

# West Hampshire Performance Report

Based on performance data available as at 9 January 2020



# EXECUTIVE SUMMARY

## Key Performance Headlines

### A&E <4 hour waits

- UHS performance improved from 76.29% in November to 78.34% in December, this was not achieving the 95% standard or the agreed recovery trajectory with NHSE/I, however regulators were assured by progress made when they completed a review visit to the system in December. System performance (including other sites) improved to 84.74% vs the 90% recovery plan trajectory. High number of bed closures due to Norovirus is currently impacting January performance.
- HHFT performance improved marginally from 75.31% in November to 75.98% in December, not achieving the 95% standard. There has been further external support, and the system has revised its agreed single plan. However, the main factor for performance remains medical staffing shortages. Performance has worsened in January, with an increase in patients whose discharge is delayed, low discharges and rising bed occupancy.
- 12 hour trolley breaches – UHS reported 4 breaches in December and HHFT reported 1 breach – all breaches were patients with a mental health condition waiting for admission to an inpatient facility.

### Cancer waits

- Only 3 of 9 cancer standards were achieved at CCG level in November 2019, with mixed performance across the standards.
- 2 of 9 cancer standards achieved at UHS; the 2 week standard is maintaining standard, 2 week breast symptom standard improved in month - as did 31 day surgery, 62 day GP referral and 62 day screening. A detailed report on UHS cancer is contained in this paper
- All cancer standards were achieved at HHFT in November.

### RTT Incomplete

- November's CCG performance reduced to 84.29%, not achieving the 92% standard
- The waiting list in November improved slightly but remains significantly above Mar 19 position of 37,735 with 40,806 patients on the total list. The majority of this increase has been seen at UHS, as a result of a change in recording of a number of endoscopy procedures – however all providers have increased their list size.
- CCG reported 6 x 52 week breaches, 4x at UHS, 1x at Royal Bournemouth and 1x at Great Ormond Street.

### Diagnostic waits

- November's CCG performance was 3.03%, not achieving the 1% standard. This is an improvement on the previous months performance of 3.51%.
- There are capacity constraints at all acute providers, and recovery plans agreed with UHS, and being agreed with HHFT and RBCH.

### Ambulance response times

- Performance declined significantly in December with SCAS only meeting 1 of the 6 national standards.

### Mixed Sex Accommodation

- 15 breaches recorded in November at CCG level, an increase compared to 4 in October.

### Wheelchair Waiting Times

- Performance declined significantly in Q3 to 21%, not achieving national standard, and the lowest ever recorded figure. This is due to the continued high demand on service and significant staffing vacancies – see slide 4 for further details.

### Dementia Diagnosis rate

- November's CCG performance was 61.5%, not achieving the 66.7% standard with a slight improvement on previous month (61.22%).

### CAMHS Waiting Times

- None of the contract performance standards were met in Nov 19, with in month decline in 4 of the 5 contractual targets. Only the CAMHS access rate standard was achieved with 40.03% vs 34% standard in Nov 19.

### IAPT access and recovery rate







- Based on published data, the CCG is achieving the recovery rate in October with 52.08%.
- However the IAPT access standard was not met with 4.52% (a deterioration on previous meeting at 4.62%).

### IAPT people seen within 6 and 18 weeks

- Standards of 75% and 95% were achieved in October with 92.73% and 100% respectively.

## KEY – DIRECTION OF TRAVEL / BENCHMARKING

### Direction of Travel – arrows depict movement compared to previous month or quarter

	Below target, but performance improved
	Below target, performance deteriorated
	Above target, performance improved
	Above target, but performance deteriorated
	Below standard, no change in position
	Above standard, no change in position

