

Report to the NHS Somerset Clinical Commissioning Group on 30 June 2022

Title: GOVERNING BODY QUALITY, SAFETY AND PERFORMANCE EXCEPTIONS REPORT 2021/22 1 April 2021 – 30 April 2022	Enclosure G
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Version Number / Status:	1
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Summary and Purpose of Paper

Following discussion at the Finance and Performance Committee meeting held on 17 May 2022, the enclosed paper provides a summary of escalation issues for quality and performance against the constitutional and other standards, for the period 1 April 2021 to 30 April 2022, and provides a detailed summary for the following areas:

- Quality indicators
- Primary Care
- Urgent and emergency care
- Elective care
- Mental health

Recommendations and next steps

The Somerset CCG Governing Body is asked to discuss the performance position for the period 1 April 2021 to 30 April 2022.

Impact Assessments – key issues identified

Equality	Equality and diversity are at the heart of Somerset Clinical Commissioning Group's work, giving due regard to eliminate discrimination, harassment, and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, in its functions including performance management.
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Quality	Decisions regarding improvements against the performance standards are made to deliver regarding the best possible value for service users.			
Safeguarding	We are dedicated to ensuring that the principles and duties of safeguarding children and adults are applied to every service user and that safeguarding is integral to service development, quality improvement, clinical governance, and risk management arrangements.			
Privacy	No issues identified.			
Engagement	All discussions regarding performance improvement have been detailed in the enclosed report.			
Financial / Resource	The revenue resource allocation figure is £1,112,289,000, which now covers the full 2021/22 financial year			
Governance or Legal	Financial duties of Somerset Clinical Commissioning Group not to exceed its cash limit and comply with relevant accounting standards.			
Sustainability	The CCG has a responsibility to provide high quality health care whilst protecting human health minimising negative impacts on the environment. The Somerset ICS Green Plan 2022-2025 is a mechanism to take a coordinated, strategic, and action-orientated approach to sustainability. This includes core work elements around sustainable healthcare, public health and wellbeing, estates and facilities, travel and transport, supply chain and procurement, adaptation and offsetting and digital transformation.			
Risk Description	The Somerset Clinical Commissioning Group must ensure it delivers financial and performance targets.			
Risk Rating	Consequence	Likelihood	RAG Rating	Risk ID
	2	4	8	19

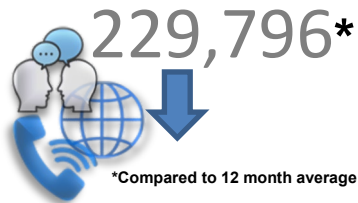
Somerset System overview – April 2022



Somerset

Clinical Commissioning Group

Primary Care –
GP
contacts/demand



Answered within
60 seconds or less

43.5%



Cat 1 **11.7 min**
Cat 2 **81 min**
Cat 3 **205.2 min**
Cat 4 **201.1 min**

Mean response time

4 hours

A&E

60%

Total A&E
Attendance

22,390



Somerset

NHS Foundation Trust

4 hours

A&E

53%

Total A&E
Attendance

6,354



Yeovil Hospital
Healthcare

4 hours

A&E

78%

Total A&E
Attendance

5,012



Total
emergency
admissions

5,149

837

Re-admissions
within 30 days
of discharge

Somerset System overview – April 2022



Referral to treatment

12,381

Clock starts 

61.2% <18 weeks

2,820 people waiting >52 weeks

666 people waiting >78 weeks




Diagnostics

Waiting list

12,743

>6 weeks 3,891

30.5%



Cancer Total


2ww

2,478

2ww performance **66.5%**

62 day performance **72.2%**

28 day FDS performance **74.1%**



IAPT - Improving Access to Psychological Therapies

access (roll-out) **651**


67% moving to recovery

CYPMH
Children and Young People's Mental Health

access ***4,115**

*national data, rolling 12 months to February , one contact.

100% of patients waited <=24 hours to be seen by the Home Treatment Team



***95.5%** of patients on CPA had an annual review

*March data

Somerset System overview – April 2022

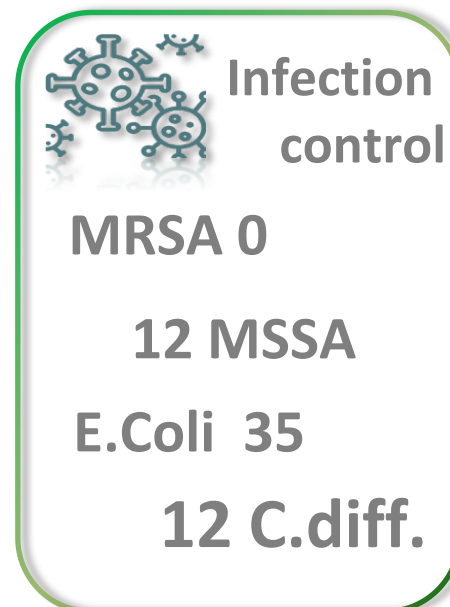
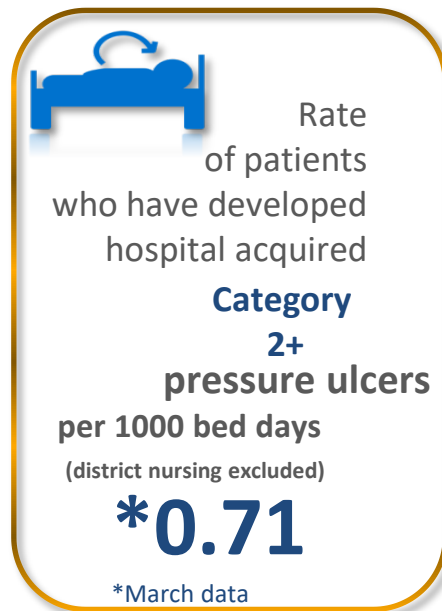
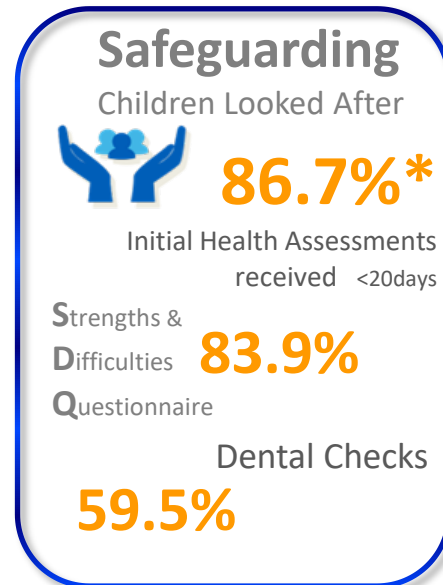


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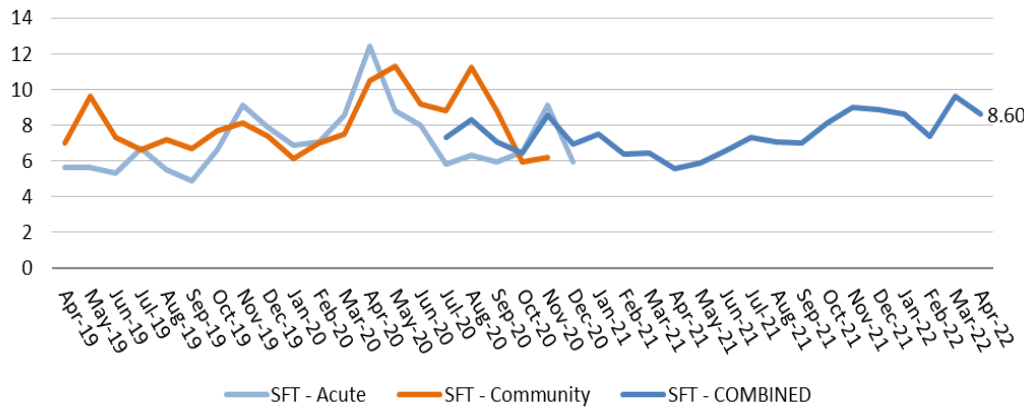
Quality Reporting



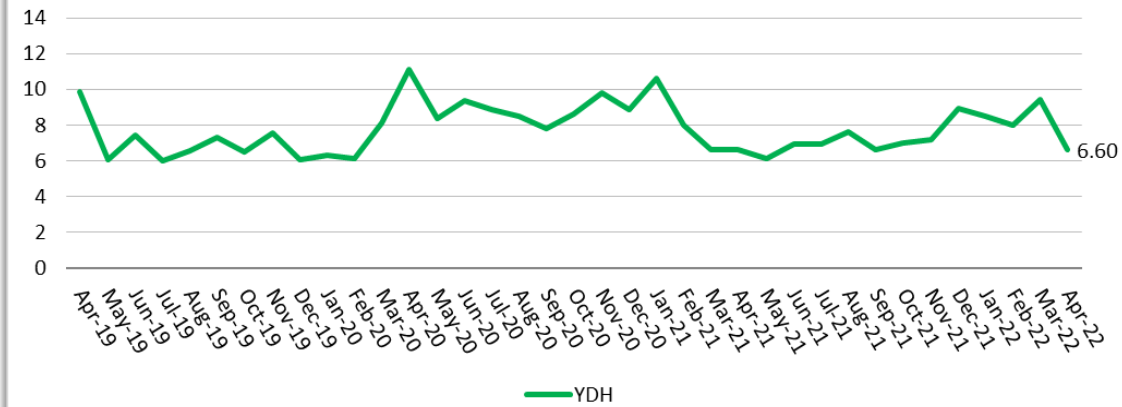
Somerset

Clinical Commissioning Group

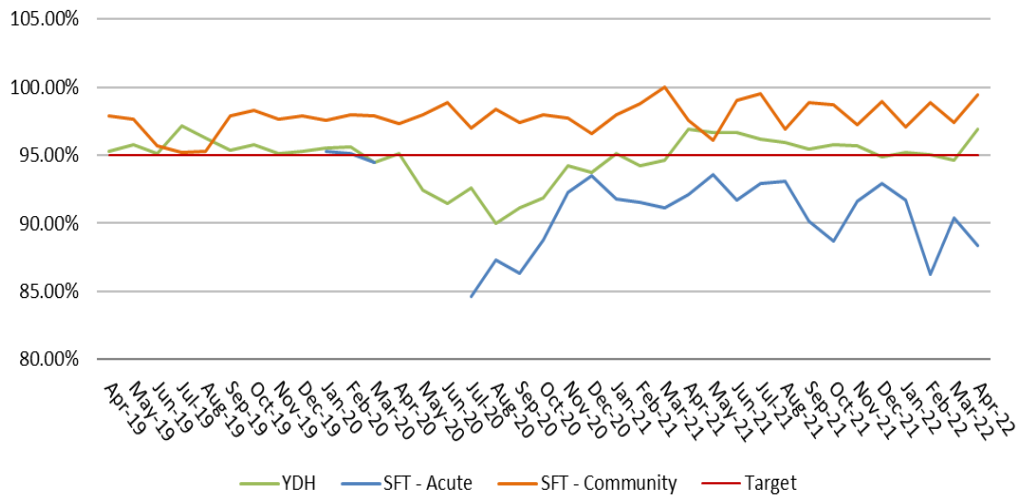
**Somerset Foundation Trust -
Rate of slips, trips and falls (irrespective of grade)
per 1000 beds**



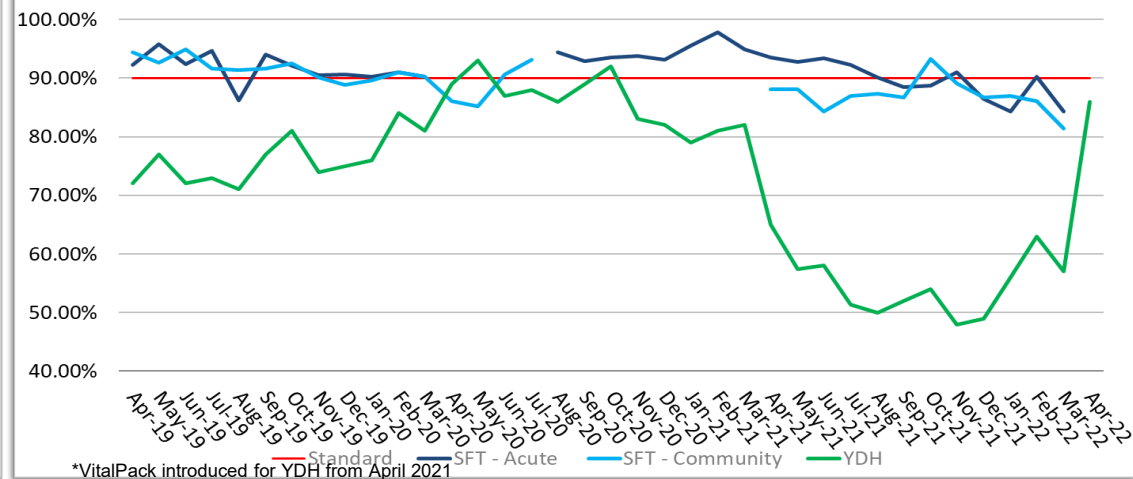
**Yeovil District Hospital Trust-
Rate of slips, trips and falls (irrespective of grade)
per 1000 beds**



**% of adult patients having a Venous Thromboembolism
assessment within 24 hours of admission**



**% of adult inpatients reported as having had nutrition
screening using a validated tool**

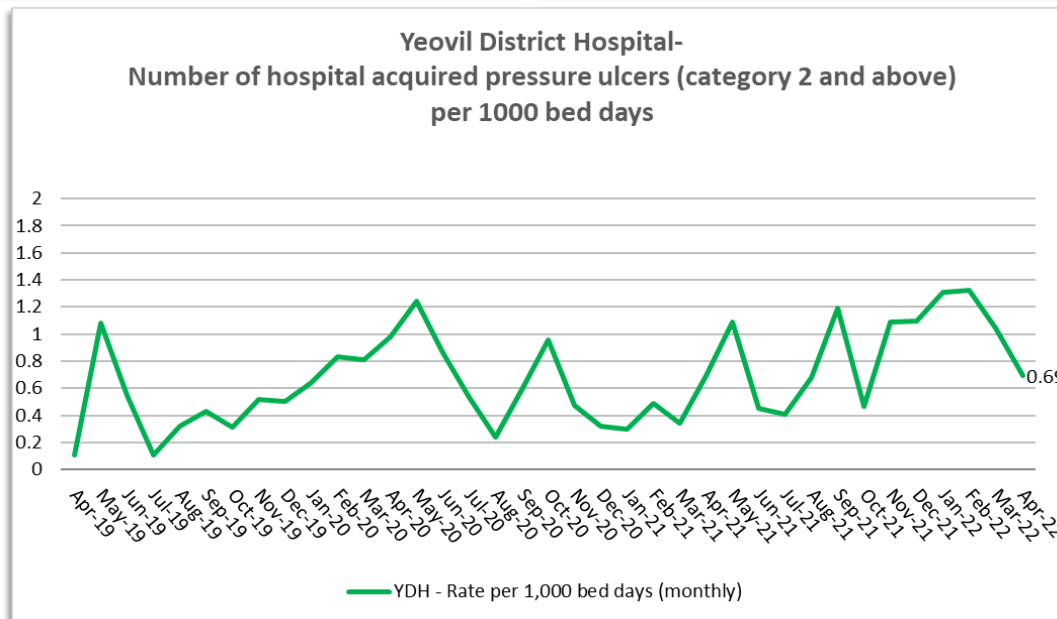
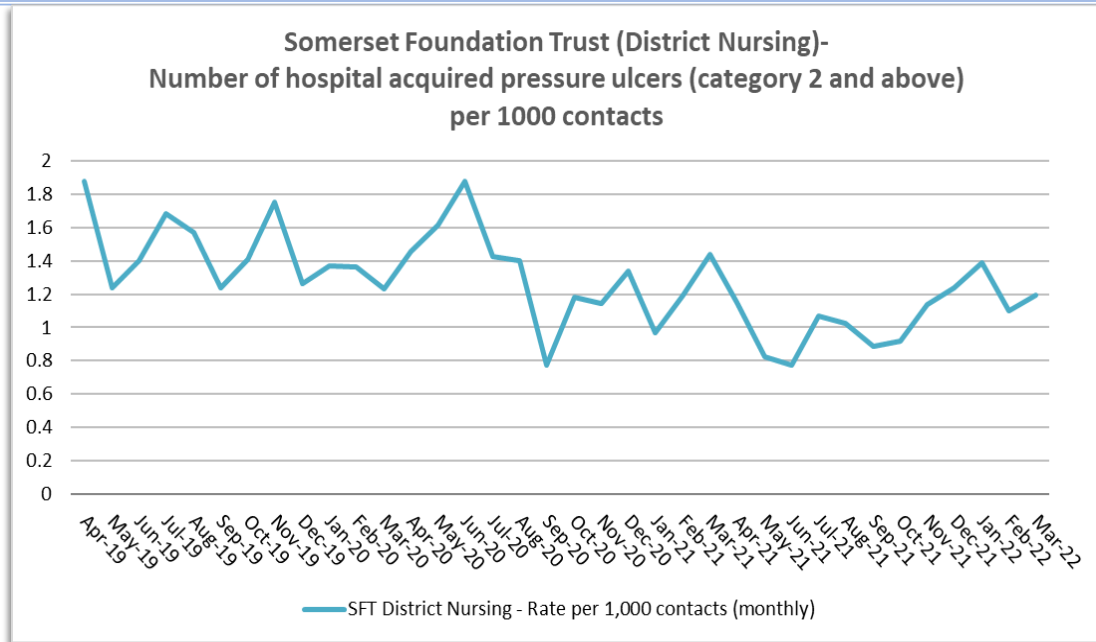
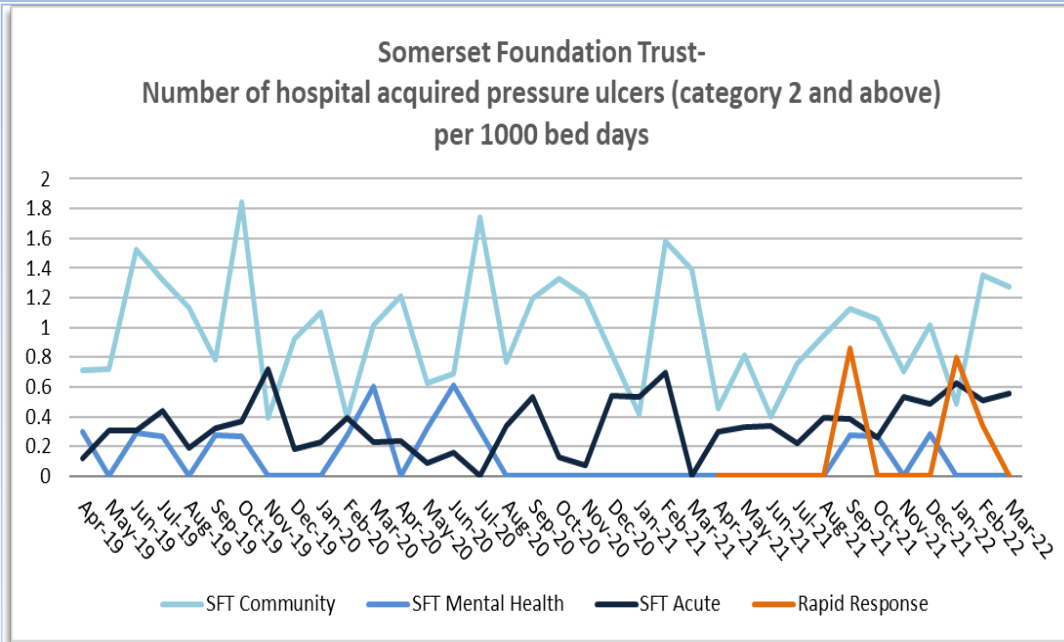


*VitalPack introduced for YDH from April 2021

Quality Reporting



Somerset
Clinical Commissioning Group

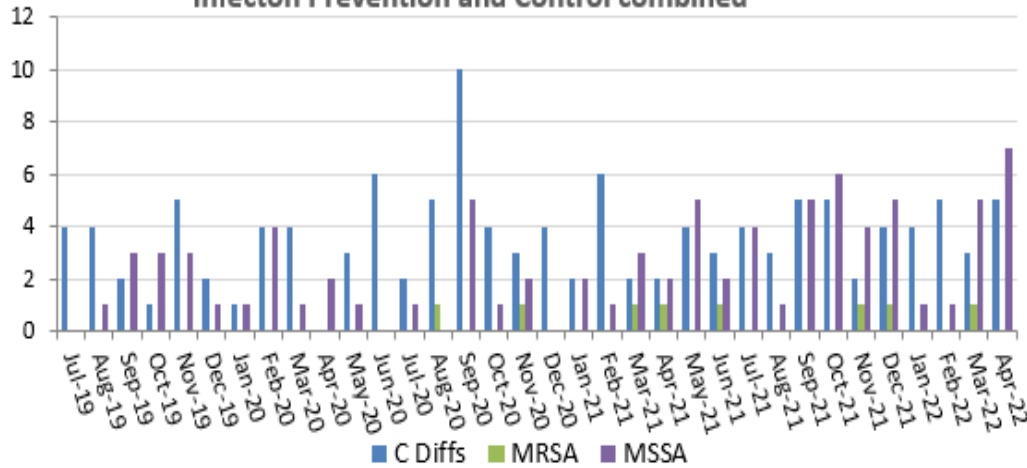


Quality Reporting

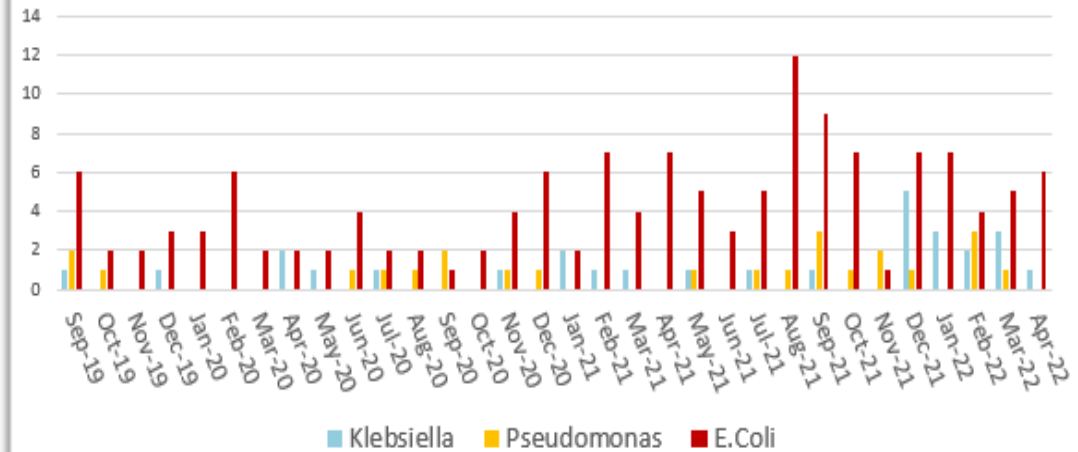


Somerset
Clinical Commissioning Group

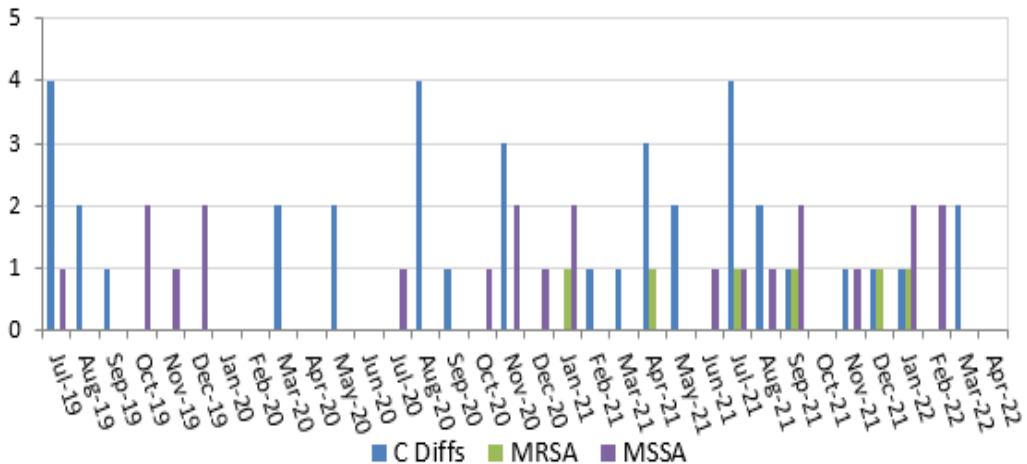
Somerset NHS Foundation Trust
Infection Prevention and Control combined



