

Report to the NHS Somerset Clinical Commissioning Group on 26 November 2020

Title: INTEGRATED BOARD ASSURANCE REPORT 2020/21 1 APRIL 2020 – 30 SEPTEMBER 2020	Enclosure I
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Version Number / Status:	1
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Clinical Lead:	N/A
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Summary and Purpose of Paper

Following discussion at the Finance and Performance Committee meeting held on 11 November 2020, the enclosed paper provides a summary of escalation issues for quality and performance against the constitutional and other standards, for the period 1 April 2020 to 30 September 2020, and provides a detailed summary for the following areas:

- Quality indicators
- 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 2020 to 30 September 2020.

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.
Quality	Decisions regarding improvements against the performance standards are made to deliver with regard to the best possible value for service users.

Privacy	No issues identified.			
Engagement	All discussions regarding performance improvement have been detailed in the enclosed report.			
Financial / Resource	The current resource allocation for NHS Somerset Clinical Commissioning Group is £971,746,000 for 2020/21.			
Governance or Legal	Financial duties of Somerset Clinical Commissioning Group not to exceed its cash limit and comply with relevant accounting standards.			
Risk Description	The Somerset Clinical Commissioning Group must ensure it delivers financial and performance targets.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
	3	2	6	SC17

Integrated Board Assurance Report September 2020

Somerset System overview – September 2020



Answered within
60 seconds

67.87%



8352 calls

Cat 1 **9 min**

Cat 2 **34 min**

Cat 3 **137 min**

Cat 4 **169 min**



Total
emergency
admissions

5462

783 Re-admissions
within 30 days
of discharge

4 hours

A&E

85.17%

Total A&E
Attendance

20,211



Somerset

NHS Foundation Trust

4 hours

A&E

85.32%

Total A&E
Attendance

5,790



Yeovil Hospital
Healthcare

4 hours

A&E

95.52%

Total A&E
Attendance

4,574

Somerset System overview



Referral to
treatment

9853

Clock
starts

57.3% <18 weeks

1424 people waiting >52 weeks

4242 people waiting >40 weeks



Diagnostics

Waiting list

11,599

>6 weeks 4298

37%



Cancer
Total

2089 2ww

528 >2ww waits

31 day performance

94.9%

62 day performance

76.7%



IAPT - Improving Access

to Psychological Therapies

access 14.4%

57.2 % moving to recovery

CYPMH

Children and Young People's Mental Health

access 13.7%

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Quality Monitoring Reporting Development



Somerset
Clinical Commissioning Group

The Quality Team have been working closely with the Performance Team to develop a new style for presentation of quality monitoring reporting to improve accessibility and analysis.

The current quality and safety metric data includes YDH FT (Yeovil District Hospital NHS Foundation Trust) and Somerset FT. (Somerset NHS Foundation Trust). This will be extended to capture UHBW (University Hospitals Bristol and Weston NHS Foundation Trust) and RUH Bath (Royal United Hospitals Bath NHS Foundation Trust) , where it is available to the CCG.

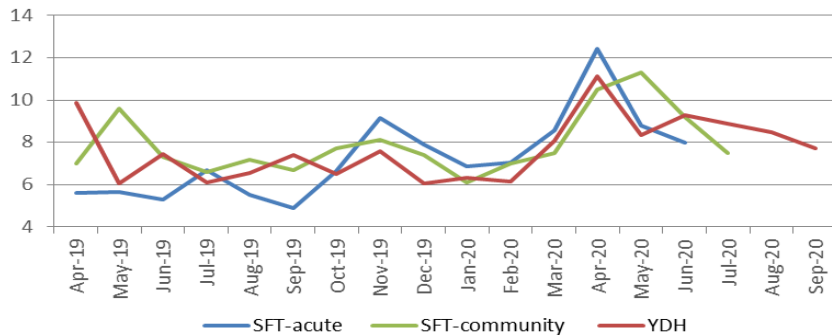
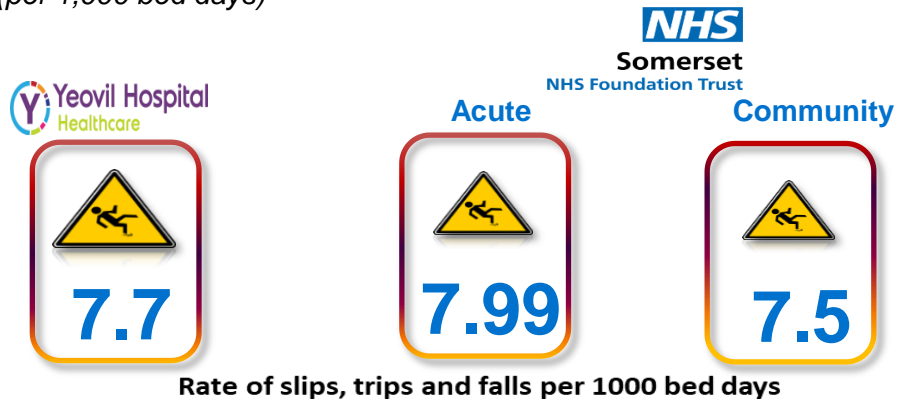
Included are a sample of the developing dashboard metrics, with further metrics to be added.

