned commitments for 23/24. • Continued planning to mitigate disruption due to industrial action. • Delegation of some specialised commissioning will lead to differences in reported figures for performance, particularly across elective metrics. 	

Our Performance

Key Achievements

- There has been a dramatic decrease in the number of out of area mental health placements seen for Gloucestershire patients, with no inappropriate out of area bed days declared in the last three months. This represents a significant improvement on performance over the same period last year, where 99 days were declared.
- Respiratory hubs in Gloucester have been recognised for their Outstanding Contribution to Respiratory Care, with the lead nurse based at Gloucester Health Access Centre announced as winner of the Association of Respiratory Nurse Specialists Excellence Award. Additional hubs have also been quickly set up to provide support particularly for children following increased demand in recent hot weather.
- May has seen an improvement in the majority of Urgent and Emergency care key performance indicators, despite some challenging days and fluctuating demand with three bank holiday weekends and school half term.
- Good progress has been made in reducing the number of patients waiting over 62 days for cancer treatment or for cancer to be ruled out. In May, patient numbers declined to 188 against a trajectory of 195.

Areas of Focus

- Day to day volatility in the Urgent and Emergency Care system shows that although good progress has been made in improving response and waiting times, relatively small changes in demand, staff availability another contributing factors can have a big impact on the whole system. The launch of the transformation programme will start to address this as a priority to ensure the system's resilience improves.
- Industrial action continues to challenge elective recovery and UEC stability with Junior Doctor industrial action taking place in June and possible consultant industrial action currently being balloted.
- New commissioning responsibilities/ transition arrangements for the delegation of NHS England's direct commissioning functions to integrated care boards are now beginning (for pharmaceutical, general ophthalmic and dental services).
- Elective recovery remains a key focus with system plans requiring the delivery of additional activity and increased productivity to achieve carrying out 109% of 19/20 levels in cost weighted activity , with an expected increase in 52 week waits temporarily seen during 2023/24 while longest waits are reduced.

Urgent & Emergency Care

- Urgent and Emergency Care has seen some days of excellent performance over the last couple of months; the system has seen a tangible improvement against a number of key metrics such as ED 4 hour performance, Category 2 ambulance response times and total time lost to handover delay. On some days Gloucestershire has had performance for UEC metrics among the best systems in the county, but challenges in one area quickly impact across the whole UEC pathway leading to swings in performance from day to day showing the fragility of the system.
- Emergency Department (ED) type 1 performance in May 2023 was 61.6% against the 4 hour target. Whole system performance including Type 3 (MIU) attendances was 75.0% in February. Gloucestershire system ranked 18/41 ICSs with Type 1 ED activity nationally.
- Ambulance handover delay performance has met the trajectory for improvement in May 2023 – with a total of 1950 hours lost (against a target of 2150), and an average handover time of 48.7 mins (against a target of 54.1 mins) and has supported stable performance of Category 2 ambulance response times which averaged 32.7 minutes in May 2023.
- Urgent care 2hr responses continue to meet performance targets (75% threshold), with May seeing 83.7% of incidents meeting the 2 hour target. YTD performance exceeds 80% - a significant improvement on the 76.1% achieved in 2022/23.
- Ward moves to support the Fit for the Future programme have commenced, which is temporarily reducing the total bed numbers available, putting pressure on flow in the acute. This is expected to be completed during September, leading to a bigger bed base for UEC.
- Currently work is ongoing ahead of the launch of the transformation programme based around the Newton Europe review held last year. Go live will take place this month, with most key workstreams planned to come online in time in readiness for winter 23/24. Winter planning will begin next month initially via the UEC clinical programme group to allow ample time for plans to be worked up and include all system stakeholders. The system risk mitigation plan for 23/24 is being worked up to progress further schemes which have supported the system through winter.
- Notification of further industrial action by the Junior Doctors has been confirmed from 7am Wednesday 14th June through to 7am Saturday 17th June. Mitigation plans have been implemented including deployment of additional respiratory hubs to manage demand but inevitably this will impact on patient safety and further loss of elective activity.
- Performance remains challenging for NHS111 call abandonment over weekends, with around 25% calls made abandoned over recent weekends. While performance improves during the week, call abandonment remains above 10% on most days. PPG are working to improve shift fill and address any concerns from staff to ensure performance stabilises in the coming weeks.

Elective Care

- The waiting list for elective care has been growing throughout 22/23, and saw significant increases in April 2023 (rising to 79,136 for all ICB patients waiting – an increase of 6899 on March). This is pre-dominantly due to the change in reporting due to the change in responsibility for specialised commissioning (ICB reporting now includes dental and additional cancer pathways which were previously counted under NHSE patients). In April 2512 patients were waiting over 52 weeks – a significant increase in March's position of 1,795 – however 498 of these patients were Oral surgery which were not counted in the March 2023 position. There were 417 waiting over 65 weeks (266 of which were at GHFT), 10 waiting over 78 weeks and 1 waiting over 104 weeks (all out of county). GHFT eliminated all over 78 week waits in March 2023 in line with national expectations.
- Initial data for April appears to show below planned levels for ERF achievement, however April data is currently flex and is likely to rise once final data is available. Independent sector and out of county cost weighted activity has both been above plan – out of county predominantly due to high cost spinal procedures rather than additional activity count.