### Benchmarking – based on NHSE published data

Upper quartile

Inter quartile

Lower quartile

*Quality services, better health*



# WHCCG PERFORMANCE - SUMMARY

Key issues	Performance	Travel	Ongoing actions to improve position	Benchmarking
RTT Incompletes	84.29% vs 92% standard (Nov 19)	↓	<ul style="list-style-type: none"> <li>• <b>RTT 18 weeks</b> – CCG has not achieved the 92% standard for 26 consecutive months, performance has declined marginally in November.</li> <li>• <b>RTT waiting list</b> – CCG total waiting has increased significantly above the March 2019 position which was predominantly due to UHS (1,252 pts above plan). UHS commenced a programme of work in November to validate 1500 records by end of Dec 19, and the CCG is awaiting formal feedback in order to agree if this approach can be rolled out to a number of providers.</li> <li>• <b>Cancer waiting times</b> – CCG achieved 3 of the 9 standards, with performance against majority of standards improving in November. See UHS slide for further detail.</li> <li>• <b>Diagnostic waiting times</b> – 263 patients waited longer than 6 weeks in November 2019, due to pressures in capacity across all providers. 124 breaches occurred at HHFT, with issues in Cystoscopy and Urodynamics, see HHFT slide for further details.</li> <li>• <b>Ambulance response times</b> – deterioration in month with only 1 of the 6 standards achieved in December, mainly due to increased demand. Additional staff coming on stream in Jan 2020 to improve performance .</li> <li>• <b>CAMHS waiting times</b> – none of the standards were achieved in M6 with 4 of the 5 standards not achieving. However, it should be noted that the CAMHS access target achieved 40.03% in November vs 34% standard.</li> <li>• <b>Wheelchair waiting times</b> – Q3 19-20 performance declined significantly for the third consecutive quarter, and is the lowest ever figure recorded at 21%. This is predominantly due to continued high demand on service and to the significant number of staff vacancies (senior therapists and engineers), with further leavers in Q2. A workforce clinical plan has been established. CCG also looking to support the provider to obtain rotational posts with local providers. A refreshed improvement plan has been established at Exec level. See supporting Appendix 1 to this dashboard for full details.</li> <li>• <b>Dementia Diagnosis</b> – CCG’s diagnosis rate in November was 61.5%, a minor improvement from 61.22% in October. The CCG will not be able to meet the standard due to ongoing issues with prevalence calculator.</li> <li>• <b>Mixed sex accommodation</b> – There were 15 breaches recorded in November compared to 4 in October, recorded at Salisbury (13), UHS (1), Others (1).</li> </ul>	107/193
Total RTT waiting list	40,806 vs 37,735 standard (Nov 19)	↑		N/A
Cancer waiting times	3 of 9 standards were achieved (Nov 19)	↑		N/A - see provider tabs
Diagnostics 6 week wait	3.03% vs 1% standard (Nov 19)	↑		138/193
Ambulance response times	1 of 6 standards were achieved (Dec 19)	↓		N/A
CAMHS waiting times	0 of 5 standards were achieved (Nov 19)	→		N/A
Wheelchair waiting times	21.20% vs 92% standard (Q3)	↓		N/A
Dementia diagnosis	61.50% vs 67% standard (Nov 19)	↑		170/191
Mixed sex accommodation	15 Breaches (Nov 19) (zero tolerance)	↓		N/A