Note: NHS Trust data return requirements have been reduced in line with national direction under Reducing the Burden when data returns are following Covid-19 Reducing the burden and releasing capacity arrangements. Whilst some reporting has resumed, not all reporting has been stood back up as yet

<https://www.england.nhs.uk/coronavirus/publication/reducing-burden-and-releasing-capacity-at-nhs-providers-and-commissioners-to-manage-the-covid-19-pandemic/>

Quality Reporting as at September 2020

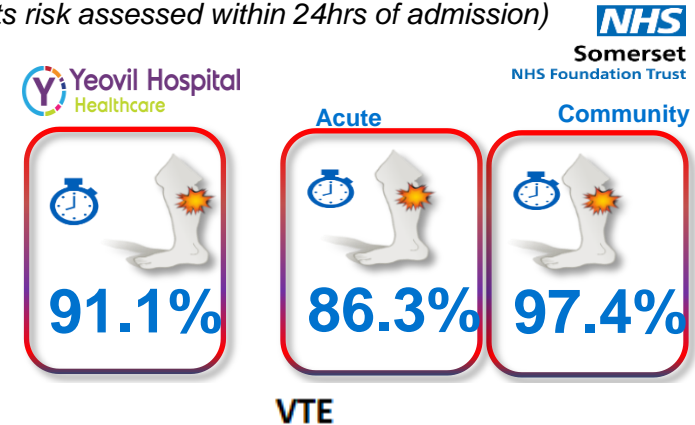
Rate of Slips, Trips and Falls (per 1,000 bed days)



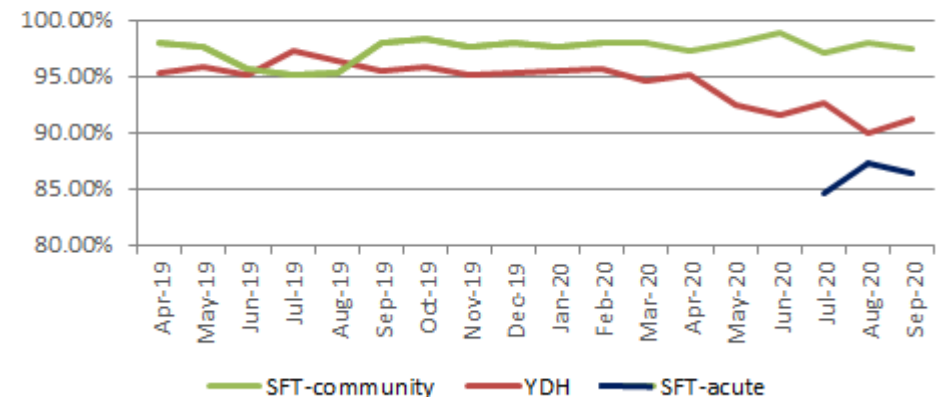
An increased rate of falls was noted in April 2020. In both NHS Trusts' report this was associated with same number of falls amongst the elderly patient population, but shows as an increase due to the reduction in bed days due to Covid-19 reduced elective admissions (i.e. change in case mix). A further review of falls is being conducted by both Somerset FT and YDH FT. SFT data is delayed due to transitional arrangements for their new incident reporting system

Calculation of rate of falls = $\frac{\text{Number of falls}}{\text{number of bed days}/1000}$

Venous Thromboembolism (VTE) (% of adult patients risk assessed within 24hrs of admission)



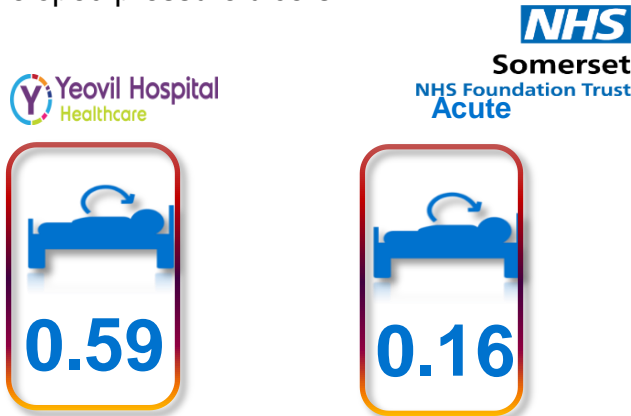
% of adult patients having an assessment within 24 hours of admission



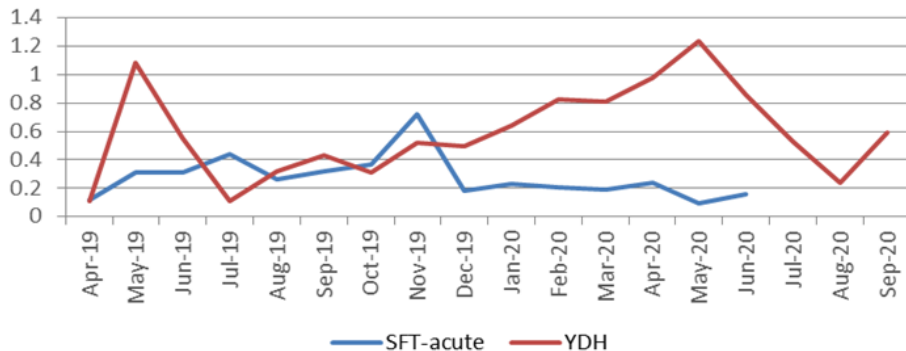
VTE assessment on admission has declined at YDH FT. The Trust is reviewing this worsening of performance and are increasing their focus on compliance using the expertise of ward sisters. The Somerset FT Trust VTE group have identified some recording issues on some of their wards and are reviewing alongside compliance improvement work.