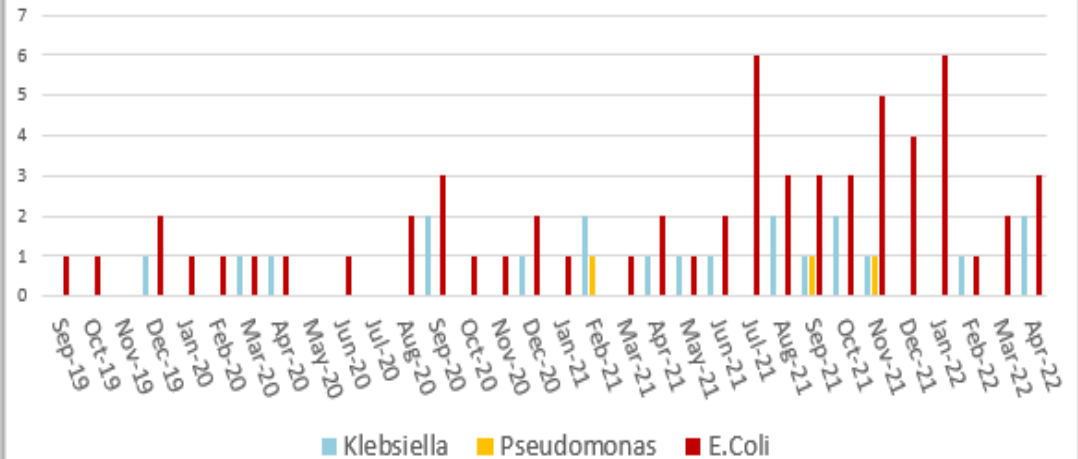
Somerset NHS Foundation Trust
Infection Prevention and Control combined



Yeovil District Hospital NHS Foundation Trust
Infection Prevention and Control combined



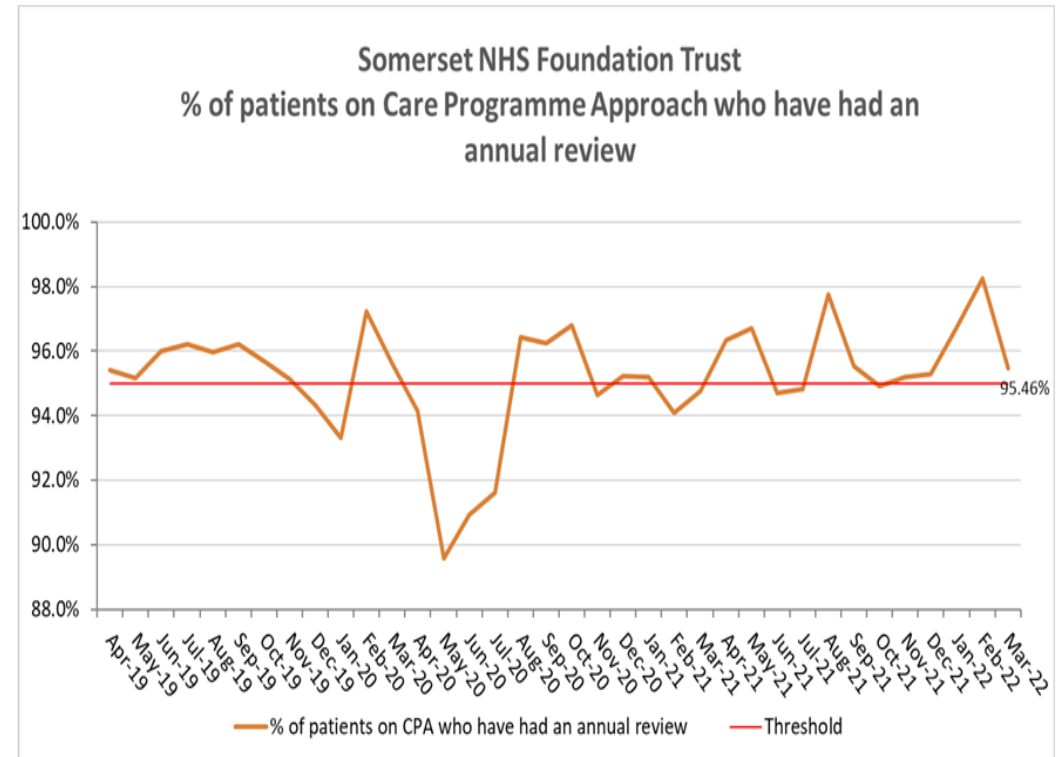
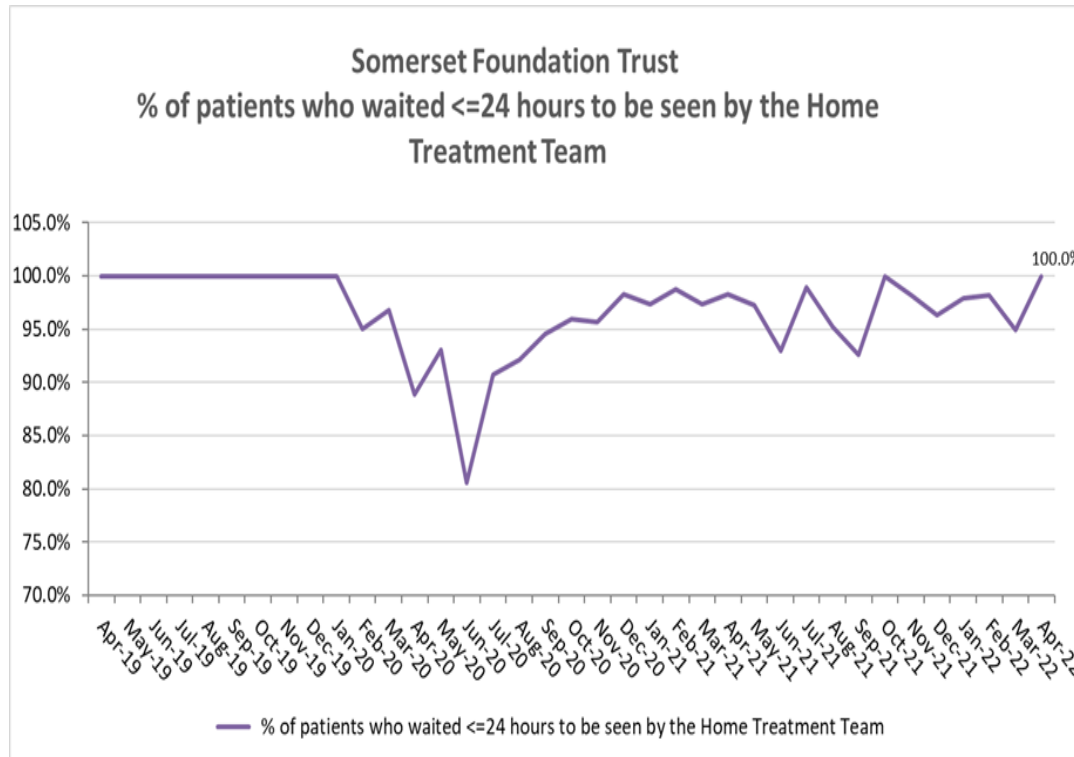
Yeovil District Hospital NHS Foundation Trust
Infection Prevention and control combined



Quality Reporting



Somerset
Clinical Commissioning Group

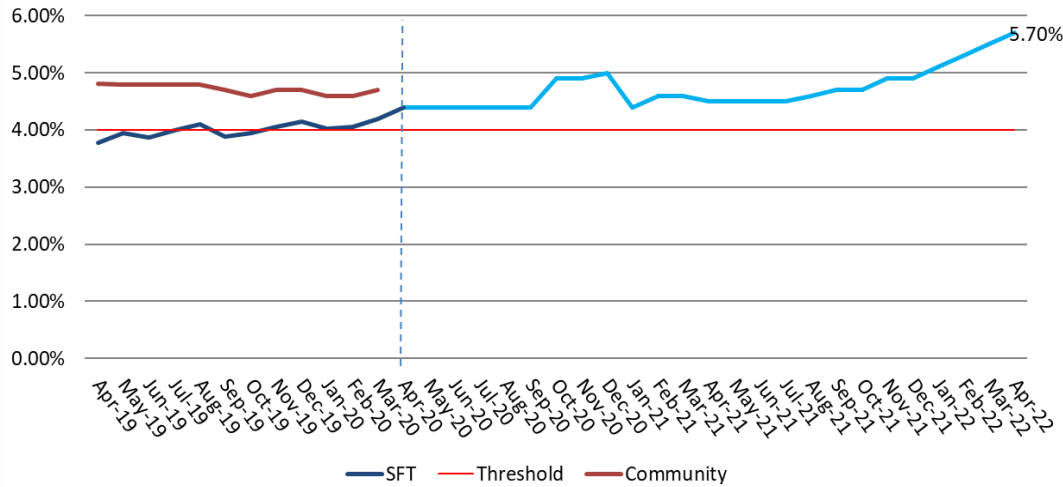


Quality Reporting

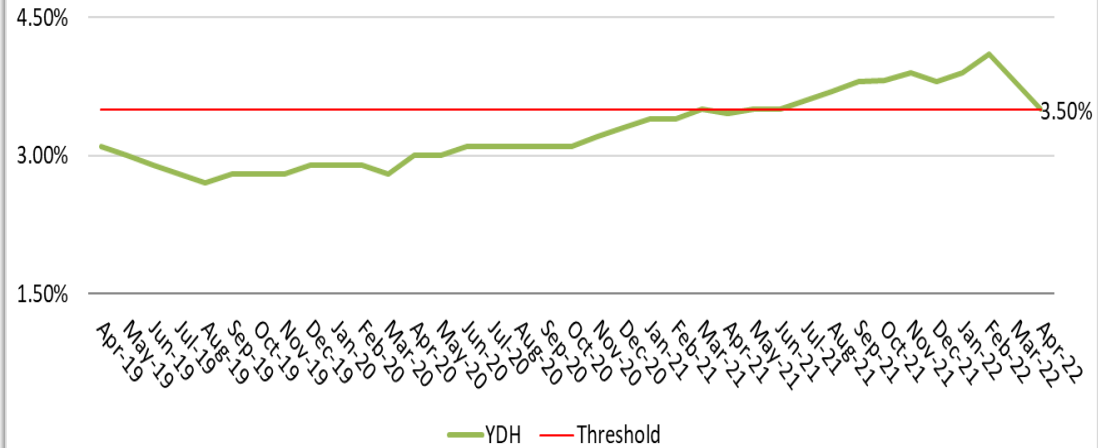


Somerset
Clinical Commissioning Group

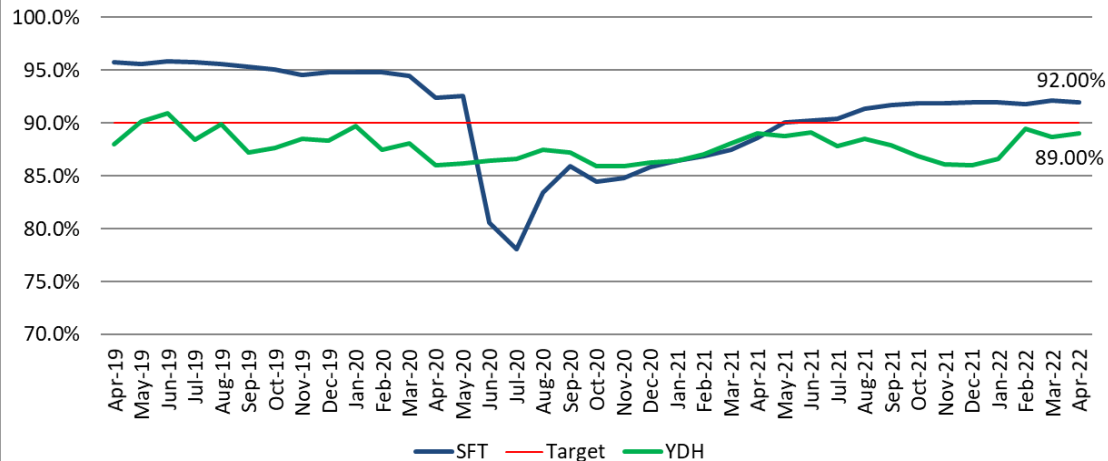
Somerset NHS Foundation Trust
Percentage Staff Absence Rate (including isolation)



Yeovil District Hospital NHS Foundation Trust
Percentage Staff Absence Rate (including isolation)



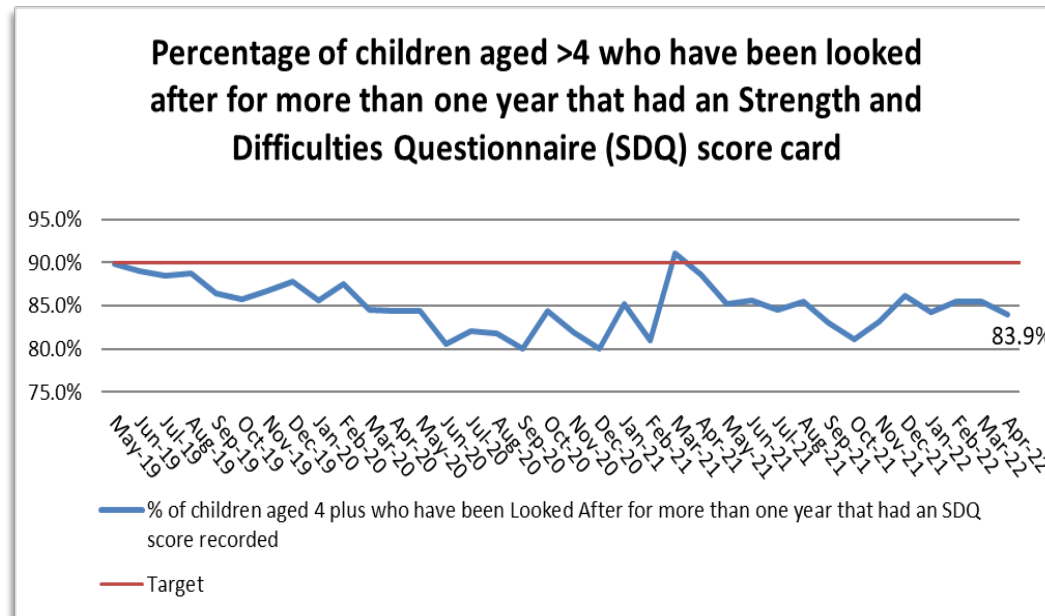
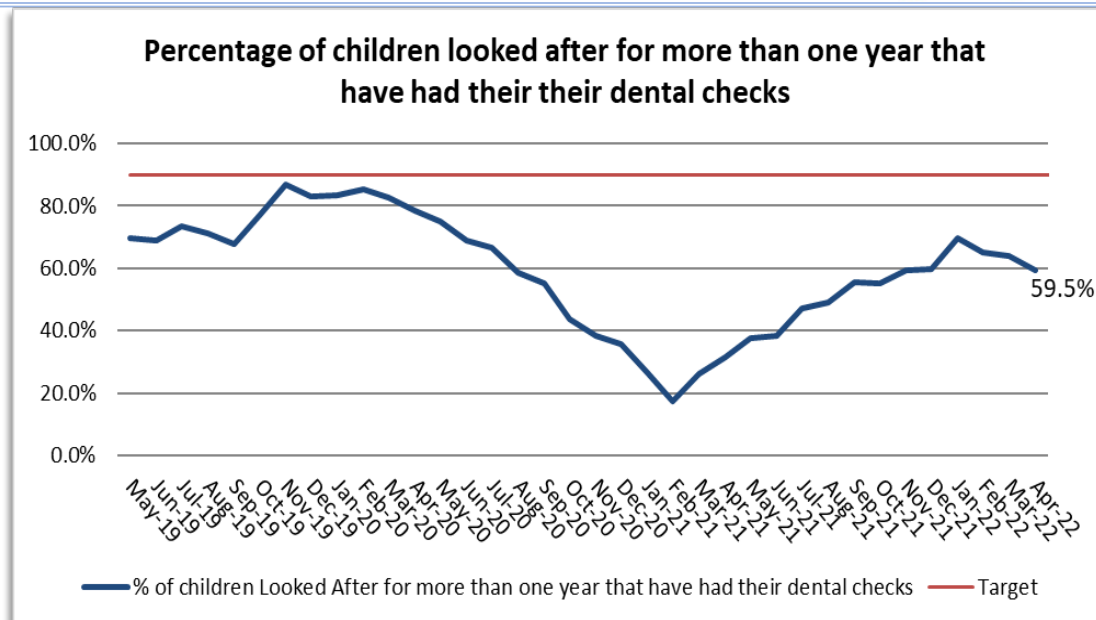
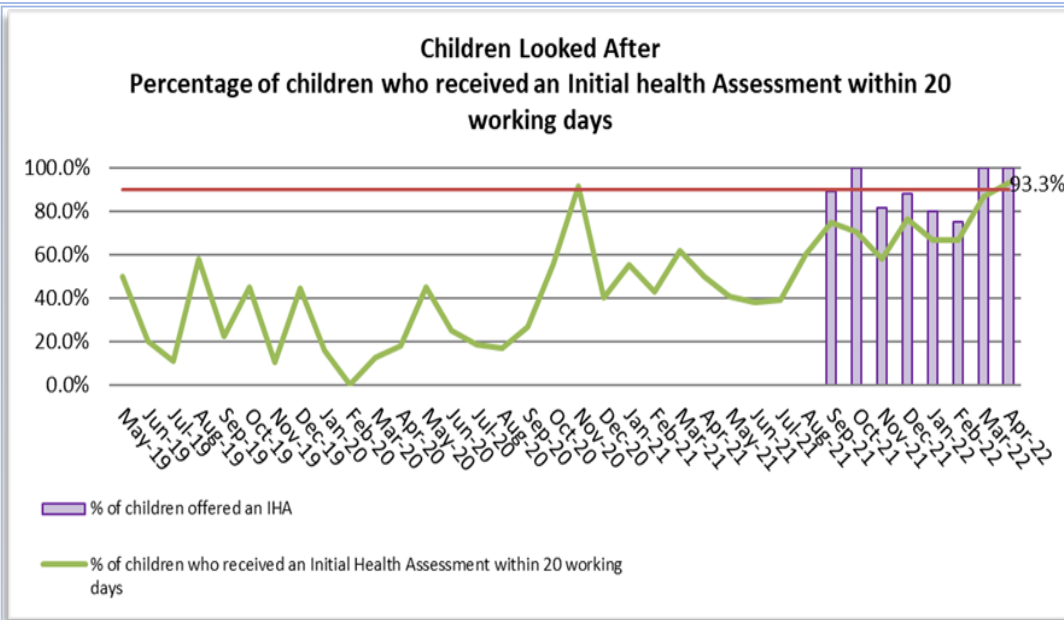
Somerset NHS Foundation Trust
Percentage of all staff who have completed all mandatory training



Quality Reporting



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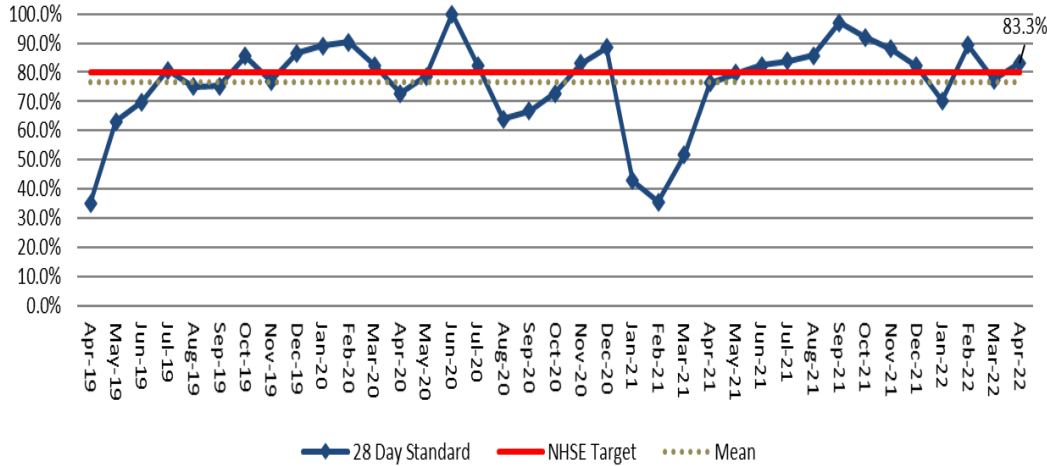
Quality Reporting as at April 2022



Somerset
Clinical Commissioning Group

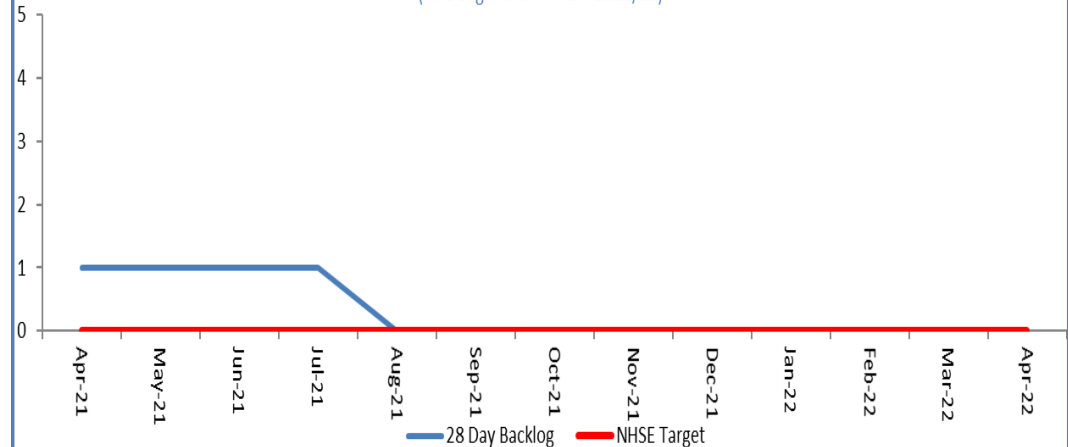
CHC 28 Day Standard

(NHS England KPI)



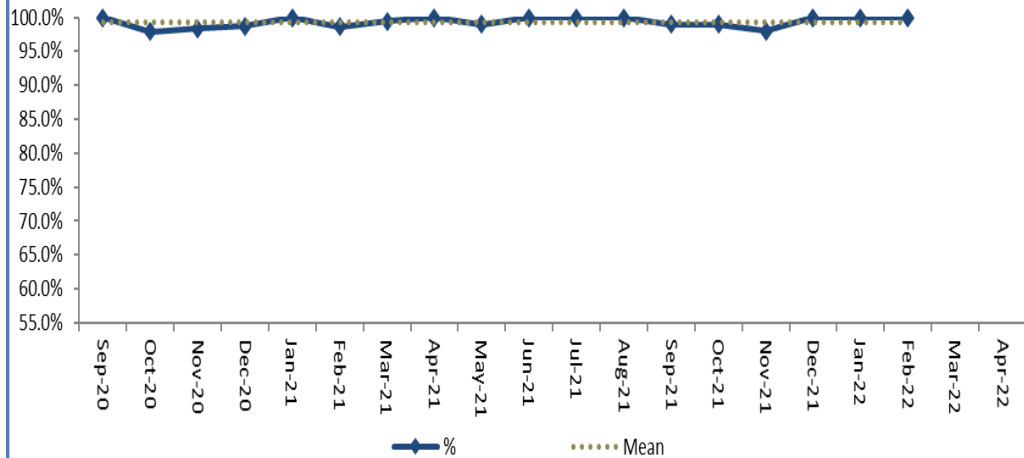
CHC 28 Day Backlog

(NHS England KPI - NEW 2021/22)

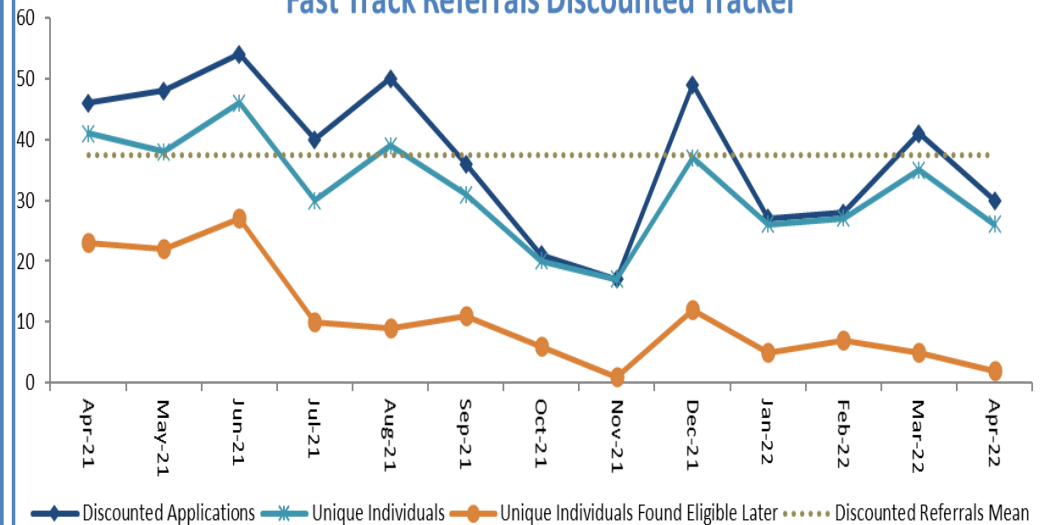


This KPI relates to those CHC Cases unconcluded on the last day of each month, where the Case is exceeding 28 days by 12+ Weeks.