# UNIVERSITY HOSPITAL SOUTHAMPTON FT (UHSFT) – SUMMARY TRUST WIDE POSITION

Key issues	Performance	Travel	Ongoing actions to improve position	Benchmarking
A&E 4 hour waits	78.34% vs 95% standard (Dec 19)	↑	<ul style="list-style-type: none"> <li>• <b>A&amp;E</b> – Performance improved from 76.29% in November to 78.34% in December. At system level, performance improved from 85.26% to 86.57% against the agreed 90% trajectory. Additional pressures from increasing flu cases, beds closed due to Norovirus/D&amp;V and very high numbers of delayed transfers of care (mainly social care packages). NHSE/I have provided verbal assurance that they are content that the plans in place are sufficient to improve ED, but the system is awaiting a formal follow up letter which is expected this week.</li> <li>• <b>12 hour trolley breaches</b> – Trust also reported 4 x 12 hour trolley breaches in month, all patients with a mental health condition waiting for inpatient bed. A pooled fund has been agreed for extra winter capacity to address a number of issues, including this.</li> <li>• <b>Diagnostics</b> – Trust position improved to 1.86% with main pressures in Peripheral Neurophysiology and MRI, due to staff shortages. 3 day equipment failure in Aug 19 impacted on MRI which has not recovered in Nov 19. Neurologist started in Oct 19 and improvement has been seen in November's data (57 breaches compared to 83 previous month). NHSE/I are assured but a clear action plan requested by CCGs has not yet been received.</li> <li>• <b>RTT 18 weeks</b> – further decline in performance in November, with the number of 40+ week waits increasing again to 397 (compared to 368 in Oct 19). Main issues continue in Neurology and Ophthalmology, with recruitment plans continuing. 8 x 52 week waiters reported in November.</li> <li>• <b>RTT waiting list</b> – UHS waiting list decreased slightly in Nov 19 to 34,518 compared to their March 2019 WL position of 30,633. CCGs waiting for feedback from WL validation exercise conducted over last 2 months. NHSE/I putting considerable pressure on UHS/SW system to clear waits back to Mar 19 levels.</li> <li>• <b>Cancer waiting times</b> – UHS achieved 2 of the 9 standards in November 19.</li> <li>• <b>Cancer TWW</b> – improvements seen against standard, with 15 of 114 patients breaching the standard.</li> <li>• <b>31 day and 62 day standards</b> – improvements seen against both standards this month. UHS currently working with NHSE/I and the Wessex Cancer Alliance to agree new actions. Revised RAP and trajectories expected this week for review and agreement by the system. Therefore, CCGs not fully assured at this stage. UHS ranks in bottom quartile nationally against 31 day surgery standard. It is acknowledged that 62 days will continue to be extremely challenging for UHS.</li> </ul>	51/126
Diagnostics 6 week wait	1.86% vs 1% standard (Nov 19)	↑		106/163
RTT Incompletes	80.43% vs 92% standard (Nov 19)	↓		138/173
Total RTT waiting list	34,518 vs 30,633 standard (Nov 19)	↑		N/A
2WW	97.54% vs 93% standard (Nov 19) (38/1544 breaches)	↑		25/155
2WW Breast	86.84% vs 93% standard (Nov 19) (15/114 breaches)	↑		94/126
31 Days Sub (Surgery)	68.42% vs 94% standard (Nov 19) (36/114 breaches)	↑		144/147
62 Days	76.68% vs 85% standard (Nov 19) (33/141.5 breaches)	↑		90/154
62 Days (Screening)	76.09% vs 90% standard (Nov 19) (5.5/23 breaches)	↓		99/135

