

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee - Monday 25 October 2021

Performance Overview

Recommendation(s)

- a. The Committee to note the performance overview for the Staffordshire and Stoke-on-Trent Integrated Care System (ICS) population.

Report of the Staffordshire and Stoke-on-Trent Integrated Care System - Together We're Better

Summary

What is the Overview and Scrutiny Committee being asked to do and why?

- a. Note the performance overview for the Staffordshire and Stoke-on-Trent Integrated Care System (ICS) population.
- b. The briefing and attached dashboard provides the Committee with an overview of some of the key performance challenges currently facing the ICS, including some key metrics for primary care.

Report

Background

1. The ICS continues to experience operational pressures as a result of the national pandemic that is impacting on delivery of NHS constitutional targets. It is envisaged that progress will be made in reducing elective backlogs over the coming months, however this will be incremental and in the context of wider pressures. Demand for Mental Health, Community and Primary Care services has also increased. There are also a range of challenges in social care linked to domiciliary care provision, and workforce shortages in the sector.
2. It is important to note that there is an ongoing, significant response, to Covid, winter planning, vaccination programmes (flu and Covid) as well as the impact that respiratory syncytial virus (RSV) will have during winter. There are interdependencies between the level of demand within

the system and performance, as it calls upon the same capacity and workforce.

3. Workforce constraints are significant due to the NHS Covid isolation guidelines ie not coming into work if a family member is positive. Staff absence continues to be challenging, similar to the national picture due to Covid. Covid related absences have increased slowly throughout August and into September.

Referral to Treatment Times (RTT)

4. The continued prevalence of Covid, and the need to stand down elective activity in 2020 and again in 2021, with the agreement of NHS England (NHSE) has had a profound impact on performance.
5. The prolonged impact of Covid has had a significant impact on delivery against outpatient activity plans. Whilst occupancy levels of Covid inpatients started to decline in late March and early April, social distancing requirements remained in place.
6. The number of patients waiting >52 weeks has increased throughout 2020/21, with a broadly improved position being seen in June and July. However the number is expected to increase by the end of March 2022.
7. Providers continue to ensure that patients who have already had extended waits for their treatment can be prioritised alongside more urgent patients. The use of independent sector capacity continues to be optimised to support elective activity.
8. The system continue to work on delivery of actions by the Planned Care programme. Provider specific actions support this work through a range of workstreams eg University Hospital of North Midlands (UHNM) Outpatient Service Delivery & Performance workstream, the Enhanced Advice & Guidance sub workstream and the Patient Initiated Follow-up workstream.

Diagnostics

9. Activity levels have been over and above pre-covid levels to ensure that people are able to access diagnostics. Work is ongoing to develop more diagnostics in community settings.
10. The greatest proportion of > 6 week waits are within Non-obstetric ultrasound and endoscopy at University Hospital of North Midlands (UHNM). The ultrasound position is related to an increase in demand alongside workforce shortfalls.

Cancer

11. Referrals for suspected cancer are higher than pre-Covid-19 levels. This is affecting all Trusts in our region and is a severe pressure being given a high priority at both regional and system level. There is a range of work ongoing at regional and local level to support maintaining cancer services.
12. Cancer services will continue to be a risk as there may be a significant number of people who have not yet encountered NHS services and this could impact Trusts for the next six to twelve months.
13. Delivery against the 62-day referral to treatment standard has been particularly challenged throughout the pandemic. The position is being managed through the daily clinical prioritisation meetings and a robust planned care assurance framework.

Urgent care operational pressures and planning for winter

14. Operational pressures, especially the increasing levels of activity seen in emergency pathways. As a result of demand and the continued need to split estate and flow to meet Infection Prevention and Control requirements the number of breaches to the 4 hour A&E standard has been high across all providers. Pressures on social/domiciliary care are impacting directly on flow in urgent care pathways.
15. A whole system operational response has been put in place to respond to daily pressures and agree tactical actions. A surge plan is in place, bringing these strands together and ensuring the connectivity of plans in respect of capacity and workforce.
16. Additional actions include:
 - a) Working with system partners to promote redirection at streaming stage.
 - b) Further promotion of NHS 111 Urgent Care by appointment.
 - c) NHS 111 Referrals to SDEC (as an alternative to ED)
 - d) Care and management of mental health patients presenting in conjunction with Mental Health Providers.
 - e) Further integrated work with system partners to support discharge processes and timely transfers of patients.

Link to Strategic Plan

N/A

Link to Other Overview and Scrutiny Activity

N/A

Community Impact

N/A

List of Background Documents/Appendices:

Attached Performance Overview, appendix 1.

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