% of Fast Track Referrals Ratified within 24 Hours



Fast Track Referrals Discounted Tracker



Please note: The March/April 2022 data associated with % of Fast Track applications that were ratified within 24 hours is currently being reviewed following the implementation of PLDS.

Clostridium Difficile (C-Diff. is bacteria that can infect the bowel and cause diarrhoea. Most commonly affects people who have recently been treated with antibiotics.) There has been a national increase in C-Diff. infections resulting in a regional collaborative initiative to identify trends, themes etc. to ascertain development initiatives aimed at the reduction of C-Diff. nationally. Over Trajectory for MRSA BSI and C diff – Somerset CCG employed a Microbiologist to support these workstreams

C-Diff	March	April
HOHA (Hospital onset health care associated)	3	6
COHA (Community onset health care associated)	4	1
Primary Care	2	5

Methicillin-resistant Staphylococcus Aureus (is a bacteria that is resistant to certain antibiotics, these antibiotics include methicillin. MRSA lives on the skin and in the nose but can cause infection when it gets the opportunity to enter the body for example a wound or indwelling device site). Over Trajectory for MRSA BSI and C diff – employed a Microbiologist to support these workstreams

MRSA	March	April
HOHA	0	0
COHA	1	0
Primary Care	1	0

Methicillin-susceptible Staphylococcus Aureus (MSSA is a type of bacteria which lives harmlessly on the skin and in the nose and usually causes no problems, but can cause an infection when it gets the opportunity to enter the body, for example a wound or indwelling device stie)

MSSA	March	April
HOHA	5	6
COHA	1	1
Primary Care	14	5

Quality Reporting

Since 2017 there are ambitions set by the Government to reduce the number of cases and need to be reported on and there is System wide work we are currently involved in.

Escherichia coli (E-coli colonises the gut as part of the natural flora, it is easy for patients to infect themselves with E. coli, especially if they have open channels such as urinary and peripheral catheters, wounds, are immunosuppressed etc. and their hand hygiene is not adequate.) Pseudomonas and Klebsiella are organisms within the E-Coli structure and from September 2022 individual thresholds have been identified for these organisms.

E-coli	March	April
HOHA	4	6
COHA	0	4
Primary Care	28	25

Pseudomonas Aerugionosa (Part of the E-Coli family, they cause many types of infections including as respiratory and urinary

Pseudomonas	March	April
HOHA	0	1
COHA	1	0
Primary Care	3	1

Klebsiella (Part of the E-Coli family, they typically present as respiratory and urinary infections.

Klebsiella	March	April
HOHA	4	5
COHA	1	0
Primary Care	6	8

Falls:

- Somerset FT –The recently appointed falls lead has commenced various audits (including bedrail, lying and standing blood pressures).The results from each audit will be fed back to the wards and the identified actions will be monitored. The falls lead is reviewing educational needs for all clinical colleagues. They also continue to work with the Quality and Improvement team on a ward-based pilot for post-falls debriefs, which will also help to identify themes and inform necessary actions. An overarching action plan for falls is being developed and will be reviewed at the next falls meeting in May 2022.
- Due to system wide pressures it is thought that the steady high numbers of falls are relating to emergency patients requiring admission and increases in the number of medical patients with complex needs who have been placed on surgical or other medical wards, which do not always have the appropriate skill mix or experience of such patients, Exacerbating factors have included reduced staffing due to absences, particularly impacting on the ability to provide 1:1 care, along with the increased acuity and dependency of patients, however shows signs of improvement compared to the pervious reported month of March.
- YDH FT -There has been a very slight decrease in falls this month and the Trust are still maintaining the improvement work with a Rapid Response Team attending falls, working in bays at night and many other differing projects across the organisation.
There are concerns that the current pressures within the organisation may have a negative impact going forward with bed pressures, higher acuity (intensity of nursing care required by patient), Covid-19 isolation and social distancing and staff sickness and absence.

Venous Thromboembolism (VTE)

- Somerset FT – VTE assessments have increased but remain below target within the acute setting but have remained above the 95% target within the community.
- There has been a recent agreement for a VTE improvement programme to take place. There have been challenges in co-ordinating the improvement work due to the clinical leads required in inpatient areas. A digital solution is being developed but this has been delayed due to not being able to technically meet need and the in house team are now reviewing and developing this, work ongoing for improvement without digital solutions continues.
- YDH FT -The trust have decided to continue with the current way of completing and auditing VTE, and are currently not going to a digital solution. Performance is above the standard in April 2022

Pressure Ulcers

Pressure Ulcers information for both the trusts will differ from previous results due to the validation work that is undertaken on each incident.

The trusts are looking at introducing a rapid review process similar to the falls process to improve pressure ulcer rates.

- Somerset FT - The Pressure Ulcer Networking Group has re-started and this will focus on education and prevention in the community. There is a need for wider collaborative working, and the first meeting was successful in this and there are high levels of engagement to improve the community situation. Mental Health have reported zero cases of pressure ulcers in April
- YDH FT – Rates are decreasing since February, which is an improvement.

Mandatory Training

- Somerset FT - Mandatory training continues to improve, going above the 90% target, 92% in April. This is due to a review of the training needs and a change in the delivery of the training.
- YDH FT - Mandatory training continues to be under the 90% target, however showing an improved position at 89% in April. The Trust is working to improve this where possible. Clinical demand remains a challenge against completing mandatory training.

Nutritional Screening

- Somerset FT - Nutritional screening assessments have increased this month in the acute setting (achieved the 90% standard) as well as in the community settings. Integration of the Nutrition and Hydration groups across both organisations, are looking at improvements and training.
- YDH FT - Nutritional screening remains below the 90% standard, however it has improved significantly in April to 86%. Integration of the Nutrition and Hydration groups across both organisations, looking at improvements and training.

Quality Reporting



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Mental Health

The “percentage of patients on Care Programme Approach who have received an annual review” has remained static (reporting 95.46% in March and 95.5% in April).

From 1 April 2022 all SFT mental health services moved to a new care planning regime. This means that Rio (the patient management system) has been updated, with CPA being removed and replaced with DIALOG+ which is where all care plans will be recorded going forward. One of the advantages of this change is that it should be easier to share a patient care plan with the patient’s GP practice. As CPA is no longer present within the system all open caseloads will now require a care plan whether they were previously a CPA level 2 case or not. A consequence of this might be decreasing compliance whilst services/teams proactively update each record where CPA care plans and/or risk assessments will not have been present before the change. It is not possible at this early stage to predict the impact on performance, but a proposal setting a trajectory to track progression towards the agreed reporting standard is being worked up and it is closely monitored by senior MH managers. It is a radical change and SFT is a frontrunner in its comprehensive implementation approach, which brings its own challenges. As a CCG we are also waiting for guidance as to how the KPI will be adjusted accordingly.

The “percentage of patients who waited <=24 hours to be seen by Home Treatment Team” performance in April is 95% as compared to performance in March of 94.9%.

Workforce

Overall trusts sickness and absence is static, however, pressures on the organisations remain due to Covid-19, isolation and working pressures. The trusts have invested greatly in health and wellbeing for staff and are supporting staff where needed.

Children Looked After (CLA)

Initial Health Assessments within 20 days the trend for this metric continues to increase due to the improved tracking of these assessments by Somerset FT

Dental assessments performance had again declined and access for CLA and Care Leavers continues to be an issue in Somerset. This will be reported as a risk and has been raised with NHS E/I. It will also be raised for discussion at the Corporate Parenting Board on 11.05.2022 to ensure SCC support their Social Workers to facilitate the statutory assessments

Number of children who became Looked After in April 2022 - **15**

Number of children who left care before 20 working days - 0

Number of children who were offered but declined an Initial Health Assessment - **0**

Total number of children eligible for an Initial Health Assessment - **15**

Total number (and percentage) of children **offered** an Initial Health Assessment within 20 working days - 15 (**100%**)

Total number (and percentage) of children who **received** an Initial Health Assessment within 20 working days – 14 (**93.3% of total number of children who became looked after in month**)

Continuing Health Care

Background

The focus of NHS England’s CHC Assurance during 2021/22 will be on the system recovery and recovering performance on the following standards:

28 Day Standard - =>80% of Referrals are concluded within 28 Days;

28 Day Backlog – Ensuring there are no referrals breaching 28 days by more than 12 weeks;

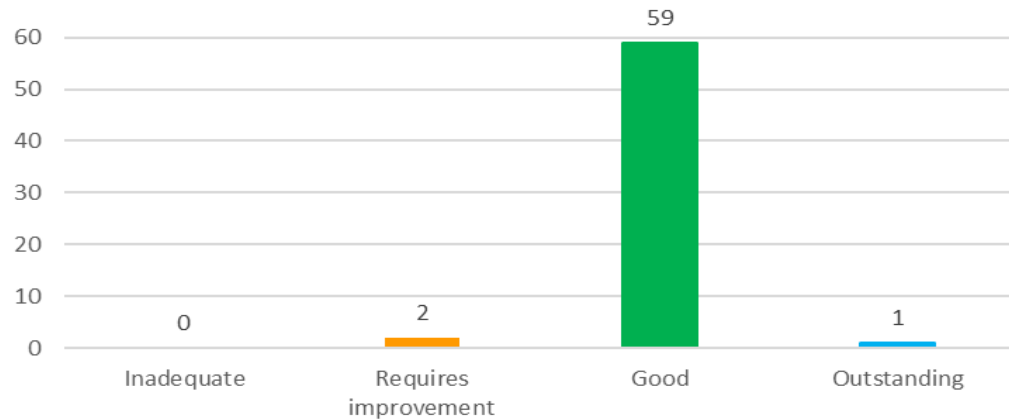
28 Day Standard

The top left graph provides a summary of CHC performance attainment against this KPI since Quarter 1 2018/19. Monthly performance attainment since June 2021 has been in excess of the 80% target, apart from January and March with performance in April 2022 being recorded at 83.3%. It is worth noting that performance for Q4 2021/22 was recorded at 78% against a target of 80%. This reduction is associated with CHC Assessors being redeployed to support the CCG’s ongoing COVID response.

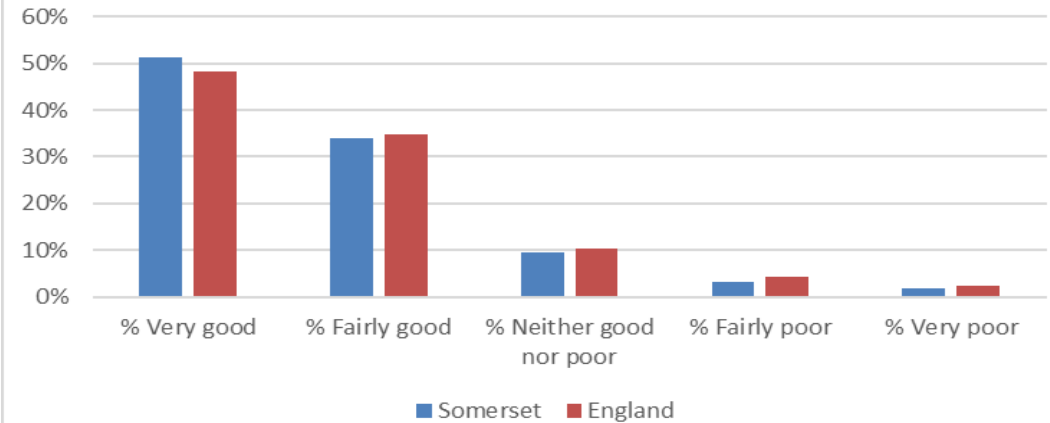
28 Day Backlog (CHC Cases Exceeding 28 Days by 12+ Weeks)

The top right Graph provides a summary of CHC data against this NEW KPI introduced at the beginning of 2021/22. Monthly performance attainment since August 2021 has been recorded at no referrals exceeding 28 days by more than 12 weeks.

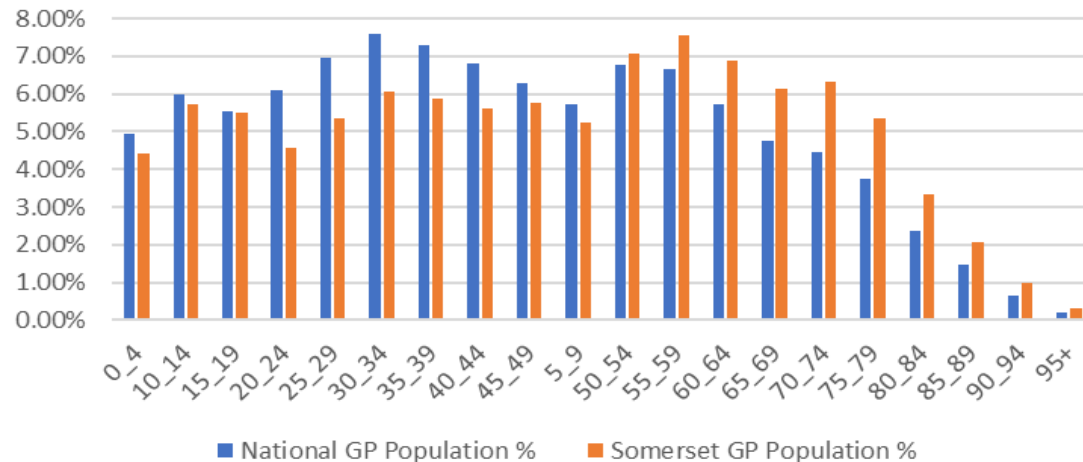
CQC Ratings of Somerset GP Practices as at April 2022



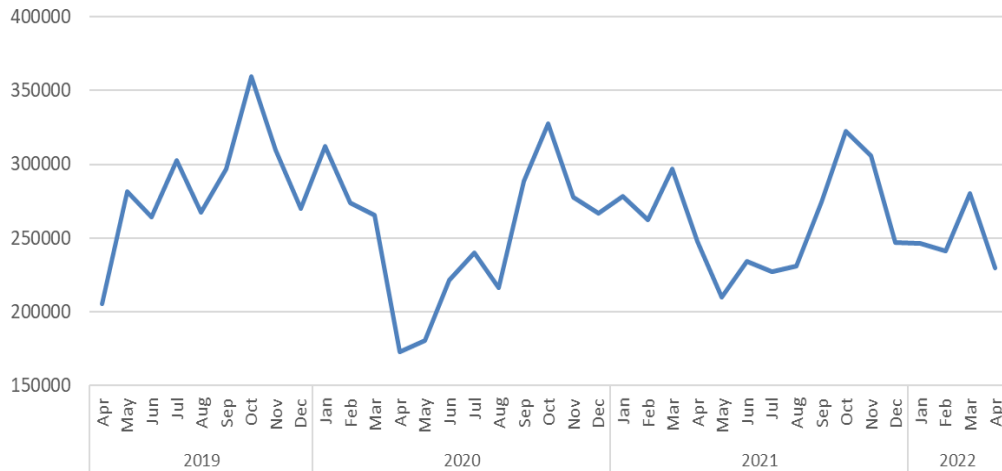
Patient Experience of GP Services 4th January-6th April 2021



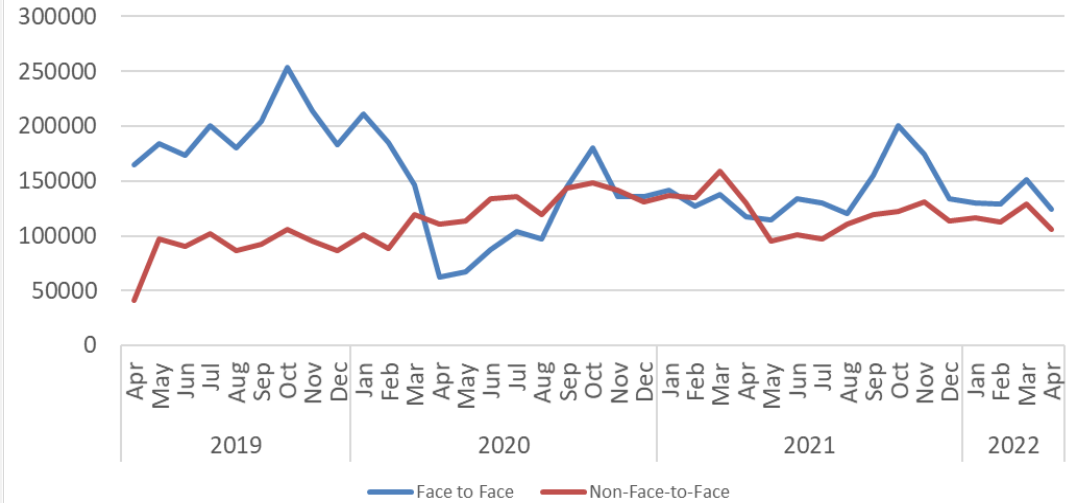
Registered Populations by age group (Somerset and National) as at 1st May 2022



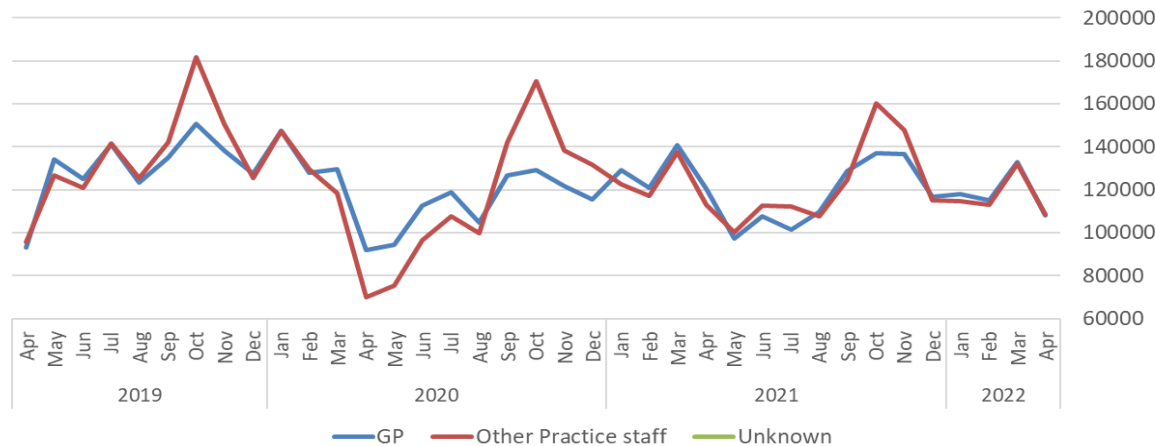
Volume of Consultations 2019-2022



Contacts by Appointment Type

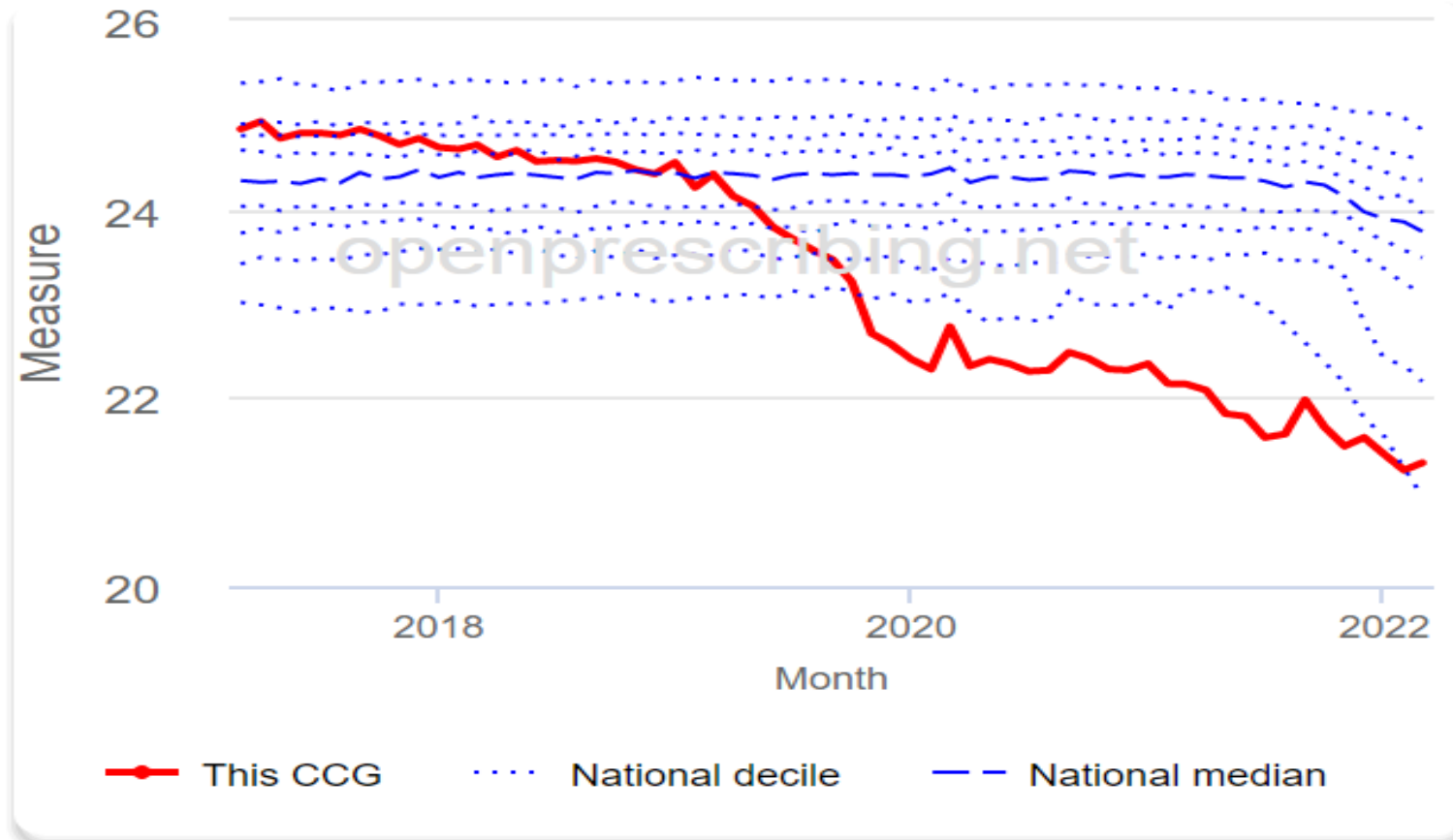


Volume of Consultations by Health Care Practitioner Type



Please Note: GP appointment Data from May 2021 onwards is incomplete, this is due to the National System under-reporting for Somerset. This is signified on the graphs by the red dashed line

Mean carbon impact (kg CO₂e) per salbutamol inhaler prescribed



CQC ratings

We continue to have no practices rated 'Inadequate'. We have two practices rated as 'Requires Improvement'; Burnham & Berrow Medical Centre and Frome Medical Practice.

Patient experience

Somerset continues to perform better than the national result on overall patient satisfaction with GP services. A comprehensive programme of access improvement is being overseen by the Primary Care Commissioning Committee. This is also part of the national GP Access Plan and associated Winter Access Fund.

Demographic

The GP registered population of Somerset is significantly older and has a higher level of healthcare need than the national distribution.

Consultations

Patient demand is high. Patients who need to be seen face to face continue to receive this type of appointment, which constitutes 52.6% of consultation types as at April 2022 (national average is 63%). Approximately half of the GP practices reported OPEL 3 (Operational Pressures Escalation Levels) levels in April, where demand/staff absence is sufficiently high that daily workload cannot be managed even with available additional resources; the practice can cope short term but is likely to utilise other services more than usual

Medicines management

Somerset CCG has developed the Somerset Medicines Green Carbon Footprint Strategy which covers a wide range of greener medicine projects, including a shift to lower carbon inhalers.

Salbutamol metered dose inhalers (MDIs) are the single biggest source of carbon emissions from NHS medicines prescribing. The medicines management team has lead the systemwide reduction in mean carbon emissions per salbutamol inhaler prescribed (kg CO₂e). See graph on slide 17.

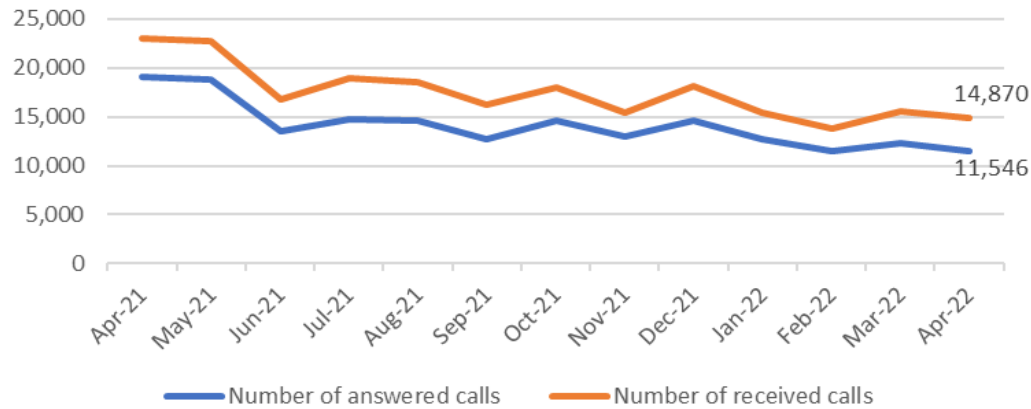
Somerset is now one of the best performing systems in the country on this indicator and the leading user of Easyhaler®, the world's first certified carbon neutral inhaler.

