

West Hampshire Performance Report

Based on performance data available as at 14 November 2019



EXECUTIVE SUMMARY

Key Performance Headlines

A&E <4 hour waits

- UHS performance improved from 81.41% in September to 82.08% in October, not achieving the 95% standard or the agreed recovery trajectory with NHSE/I. System performance improved to 88.72% in October vs the 90% recovery plan trajectory. High number of bed closures due to Norovirus impacting on current performance in November.
- HHFT performance deteriorated significantly from 81.33% in September to 76.37% in October, not achieving the 95% standard and ranking in the bottom quartile nationally. Key factor for deterioration was the impact of medical staffing shortages. Issues continue into November, with low discharges and rising bed occupancy.
- 12 hour trolley breaches - both UHS and HHFT reported 7 breaches in October – majority of breaches were patients with a mental health condition waiting for admission to an inpatient facility.

Cancer waits

- 3 of 9 cancer standards were achieved at CCG level in September 2019, with deterioration across majority of standards
- 2 of 9 cancer standards achieved at UHS; the 2 week standard is maintaining standard, however the 2 week breast symptom standard deteriorated in month as did 31 day radiotherapy, 31 day surgery & 62 day GP referral.
- 6 of 8 applicable standards were achieved at HHFT.

RTT Incomplete

- September's CCG performance reduced to 85.07%, not achieving the 92% standard
- The waiting list in September improved slightly but remains significantly above Mar 19 position of 37,735 with 40,446. Majority of increase seen at UHS, as a result of a change in recording of a number of endoscopy procedures
- CCG reported 4 x 52 week breaches, 2x at UHS, 1x at Great Ormond Street Hospital and 1x at New Hall Hospital.

Diagnostic waits

- September's CCG performance was 3.62%, not achieving the 1% standard. This is a further decline on the previous months performance of 3.14%.
- There are capacity constraints at all acute providers, and recovery plans being developed.

Ambulance response times

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

Mixed Sex Accommodation

- 16 breaches recorded in September, an increase compared to 9 in August.

Wheelchair Waiting Times

- Performance declined in Q2 with 37.8%, not achieving the national standard, and the lowest figure recorded since Quarter 3 17/18.

Dementia Diagnosis rate

- September's CCG performance was 61.39%, not achieving the 66.7% standard with a slight deterioration on previous month (61.72%).

CAMHS Waiting Times

- None of the contract performance standards were met in August 19, with in month decline in 4 of the 5 standards. Only the CAMHS access rate was achieved with 44.54% vs 34% standard in Sep 19.

IAPT access and recovery rate







- Based on published data, the CCG is achieving the recovery rate in August with 52.08%.
- However the IAPT access standard was not met with 4.71% (although this represents an improvement on previous month – 4.68%).

IAPT people seen within 6 and 18 weeks

- Standards of 75% and 95% were achieved in August 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

85.07% vs 95% standard (Sep 19)



Total RTT waiting list

40,446 vs 37,735 target (Sep 19)



Cancer waiting times

3 of 9 standards achieved (Sep 19)



Diagnostic 6 week waits

3.62% vs 1% standard (Sep 19)



Ambulance response times

1 of 6 targets achieved (Oct 19)



CAMHS waiting times

0 of 5 targets achieved (Aug 19)



Wheelchair waiting times

37.9% vs 92% standard (Q2)



Dementia diagnosis

61.39% vs 66.7% standard (Sep 19)



Mixed sex accommodation

16 breaches (Sep 19) (zero tolerance)