Quality Reporting as at September 2020

Rate patients who developed pressure ulcers after admission (Cat 2+) (per 1,000 bed days)

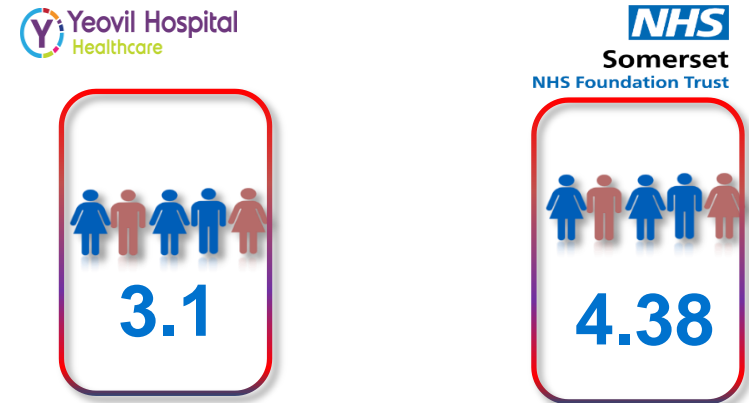


Rate of patients who have developed one or more new pressure ulcer(s) grade 2 and above per 1000 bed days

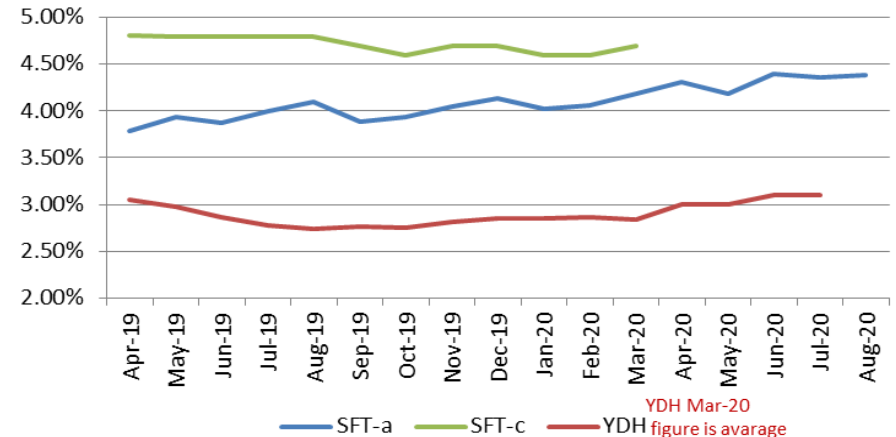


NHS Somerset CCG monitors emerging trends, differences in case mix means results should not be benchmarked. There was an increase in rates for YDH FT during the spring/early summer, which the trust has attributed to COVID case mix, this has returned to within usual variation baseline rates. This will be kept under review with the Trust. SFT data is delayed due to transitional arrangements for their new incident reporting system.

Workforce Absence Rate (%)



% of staff sick / absent

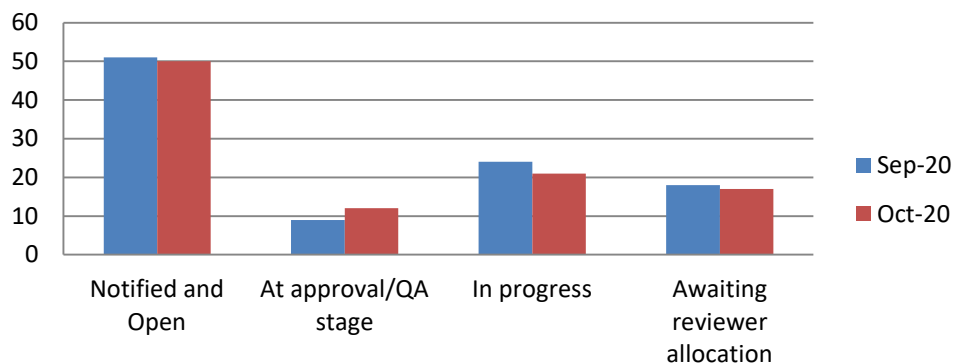


National NHS average absence rate in April 2020 was 6.4% (Source: NHS Digital). With most frequently reported causes as anxiety, stress and depression. Despite Covid-19 sickness levels have remained stable. There is a potential for this to decline during the second wave and we will monitor this with the trusts over the coming months. Somerset FT Community dashboard indicators temporarily suspended due to transfer into a single Trust reporting dashboard.

Quality Reporting as at September 2020

Learning Disability Mortality Reviews (LeDeR)

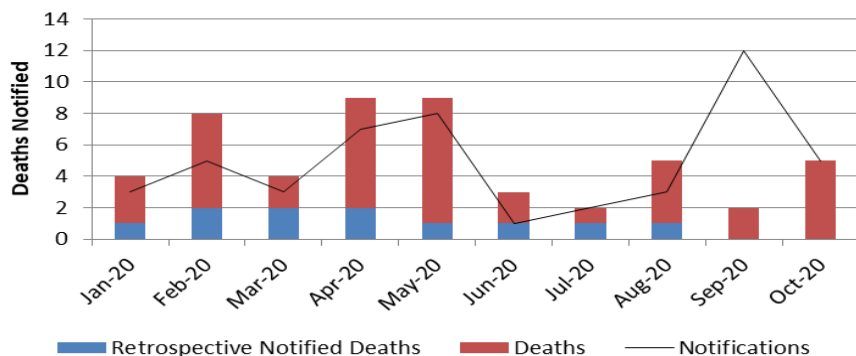
Reviews to complete by 31 December 2020



Notifications since 01Jul20 (6mo KPI) (including 8 deaths 01Jan20 - 30Jun20)

Sep-20	Oct-20	Nov-20	Dec-20
17	22		

Learning Disability Deaths 2020

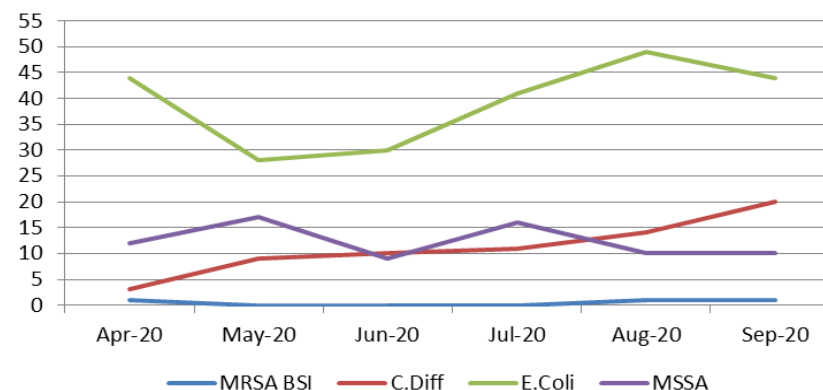


We are currently recruiting new LeDeR reviewers to ensure that we carry out the reviews in a timely way.