Emergency – NHS 111 Performance

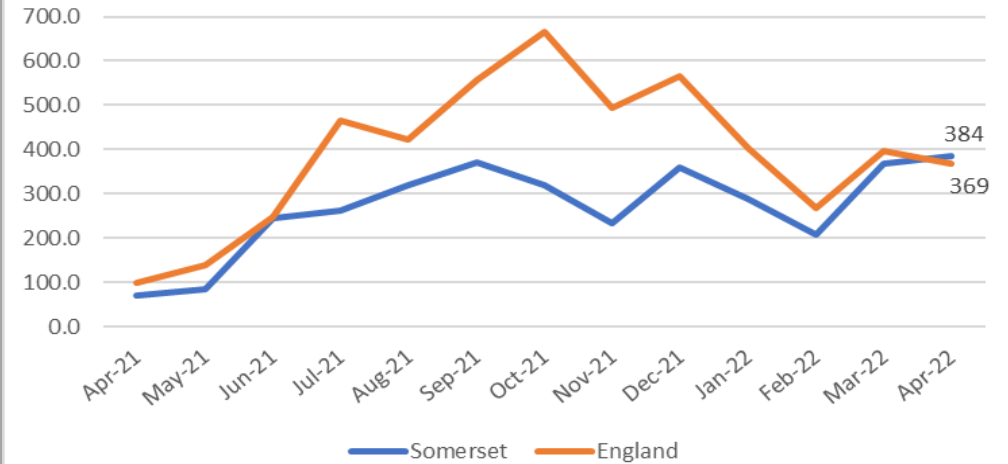


Somerset
Clinical Commissioning Group

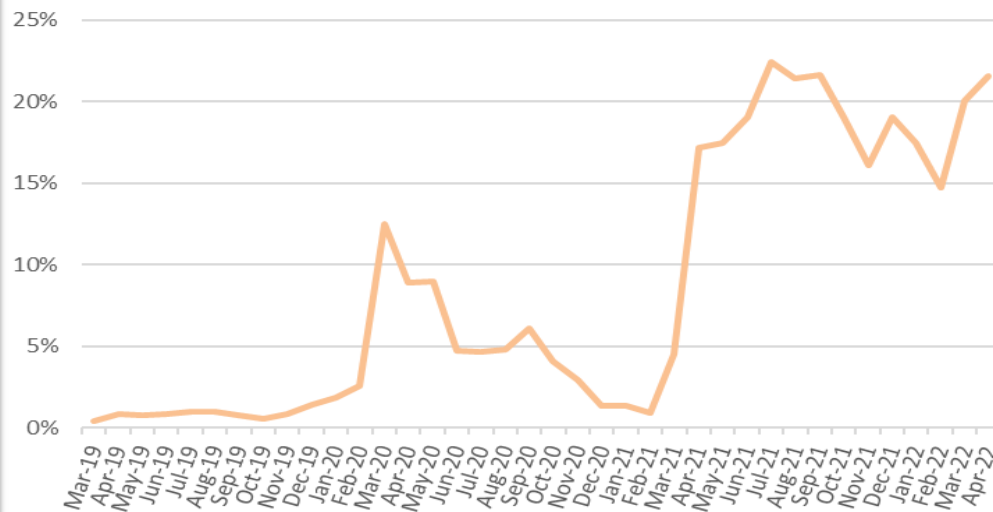
Demand into NHS 111 Somerset



Average speed to answer calls (seconds)



MDS Abandoned calls as a percentage of total calls offered (target <5%)



% of Calls Answered Within 60 Seconds



Emergency – NHS 111 and Integrated Urgent Care Service



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Somerset Integrated Urgent Care Service (IUCS) consists of a number of service elements: NHS 111 alongside what was previously known as the GP Out of Hours Service, which now consists of Clinical Assessment Service (triage) and face to face (treatment centre or home visit). The lead provider for the Somerset IUCS is Devon Doctors Ltd (also known locally as Meddcare Somerset)

Performance – Background Information

Information in relation to Somerset IUCS featured in this report includes the published statistics for March 2022. The IUC ADC (Integrated Urgent Care Aggregate Data Collection) data set changed in April 2022 with a revised list of key performance indicators as well as revisions to a number of the underlying metrics. Meddcare Somerset has identified a number of data quality issues in their reporting of this new data set, particularly concerning triage performance (KPI5), which is now being resolved with data revised accordingly. For this reason we are unable to use the published provisional data for April 2022, as is the norm. For this report, therefore, revised provisional April KPI data direct from Meddcare is reported. The CCG Commissioning Manager and Performance Team has met and continues to meet monthly with Devon Doctors Data Team to understand the IUC ADC process and, at the next meeting, 14 June 2022, will be seeking further assurance on data integrity.

Somerset 111

Somerset NHS 111 is delivered primarily via Practice Plus Group (formerly known as Care UK) through a sub-contracted arrangement with Devon Doctors Ltd. PPG's 111 SW service received an 'Outstanding' CQC rating following an inspection December 2021: report published 16 March 2022

Throughout April 2022 there continues to be ongoing pressures within NHS 111 both in Somerset and nationally. Practice Plus Group reports that it's Somerset performance (in terms of % calls answered within 60 secs) was 40.38% for the month against national average of 46.4%. Practice Plus Group's reported abandonment rate for Somerset 111 stood at 16.42% compared to the national average of 15%. Average speed to answer for Somerset stood at 338 seconds with national average at 369 seconds.

Practice Plus Group continues to report significant increase in low acuity daytime activity and cases presented: this is thought to derive from people unable to contact their GP in-hours. Winter symptoms have fallen as has COVID-19 enquiries during most of April. Staffing continues to be impacted by high staff absence coupled with, increased activity and recruitment being below plan. PPG presented its actions to boost call handler recruitment as well as reduce clinician attrition during the Meddcare-led contract meeting 20 May 2022, which the CCG attended. This will continue to be monitored at future monthly meetings.

Practice Plus Group report a strong recruitment envisaged for the next few months. In addition, clinical agency homeworkers are also being inducted to boost current clinical resource. An outcome of improved clinical shift fill will be the reduced need to undertake patient safety calls where call backs are delayed. Currently call handlers are, at times, required to support this additional activity, which, therefore, further reduces call answering performance.

Practice Plus Group reports there being 15 separate periods of National Contingency in April 2022, totalling 97 hours, a 4% increase on March. PPG had 18.5 hours of contingency, covering planned engineering for 5.25 hours, and one instance covering operational pressures for 13.3 hours.

As with other services Somerset IUCS continues to meet ongoing rota fill challenges. This is for a number of reasons including sickness and annual leave related absence; clinician fatigue; home visiting paramedics working extra shifts within the 999 service as well as shift incentives within neighbouring counties' IUC services. Mutual aid is provided via the Devon IUCS service at times: an arrangement reciprocated with Somerset IUCS also lending support on occasions. However, it is worth noting that the need for such support has reduced in frequency as Somerset shift fill, albeit lower than planned, regularly covers all service elements. Meddcare Somerset continues with its clinical resourcing and recruitment work, on which the CCG received an update at the Monthly Contract Review Meeting (MCRM) on 29 April (next update due 28 July 2022 meeting). The CCG is currently supporting Meddcare Somerset to explore rotational clinical roles with UEC and primary care system partners: an initiative discussed and supported at Somerset A&E Delivery Board on 31 May 2022

- In relation to calls answered within 60 seconds (no longer a KPI as removed from the set as of April 2021 though still monitored against England average performance) based on current provisional data, April's performance was at 43.5%, (a 1.4% improvement upon March), England average was 46.4%, March's performance was 42.11% compared to a national average of 44.6%.
- In relation to KPI1: calls abandoned (meaning that of the 111 calls received and reaching 30 seconds after being added into the queue for an advisor, how many callers hung up before they were answered); performance in April has declined by 1.6% to 21.8%. March was 20.2% compared to a national average of 16.8%
- Regarding KPI2: 'average speed to answer' (which replaces the previous 'calls answered within 60 seconds' metric) Based on current data, performance in April was at 384 seconds compared to IUCADC data for March reporting 368.48 seconds. The national average has decreased, from 395.96 seconds in March to 368.94 in April.

The CCG is monitoring 111 access metric performance (as noted above) both in relation to 111 calls taken by Practice Plus Group or Meddcare Somerset as well as the combined position (as noted above) to better understand where improvement opportunities lie. In addition to the recruitment work being undertaken by PPG (as noted in earlier slide) Meddcare recently presented on the work being undertaken for more effective call routing (for those 111 calls routed directly into Meddcare's 111 element such as dental and repeat prescriptions) which will lead to improved call answering and call abandonment rate

- KPI5a: in April 59.8% of patients offered a call back by a clinician within 20 mins (immediately). In March, Somerset's performance was at 60.72% (England average 30.25%).
- KPI5b: in April, 42.9% of patients offered a call back by a clinician within a timeframe over 20 minutes. Comparison with previous month and with national data is not possible, due to the change in underlying metrics for this KPI, resulting in the timescale for the KPI having now expanded to 21 minutes and above from 1st April 2022.
- KPI17: in April, 71.2% of patients received a face-to-face consultation at their home residence within the specified timeframe against the 95% target. Somerset's performance in March was at 64.8%, England average was at 79%
- KPI18: in April, 85.8% of patients received a face-to-face consultation in an IUC Treatment Centre within the specified timeframe against the 95% target. In March, Somerset's performance was at 84.8%, England at 82.0%

Please note that there has been a change in the underlying metrics for KPI5a and KPI5b from 1 April 2022. Due to data quality issues that are currently in the process of being resolved, we are limited in our ability to provide national comparison data for these KPIs.

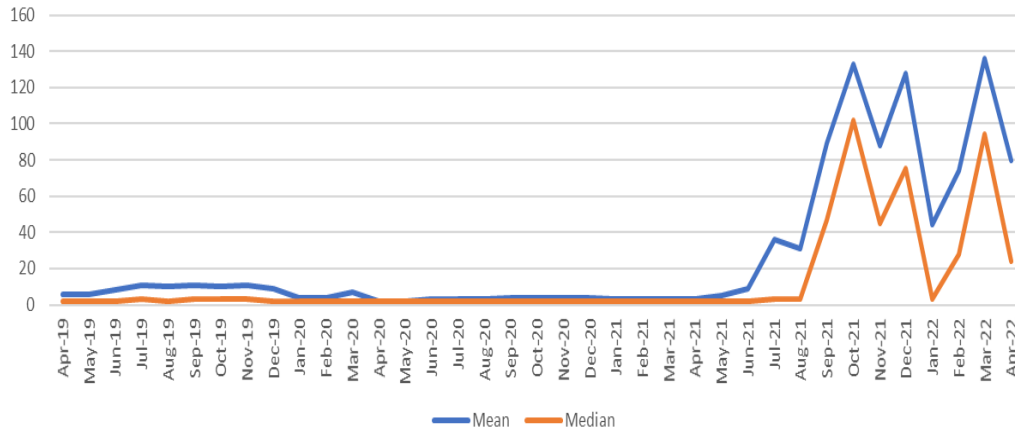
Further, April 2022 data has been sourced from as yet unvalidated data so may be subject to change once the final data is reported to NHSEI.

Emergency – SWAST Performance

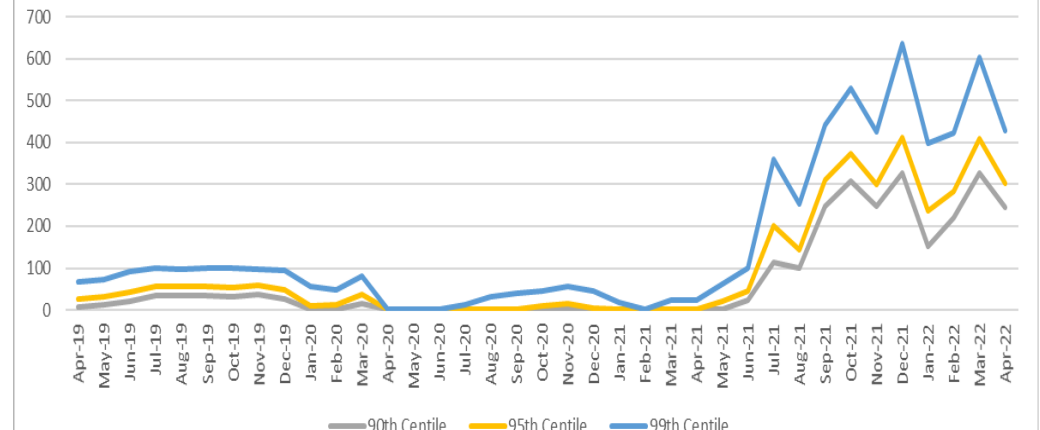


Somerset
Clinical Commissioning Group

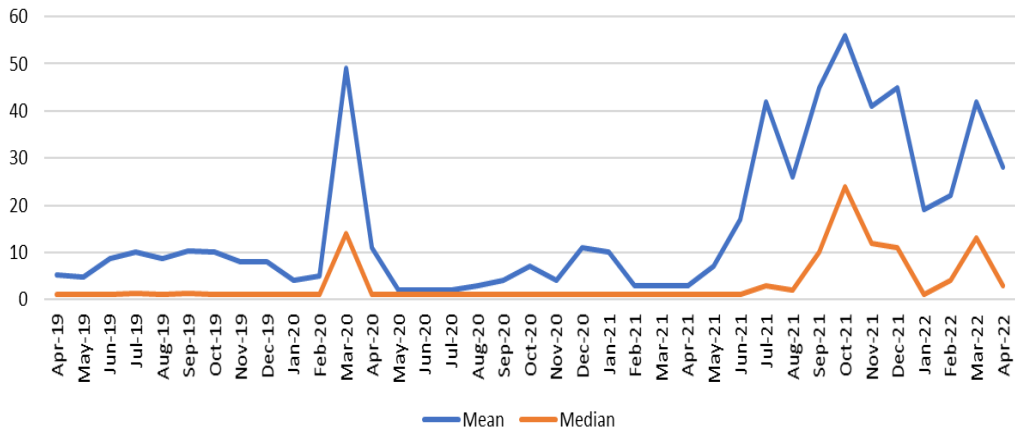
SWASFT - Call answer time in seconds



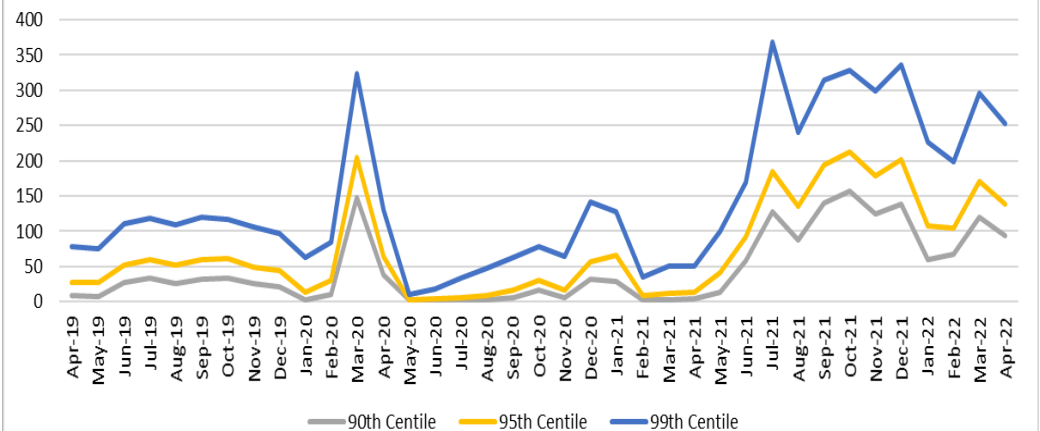
SWASFT - Call answer time in seconds



England - Call answer time in seconds



England - Call answer time in seconds



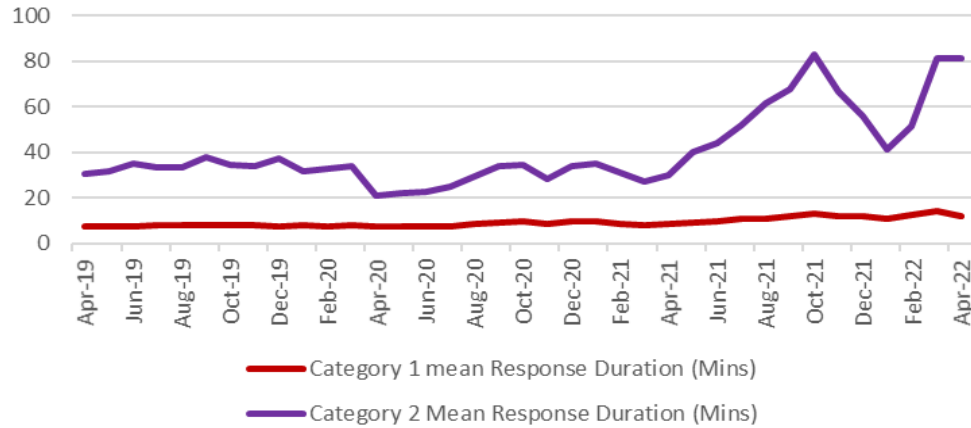
A median call answer time of 7 seconds means that half the calls were answered in less than 7 seconds. The median is identical to the 50th centile. A 90th centile incident response time of 13 minutes means that 9 out of 10 incidents were responded to in less than 13 minutes.

Emergency – SWASFT Performance

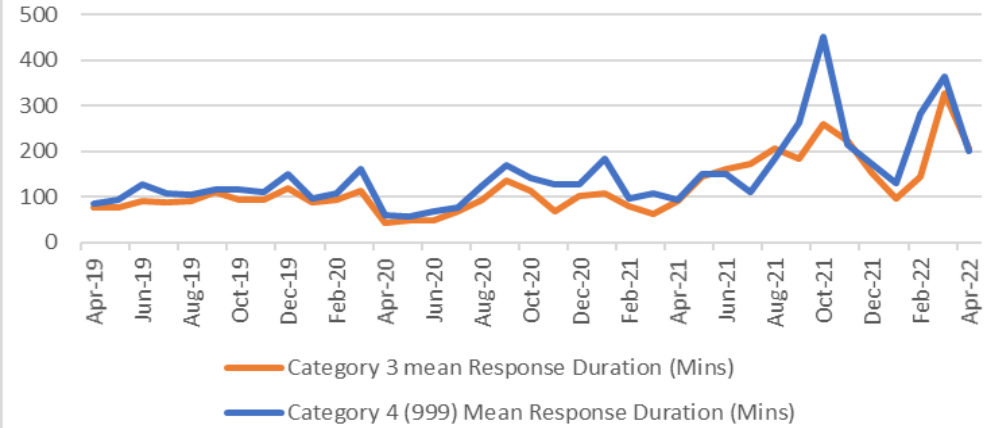


Somerset
Clinical Commissioning Group

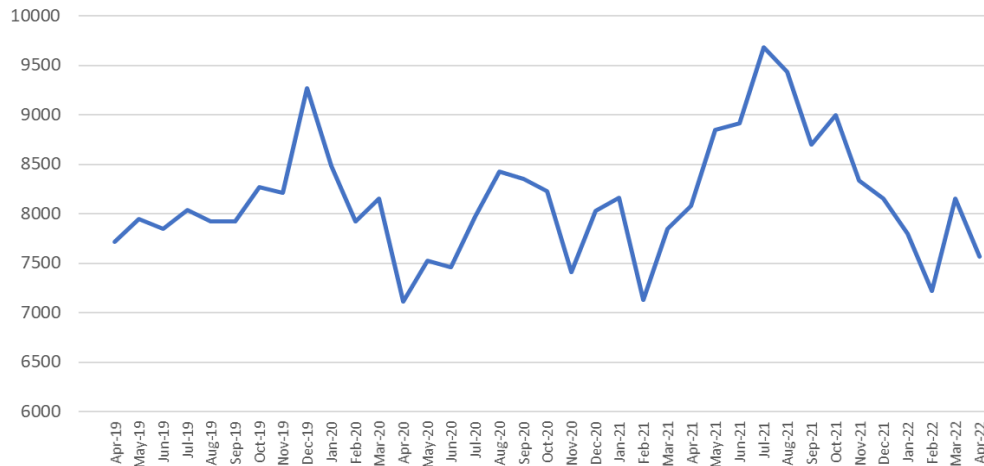
Ambulance Mean Response Times Cat 1 and Cat 2 calls



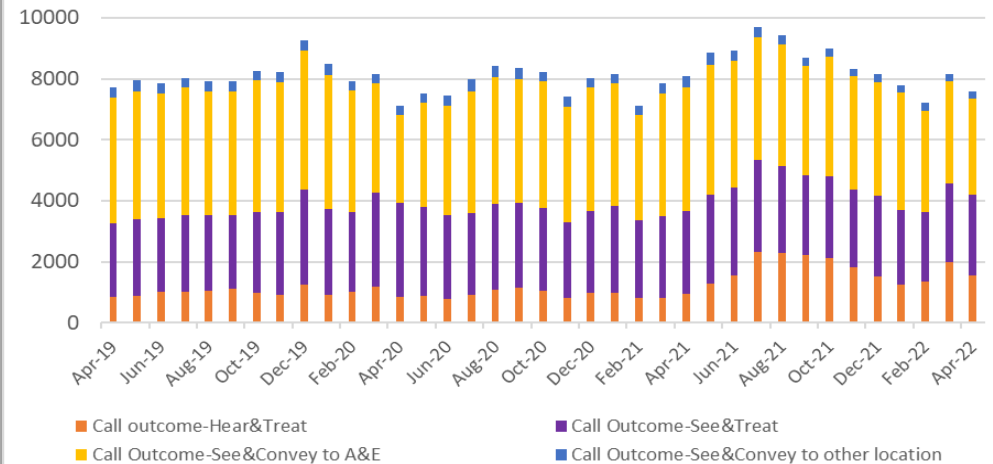
Ambulance mean Response Times Cat 3 and Cat 4 calls



Total number of calls SWASFT - Somerset



Ambulance Outcomes



Emergency – SWAST Performance



Ambulance Response Times

- SWAST (South West Ambulance Service Trust) activity across the whole of the South West has seen a significant increase in activity, compared to the low levels seen during the first peak of Covid-19, and this has had an impact on performance against the Ambulance Response Programme (ARP) Response Times standards
- Performance of ambulance response times (ARP) has seen improved performance in April 2022 for Cat 1, Cat 2 (mean response), Cat 3 and Cat 4 but performance for Cat 2 (90th percentile) has slightly deteriorated from 172.6 mins to 193 mins

Month 21/22	Cat 1 (Mean 90th Percentile)		Cat 2 (Mean 90th Percentile)		Cat 3 (Mean 90th Percentile)	Cat 4
	7 Mins	15 mins	18 mins	40 mins	120 mins	180 mins
April	8.4	19	30.1	58.5	216.4	202.8
May	9.2	17.6	40.2	79.9	356.1	227.1
June	9.9	18.9	43.9	89	413	420.6
July	10.9	20.8	52	107	472.3	220.3
August	11.1	21	61.3	126.2	553.9	397.1
September	12.1	21.8	67.7	144.8	474.7	830.1
October	13.3	23.9	82.9	169.3	691.3	975.6
November	11.9	21.9	66.3	137.6	583.7	418.7
December	12.2	22.3	56.1	119.1	406.9	334.9
January	10.9	19.8	41.2	87	252.1	352.8
February	12.5	22.9	51.1	106.7	388.7	998.1
March	14.1	25.1	81.1	172.6	826.1	744.1
April	11.7	21.5	81	193	573.7	506.5

Category 1: Time critical/life threatening event that required immediate intervention; Category 2: potentially serious conditions that may require rapid assessment, urgent on scene attention or urgent transport); Category 3: (urgent conditions that are not immediately life threatening) ; Category 4: (non urgent conditions, but with possible assessment or transportation required

Emergency – SWAST Performance

Handover delays

The tables below show the number of lost hours where an ambulance was delayed at an Acute Hospital in Somerset for greater than 15 minutes

Somerset’s Emergency Departments have the least number of ambulance handover delays when compared to SWAST’s other commissioners

In February SWAST had a total of 16,842 lost ambulance hours

In February Somerset had a total of 392 lost ambulance hours

In March SWAST had a total of 18,241 lost ambulance hours

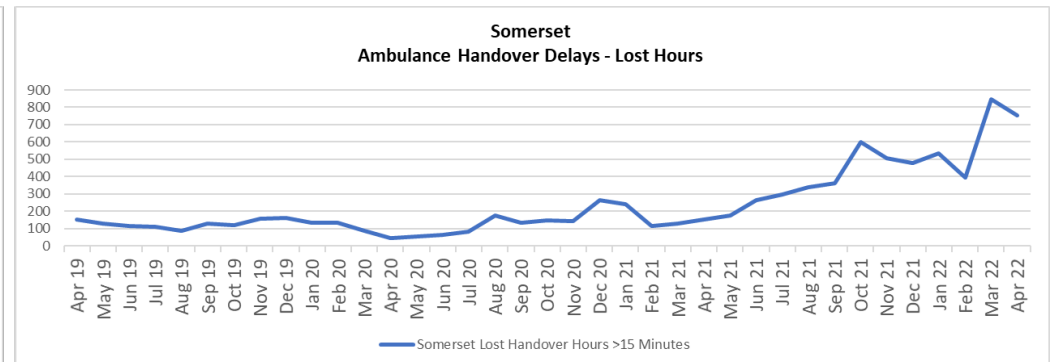
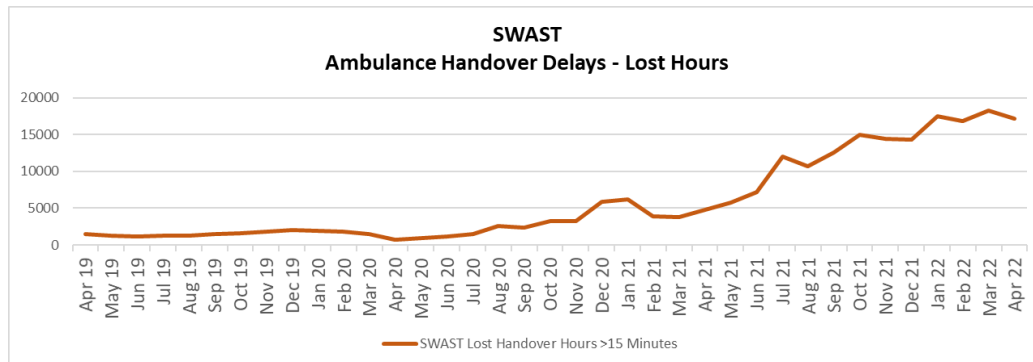
In March Somerset had a total of 848 lost ambulance hours

In April SWAST had a total of 17,146 lost ambulance hours

In April Somerset had a total of 751 lost ambulance hours

The Trust is working with regional and system partners to increase the traction in reducing handover delays. The aims are to maximise every opportunity to avoid patients attending ED, and to ensure efficient and effective processes are in place when patients do attend. It is a clinical, quality and safety piece of work with senior members of the acute trust and system, including SWASFT, coming together regularly to identify the work required; Onsite hospital ambulance and liaison officers (HALO) have been deployed to manage the hospital – ambulance interface, coordinating and expediting speedy handovers.