- **RTT 18 weeks** – CCG has not achieved the 92% standard for 25 consecutive months, performance has declined.
- **RTT waiting list** – CCG total waiting has increased significantly above the March 2019 position which was predominantly due to UHS (1,172 pts above plan). UHS have a programme of work agreed to validate their waiting list. Work commenced on 5 November to validate 1500 records – to be complete by end of Dec 19.
- **Cancer waiting times** – CCG achieved 3 of the 9 standards, with performance against majority of standards deteriorating in September. See UHS and HHFT slides for further details.
- **Diagnostic waiting times** – 310 patients waited longer than 6 weeks in September 2019, due to pressures in capacity across all providers. 128 breaches occurred at HHFT, with issues in cystoscopy and urodynamics, see HHFT slide for further details.
- **Ambulance response times** – significant deterioration in month with only 1 of the 6 standards achieved in October, mainly due to increased demand. Additional staff coming on stream between now and Jan 2020.
- **CAMHS waiting times** – none of the standards were achieved in M5 with further deterioration in 4 of the 5 standards, seasonal trend. However, it should be noted that the CAMHS access target achieved 44.54% in Sep 19 vs 34% standard.
- **Wheelchair waiting times** – Q2 19-20 performance declined for the second consecutive quarter, and is the lowest figure recorded since Q3 17/18. From a total of 66 children, 25 were completed within 18 weeks and 41 pts were completed over 19 weeks. Average waiting time for children in Sep 19 has increased to 25.2 weeks; due to continued demand pressures the service continues to prioritise patients based on clinical need; with the average waiting time for urgent children referrals 14.1 weeks in Sep 19.
- **Dementia Diagnosis** – CCG's diagnosis rate in September was 61.39%, a minor decline from 61.72% in August. The CCG will not be able to meet the standard due to ongoing issues with prevalence calculator.
- **Mixed sex accommodation** – There were 16 breaches recorded in September compared to 9 in August, recorded at Salisbury (11), HHFT (2), UHS (1), RBCH (1), Others (1).

109 / 193 CCGs

N/A

N/A – see provider tabs

141 / 193 CCGs

N/A

N/A

N/A

174 / 192 CCGs

N/A

UNIVERSITY HOSPITAL SOUTHAMPTON ET (UHSET) – SUMMARY TRUST WIDE POSITION

Key issues

Performance

Travel

Ongoing actions to improve position

Benchmarking

A&E 4 hour waits

82.08% vs 95% standard (Oct 19)



Diagnostics 6 week waits

2.9% vs 1% standard (Sep 19)



18 wks RTT incompletes

82.24% vs 92% standard (Sep 19)



RTT waiting list

34,157 vs 30,633 (Oct 19)



Cancer 2 week waits

95.14% vs 93% standard (Sep 19)



Cancer 2WW breast symptoms

83.02% vs 93% standard (Sep 19) (9/53 breaches)



Cancer 31 days (radiotherapy)

88.59% vs 96% standard (Sep 19) (21/184 breaches)



Cancer 31 days surgery

61.47% vs 94% standard (Sep 19) (42/109 breaches)



Cancer 62 days

65.51% vs 85% standard (Sep 19) (49.5 /143.5 breaches)



- **A&E** – Performance improved from 81.41% in September to 82.1% in October. The previously agreed recovery plan with NHSE/I has a trajectory to deliver 90% from September (at system level) – system performance shows 88.72% in October. Trust also reported 7 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.
- **Diagnostics** – Trust position declined to 2.9% 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 Sep 19. Neurologist started in Oct 19. CCGs have requested a system wide recovery plan. Further review to take place at next meeting on 22 November 2019.
- **RTT 18 weeks** – significant decline in performance in September, with the number of 40+ week waits increasing significantly to 405 (compared to 331 in Aug 19). Main issues continue in Neurology and Ophthalmology, with recruitment plans continuing. 6 x 52 week waiters reported in September.
- **RTT waiting list** – UHS waiting list increased further in September to 34,157 compared to their March 2019 WL position of 30,633. Trust undertaking further WL validation which commenced on 5 November.
- **Cancer waiting times** – UHS achieved 2 of the 9 standards in September 19.
- **Cancer TWW** – further decline in the 2WW breast standard, with 9 of 53 patients breaching the standard.
- **31 day and 62 day standards** – a significant deterioration in performance was seen against both standards. UHS currently working with NHSE/I and the Wessex Cancer Alliance to agree new actions. CCGs unlikely to receive revised RAP and trajectories until actions agreed, so CCGs not fully assured at this stage. UHS ranks worst trust nationally against 31 day surgery standard.
- **31 day radiotherapy** – performance below target, HHFT radiotherapy services transferred from UHSET to UHG in Aug 19