Infection Prevention Control (IPC)



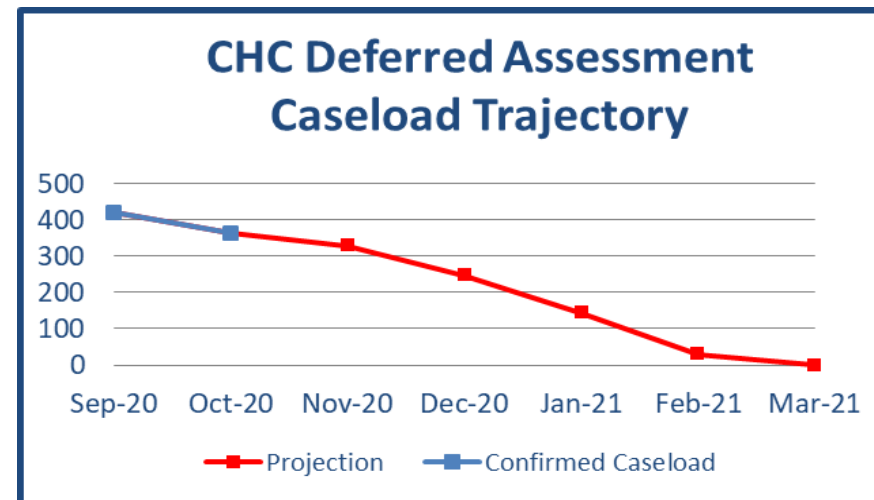
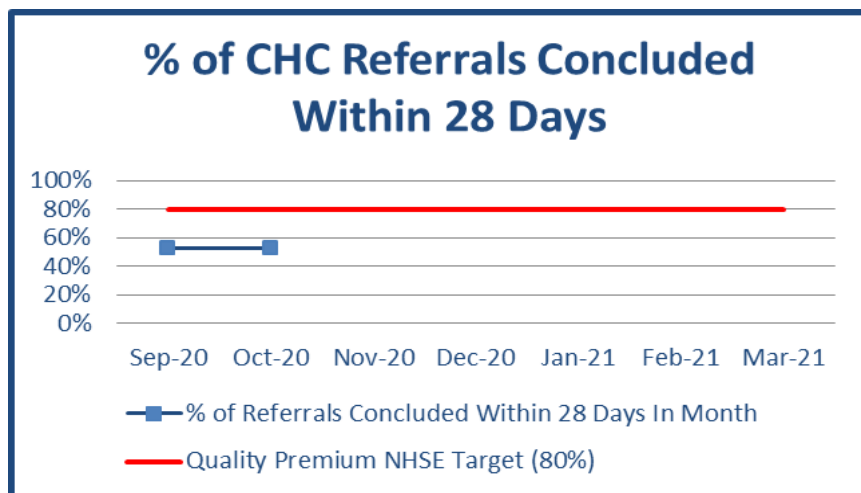
Outcome Measures -total for CCG



There was a significant increase in Clostridium Difficile at Somerset FT and all cases have been reviewed by SFT and the CCG. Most cases are community acquired and it was noted that there were 2 potential lapses in care.

- Antibiotics could have been stopped earlier with a choice of a lower risk one.
 - Possible hand hygiene and environmental issues.
- Extensive work completed with wards and matrons – improvements being seen.

Continuing Healthcare (CHC) Quality Premium and Deferred Assessment Position



CHC has 2 quality premiums: Nationally these were paused during the period April to August as staff were redeployed away from CHC assessment functions.

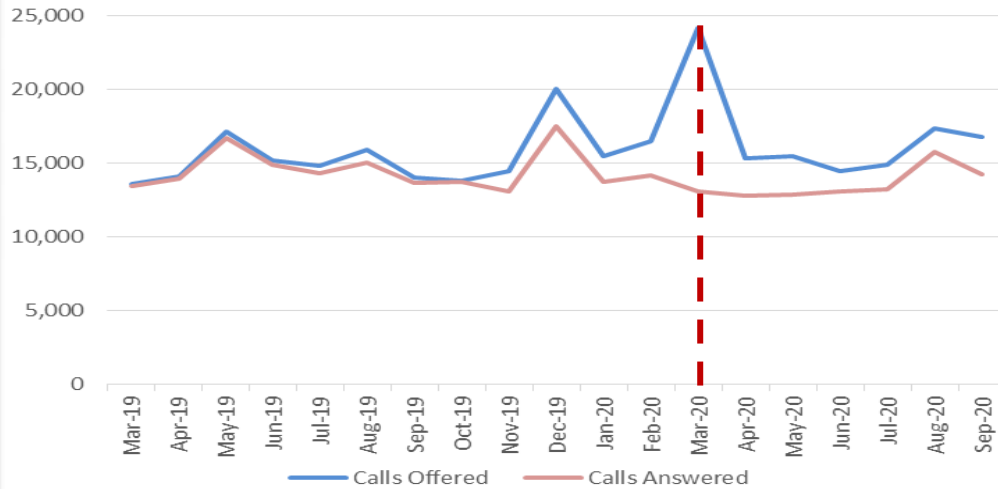
The first quality premium is that eligibility assessments should be completed within 28 days of notification (checklist) to the CCG that an assessment is required. Performance against the 28 day Quality Premium Target is now compromised and linked to a backlog built up during this period, achieving 53% in September and October. This backlog represents existing open checklists and checklists generated during September and October from COVID funded patients and those submitted through normal channels. We have a plan to complete all deferred assessments by March 2021.

