

<b>Local Members Interest</b>
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N/A
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## **Health and Care Overview and Scrutiny Committee Tuesday 15 March 2022**

### **Performance Overview**

#### **Recommendation(s)**

I recommend that:

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

### **Summary**

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

1. Note the performance overview for the Staffordshire and Stoke-on-Trent population.
2. The briefing and attached dashboard provide an overview of CCG performance against key constitutional standards and targets.

### **Report**

#### **Background**

Since the second half of 2021 Covid-19 infection has been prevalent and at the end of December, the system was already addressing the emerging impact of Omicron. This has impacted on overall performance.

A particular challenge has been the high level of infections and staff absence across the winter months of late 2021 and early 2022 has continued significantly impacted on performance against national standards. Staff absence, although plateauing, remains a significant challenge. System partners continue to work collaboratively to address workforce risks and shortages. Additional demands also remain on all those involved with Infection Prevention and Control (IPC) within organisations across Staffordshire and Stoke-on-Trent.

Although elective services were not completely stood down during wave 3 of the pandemic, the high numbers of Covid-19 patients inevitably led to elective cancellations and fewer patients being referred for treatment.

A combination of all these factors mean that performance against national standards will continue to be challenging as we focus on the back log and reducing wait times for patients.

At the time of reporting, the latest information available in full is December 2021.

### **Referral to Treatment Times (RTT)**

During the course of the pandemic there has been a significant increase in both the length of time patients are waiting and the total amount of patients on the waiting list. Providers are prioritising actions to reduce waiting times for patients and the backlog.

The number of RTT incomplete pathways has continued to grow since February 2020 with the >18 week wait to >40 week wait cohort of patients growing rapidly in recent months. Recovery of RTT performance was seen from July 2020 until it deteriorated again due to the most recent wave of Covid-19.

The number of >52 week waits and >104 week waits has increased significantly since July 2021 when Covid-19 infection levels picked up. As at December, there are 7687 patients who have waited more than 52 weeks for treatment and 561 patients currently waiting 104 weeks. In recognition of the need to address long wait, a national target has been set to get back to 0 for 104 waits by July 2022.

Delivery against outpatient activity plans remains challenging in December.

### **Diagnostic test waiting times**

Diagnostic activity decreased rapidly following the first lockdown in March 2020 but began to recover again quickly from May 2020 and nearer to pre-pandemic levels. Diagnostic activity has declined again between October and December 2021. This reflects workforce and Covid pressures.

All providers are developing plans to address the delays in diagnostic procedures.

### **Cancer waits**

The system is coping well with Cancer 31 day subsequent treatments. Cancer 31 day definite treatments have improved in December.

Two week waits has been under pressure in the second half of 2022, however improvement are made in December.

Cancer Breast Symptomatic 2 week wait performance continues to be an issue. People referred under the Breast Symptoms 2 week wait pathway will be deemed to have low risk of breast cancer by their GP. This pathway includes people with breast pain and no other symptoms. Breast pain alone is not an indicator of cancer. WMCA (West Midlands Cancer Alliance) are supporting all systems to develop community breast pain clinics which will reduce pressure on hospital breast cancer services and improve performance.

Performance against the 31-day decision to treat to first treatment standard has been variable since the pandemic started in 2020, although providers have been able to retain a position much closer to the 96% standard throughout.

Performance has been variable for the 62-day urgent referral to first treatment standard since the first lockdown in April 2020. None of the main providers are currently achieving the 85% target.

### **Accident & Emergency - Provider**

Meeting the A&E 4 hours target remains challenging for acute providers. This is also the case for 12 hours trolley breaches. The number of patients breaching the 12 hour trolley standard has seen seasonal peaks and troughs in line with winter pressures with numbers increasing from July 2021 onwards.

### **General Practice**

All GP practices, where assessments have taken place, have retained an excellent/good CQC rating.

Patients are returning to see their GPs, but face to face appointments fell in November compared to October in 5 CCGs (note the data has an extra 1 month lag), which led to a decline in total appointments. Home visit numbers were up in 5 of the 6 CCGs.

Overall the direction of travel is encouraging with consultation activity being above 2019 levels consistently during 2021.

## **National operational planning guidance**

Recovery of NHS service activity and performance following the effects of the Covid-19 pandemic is underway. The national operational planning guidance for 2022/23 sets clear ambitions around recovery. Specifically, for elective, diagnostics and cancer activity a range of recovery ambitions were outlined in the national Delivery Plan for Tackling the Covid-19 backlog of Elective Care published on 8th February 2022. The document recognises the different starting points for all organisations will impact on recovery of services.

### **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.

## **Contact Details**

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