# HAMPSHIRE HOSPITALS FOUNDATION TRUST (HHFT) – SUMMARY OF TRUST WIDE POSITION

Key issues	Performance	Travel	Ongoing actions to improve position	Benchmarking
A&E 4 hour waits	75.98% vs 95% standard (Dec 19)	↑	<ul style="list-style-type: none"> <li><b>A&amp;E</b> – performance improved marginally in month to 75.98% compared to 75.31% in Nov 19, however this was higher than the forecasted position of 72%. The Trust have coped well with the Christmas period. A revised plan has been agreed, supported and approved by Julie Maskery. The plan will continue to be monitored at the A&amp;E Delivery Board, next meeting scheduled for 16 January. HHFT continue to experience high numbers of delayed transfers of care.</li> <li><b>Diagnostics</b> – HHFT performance improved in month from 3.01% to 2.66%. This equates to 157 breaches, majority of which were in Cystoscopy (30), Urodynamics (33), Echocardiography (33) and MRI (21). Plans are in place to deliver additional activity and increase nurse recruitment. HHFT estimate that Cystoscopy will be back on track by Dec 19, but Urodynamics will not recover until April 2020. Plans are in place for Echos, with HHFT putting on additional sessions over next two months, hopefully clearing backlog and returning to a steady state by Feb 2020.</li> <li><b>RTT 18 weeks</b> – performance declined further in Nov 19 to 82.79%. Staffing pressures have impacted over the last few months, additional Rheumatology &amp; Gastroenterology Consultants started in September, and a Neurology Consultant post is being filled. Cardiology is also a concern over 26 weeks, additional staff recruited to validation team starting in Feb 2020. HHFT have introduced a new ‘consultant of the week’ scheme to assist in AAU and ED, but this hinders RTT delivery. Long waits in Urology are due to the specialist ‘Resume’ test undertaken. Trust have stopped accepting out of area referrals as other providers are now doing.</li> <li><b>RTT waiting list</b> – the waiting list size reduced marginally in Nov 19 by 11, and remains significantly above the March 2019 position.</li> <li><b>Cancer waiting times</b> – HHFT achieved all applicable national standards in November, ranking top nationally for Cancer Screening.</li> </ul>	69/126
Diagnostics 6 week wait	2.66% vs 1% standard (Nov 19)	↑		116/163
RTT Incompletes	82.79% vs 92% standard (Nov 19)	↓		104/173
Total RTT waiting list	39,777 vs 37,521 standard (Nov 19)	↑		N/A
2WW	94.74% vs 93% standard (Nov 19) (77/1463 breaches)	↓		61/155
2WW Breast	97.78% vs 93% standard (Nov 19) (3/135 breaches)	↑		20/126
31 Days Sub (Surgery)	97.06% vs 94% standard (Nov 19) (1/34 breaches)	↑		70/147
62 Days	88.21% vs 85% standard (Nov 19) (16.5/140 breaches)	↑		28/154
62 Days (Screening)	100.00% vs 90% standard (Nov 19) (0/17 breaches)	↓		1/135

# ROYAL BOURNEMOUTH & CHRISTCHURCH HOSPITALS FOUNDATION TRUST (RBCH) - SUMMARY

Key issues	Performance	Travel	Ongoing actions to improve position	Benchmarking
A&E 4 hour waits	75.12% vs 95% standard (Dec 19)	↓	<ul style="list-style-type: none"> <li><b>A&amp;E</b> – performance deteriorated significantly from 79.41% in Nov 19 to 75.12% in Dec 19. Ambulance conveyances remain high, CCG continue to work with SCAS to understand increased conveyances to ED, with particular focus on the rapid assessment hub. Winter funding plan has been submitted, developed in a collaborative approach with providers through the system A&amp;E Delivery Boards.</li> <li><b>Diagnostics</b> – performance declined significantly in November, with 692 patients breaching 6 weeks, compared to 590 in previous month. Main constraint being Endoscopy with growing demand for this service. Additional staff now in place, however due to sickness the backlog has not been cleared. Priority for Trust to drive down existing backlog, with additional weekend clinics scheduled from January, which would clear approximately 400 patients.</li> <li><b>RTT</b> – Performance declined further in November, with Trust in lowest quartile nationally. Capacity issues are still impacting Urology and Ophthalmology with pressures from cancer pathways and diagnostic waits. Additional consultant posts have been filled in Urology and Dermatology. Main priority is to eradicate 52 week waits and focus on reducing patients waiting over 40 weeks – numbers reduced slightly from 302 in Oct 19 to 292 in Nov 19. Urology levels expected to increase due to Poole service transferring to RBCH (approximately 1,000 pts).</li> <li><b>Cancer waiting times:</b> <ul style="list-style-type: none"> <li>RBCH achieved four of the six cancer standards applicable at Trust-wide level in November. Performance against 2ww standards will no longer be reported as part of the pilot programme for 28 day faster diagnosis. Trust will not be held accountable for 2ww performance from Oct 19 onwards. Performance against the 62 day screening standard deteriorated with 6 of 9.5 patients breaching the standard.</li> <li>RBCH continue to have challenges with additional demand in Colorectal, Dermatology and Breast due to sickness and staff vacancies. Dermatology saw a large spike in fast track referrals over the summer, which coincided with there only being one consultant available.</li> </ul> </li> </ul>	71/126
Diagnostics 6 week wait	12.13% vs 1% standard (Nov 19)	↓		158/163
RTT Incompletes	80.97% vs 92% standard (Nov 19)	↓		141/173
Total RTT waiting list	30,114 vs 26,411 standard (Nov 19)	↓		N/A
31 Days	100.00% vs 96% standard (Nov 19) (0/208 breaches)	↑		1/157
31 Days Sub (Surgery)	100.00% vs 94% standard (Nov 19) (0/20 breaches)	↑		1/147
62 Days	87.45% vs 85% standard (Nov 19) (15/119.5 breaches)	↑		33/154
62 Days (Screening)	36.84% vs 90% standard (Nov 19) (6/9.5 breaches)	↓		130/135
62 days (Consultant)	58.33% vs 86% standard (Nov 19) (2.5/6 breaches)	↑		137/149