Somerset have initiated a working group collaborating with SWASFT and both Somerset FT and YDH FT to look at an Ambulance Handover Trajectory Improvement Plan to achieve the National Standards.

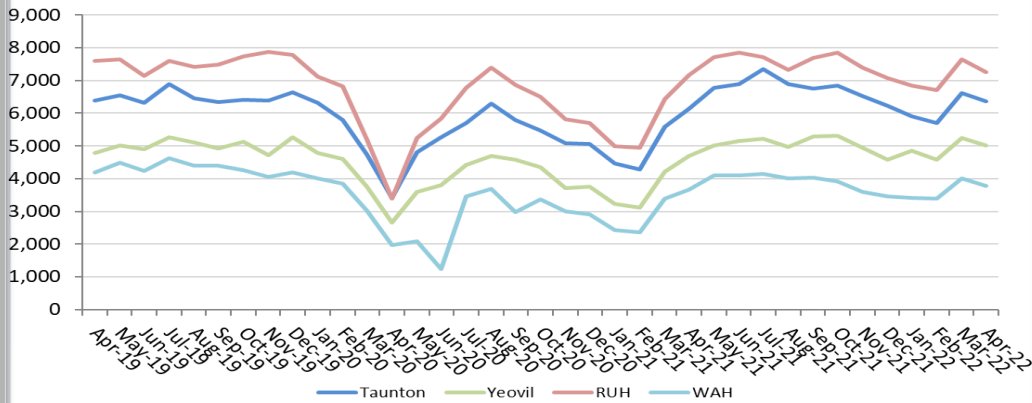


Emergency – A&E

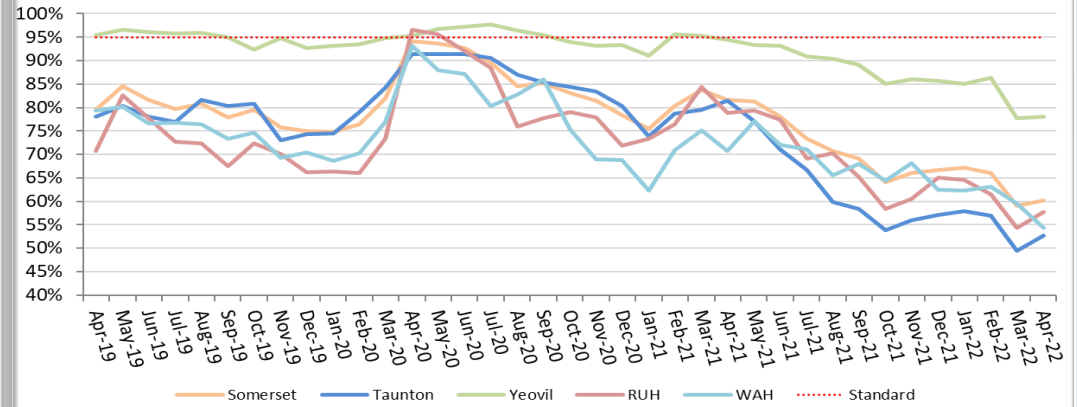


Somerset
Clinical Commissioning Group

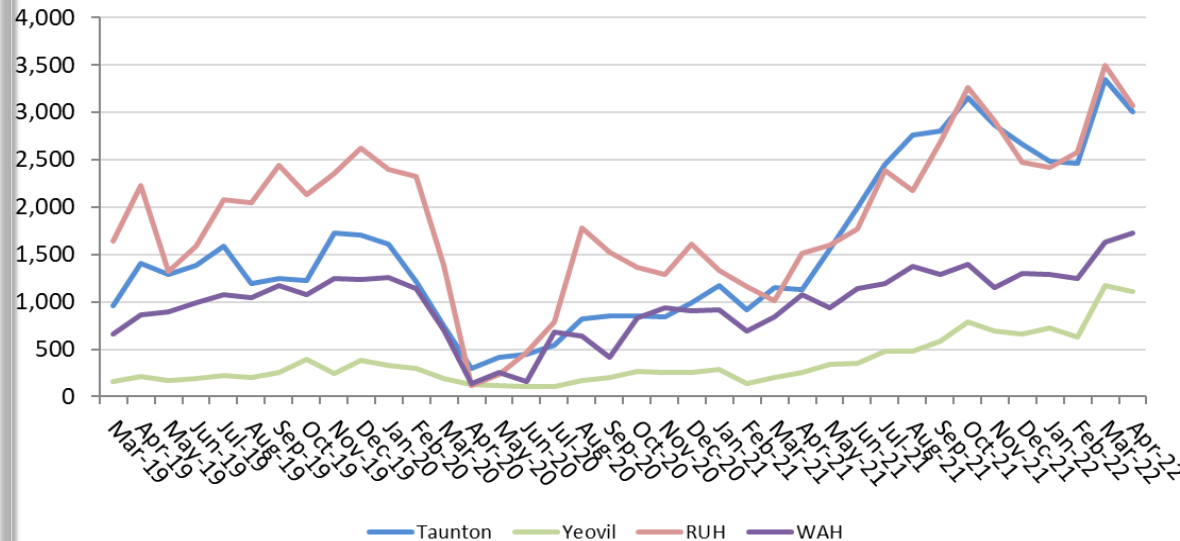
A&E Attendances



A&E 4-Hour Performance



A&E 4-Hour Attendance Breaches



Somerset: the number of patients attending A&E Departments in April were 4.9% lower (-1,154) than in the last reported month of March 2022. During the first month of April (of the new financial year) there attendances were 3% lower (-585) in volume compared to the same month in 2019 (pre-Covid-19). The 4-Hour performance in April was at 60.24%, lower than in April 2019 at 80%.

Somerset FT: The number of patients attending the A&E Department in April was 4.1% lower (-272) than in the last reported month of March 2022. In April the volume of attendances were similar compared to the same month in 2019. 4-Hour performance in April was 53%, lower than in April 2019 at 78%.

YDH FT: The number of patients attending the A&E Department in April was 4.5% lower (-235) than the previous reported month of March 2022. In April the volume of attendances were 5% higher than the same month in April 2019. 4-Hour performance in April was 78% lower than in April 2019 at 95.5%.

RUH Bath: The number of patients attending the A&E Department in April was lower in volume -5.2% (-399) compared to the last reported month of March 2022. Compared to the same month in 2019, the volume of attendances were 4% lower (-336). 4-Hour performance in April was 58% lower than in April 2019 at 71%.

UHBW: The number of patients attending the Weston site A&E Department in April was 3,768, 6.2% lower (-248) compared to the last reported month of March 2022. Compared to the same month in 2019, the volume of attendances were -10% lower (-427). 4-Hour performance in April was 54.3%, lower than in April 2019 at 79.4%.

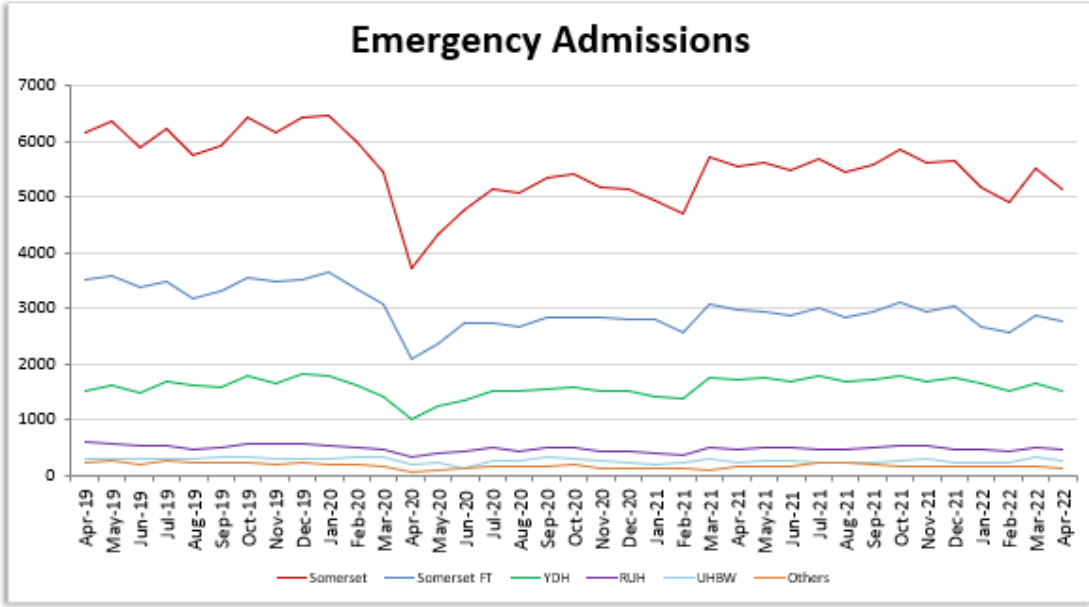
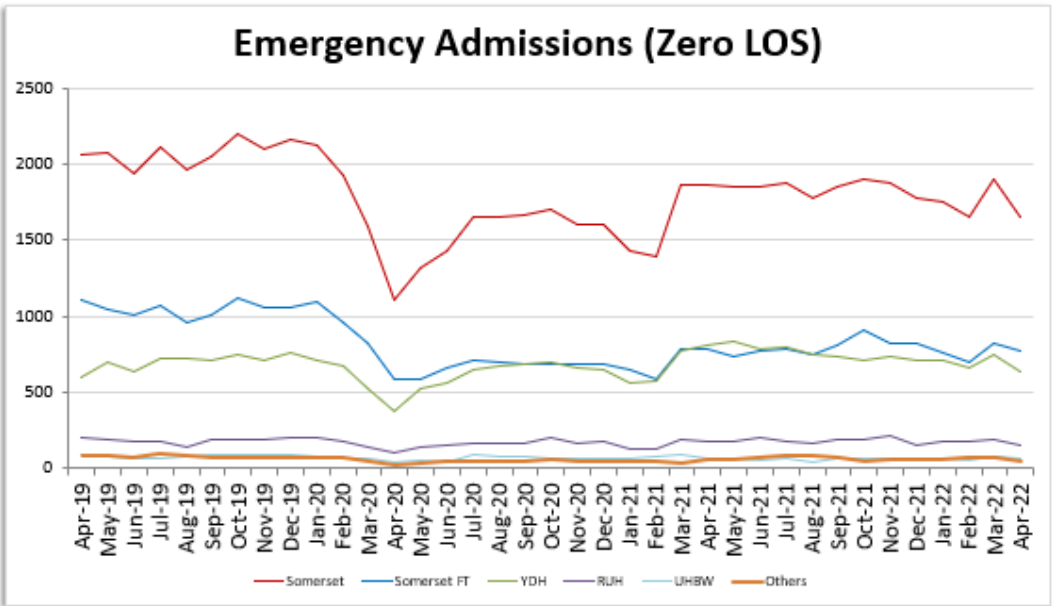
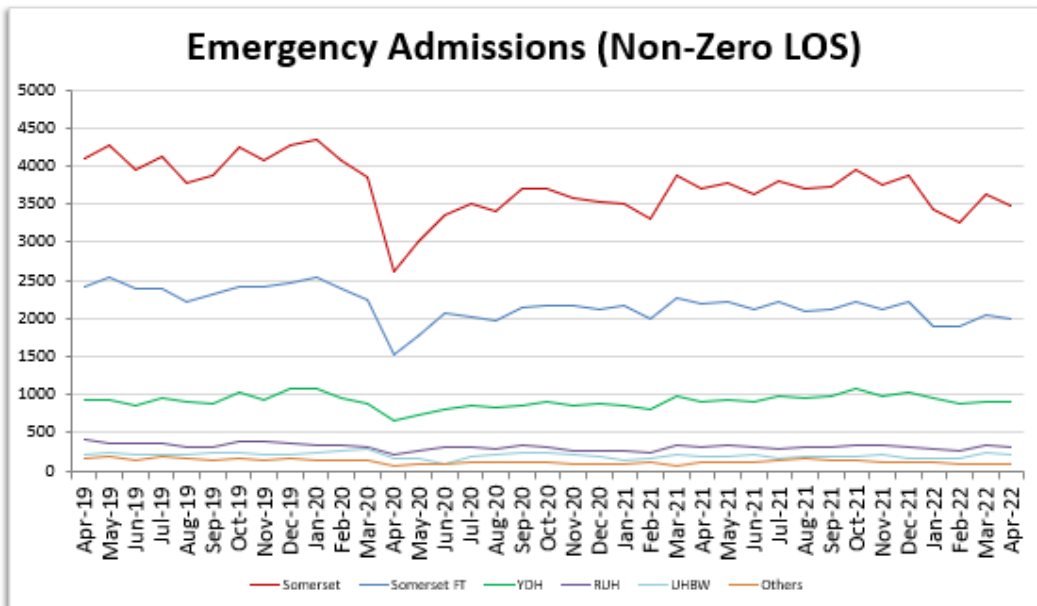
Challenges

- Somerset FT: Those patients being admitted to an inpatient bed continue to have longer stays. This is consistent with a slowing of the rate of discharge for medically fit patients due to domiciliary capacity challenges and a shortfall in bedded care packages. A reduction in the shorter stays may reflect a higher acuity of patients being admitted.
- YDH FT: Higher number in presentations of acutely ill patients as well as with minor ailments. Increase in minor activity where the patient did not have emergency need.
- RUH Bath : Internal Critical Incident twice in the month of March as a response to the extreme pressures within ED as a result of lack of flow. Bed availability was significantly impacted by Covid-19 and non Criteria to Reside patients. The flow related challenges are still causing significant delays with moving patients out of ED. This caused delays for getting patients into ED from ambulances.
- UHBW (Weston site): Challenges around staffing and capacity to see patients when high numbers of patients continue to be bedded in the Emergency Department overnight awaiting an inpatient bed. Overall the daily average has decreased in month however 12 hour breaches remain high with 366 in April.
- The increase in ambulance handover delays from April in Somerset follows a similar pattern to the increase in ambulance arrivals to A&E at all sites (see graph on slide 25)

Mitigation

- Contingency plan for patient flow and bedded care is being developed in the event of increased emergency demand. Zoning to separate positive / query positive and negative Covid-19 patients and Covid-19 testing regimes on admission continues. Close work with intermediate care to support increase in capacity and also recruitment and staff transfer as well as an increase in pay rates. Discharge Lounge remains open in the Outpatients Department. Trust escalation beds have been fully activated to support inpatient flow. (Somerset FT)
- Partly introduced 5th clinician overnight across some shifts – working on reaching full coverage, Launching front door working group – focused on standardised pathways with specialities (RUH)
- Weston have continued with its redirecting work ensuring that patients go to the right healthcare service, including signposting to MIUs, primary care or pharmacy. This has helped in times of surge to minimise the crowding in the waiting room.

Emergency – Emergency Admissions



Emergency – Emergency Admissions

- **Somerset:** The number of emergency admissions in April 2022 were 16.6% lower (-1,026) than in April 2019 and when comparing the cumulative period of April 2021 to April 2022 to the correlating period in 2019/20 the volume of emergency admissions have reduced by 7.4% (-5,712) and this decrease is seen within zero and non-zero LOS
- **Somerset FT:** The number of emergency admissions in April were 21.7% lower (-766) than in April 2019 and when comparing the cumulative period April 2021 to April 2022 to the correlating period in 2019/20 the volume of emergency admissions have reduced by 13% (-5,597). The average number of daily admissions in April 2022 has decreased by 26 admissions per day when compared to the same month in April 2019. This is seen both the zero and non-zero length of stay admissions.
- **YDH FT :** The number of emergency admissions in April (1,527) were comparable to the same month in 2019 (1,522). Comparing the cumulative period April 2021 to April 2022 to the correlating period in 2019/20 the volume of emergency admissions have increased by 6.3% (+1,300). The average number of daily admissions in April 2022 were the same as in 2019 and it is seen in both the zero and non-zero length of stay admissions.
- **RUH Bath:** The number of emergency admissions in April were 23.9% lower (-142) than in April 2019 and when comparing the cumulative period April 2021 to April 2022 to the correlating period in 2019/20 the volume of emergency admissions have reduced by 5.6% (-18). The average number of daily admissions in April 2022 were comparable to the same month in 2019.
- The Trust had an average of 144 NC2R (no criteria to reside) patients during March. This is the highest monthly average in the last 12 months. The RUH currently has the highest percentage of bed base occupied by no right to reside patients in the region (as per RUH Board Report).
- **UHBW:** The number of emergency admissions in April were 11.8% lower (-36) than in April 2019 and when comparing the cumulative period April 2021 to April 2022 to the correlating period in 2019/20 the volume of emergency admissions have reduced by 17.6% (-688). The average number of daily admissions in April 2022 are comparable and very similar to the same month in 2019.

Emergency – Emergency Admissions

During April the average escalation level across the Somerset System was Operational Pressures Escalation Levels (OPEL) Level 4 - Pressure in the local health and social care system continues to escalate leaving organisations unable to deliver comprehensive care. There is increased potential for patient care and safety to be compromised. Decisive action must be taken by the Local A&E Delivery Board to recover capacity and ensure patient safety. Regional teams in NHSEI are aware of rising system pressure, providing additional support as deemed appropriate and agreed locally, and actively involved in conversations with the system.

Ongoing challenges

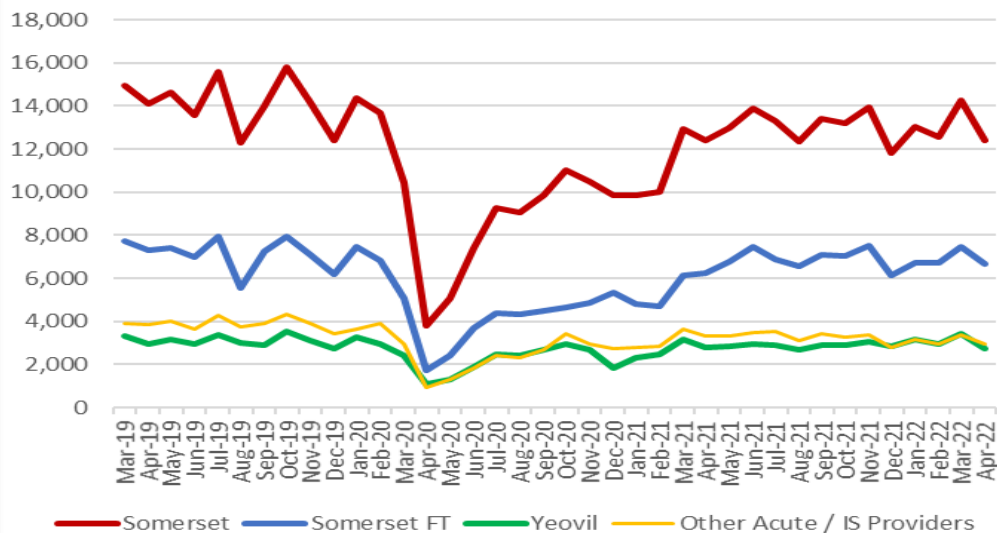
- Patients being admitted to an inpatient bed continue to have longer stays. This is consistent with a slowing of the rate of discharge for medically fit patients due to domiciliary capacity challenges and a shortfall in the availability of bedded options. There are increased paediatric admissions, the reasons for this are not yet fully understood.
- There are a high number of No Criteria to Reside patients at all trusts. Somerset have agreed local trajectories and actions have been agreed to support the achievement of these trajectories.
- UHBW (Weston site) –bed deficit as a result of IPC/streaming and zoning which will hinder recovery for the foreseeable future (as per February board report) Workforce shortages, particularly nursing, has meant that wards with inpatient escalation beds could not consistently be staffed. Quarter of the bed base is occupied by medically fit for discharge patients
- Reduction in the number of beds due social distancing, zoning of patients
- Acute staffing remains extremely challenging across all trusts.
- Delayed transfers

Mitigation

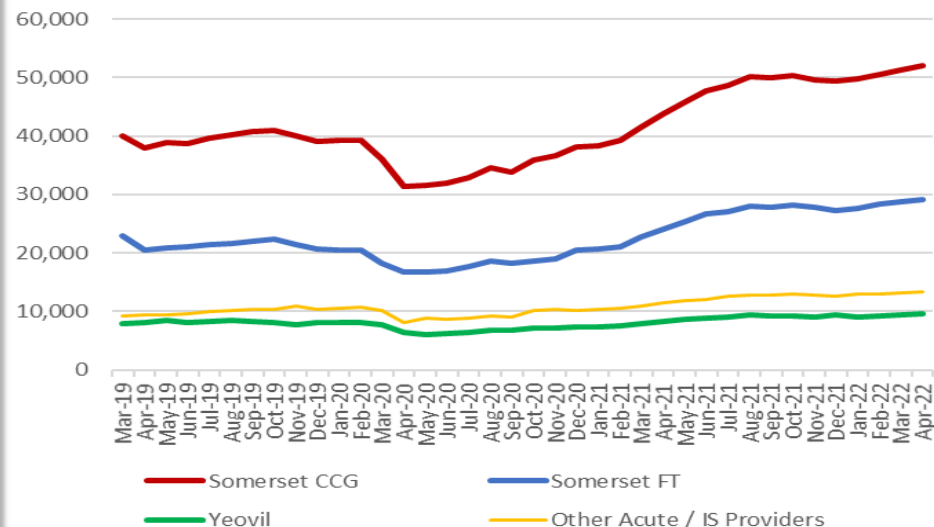
- Virtual wards. It supports patients with clinically suspected or confirmed Covid-19 where the ward team is in touch with the patient at home and monitoring the patient remotely. (Somerset FT and YDH FT)
- Revision of the process of bed requests and allocation to reduce any delays with admission of patients from the department. Providing alternatives such as rapid response hubs, support care homes and the implementation of the Home First project which facilitates the discharge of medically fit patients out of the hospital. Patients receive intensive period of reablement to promote independence and keep patients (as long as possible) in their usual place of residence. To support inpatient flow, escalation beds have been fully activated (Somerset FT)
- Launching new Discharge to Assess model with Virgin in BANES. (RUH,)
- Zoning to separate positive / query positive and negative Covid-19 patients and Covid-19 testing regimes on admission (all trusts)