73 / 134 trusts

116 / 170 trusts

133 / 179 trusts

N/A

50 / 149 trusts

106 / 121 trusts

50 / 55 trusts

147 / 147 trusts

138 / 153 trusts

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	76.37% vs 95% standard (Oct 19)	↓	<ul style="list-style-type: none"> A&E – performance deteriorated significantly in month, with the worse performance recorded since Dec 17, ranking in the lowest quartile nationally. New Same Day Emergency Centres (SDEC) units have opened successfully on both sites, however staffing remains the key challenge. The ED Improvement plan aims to: improve flow from ED to surgical wards, increase weekend discharges, appoint additional pharmacists to accelerate discharge and increase referrals to integrated care. Diagnostics – HHFT performance declined in month from 2.27% to 2.52%. This equates to 138 breaches, majority of which were in cystoscopy, urodynamics and barium enema. 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. RTT 18 weeks – declined marginally to 84.44%. Staffing pressures will improve in upcoming months, with additional Rheumatology & Gastroenterology Consultants starting in September, and a Neurology Consultant post being filled. RTT waiting list – the waiting list size reduced marginally in Sep 19 by approximately 300, but still remains significantly above the March 2019 position. <p>Cancer – HHFT achieved 7 of the 9 standards:</p> <ul style="list-style-type: none"> 2 week waits and breast 2 week waits – Trust maintaining the 2 week wait standard, and the 2 week breast standard recovered in Sep 19 to 98%. Cancer 62 days – performance deteriorated further to 79.48% in Sep 19, with the largest impact being urology. 23.5 of 114.5 breaches breached 62 days. 	109 / 134 trusts
Diagnostics 6 week waits	2.52% vs 1% standard (Sep 19)	↓		110 / 170 trusts
18 wks RTT incompletes	84.44% vs 92% standard (Sep 19)	↓		112 / 179 trusts
RTT waiting list	39,311 vs 37,521 (Sep 19)	↓		N/A
Cancer 2 week waits breast symptoms	98.47% vs 93% standard (Sep 19)	↑		30 / 122 trusts
Cancer 31 days Surgery	100% vs 94% standard (Sep 19)	↑		1 / 147 trusts
Cancer 62 days	79.48% vs 85% standard (Sep 19) (23.5/114.5 breaches)	↓		79 / 153 trusts
Cancer 62 day screening	94.44% vs 90% standard (Sep 19)	↓		37 / 138 trusts

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

Key issues

Performance

Travel

Ongoing actions to improve position

Benchmarking

A&E 4 hour waits

82.74% vs 95% standard (Oct 19)



Diagnostics 6 week waits

11.08% vs 1% standard (Sep 19)



18 wks RTT incompletes

80.98% vs 92% standard (Sep 19)



Cancer 2 week waits

62.07% vs 93% standard (Sep 19)
(476 of 1255 breaches)



Cancer 2 week breast symptoms

89.66% vs 93% standard (Sep 19)
(3 of 29 breaches)



Cancer 62 days

84.44% vs 85% standard (Sep 19)
(20 of 128.5 breaches)



Cancer 62 day screening

93.75% vs 90% standard (Sep 19)



62 days consultant upgrade

80% vs 86% standard (Sep 19)
(0.5 of 12.5 breaches)



- **A&E** – performance improved marginally in October. Ambulance conveyances remain high, CCG continue to work with SCAS to understand increased conveyances to ED, with particular focus on the rapid assessment hub.
- **Diagnostics** – performance improved marginally in September, with 533 patients breaching 6 weeks, compared to 548 in previous month, however trust remain in bottom quartile nationally. Main constraint being Gastroscopy & flexi sigmoidoscopy. Newly recruited doctors and trained nurse endoscopists will replace some lost capacity and enable some expansion. Trust aim to return to normal levels of endoscopy activity in Nov 19, however backlog would still need clearing (additional 158 lists required). Insourcing options being explored with providers. Further assurance required.
- **RTT** – Performance declined further in September, 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. The CCG has requested a refresh of the recovery plan. Pts waiting over 40 weeks increased further in September to 332 (13% increase on August and 129% increase since April 19). A Performance Review meeting has been scheduled with Trust on 22 November, further assurance required.
- **Cancer** – RBCH only achieved four of the eight cancer standards applicable at Trust-wide level in September, the same as the previous month.
- Performance against the 2 week wait standard deteriorated significantly from 86.68% in August to 62.07% in September. Trust is a demonstrator site for 28 day standard, with focus shifting to ensuring diagnosis earlier in the pathway
- RBCH experiencing 2ww demand pressures in dermatology, breast and lower GI. Main issues relate to vacancies in staffing and difficulties recruiting, together with unprecedented growth in demand. A Dorset wide Endoscopy review and clinical network is looking at regional capacity and demand to agree collaborative steps for future service delivery options, and this is being supported by the Wessex Cancer Alliance.