The second quality premium is less than 15% of all assessments should be undertaken in the acute sector. This has always been attained with 0% of assessments having taken place in acute sector within Somerset. This is because we do not routinely support assessments outside of a patient's permanent place of care i.e. own home or residential care. This is because care needs may be unstable or uncertain during an acute inpatient stay making assessments unreliable.

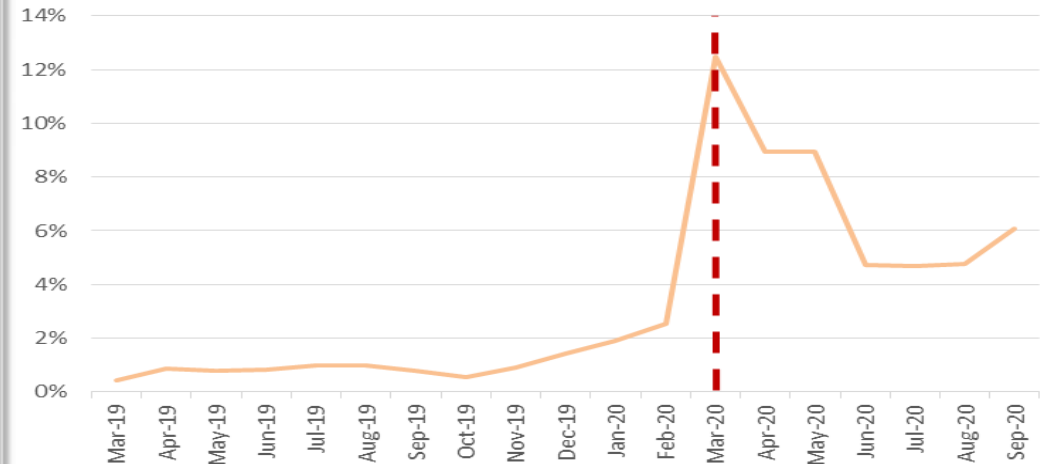
Recommencement of the CHC Service from 01 Sept 2020 has resulted in a Caseload reduction of -13.6% as at the end of October 2020 which equated to over 400 deferred assessments at the end of September and as of end of October this figure stands at 362. CHS healthcare have been commissioned to support the reduction of this backlog in line with the trajectory above and CHC provide a 2 weekly SITREP (situation report) to NHS England.

Emergency – NHS 111 Performance

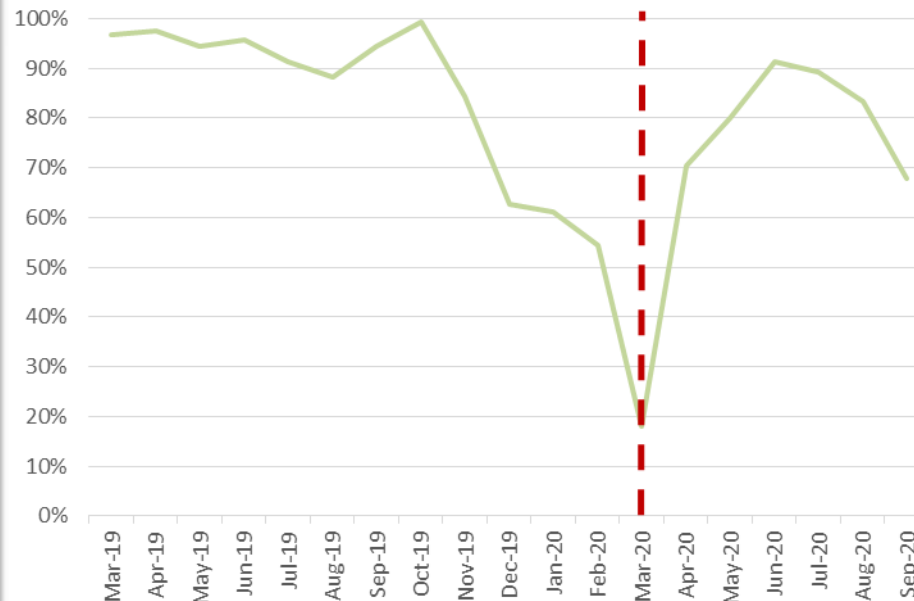
Demand into NHS 111



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



% of Calls Answered Within 60 Seconds



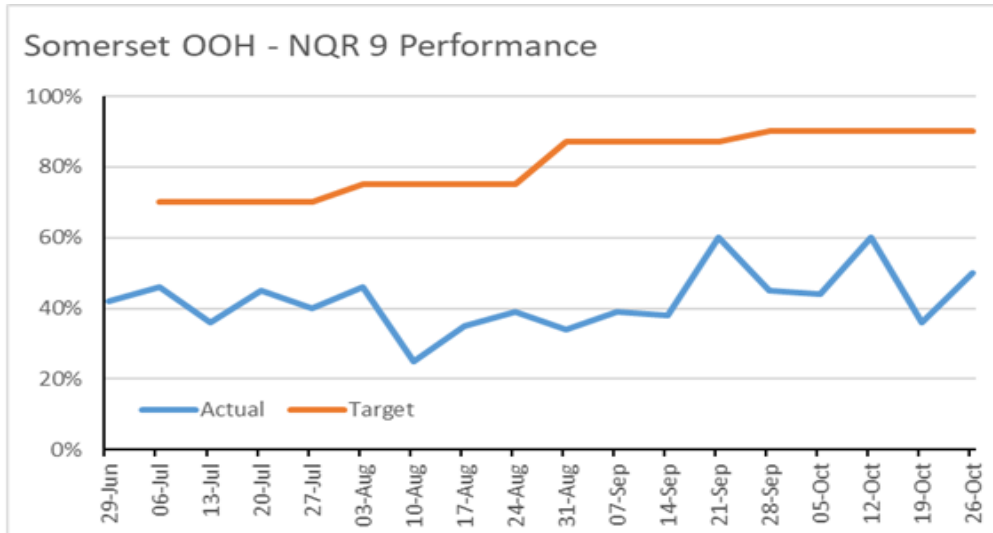
Emergency – NHS 111 and Integrated Urgent Care Service