Referral to Treatment

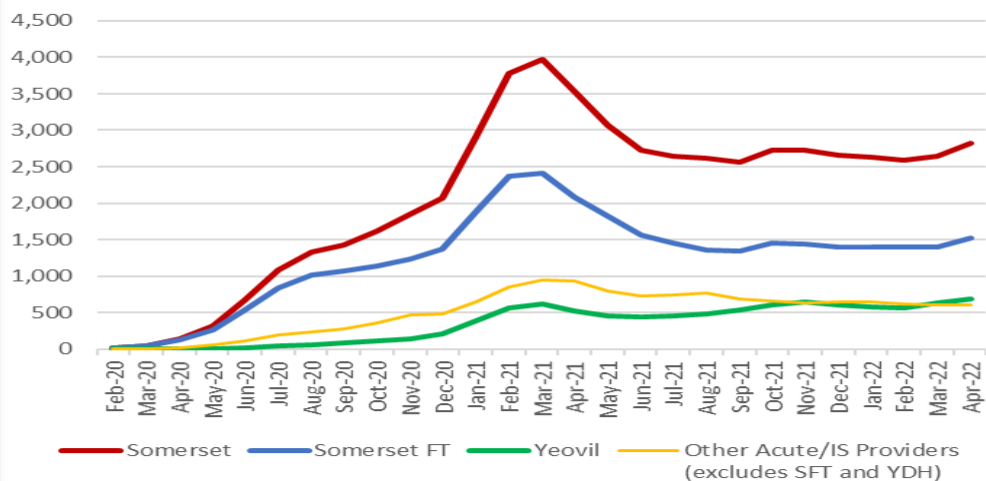
RTT Clock Starts



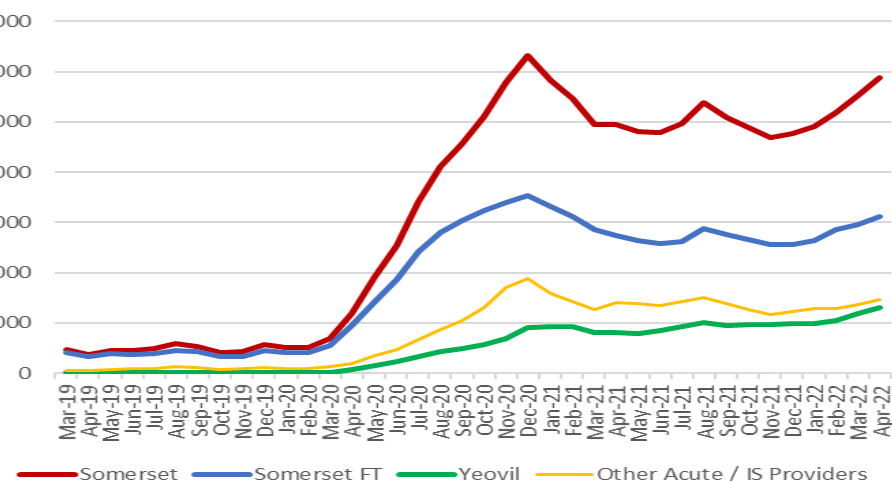
RTT - Waiting List Size



RTT - Patients >52 weeks



RTT - Patients >40 weeks



Key Challenges

- During 2021/22 all RTT performance measures were impacted by the Covid-19 pandemic due to services working at reduced capacity due to the impact of social distancing, enhanced infection control measures, workforce constraints, patients choosing not to attend (for both Covid-19 and non Covid-19 reasons) and cancellations due to operational pressures. This has resulted in patient waiting longer for treatment and emphasis continues to keep patients safe whilst ensuring that those patients with urgent conditions continue to be prioritised alongside the longest waiting patients
- Elective referrals restored during 2021/22 with cancer demand returning to pre pandemic levels and routine referrals continuing to increase (although not quite to pre-pandemic levels due to the success of demand management schemes, such as advice and guidance). During April 2022 there were 12,381 new clock starts (which equates to an average of 652 referrals per working day compared to 621 during 2021/22) and 92.2% of the volume received in 2019/20
- The size and shape of the waiting list has changed since the onset of the Covid-19 pandemic due to the change in referral patterns and the wait for first definitive out-patient and in-patient treatments. In April 2022, there were 52,086 patients on an incomplete pathway waiting their first definitive treatment which is an increase of 780 patients upon the previous month (and 8,263 patients when compared to April 2021) due to a lower level than expected of clock stops delivered alongside an increase in referral demand
- During the cumulative period April 2021 to March 2022 the level of RTT clock stop activity carried out was 91.9% of that delivered during the same period in 2019/20 (95.7% non-admitted out-patient and 82.0% of admitted in-patient / day case activity) and in April 2022 was 94.6% of 2019/20 levels (98.8% non-admitted out-patient and 83.7% of admitted in-patient / day case activity)
- The new national focus is upon treating all long wait patients; by 30 June 2022 there are to be zero patients waiting in excess of 104 weeks, by 31 March 2023 zero patients waiting in excess of 78 weeks ahead of zero patients waiting in excess of 52 weeks by March 2025. The long wait position in April 2022 is outlined below:
 - >24 Months: there were 141 patients waiting in excess of 104 weeks which is a reduction of 18 upon the previous month but an increase of 109 upon April 2021 as a result of the focus upon the treatment of the longest waiting patients
 - >78 Weeks: there were 666 patients waiting in excess of 78 weeks which is an increase of 67 patients upon the previous month and an increase of 88 when compared April 2021
 - >52 Weeks: there were 2,820 patients waiting in excess of 52 weeks which is an increase of 182 upon the previous month but 1,156 patients lower than March 2021; the volume of patients waiting in excess of 52 weeks has remained relatively consistent since June 2021
 - The specialities with the longest waits are General Surgery/Colorectal, Orthopaedics, ENT and Ophthalmology

Key Challenges

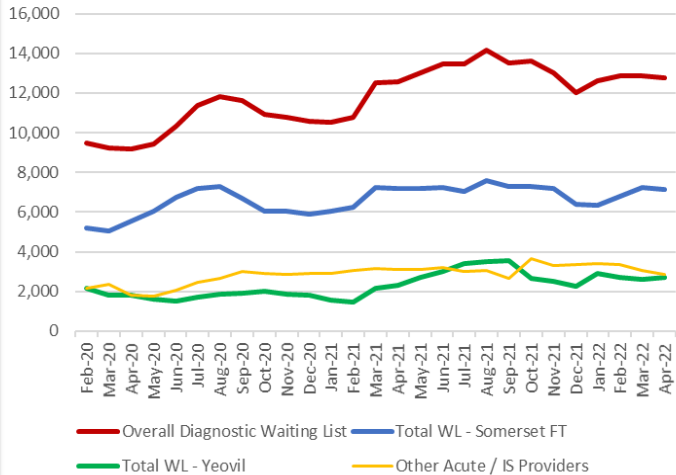
- The breakdown of the longest waits by Provider is as follows:
 - Somerset FT: >52 week - 1,519, >78 weeks - 344 >24 months - 64
 - YDH FT: >52 week - 689, >78 weeks - 189, >24 months - 29
 - RUH Bath: >52 week - 131, >78 weeks - 12, >24 months - 2
 - UHBW: >52 week - 84, >78 weeks - 18, >24 months - 7
 - SMTC: >52 week - 19, >78 weeks - 3, >24 months - 3
 - Nuffield : >52 week - 17, >78 weeks - 3, >24 months - 3
 - Other NHS Providers: >52 week - 354, >78 weeks - 95, >24 months - 34
 - Other Non-NHS Providers: >52 week - 7, >78 weeks - 2, >24 months - 1
- In April 2022, the volume of elective activity at all Somerset Providers that took place during the month across all points of delivery (ordinary and day case admissions) equated to 100.2% of the activity delivered in April 2019 (same month pre-pandemic) and this breaks down to overnight in-patient recovery of 73.3% and day case recovery of 105.3%
- In April 2022, the percentage of out-patient activity at all Somerset Providers that took place during the month across all out-patient points of delivery (consultant and non-consultant first and follow-up) equated to 102.9% of the activity delivered in April 2019 (same month pre-pandemic). Outpatient recovery at Somerset FT was 103.9%, YDH FT 112.2% and Other Providers 91.5%
- The way in which out-patients are delivered have transformed since the onset of the Covid-19 pandemic; the use of digital technologies has enabled patients to have access to out-patient care without the need of visiting the hospital and has resulted in a significant increase in the proportion of consultations delivered virtually. When assessed against the new virtual consultations ambition of 25% during 2019/20 5.3% of out-patient appointments were attended virtually compared to 18.1% in April 2022
- Outpatient recovery is being supported by increasing the level of virtual consultations, expansion of Single Point of Access and moving to Advice First as well as increasing out-patient optimisation (increasing advice and guidance consultations and Patient Initiated Follow Up appointments)
- There is an active programme of system-wide actions to support recovery and improvement actions which include: rapid diagnostic services, diagnostic hubs, sourcing additional capacity for long waiters, waiting list transfers, outpatient transformation, pathway redesign and service model changes and theatre productivity and efficiency
- In addition, the Somerset System has set out a significant programme of work with analysis underway to understand at a granular level the patterns of healthcare access for those patients coming from the highest 3 deciles of deprivation to ensure that there is equity of access; findings (with an initial focus upon the waiting list by social deprivation decile and ethnicity) will be included in the next integrated Performance Report

Diagnosics

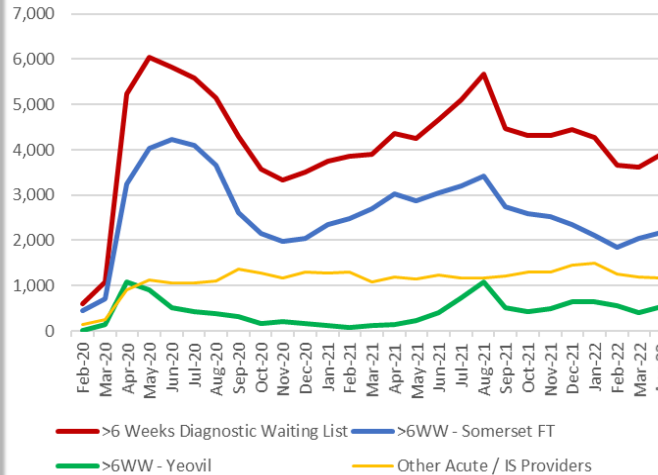


Somerset
Clinical Commissioning Group

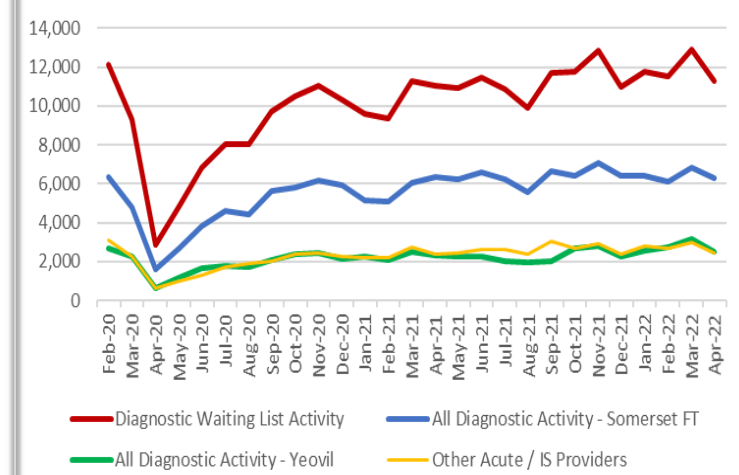
Diagnostic Waiting List



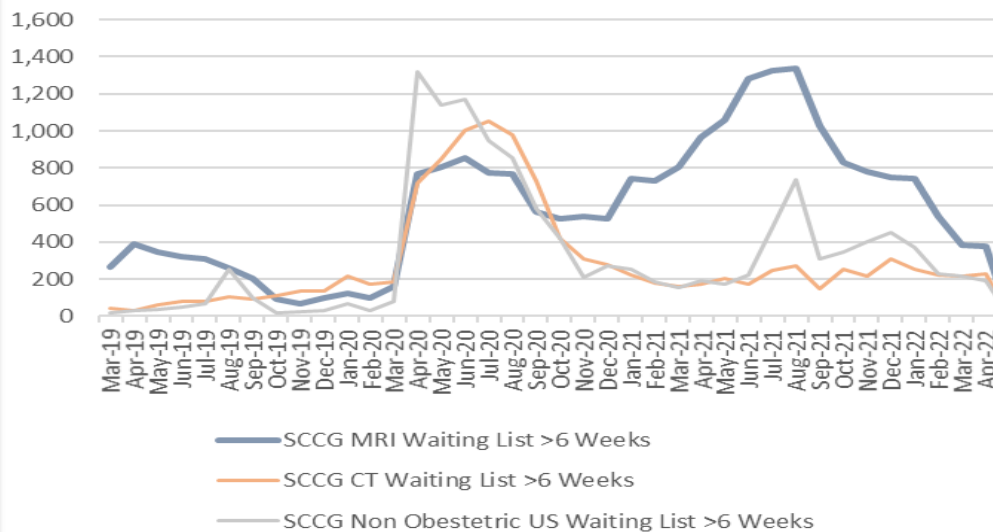
Diagnosics - patients waiting over 6 weeks



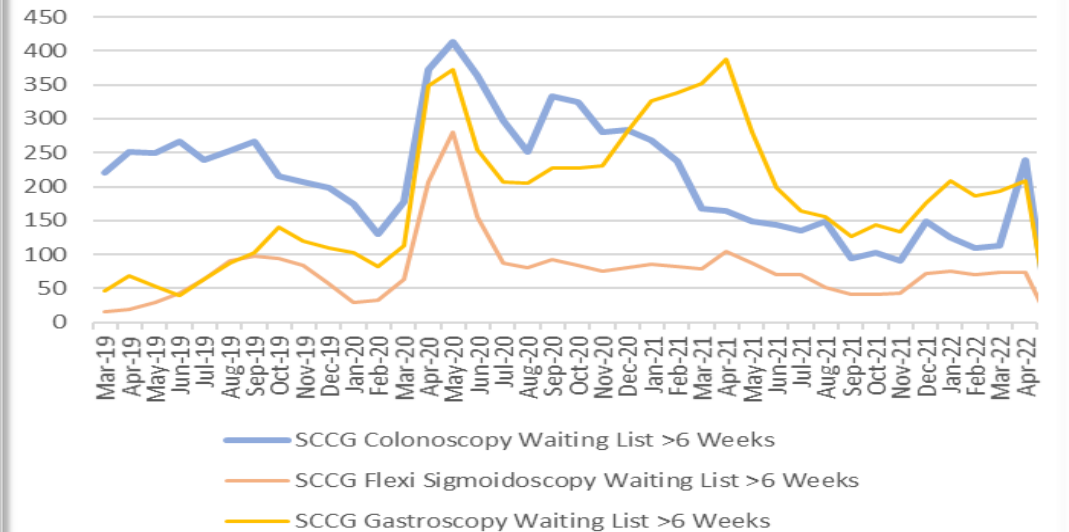
Diagnostic Activity



Somerset Radiology Waits Over 6 Weeks



Somerset Endoscopy Waits Over 6 Weeks



- All diagnostic measures were impacted by the Covid-19 pandemic during 2021/22 due to services working at reduced capacity as a result of the ongoing impact of social distancing in waiting rooms, enhanced infection control measures (PPE and cleaning measures between patients), staff sickness and recruitment challenges which have led to a significant increase in the number of patients waiting in excess of 6 weeks for their diagnostic test or procedure. However, the impact of pandemic upon diagnostic services will lessen during 2022/23 due to the changes in Infection, Prevention and Control (IPC) guidelines
- There is a requirement during 2022/23 that 75% of patients wait less than 6 weeks for their diagnostic test or procedure and to deliver this the Somerset System plan to deliver additional diagnostic activity to deliver this ambition
- There were 3,891 patients waiting in excess of 6 weeks in April 2022 which was an increase of 268 upon the previous month (and a reduction of 471 patients when compared to April 2021) resulting in performance of 69.5% against the 99% standard (+0.5 % compared to April 2021)
 - Number of patients waiting in excess of 6 weeks by Provider: Somerset FT 2,178, YDH FT 539, Other Providers 1,174
- There were 1,949 patient waiting in excess of 13 weeks in April 2022 which is an upon the previous month and a reduction of 158 patients compared to March 2021
 - Number of patients waiting in excess of 13 weeks by Provider: Somerset FT 1,232, YDH FT 94, Other Providers 623
- The diagnostic modalities with the greatest challenges and highest volume of 6-week and 13-week backlog are MRI, Echocardiography, Non-Obstetric Ultrasound, CT and Endoscopy (with the change in backlog compared to the previous month shown in brackets)
 - MRI 6 weeks: 374 (-12), 13 weeks: 137 (-3)
 - CT 6 weeks: 229 (+11), 13 weeks: 37 (+7)
 - Non-Obstetric Ultrasound 6 weeks: 190 (-23), 13 weeks: 23 (-7)
 - Audiology 6 weeks: 309 (+43), 13 weeks: 67 (+27)
 - Echocardiography 6 weeks: 2,128 (+89), 13 weeks: 1,449 (+20)
 - Endoscopy 6 weeks: 539 (+152), 13 weeks: 207 (+41)
- The diagnostic modality with the greatest backlog is Echocardiography and makes up 55.0% of the overall 6-week backlog (and 21% of the overall waiting list); the breaches are predominantly at Somerset FT but other acute providers across Somerset, the Region and Nationally are also experiencing access challenges with this modality. Somerset FT has had a successful programme of recruitment and the backlog is expected to continue to reduce as a result of increasing capacity
- In April 2022, the volume of diagnostic tests or procedures carried out was 109.7% of the level carried out in April 2019 (pre-pandemic) which is an improvement upon the cumulative recovery during the period April 2021 to March 2022 where the percentage of activity restoration was 104.0%
- When looking at the diagnostic test type (waiting list, planned or unscheduled/emergency) both during the cumulative period April 2021 to March 2022 and in April 2022 there has been a significant increase emergency (unscheduled activity) with activity restoration of 134.4% compared to waiting list activity restoration of 95.3% and is linked to the unprecedented increase in emergency demand. In addition, there is some variability at either a Diagnostic Modality (and/or Provider) level
 - Diagnostic Activity (cumulative) recovery in April 2021 to March 2022: Radiology: 108.5%, Physiological 88.2%, Endoscopy: 100.6%)
 - Diagnostic Activity recovery in April 2022: Radiology: 117.8%, Physiological 85.9%, Endoscopy: 98.4%)

- Actions that have taken place to restore capacity include securing additional external MRI capacity, the opening of the Rutherford's Diagnostic Centre at Taunton, ensuring maximum utilisation of all available endoscopy capacity (with additional gastroscopy capacity delivered at Bridgwater Community Hospital) and utilising an insourcing company to provide additional echocardiography capacity at Somerset FT whilst the recruitment process concluded
- A summary by diagnostic modality is outlined below:

Radiology – during 2021/22 the overall number of Radiology (MRI, CT and Non Obstetric Ultrasound) 6 Week Waits decreased by 535 (from 1,328 in April 2021 to 793 in April 2022); however it should be noted that the backlog has significantly reduced (-1,552) over the past 6 months when comparing to August 2021 (which is the month when the backlog reached its highest point in the year)

- MRI 6 Week Waits reduced by 592 from 966 in April 2021 to 374 in April 2022 and has reduced by 72% since August 2021
- CT 6 Week Waits increased by 55 from 174 in April 2021 to 229 in April 2022 but has reduced by 16% since August 2021
- Non-Obstetric Ultrasound 6 Week Waits decreased by 2 from 188 in April 2021 to 190 in April 2022 but has reduced by 74%

Endoscopy – during 2021/22 the overall number of Endoscopy 6 Week Waits has reduced by -234 from 773 in April 2021 to 539 in April 2022

- Colonoscopy: 6 Week Waits increased by 76 from 164 in April 2021 to 240 in April 2022 and has reached it's highest point since when the backlog reached the highest point since April 2021
- Flexi-Sig: 6 Week Waits reduced by 31 from 104 in April 2021 to 73 in April 2022 and has reduced by 29.8% since April 2021 when the backlog reached the highest point in 2021
- Gastroscopy: 6 Week Waits has reduced by 179 from 387 in April 2021 to 208 in April 2022 and has reduced by 46.3% since April 2021 when the backlog reached the highest point in 2021

RTT & Diagnostics

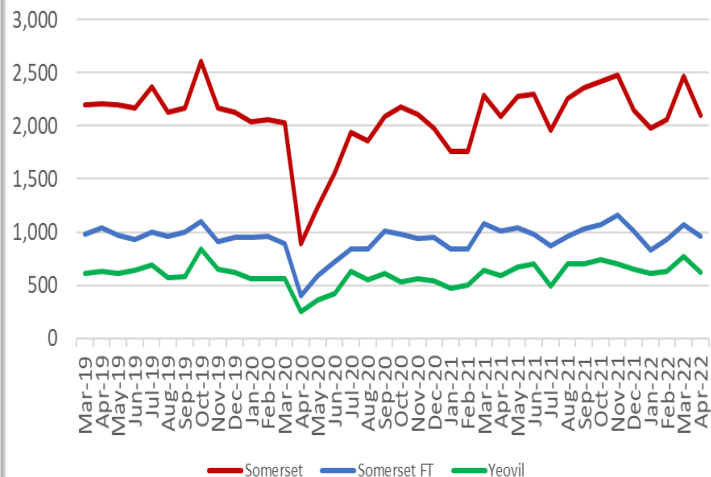
- Physiological Diagnostics– the overall number of Physiological 6 Week Waits has increased by 367 from 2,189 in April 2021 to 2,556 in April 2022; however the 6-week backlog peaked in August 2021 (2,870) and in April 2022 has reduced by 314
 - Dexa Scans 6 Week Waits reduced by 94 from 118 in April 2021 24 in March 2022 and has reduced by 78% since April 2021 when the backlog reached the highest point in 2021
 - Audiology Assessments: 6 Week Waits increased by 261 from 48 in April 2021 309 in April 2022 and has increased by 4.4% since January 2022 when the backlog reached the highest point since August 2021
 - Echocardiography: 6 Week Waits increased by 308 from 1,820 in April 2021 2,128 in April 2022 but has reduced by 7% since August 2021 when the backlog reached the highest point in 2021
 - Peripheral Neurophysiology: 6 Week Waits increased by 23 from 16 in April 2021 39 in April 2022 and the backlog has remained at a low level throughout 2021
 - Sleep Studies: 6 Week Waits reduced by 35 from 73 in April 2021 38 in April 2022 and the backlog has remained at a low level throughout 2021
 - Urodynamic: 6 Week Waits reduced by 165 from 183 in April 2021 18 in April 2022 and has reduced by 90% since April 2021 when the backlog reached the highest point in 2021

Cancer

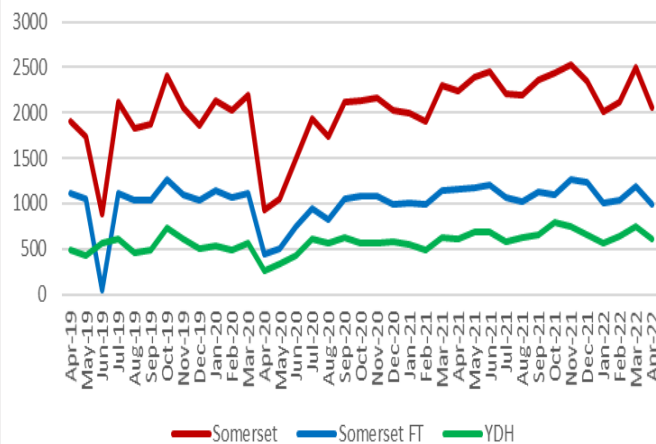


Somerset
Clinical Commissioning Group

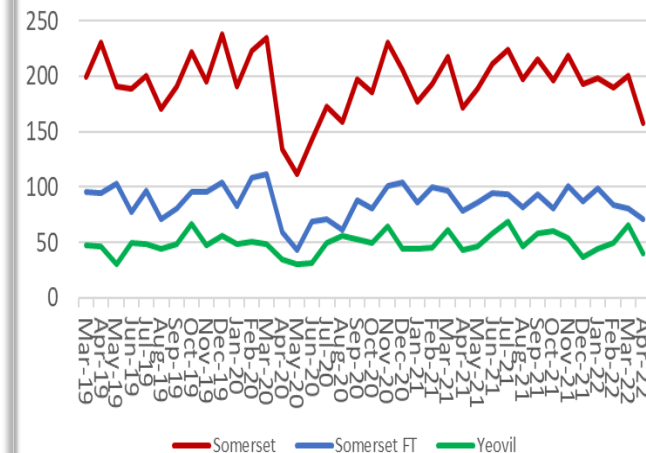
2 Week Wait Referrals



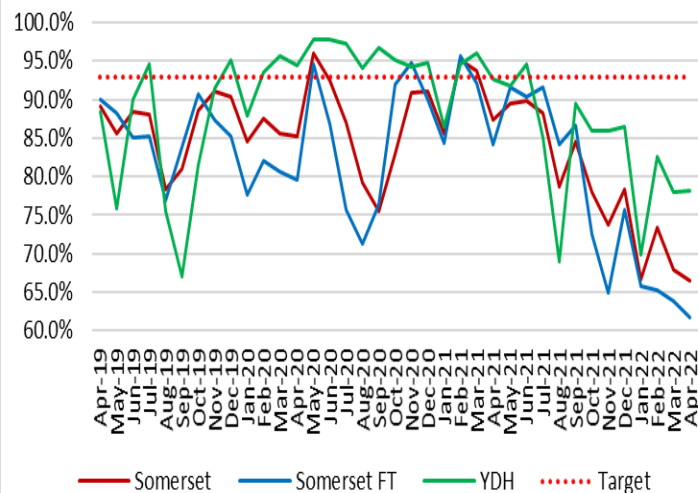
28 Day Faster Diagnosis Standard Referrals