# SALISBURY NHS FOUNDATION TRUST (SFT) – SUMMARY OF TRUST WIDE POSITION

Key issues	Performance	Travel	Ongoing actions to improve position	Benchmarking
A&E 4 hour waits	86.89% vs 95% standard (Dec 19)	↑	<ul style="list-style-type: none"> <li><b>A&amp;E</b> – Trust did not achieve the standard in December with 86.89%, a slight improvement on 86.39% in November. However, Trust remain in top quartile for all acute trusts.</li> <li><b>Diagnostics</b> – Trust achieved standard in November, with 7 patients breaching compared to 12 in October.</li> <li><b>18 weeks RTT</b> – Trust did not achieve standard in November with 91.4%. This is the first time the standard has been missed since June 2017, mainly due to the large increases seen in Ophthalmology waiting list – backlog has gradually increased over last 3 months from 88 in Aug 19 to 146 in Nov 19.</li> <li><b>RTT waiting list</b> – the waiting list size increased marginally in Nov 19 to 18,318 and remains significantly above the March 2019 position.</li> <li><b>Cancer waiting times standards</b> – Trust achieved 7 of the 8 cancer standards applicable in November, with the exception of the 62 day screening standard, with 84.62% vs 90% standard (2 of 10 patients breaching).</li> <li><b>Mixed Sex Accommodation</b> – Trust reported 122 breaches in November, of which 13 were WHCCG patients. Ongoing discussions continue with the Trust about how breaches are being reported in line with revised national guidance. Quality Teams seeking further assurance.</li> </ul>	12/126
Diagnostics 6 week wait	0.18% vs 1% standard (Nov 19)	↑		35/163
RTT Incompletes	91.40% vs 92% standard (Nov 19)	↓		51/173
Total RTT waiting list	18,318 vs 16,949 standard (Nov 19)	↓		N/A
31 Days	98.31% vs 96% standard (Nov 19) (3/115 breaches)	↑		55/157
62 Days	86.58% vs 85% standard (Nov 19) (14/69 breaches)	↑		40/154
62 Days (Consultant)	87.18% vs 86% standard (Nov 19) (3.5/20.5 breaches)	↑		67/149
62 Days (Screening)	84.62% vs 90% standard (Nov 19) (2/10 breaches)	↑		81/135
Mixed sex accommodation	122 vs zero tolerance (Nov 19)	↓		N/A



# SOUTHERN HEALTH FOUNDATION TRUST (SFT) – SUMMARY OF TRUST WIDE POSITION

Key issues	Performance	Travel	Ongoing actions to improve position	Benchmarking
Diagnostics 6 week wait	0.00% vs 1% standard (Nov 19)	↑	<ul style="list-style-type: none"> <li>• <b>RTT 18 weeks</b> – SHFT achieving the 92% standard and waiting list is marginally above Mar 19 levels.</li> <li>• <b>Diagnostics</b> – SHFT achieving the 1% standard with 0 breaches recorded in November.</li> <li>• <b>OTHER METRICS REFLECTING COMMUNITY SERVICES ARE IN DEVELOPMENT</b></li> </ul>	1/163
RTT Incompletes	93.07% vs 92% standard (Nov 19)	↑		30/173
Total RTT waiting list	4822 vs 4441 standard (Nov 19)			N/A
				N/A