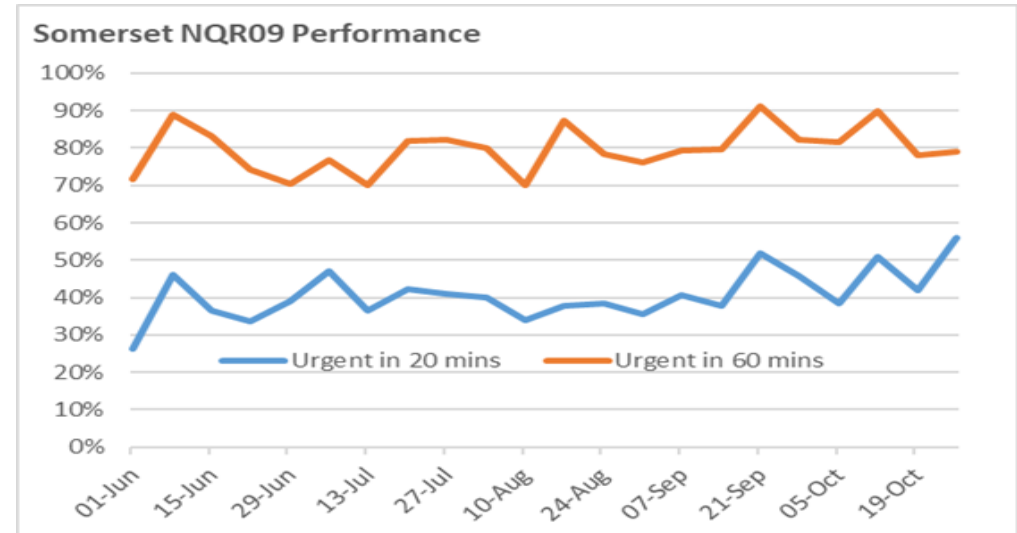
- Demand into NHS 111 increased in March 2020 to 24,164 calls offered, which is almost double the number of calls when compared to the same month in the previous year (13,450 calls in March 2019); demand has since reduced to 17,380 calls received in August 20, and September there were 16,780.
- Performance for September for 60 second call answering rate is at 67.9% against the national target of 95%, and for the 30 second call abandonment rate, 6.07% against the 5% national target. Both performance targets declined from figures recorded in August (83.74% and 4.78% respectively)
- Since wave 1 of Covid-19 NHS111 whilst performance remains challenged overall it has improved across the range of metrics
- Somerset 111 remains an outlier on call abandonment rate compared to the rest of the Practice Plus Group (PPG, formerly known as Care UK) estate and this is in part due to the configuration of the 111 options (such as repeat prescriptions and dental) going directly to Meddcare Somerset. Dental call demand has increased and continues to be at high levels due to changes in access to dental services as a result of the Covid-19 response: this is a national issue. Somerset CCG has been liaising with NHSE/I as commissioner of dental services to better understand the situation and what improvements are being put in place. This was followed up by attending a call with NHSE/I, facilitated by Meddcare Somerset on 3 November. Improvements in streaming from IUC to the Somerset FT Urgent Dental Care line is being investigated as a possible mitigation and NHSE/I is considering whether a SW-wide call with providers to see what, if any, SW-wide solution is possible would be beneficial.
- Practice Plus Group has recently undertaken some work to improve 111 performance in its smaller contracts when compared to the rest of their 111 estate.
- Somerset CCG has been working with Meddcare Somerset to mobilise IUC Clinical Validation (of low acuity 999 ambulance and ED dispositions) and following a successful pilot which showed high levels of clinical validation coupled with high re-direction rates (patients being referred to alternative services that are more appropriate for their clinical need) 27/7 IUC clinical validation went live 2 November. Validation is key to supporting improved ED patient flow due to current capacity limits owing to social distancing and will further support implementation of Think 111 First, a national initiative coming on-line 1 December 2020. Data is being collected on validation rates and outcomes and will be reported in the next report.

- Meddcare Somerset, a trading name of Devon Doctors Limited (DDOC), is the provider of Somerset's Integrated Urgent Care Service. In July 2020, the Care Quality Commission (CQC) carried out an announced focussed inspection of the service which resulted in the application of urgent conditions to the provider registration of Devon Doctors Limited. The Care Quality Commission Report was published on 14 September 2020 and noted some Requirement Notices relating to regulations that had not been met.
- Following inspection, Meddcare Somerset developed and has been implementing a detailed improvement plan, with weekly meetings with Somerset CCG (in partnership with the Care Quality Commission and Devon CCG) providing assurance on progress. Meddcare Improvement Plan describes how they will work towards rectifying the urgent conditions and regulatory notices and below are examples of some of the improvement measures that have already been put in place:
 - Introduction of comfort calling - strengthened with appropriate training for staff to undertake this at times of escalation. They are now taking place for both breaches of Home Visits and Triage.
 - Introduction of an Integrated Urgent Care Service Lead Clinician
 - Clinical Recruitment Plan - There has been appointment on a temporary basis of an Turnaround Director who has been working closely with Meddcare and the CCG.
 - Clinical Governance structure changes
 - Lead IUCS (Integrated Urgent Care Service) clinician to have oversight of the clinical queue between Sat and Sun, 0800-2300 which provides increased safeguards to prevent potential patient harm
 - Revised Governance process to influence change within the organisation, based on quality reporting; awaiting cycles of change before being able to evidence impact of the revised process
- As noted elsewhere within this report Somerset NHS 111 is delivered through Practice Plus Group (formerly known as Care UK): therefore, the recent Care Quality Commission Report does not relate to that element of the Somerset Integrated Urgent Care Service. PPG's NHS 111 (SW) service was inspected by CQC in June 2019, which resulted in an overall rating of 'Outstanding' with 'Outstanding' ratings for the 'Safe,' 'Effective,' and 'Well-led' domains.