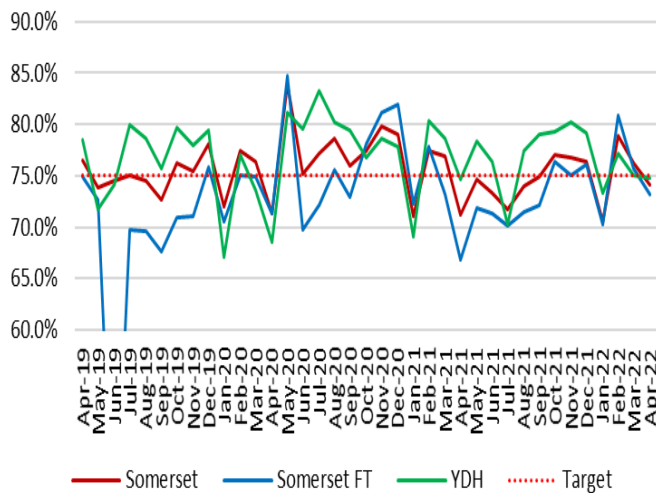
62 Day Cancer Referrals



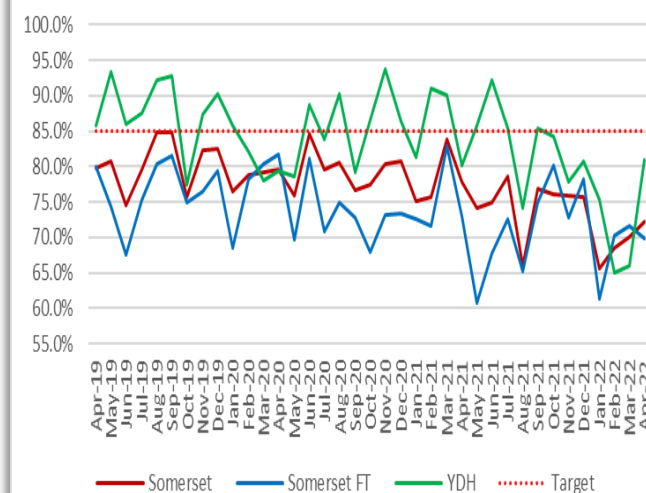
Cancer 2 ww performance



28 Days Standard Diagnosis performance



Cancer 62 day performance



Cancer - March



Somerset

Clinical Commissioning Group

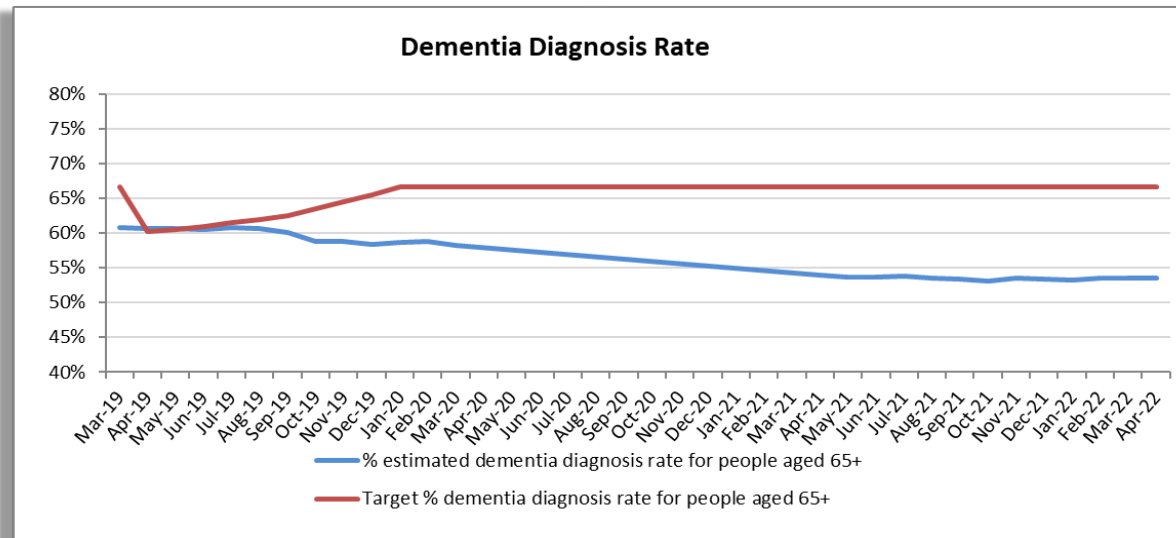
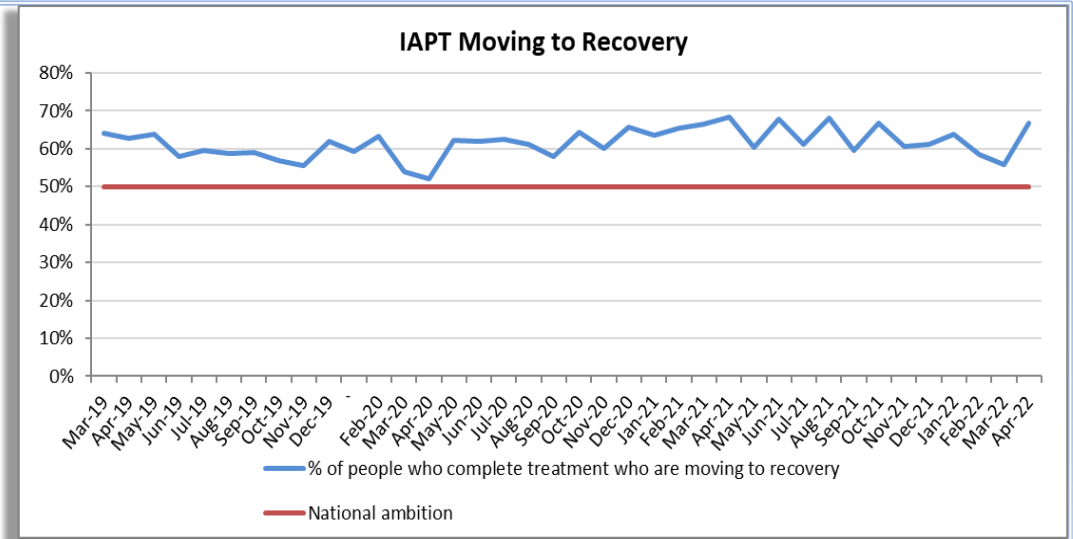
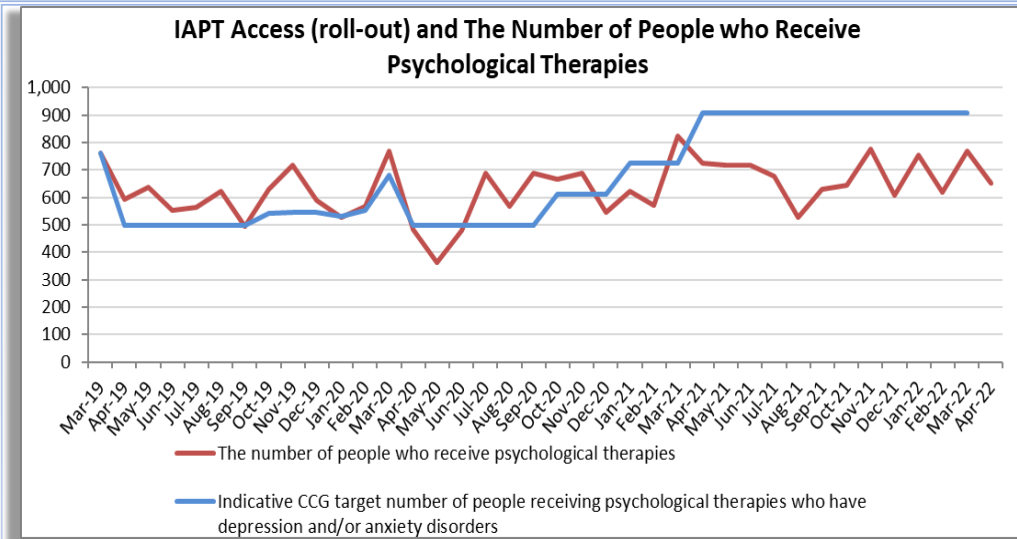
- **Volume of 2 week wait referrals:**
 - Somerset: -15% (-374), Somerset FT: -10.3%, (-110); YDH FT: -18.4% (-141), RUH: -19.6% (-61), UHBW: -15.2% (-40), Others: -37% (-22) (all compared to the previous reported month of March 2022)
- **2 week wait Performance (target 93%):**
 - Somerset: 66.5% (-1%), Somerset FT: 61.7% (-2%), YDH FT: 78.1% (+/- 0%), RUH Bath: 74.8% (-9%), UHBW: 44.4% (+8%), Others: 71% (+4%) all compared to the previous reported month of March 2022.
- **2 week wait breaches predominantly in:**
 - suspected breast cancer (mainly Somerset FT – due to inadequate Outpatient capacity)
 - lower GI (mainly Somerset FT, YDH FT – administrative delay, inadequate outpatient capacity, and patient choice)
 - Skin cancers (mainly other- predominantly due to Outpatient capacity and patient's choice)
- **Volume of First definitive treatment within 62 days from GP referral**
 - In April 2022 the number of patients in Somerset on a 62 day pathway who received their first definitive cancer treatment following GP referral has decreased by 2.1% (-43) when compared to the previous reported month of March 2022, breakdown of trusts:
 - Somerset FT: -11.7% (-9.5); YDH FT: -40%, (-26.5), RUH: +5% (+1), UHBW: -18% (-4.5), Other Providers: -35% (-3.5)
- **62 Day Performance (target: 85%):**
 - Somerset System: 2% increase in performance to 72.2%. (all compared to the previous reported month of March 2022)
 - Somerset FT: 69.9% (-2%), YDH FT: 81% (+15%), RUH: 65% (-3%), UHBW: 78% (+/- 0%), Other Providers: 46.2% (-24%)
- **Breaches predominantly in**
 - Urological cancers (mainly due to Health Care Provider initiated delay to diagnostic test/treatment planning)
 - Lower Gastrointestinal cancer (mainly due to Health Care Provider initiated delay to diagnostic test/treatment)
 - Breast (Outpatient capacity inadequate, complex diagnostic pathway)
 - Skin (mainly due to Health Care Provider initiated delay)
- **Volume of 28 day Faster Diagnosis Standard referrals:**
 - Somerset: -22% (-442), Somerset FT: -19%, (-192); YDH FT: -25%, (-144), RUH: -31% (-75), UHBW: -10% (-15), Others: -41% (-16) (all compared to the previous reported month of March 2022)
- **28 day Faster Diagnosis Standard Performance (target 75%):**
 - Somerset: 74.1% (-2%), Somerset FT: 73.2% (-3%), YDH FT: 74.8% (+/- 0%), RUH Bath: 66.7% (-8%), UHBW: 83.3% (+2%), Others: 74.3% (-12%) all compared to the previous reported month of March 2022.
- **28 day Faster Diagnosis Standard breaches predominantly in:**
 - 2WW - Lower GI, Gynaecological, Urological, Breast cancer, Head and Neck, Upper GI, Breast and Skin cancers (mainly due to inadequate outpatient capacity, inadequate elective capacity, administrative delay, complex diagnostic pathway)

Actions to improve performance include:

- Introduction of additional Endoscopy capacity from Q2 and improvements theatre throughput and list utilisation
- Continuation of additional MRI/CT mobile capacity (re-sited to South Somerset – Yeovil/South Petherton)
- Service Delivery Funding approved by SWAG CA (Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance) which will be used to support cancer recovery and strategic aims of LTP (Long Term Plan) for Cancer.
- The pan Somerset Non Site Specific Rapid Diagnostic Service for patients with vague symptoms that could indicate cancer was implemented on 26th July 2021. Referral numbers are picking up and at circa 80 per month (target is 100).
- A colorectal pre-referral test pilot for Primary Care is now live to ensure pre-2ww referral filter tests are completed. This will help speed up the pathway for patients, ensuring they are only sent on a 2ww pathways where appropriate and support Primary Care with conducting tests. Work is ongoing with Primary Care to understand implications for the new Enhanced Service Investment and Impact Fund (IIF) indicator relating to FIT testing.
- Both YDH FT and Somerset FT have robust plans to support the 28 day Faster Diagnosis Standard in Lung, Colorectal and Prostate.
- Somerset FT: Additional nurses have now been appointed to the endoscopy team which has allowed the service to increase the number of sessions which can be run from Bridgwater Community Hospital.
- Additional temporary support was put into the colorectal Faster Diagnosis team to support triage. This has now started to reduce the delays.
- “C The signs” is a multi-platform digital decision and referral support tool for GPs is now live and monitoring of use is ongoing. The tool helps GPs to identify patients at risk of cancer at the earliest and most curable stage of the disease.
- The system is working up self referral pilots for certain cancer symptoms (post menopausal bleeding and breast cancer) to speed up the referral process.

The Cancer Board is closely monitoring performance and there are a number of action areas we are working with the trusts on:-

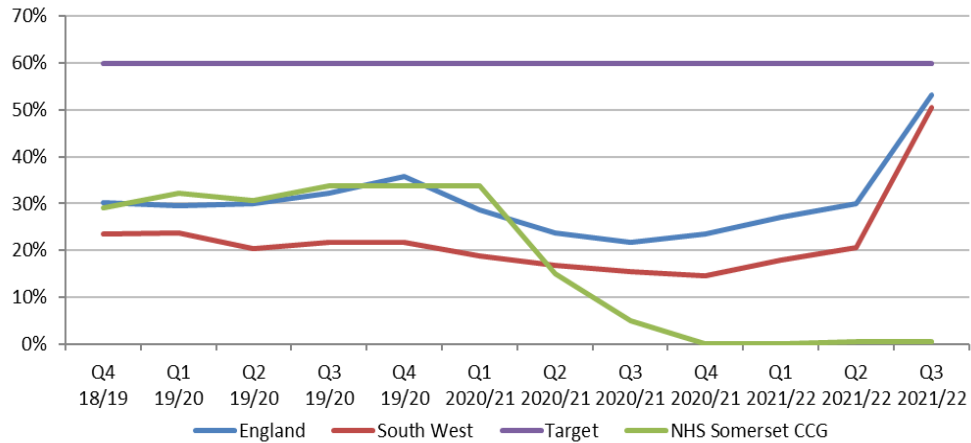
- Colorectal pathway review (Colorectal is the greatest area of backlog)
- Individual patient review to identify avoidable delays
- Working with SWAG on issues with shared pathways with other providers
- Trialling one stop and direct access pathways to cut delays
- Additional diagnostic capacity



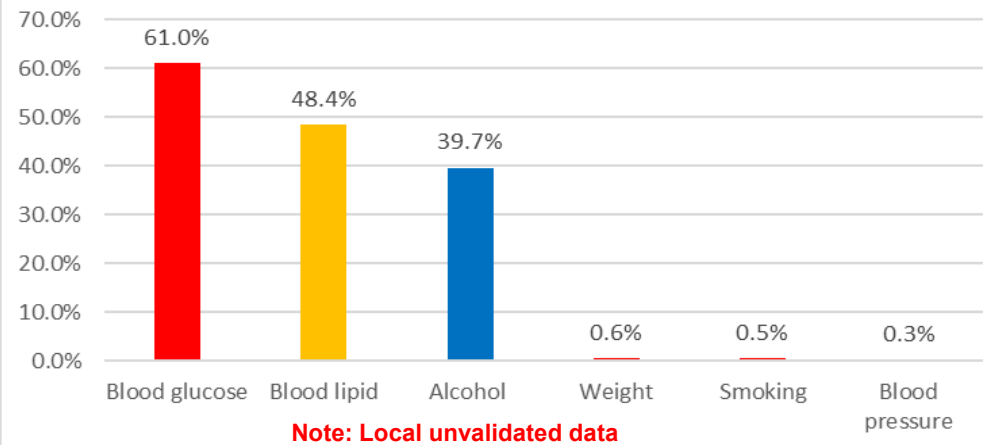
Definitions:

- IAPT access measures the number of people entering treatment against the level of need within the population
- IAPT moving to recovery measures ended referrals that finished a course of treatment where the service user has moved to recovery
- Dementia diagnosis rate measures the percentage of estimated number of patients with dementia aged 65+ who have been diagnosed with dementia

Physical Health Checks for People with serious mental illness %



Somerset CCG - Q4 21/22 Physical Health Checks for People with Serious Mental Illness %



Improving Access to Psychological Therapies (IAPT)

- The number of people accessing treatment for April 2022 was 651 against a local target of 1,095 (60% delivered) performance for the period is lower than plan, due to workforce issues within the service, including vacancies, maternity leave, long term sickness and trainee drop out. In addition, we have not been able to make the progress anticipated in the Long Term Conditions roll out. This is because this route is most effective when the mental health and physical health services are co-located and the COVID restrictions impacted this. Surrounding systems are in a similar position to Somerset. However, for 2022/23 we are relaunching our LTC programmes and outreach initiatives, including rural health hub emotional health checks as well as piloting emotional health checks within local gyms, lung centre at Musgrove Park Hospital, piloting Muscoskeletal presence in Wellington Community Hospital which will roll out if successful, physical presence at the diabetes clinic in Bridgwater Hospital, remote support for pain clinic patients, and we are approaching SDAS (Somerset Drug & Alcohol Service) also. Alongside this, we are reviewing the management infrastructure to ensure sustainability of the service going forward.
- The IAPT recovery rate for April is 66.9%. The national ambition of 50% continues to be met and exceeded, and Somerset is one of the top performing systems nationally.
- The IAPT service continues to meet and exceed the 18 week national ambition. In April, 57.5% of patients referred for treatment were seen by the service within 6 weeks against the 75% national ambition, and 97.9% were seen and received treatment within 18 weeks from referral against the 95% national ambition. The service has expressed concern about ongoing delivery of the 6 week wait standard on the basis of a sudden surge in the number of referrals/people entering treatment in Q4 (which has since dipped) alongside the staffing pressures as described above. We continue to monitor this, but anticipate it will naturally resolve as the new trainees commence in post.

We are anticipating a change in NICE guidance for depression in adults and treatment options, talking therapies will become the recommended first choice treatment option by NICE and the CCG has commenced work on cross referencing antidepressant prescribing against IAPT referrals at GP practice level, to help inform the work required to support this change in guidance.

Community Mental Health Services

- The Community Mental Health Services transformation programmes; a collaboration between Somerset FT and a range of VCSE (Voluntary, Community and Social Enterprise) partners, is operating under 'Open Mental Health'. In April 2022, there were 1,948 contacts with the Somerset FT service (data still being aggregated for VCSE partners), with 89% of people accessing Open Mental Health wait less than 4 weeks to be seen. We are currently working with NHSEI to develop a comprehensive assurance framework.

Mindline 24/7 Crisis Line

- In April 2022, Mindline received 3,174 calls, a drop of about 10% on the previous month. Approximately 3% of these calls were from Children and Young People. Fewer than 1% of total calls were directed towards the ambulance service or the police, and circa 1% were directed towards the Home Treatment Team or equivalent for CAMHS.
- The Mindline 24/7 crisis line offers a supported conversation to callers and has increased access to availability of Mental Health Services within Somerset; the services include Mindline Enhanced, Somerset IAPT and Community Mental Health Teams, depending on the level of need. It has also improved its links with the crisis safe spaces (4 across Somerset)
- Callers are presenting with an increasing range of issues and high levels of anxiety, depression, distress, isolation, family, physical health issues, service issues and concerns around Covid-19 are being seen; the main purpose of a call is the provision of emotional support, and the service is able to access other NHS or VCSE provided support for callers as appropriate.
- In line with NHSEI expectations we are working with our partners to explore how we can bring together NHS111 and mental health crisis lines. We have already made good progress improving the pathways between the Mindline and 111. However, the fuller integration is now due to be completed by end 2022/23 (in the last month or so, NHSEI brought the LTP ambition forward by a full year and is yet to fully confirm the requirements). We are working through the technicalities with Mind and Devon Doctors at the current time to establish what the most safe and effective process is as well as the workforce and financial implications. We are also working with Somerset Foundation Trust and our VCSE partners around the development of a First Response Service which will bolster the offer that sits behind the crisis line and ensures the best experience for people calling 111 with mental health need.

Demand and Capacity Modelling

- As part of our planning for potential long-term implications of Covid-19, we have been undertaking demand and capacity modelling with a bespoke tool being developed by South Central West Commissioning Support Unit. This is intended to take into account the whole MH ecosystem; covering urgent activity, VCSE activity and social care alongside traditional mental health services. The modelling now includes core adult services and VCSE activity under Open Mental Health. The tool will be designed to look at the interaction between services across the community, internal referrals and the onward impacts of any change
- A workshop was held in December, and a second data workshop was held in January. The CSU team are now working to develop the model based on the outcomes. A further discussion around data quality with Somerset FT is being arranged around Open Mental Health specifically; due to the nature of the model, this is proving complex to feed into the tool; we are working with service leads to explore this. The modelling has been delayed due to some data quality/completeness issues, but we are using the DQIP (Data Quality Improvement Plan) for 2022/23 to take this forward in the new financial year

Children and Young People's Mental Health (CYPMH)

- The access measurement* for CYP has changed from April 2021 and systems will be monitored using one contact (previously two contacts). The national position shows that Somerset has delivered 4,115 contacts during the 12 month period to February 2022 (latest national data), against the ambition of 6,167 for 2021/22. This position is likely to improve in the coming months as work is underway with our smaller Tier 2 providers to flow data into the Mental Health Services Data Set.
- A reconciliation of national access data against local data (6,739 contacts to February 2022) is underway as there appear to be data quality issues with the datasets and a Mental Health Data Working Group has been established to support this area of work; the group involves representatives from Somerset CCG, local CYP Service Providers and Regional NHSEI. Somerset CCG's Performance Team and CYPMH Commissioning Team are implementing plans to support smaller providers with new CYPMH reporting requirements and are also working with providers to produce an internal access trajectory for 2022/23. **Access: (reported on a 12 month rolling basis) is the number of Children and Young People under the age of 18 who have had at least one contact from an NHS funded mental health services*
- Young Somerset have applied for 2 attrition places at Exeter University to recruit and train further Education Mental Health Practitioners to meet demand and capacity issues within the Mental Health Support Teams. CAMHS are currently in the interviewing stage to recruit further Senior Mental Health Practitioners. Young Somerset are facilitating a consultation for Somerset Big Tent with the aim of establishing recommendations / improvement plans for the alliance of VCSE organisations supporting CYP with their mental health; results from the consultation are expected in June 2022.
- Somerset's Local Transformation Plan for CYPs Mental Health and Emotional Wellbeing (MH & EWB) has been signed off at the CYP MH & EWB Strategic Cell. Positive feedback from NHSEI has been received against the Plan and this will be fully published in line with the Somerset's transfer from a CCG to ICB in July 2022.

Perinatal and Maternal Mental Health

- Somerset has been awarded with 'Fast Follower' status to develop and implement a Maternal Mental Health Service (MMHS) in Somerset. The MMHS will align with the established Perinatal Mental Health Service and will focus on women with issues surrounding bereavement, Tokophobia and birth trauma. The Teams have faced challenges in terms of recruitment, in particular recruitment to Clinical Psychologist posts. A soft launch commenced 4 April 2022 and referrals are being accepted by the MMHS, and referrers into the service contacted. A social media feature and article will help promote the service during Maternal MH awareness week.
- Somerset's Perinatal MH (PNMH) Team have developed plans for the Perinatal MH Long Term Plan ambitions which includes offering partner assessments, increasing psychological therapies and access into the service, and extending how long care can be provided by the specialist PNMH Service from preconception to 24 months following birth. A Perinatal practitioner has been recruited to within the IAPT service, and a pathway into IAPT developed for partner assessments
- Additional recruitment to both the PNMH and MMH teams has commenced and this will help support expansion from 12 to 24 months and increased demand on both teams. Training needs and demand are being established for the new staff cohort and funding from Health Education England (HEE) regional training fund will support training delivery
- We are working with Somerset FT and NHSEI colleagues to explore and help understand the known differences between national and local perinatal MH data. The national position shows a perinatal access rate of 8.0% for the rolling 12 month period to March 2022, against national ambition of 8.6%.