64 / 134 trusts

155 / 170 trusts

149 / 179 trusts

149 / 149 trusts

100 / 102 trusts

49 / 153 trusts

52/131 trusts

132/154 trusts

Quality services, better health



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

91.78% vs 95%
standard (Oct 19)



Diagnostics 6
week waits

2.36% vs 1%
standard (Sep 19)



18 wks RTT
incompletes

92.15% vs 92%
standard (Sep 19)



Cancer 2 week
waits

96.36% vs 93%
standard (Sep 19)



Cancer 2 week
waits breast
symptoms

100% vs 93%
standard (Sep 19)



Cancer 31 days

98.18% vs 94%
standard (Sep 19)



Cancer 62 days

86.3% vs 85%
standard (Sep 19)



Mixed sex
accommodation

103 breaches
(Sep 19)



- **A&E** – Trust did not achieve the the standard in October with 91.78%, a slight improvement on 91.52% in September.
- **Diagnostics** – Trust did not achieve the standard in September, with 91 patients breaching compared to 16 in August. Main issues in Non-obstetric Ultrasounds (76). CCG has requested a review of potential gaps in capacity and demand in order to agree a recovery plan.
- **18 weeks RTT** – Trust continue to maintain standard.
- **Cancer waiting times standards** – Trust achieved all of the 8 cancer standards applicable in September, with performance improving against all metrics, especially the 62 day target which did not achieve in previous month.
- **Mixed Sex Accommodation** – Trust reported 103 breaches in September, of which 11 were WHCCG patients. The significant increase in non-clinical mixed sex accommodation breaches seen in September is due to:
 - Pressure on the hospital and increased demand affecting the two assessment areas (AMU - 13 breaches affected 97 patients & SAU - 2 breaches affected 6 patients).
 - The majority of breaches were resolved within 12 – 24 hours. Privacy and dignity is maintained during these times with the use of quick screens and identification of separate bathroom facilities.
 - The Chief Nursing Officer, England wrote to Trusts in September about the revised policy and reporting requirements on delivering same sex accommodation.
 - Local meetings need to take place with staff and the CCG to decide how breaches will be reported in line with the revised national guidance.

25 / 134 trusts

108 / 170 trusts

54 / 179 trusts

39 / 153 trusts

1 / 122 trusts

52 / 152 trusts

41 / 153 trusts

N/A

Quality services, better health



SOUTHERN HEALTH FOUNDATION TRUST (SHFT) – SUMMARY (COMMUNITY & MENTAL HEALTH)

Key issues

Performance

Travel

Ongoing actions to improve position

Benchmarking

RTT Incompletes

92.33% vs 92% standard (Sep 19)



Diagnostic 6 week waits

99.84 % vs 1% standard (Sep 19)



Delayed Transfers of Care - Adults

9.1% vs 7.5% standard (Sep 19)



Referrals receiving 1st treatment in 7 weeks - Adults

92.20% vs 90% standard (Sep 19)



Care Programme Approach (CPA) – Adults

89.5% vs 95% standard (Sep 19)



Referrals receiving 1st treatment in 7 weeks - OPMH

89.5% vs 90% standard (Sep 19)



Delayed transfers of care - OPMH

8.7% vs 7.5% standard (Sep 19)



Referrals receiving 1st treatment in 7 weeks - LD

100% vs 90% standard (Sep 19)



- **RTT 18 weeks** – SHFT achieving the 92% standard.
- **Diagnostics** – SHFT achieving the 1% standard with 2 breaches recorded in September.
- **Delayed transfers of care Adults** – performance deteriorated in September to 9.1% compared to 7% in August.
- **Referrals receiving 1st treatment within 7 weeks Adults** – Trust achieving target for WHCCG patients, with slight decline on previous month.
- **CPA 7 day follow up after discharge OPMH** - the proportion of people under the CPA who were followed up within seven days of discharge from psychiatric in-patient care during the period dropped below the 95% standard in September with 89.5%.
- **Referrals receiving 1st treatment within 7 weeks OPMH** – performance declined significantly in September compared to 93.5% reported in August. Trust not achieving standard.
- **Delayed transfers of care OPMH** – trust not achieving standard with 8.7%, however this represents significant improvement over last 2 months, compared to 18.4% reported in July.
- **Referrals receiving 1st treatment within 7 weeks Learning Disabilities** – Trust continue to maintain standard.

50 / 179 trusts

25 / 170 trusts

N/A

N/A

N/A

N/A

N/A

N/A

Quality services, better health



BLANK PAGE