Out Of Hours: Urgent Performance Vs Plan



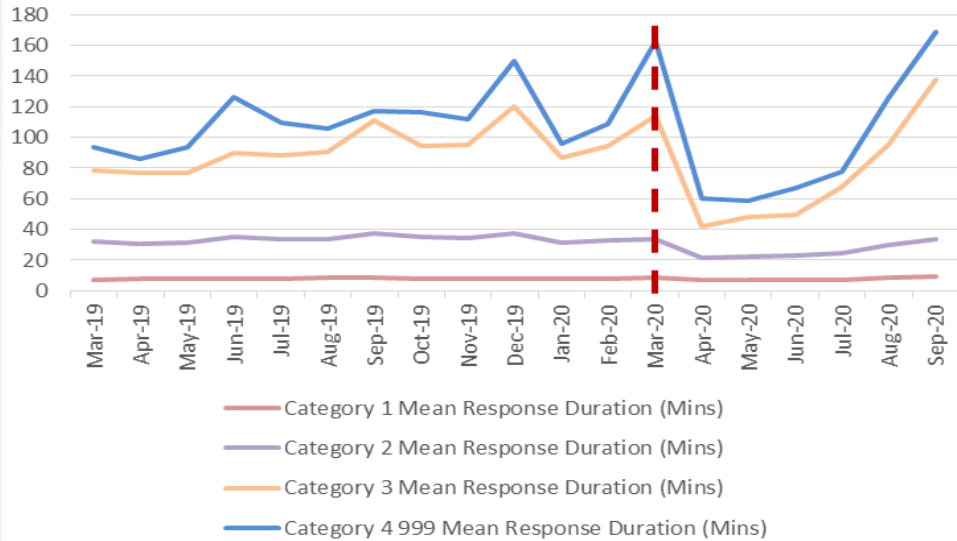
Out Of Hours: Urgent Performance



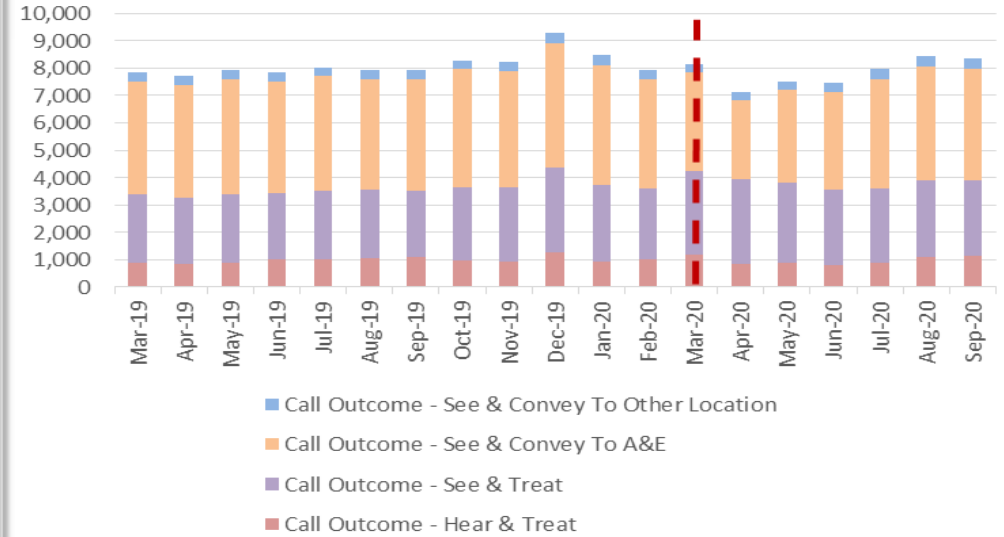
- The Out of Hours: Urgent Performance Vs Plan graph (on the left) reports the overall NQR9 combined performance for triage activity (urgent 20 mins and 60 minutes) and shows that Meddcare Somerset is significantly behind its improvement trajectory
- Out of Hours: Urgent and Routine Performance graph (on the right) reports performance for triage (NQR9 20 minutes urgent) compared to revised DX timeframe (60 minutes urgent) up to w/c 26 October 2020
- For w/c 26 October 2020 urgent performance within 60 minutes is reported to be just below 80% (a proxy for short timeframe DX codes). Performance for the routine cases within 240 minutes was 73% this week due to reduced rota fill within the Treatment Centre appointment slots in Somerset