Dementia

- Somerset CCG's dementia diagnosis rate (DDR) performance for April 2022 is 53.4%, against national ambition of 66.7%. Somerset has been impacted by the pandemic over the last two years; due to the clinical risk associated with visiting vulnerable people, previously proposed work to improve our DDR performance had to stop.
- The multi-organisational Dementia Operational Oversight Group (DOOG) and an associated Dementia Task and Finish Group were established to look holistically at the entire Dementia pathway (including diagnosis) and services offered in Somerset and have produced our Somerset Dementia Wellbeing Model. Non-recurrent funds were found to allow Somerset FT to expand the Memory Assessment Service and Care Home Liaison team by six members of staff to meet rising demand. A quarterly "Sounding Board" focus group of Experts by Experience and their carers was established that meets regularly; the gaps identified and feedback from the group is used to inform the development and ongoing service improvement of the Somerset Dementia Wellbeing Model.
- The Dementia Operational Oversight Group and Task and Finish Group worked together to design a Somerset Dementia Wellbeing model (SDWM) that is based upon the Bristol Dementia Wellbeing model and the Sandwell model which is being held as an exemplar by NHSEI. This work is discussed with the Sounding Board forum to ensure that their experiences and needs inform the new dementia strategy and current contract renegotiations are nearing completion with providers to start realising the model. A VCSE Dementia Collaborative Forum is also being established to bring together all VCSE providers that work in the dementia space to start working collaboratively (with a future goal of becoming formalised as a VCSE alliance at the heart of our new model). The model is being co-produced to better support people and their carers in the community, throughout their entire pathways from pre-diagnosis onwards to prevent need for admission wherever possible. Some funding from the Service Reform Fund (SRF) has been used to grant to Spark Somerset to recruit an independent facilitator post; the postholder will work proactively to encourage collaborative working between our VCSE providers and begin the process of creating a formal VCSE Dementia Collaborative Alliance that will deliver most of the SDWM elements in partnership with statutory providers, such as Open MH.
- The DOOG successfully bid for funding from a Winter Pressures Mental Health funding pot. The funding received is being used to realise two elements of the SDWM earlier than expected; an increase in the number of Dementia Support Workers in the county and the provision of a localised version of the Dementia Connect phonenumber. Recruitment for these posts is now almost complete.
- Following the system prioritisation exercise of 2022/23 business cases, we have received £350k for the SDWM. Work is now underway with partners to prioritise the spend elements to ensure maximum benefit for people with dementia by providing more support in the community.

Physical health checks for people with a serious mental illness (PHSMI)

- Delivery of physical health checks to people with a serious mental illness has been challenging and reasons include anxiety regarding attending healthcare premises and the impact of Covid-19 response.
- We have identified a significant reporting issue, which has resulted in Somerset reporting in 0.3% against the 60% national ambition in Q4 2021/22 (local unvalidated data). We are aware that a separate national extract from practice systems is showing much higher performance, and are working with our NHSEI colleagues and the Somerset LMC to resolve this data flow. We are implementing a temporary interim reporting request from practices for June.
- It is a priority to improve the number of people with serious mental illness receiving a health check and a comprehensive action plan is being developed. A cross system PHSMI steering group has been established to determine how to increase the number, quality and consistency of PHSMI checks, as well as working through data quality issues. There are three underpinning working groups: one focusing on delivery across primary care, secondary care and community mental health services; a second focusing on data, digital, reporting and information governance; and a third focusing on outreach and post-health check support.

Learning Disability and Autism programme update

- 3 year delivery plans include investment in adult community learning disability services, the rapid intervention team and the adult autism service, sensory friendly autism environmental changes in adult and CAMHs inpatient settings, and for C&YP - a pilot for rapid assessment of autism, and establishment of a 'taking a break from care fund' to help avoid crises and admissions. An assistant psychologist lead for the Keyworker project has been recruited and work begins on implementing the programme. Work continues to improve crisis provision for people with a learning disability and/or autism, to avoid unnecessary admission to mental health wards and to improve patient experience and shorten length of stay where admission is required.

Reliance on Inpatient Care

- The table shows the number of Somerset patients with a learning disability and/or autism in specialist learning disability or autism hospital placements (including mental health inpatient units). The March 2021 target was achieved. Whilst the target for March 2022 was not met, Somerset compares favourably both regionally and nationally, with consistently low use of inpatient services for people with a learning disability and/or autism. Targets for 2022/23 meet the requirements of the NHS Long Term Plan. Safe and Wellbeing reviews were carried out for all inpatients (as at 31 October) and were reviewed at local oversight panels in March, with themes and learning presented to regional oversight panel in April.

	Actual March 2021	Target March 2021	Actual March 2022	Target March 2022	Actual April 2022	Target March 23
Adults, non-secure (CCG)	3	3	8	3	6	5
Adults, secure (NHSEI)	7	7	6	5	6	5
C&YP (NHSEI)	1	1	0	1	0	1
Total	11	11	14	9	12	11

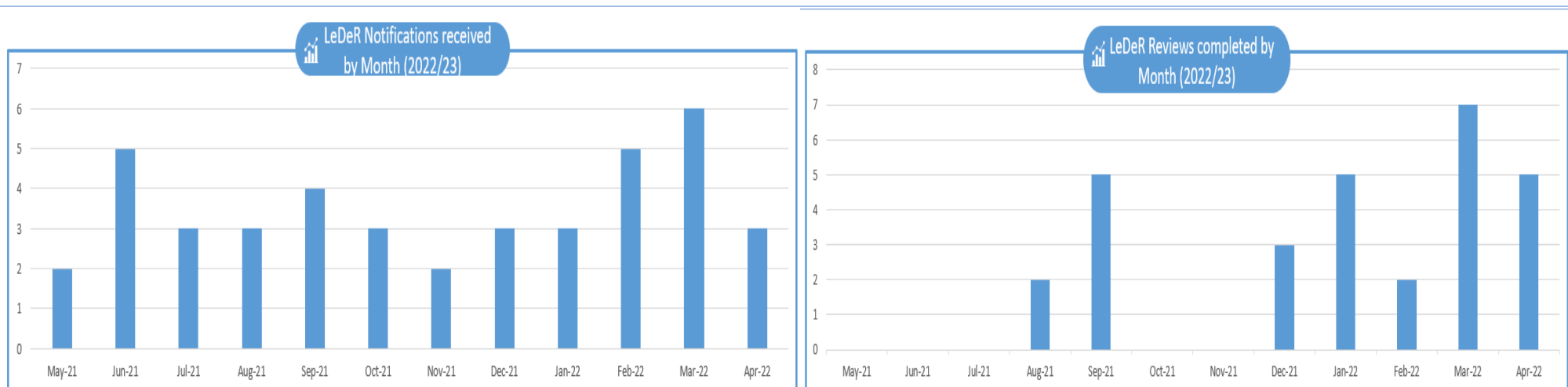
Autism pathway – children and young people

- The Ofsted/CQC local area inspection and the local review found areas where improvements in services for people with autism are required. These include diagnosis, pre-diagnostic and post diagnostic support and services. 'Next steps' pre-assessment pathway and Multidisciplinary triage and assessment is in-place across the County, with benefits including reduced waiting times for assessment and a reduction in rejected referrals. Further work is required to improve the post-assessment pathway and the assessment of ADHD. Evaluation of the assessment pathway is planned for June.

Annual Health Checks (AHC)

The Quality & Patient Safety Team (Learning Disability and Mental Health) is leading on a programme of work to increase the uptake and quality of Annual Health Checks (AHCs) for people with a learning disability. This work is an integral part of the LeDeR Learning Into Action workstream and set out in our LeDeR 3 year strategy. Future updates from work done will be overseen by the LD and Autism Partnership Board which is jointly chaired by Somerset CCG and Somerset County Council. The focus of recent work has been on supporting primary care to achieve the NHSEI target i.e. to ensure that at least 70% of people with Learning Disabilities who are on the LD GP Register receive an Annual Health Check. Early indications are that Somerset has achieved 77% at the end of March although we are waiting for the final figures to be confirmed. Part of the quality improvement work is also focusing on improving access to Advance Care Planning services including a Train the Trainer project called 'No Barriers Here'; the Talk About Project and the development of a co-produced video to explain the Treatment Escalation Plan.

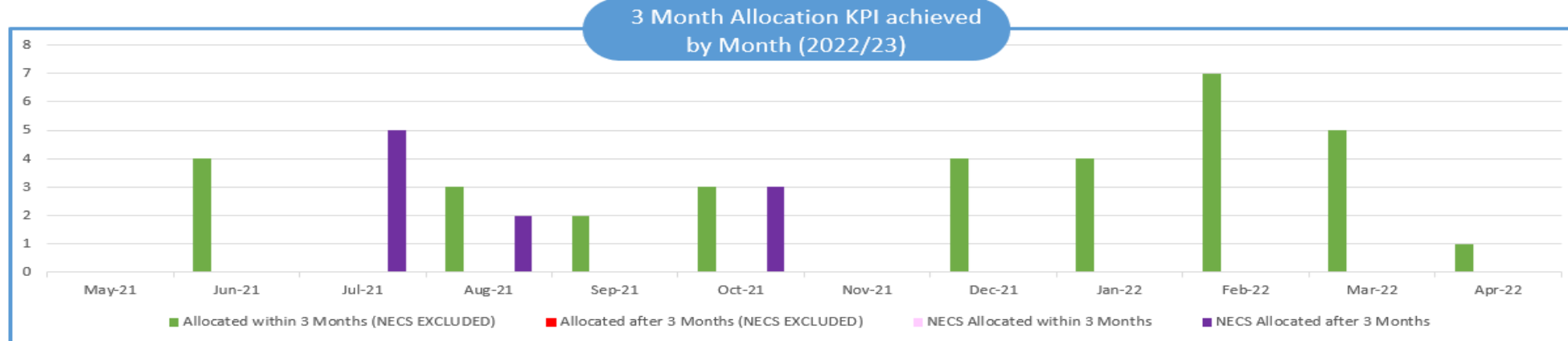
Learning Disability Mortality Reviews (LeDeR)



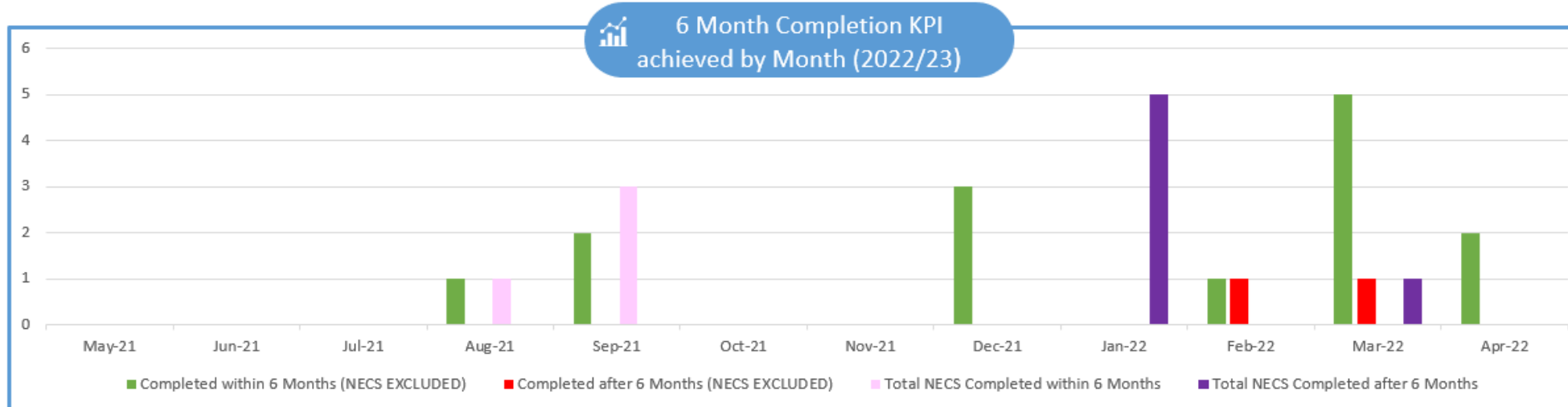
Three Notifications were received into the Service in April 2022. One was allocated in April; the other two were received at the end of the month so were allocated in early May and will be reported in May's figures.

Five Reviews were completed in April 2022. Three fell under the Child Death Overview Panel Process (CDOP) and are not included in KPIs, and the other two were completed within the 6mo KPI.

Learning Disability Mortality Reviews (LeDeR)



3 Month Allocation KPI – requires any Notifications received to be allocated to a Reviewer within 3 months of the Notification Date. Two Reviews were allocated in April, one of which was notified end March. Both were within KPI.

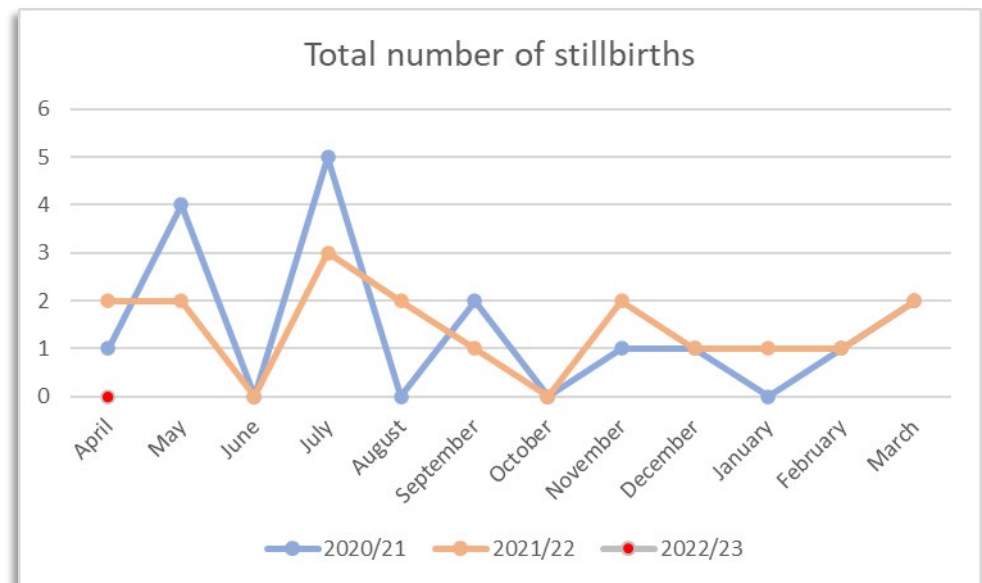
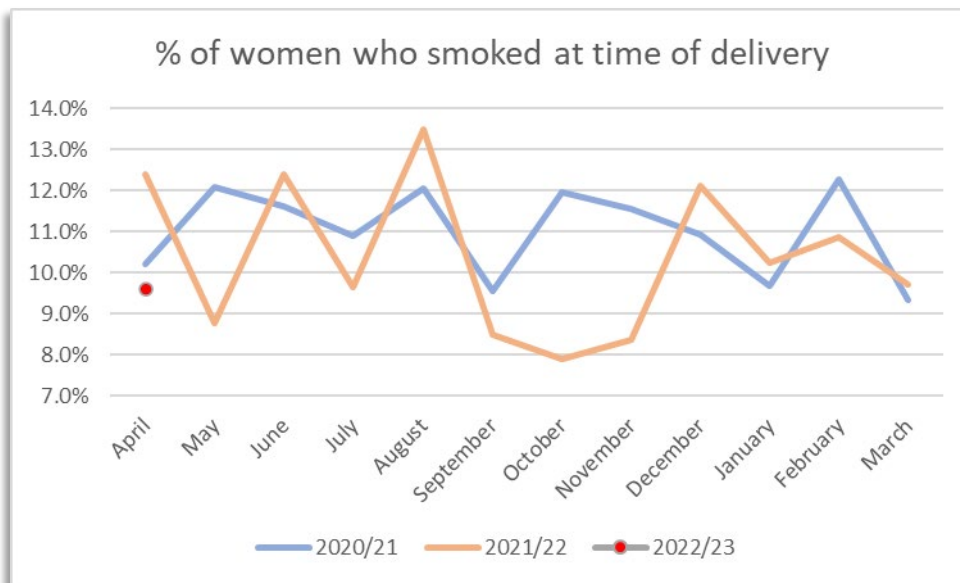
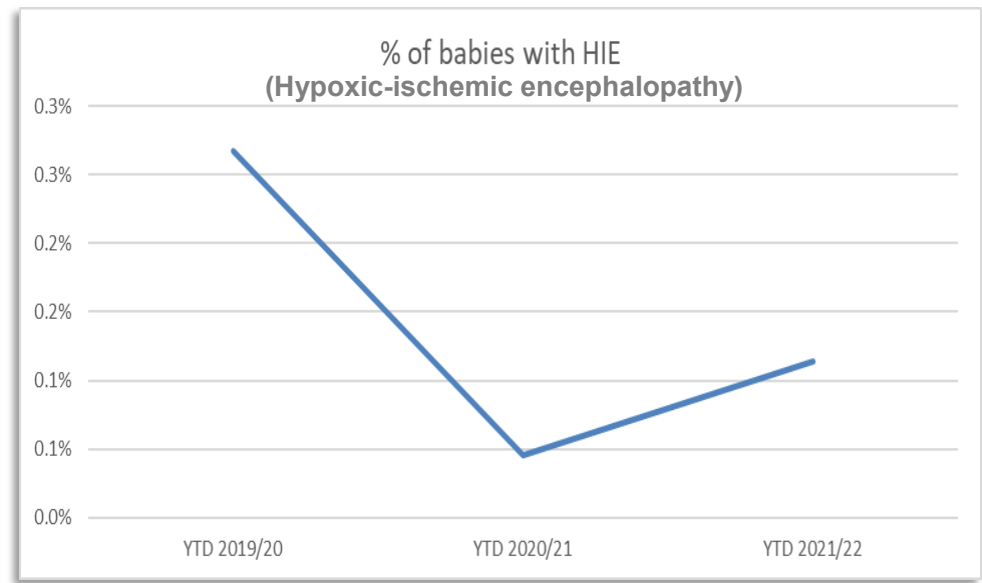
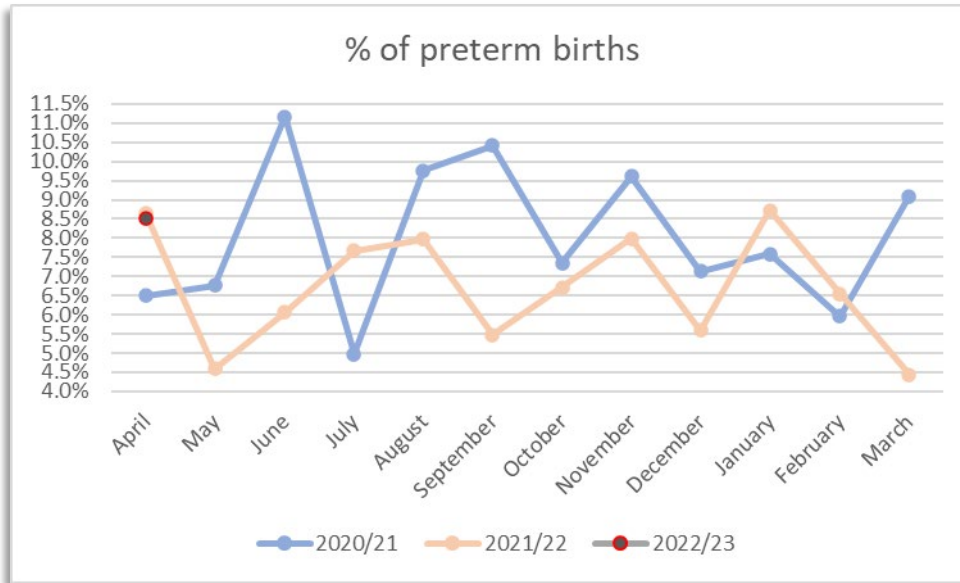


6 Month Completion KPI – requires all Reviews to be completed within 6 months of the Notification Date. Two Reviews were completed in April within the KPI. Three further CDOP reviews were completed in April but are not included in KPIs.

Maternity Key Performance Indicators



Somerset
Clinical Commissioning Group



During the last 12 months (May 2021- April 2022) there have been 4,265 women that have delivered babies, 2,971 at Somerset FT and 1,294 at YDH FT.

The second part of the Ockenden report was published on March 30th. This contains a further 15 essential actions for trusts to review and action plan for compliance where needed (Summary on next slide). Both Trusts are developing action plans and compliance is monitored by the LMNS (Local Maternity and Neonatal System). The CCG Quality and Safety team and NHSEI provide oversight for assurance of the submitted evidence and compliance with the recommendations. Early feedback from NHSEI is positive. The Kirkup (East Kent) report is expected during the autumn. Currently NHSEI are reviewing the actions needed for this second report so we await their requirements. Safety recommendations that are included in the Long Term Plan, the Saving Babies Lives' Care Bundle Version 2 (plans by NHS England to make maternity care safer and more personal) and the Ockenden Review recommendations should lead to an improvement in the outcomes measured by the key performance indicators shown on the previous slide. These outcomes are monitored closely by the LMNS board, by the ICB via our Quality and Safety representatives and NHSEI both regionally and nationally. These outcomes have been challenging during the pandemic due to infection with Covid-19 being linked to higher rates of preterm birth and stillbirth and the requirement to cease CO monitoring.

Work is ongoing to further reduce the number of women smoking during pregnancy in line with LTP (Long Term Plan) requirements. Year to date the proportion of women who smoked at the time of delivery reduced by 0.61% compared to 2020/21, although this has been complicated by stopping CO monitoring during the pandemic. Both trusts have also implemented the PeriPrem Care Bundle to improve the outcomes for premature babies. This work is part of the Long Term Plan Treating Tobacco Dependency programme working jointly with our public health colleagues.

The Maternal Mental Health Service launched on April 1st of this year to support women with baby loss, birth trauma and fear of giving birth.

Maternity services are now fully open following the pandemic.

Due to staff shortages the Royal United Hospital in Bath is currently not able to support home births or births in the midwifery unit in Frome.

During Covid-19 the ICON (<https://iconcope.org/>) programme was used to support new parents to cope when their baby cries when their support networks were not available to them. This evidence based programme has been relaunched in a joint project with Maternity, Public Health and Children's Social Care.

Actions to support maternity services:

- Implementation of the National Bereavement Care Pathway across both trusts
- Public Health midwife to promote healthy pregnancy and link maternity with Public Health services
- Building closer links with our neighbouring LMNSs (Local Maternity and Neonatal System) to share learning and improve communications pathways for cross border transfers
- A Maternity Equity Strategy to be published this year. Analysis work completed and submitted to NHSEI
- Work with the Neonatal Operational Delivery Network to implement the recommendations of the Neonatal Critical Care Review
- A Continuity of Carer planning document is in development to meet the LTP requirements
- Aligning digital systems

The Women's Health Strategy is due to be published in the spring of 2022 and is predicted to contain maternity recommendations around preconception health, bereavement, pelvic health and maternal safety and support during pregnancy. Maternity services will also be involved with other recommendations in the report such as mental health, fertility and violence against women. To achieve the outcomes required will involve working closely with a number of partners including safeguarding, Public Health and our Mental Health colleagues.

In 2017 Donna Ockenden was asked to review Maternity Services in the Shrewsbury and Telford Hospital Trust by the Secretary of State.

The inquiry covered 1,592 clinical incidents involving 1,486 families between 2000 and 2019, during which time it found there were more than 200 avoidable baby deaths or brain damage cases as a result of poor maternity care, including 131 stillbirths, 70 neonatal deaths and 84 cases of brain damage

The final report follows on from the first report which was published in December 2020. In addition to the seven Immediate and Essential Actions (IEAs) first identified, the final report identifies 15 new themes with a series of further recommendations. It contains 66 recommendations for local trust, 15 for the wider NHS and 3 for the Secretary of State.

Immediate and Essential Actions - first report

- Enhanced Safety
- Listening to women and families
- Staff Training and Working Together
- Managing Complex Pregnancy
- Risk Assessment Throughout Pregnancy
- Monitoring Fetal Wellbeing
- Informed Consent
- Workforce

• Essential Actions - final report

- Workforce planning and Sustainability
- Safe Staffing
- Escalation and Accountability
- Clinical Governance – Leadership
- Clinical Governance - Incident investigation and Complaints
- Learning from Maternal Deaths
- Multidisciplinary Training
- Complex Antenatal Care
- Preterm Birth
- Labour and Birth
- Obstetric Anaesthesia
- Postnatal Care
- Bereavement Care
- Neonatal Care
- Supporting Families