Cancer

- Focus for cancer performance in 23/24 is on the operational planning commitments to maintain achievement of the 28 day diagnosis standard, maintain the roll out of the non-specific symptom pathway, reduce the number of patients waiting more than 62 days for cancer treatment, and improve Lower GI referrals that are accompanied by faecal immunoprecipitation tests (FIT).
- For April, 78.5% of patients received a diagnosis or all clear within 28 days, meeting the 75% standard. 2 week wait performance also achieved the 93% target with 95.5% of patients seen within 2 weeks of referral on a cancer pathway. Treatment target waiting times were missed narrowly for 31 day treatments, and 62 day treatment (although 62 performance has improved on March, with 74% of patients treated within target – up from 64.1%). The 62 day PTL has reduced in line with planning commitments, reaching 188 patients waiting over 62 days for treatment or discharge (against a target of 195 for May).
- Non specific symptom (NSS) referrals remained stable at 23 in April 2023, against a target of 43 – however the pathway is now fully operational and open to all PCNs, with NSS clinicians having visited all PCNs except Berkeley Vale and Severn Health to promote the pathway.

Primary Care

- Following the publication of the GP Access Recovery Plan, the primary care team are exploring the offers from NHSE around telephony and other additional support for primary care. PCNs continue to progress with local quality improvement projects which are responding to specific local needs.
- A caretaker contract is now in place for Drybrook Surgery to allow the surgery to remain open, providing interim arrangements for 6 months while the primary care team continue to progress with procurement for a longer-term contract.
- Continued funding for the Gloucestershire MSK Self-management app, powered by getUBetter, has been agreed. The app aims to increase self-management of MSK conditions, therefore reducing pressures in primary care and community MSK services. Since the initial implementation phase almost 8,700 people have been referred to the app, with around 6,300 of those activating it; this activation rate is 7% higher than the UK average.
- The Inner-City respiratory team, based at Gloucester Health Access Centre, were announced as winners of the Association of Respiratory Nurse Specialists Excellence Award for Outstanding Contribution to Respiratory Care.

Diagnostics

- There has been a reduction in the amount of diagnostic activity delivered in April 23, the waiting list has remained static and as a result performance has declined moving from 8.8% reported in March to 11% overall in April 2023.
- The ICS has still met the national ambition of <15% patients waiting longer than 6 weeks for a diagnostic test, with GHFT performance at 9%. The main areas of poor performance were Flexi Sigmoidoscopy and Colonoscopy with Industrial Action, Bank Holiday and 2ww demand all contributing to a challenging month despite overall activity across the modalities being above plan.
- Issues with the new radiology PACs system at GHFT is affecting performance, particularly for breast cancer pathways (likely to impact on 2ww and 28 day diagnosis in May reporting). Breast screening recall has also been paused while the supplier continues to work on a solution – however the screening programme is ahead of schedule so this should not impact patient experience.

Adult and Children's Mental Health 22/23

- GHC have maintained excellent performance for Out of Area placements, with none declared for March, April or May this year – which goes beyond the improvement target in the planned trajectory. The planned ambition for out of area placement days is 800 over the course of the year, but aiming to reach a much lower quarterly rate by Q4 of 23/24 (50 day/ quarter in Q4).
- Uptake of physical health checks for people with Serious Mental Illness (SMI) have increased significantly in 22/23, with the full year position at over 56% of the SMI register receiving a full physical health check. While below the 80% national ambition, this represents a huge improvement from under 10% compliance at the start of the year.
- Improving Access to Psychological Therapies (IAPT) access is at 1006 for April – below the rate required to reach the Q1 ambition set in the operational plan. Referrals are lower than required to reach these rates, with the service embarking on a media campaign and reworking their website to update their branding. Drop out rates remain high and the service is carrying out research on this to understand the driving causes. Recovery remains on target with 51.0% patients entering reliable recovery in April 2023.
- Eating disorders - All waiting times targets for routine and urgent CYP and Adult referral to treatment were missed throughout 22/23 with the service under pressure from high demand and significant workforce challenges. Over 22/23, the team has significantly reduced the urgent adolescent assessment waiting list numbers and waiting times and focussed on providing alternative support to those who are waiting in collaboration with voluntary sector partners. Improvements have been seen in April, with 85.7% urgent referrals seen within 1 week against the 95% target.
- Children and Young people's mental health access has continued to be high across all providers (GHC, TiC+ and Young Gloucestershire) throughout 22/23, with pressure on core CAHMS in particular to deliver the assessment within 4 weeks target. Additional capacity has been rolled out during 22/23, particularly for Mental Health Support teams, with further planned to support 23/24 access targets and reducing waiting lists across CYP services.