Emergency – SWAST Performance

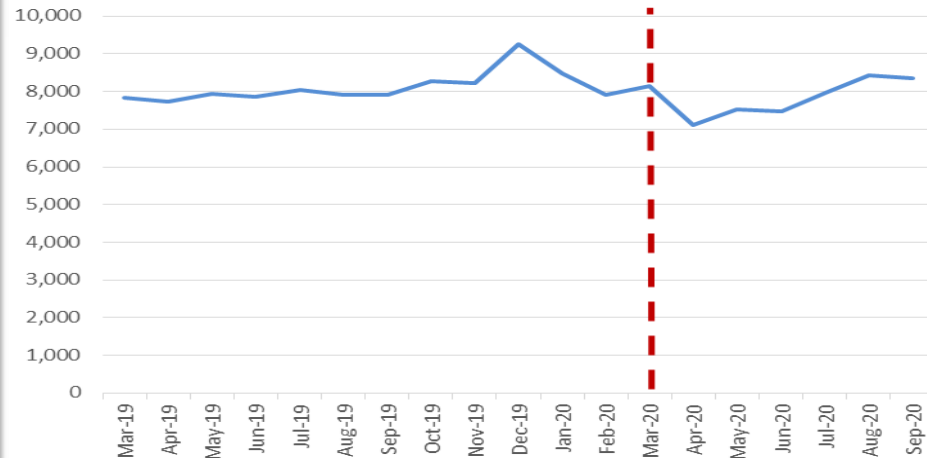
Ambulance Mean Response Times



Ambulance Outcomes



Total Number Of Calls



Emergency – SWAST Performance

Areas of focus during Covid-19:

- Since lockdown eased on 4 July 2020 and the onset of summer holidays SWAST activity across the whole of the South West has seen a significant increase in activity, compared to the low levels seen during the peak of Covid-19, and this has had an impact on performance against Ambulance Response Programme (ARP) Response Times standards

Month 2020	Cat 1 (Mean 90th Percentile)		Cat 2 (Mean 90th Percentile)		Cat 3 120 mins	Cat 4 180 mins
	7 Mins	15 mins	18 mins	40 mins		
April	7.3	13.1	21.1	41.1	93.3	152.6
May	7.3	14.4	22	42.7	100.7	138.8
June	7.2	13.5	22.8	44.7	109.1	150.3
July	7.3	14	24.7	47	152.9	205
August	8.4	16	29.4	57.1	236.1	341.8
September	9	17	33.8	66.6	331.4	362.4

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

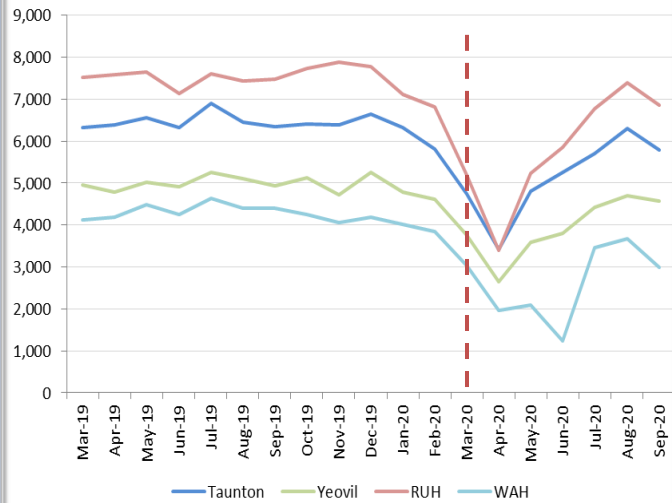
- The work with Meddcare Somerset and Care UK (see Integrated Urgent Care slide 10) aims to support reducing low acuity 999 dispositions and Emergency Department (ED) walk-ins, enabling 999 resourcing to be better able to meet ARP standards as well as improve Emergency Department flow, increase capacity for higher acuity patients and also mitigating the risk of ambulances queueing.
- Although 999 activity significantly reduced during the peak of Covid-19 Somerset CCG continues to be an outlier as is reporting the highest level of demand across the South West. Following on from a meeting between the CCG and SWAST on the 6 August 2020 to discuss the level of NHS111 referrals to the SWAST 999 service with further information supplied to both Meddcare Somerset and PPG. A follow up CCG-led meeting to discuss the NHS111 outlier position took place with both organisations on the 9 November and work continues to address this issue with progress monitored via the Meddcare led Contract Meeting with Practice Plus Group (PPG, formally known as Care UK) and via the SWAST and NHS111 Monthly Contract Review meeting process.
- Somerset CCG have mobilised all 3 schemes in line with the Transformation Plan featured as part of the South West Ambulance Commissioning Strategy. This is a range of commissioner-led initiatives being taken forward across the south west to support provision of patient care delivered at the right place at the right time and aim to support mitigation of 999 activity growth within Somerset:
 - Validation ED and Cat 3 and 4 calls
 - Think 111 First
 - High Intensity Users (HIU) which were committed to under the former transformation plan and we will monitor these to understand if they are achieving the desired impact on ambulance activity

Emergency – A&E

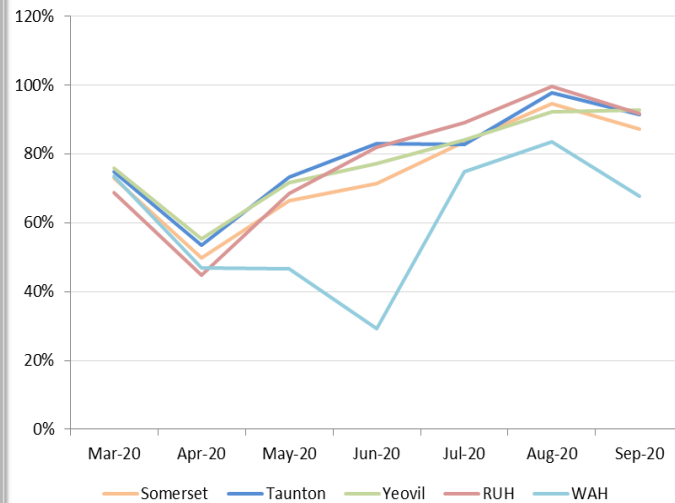


Somerset
Clinical Commissioning Group

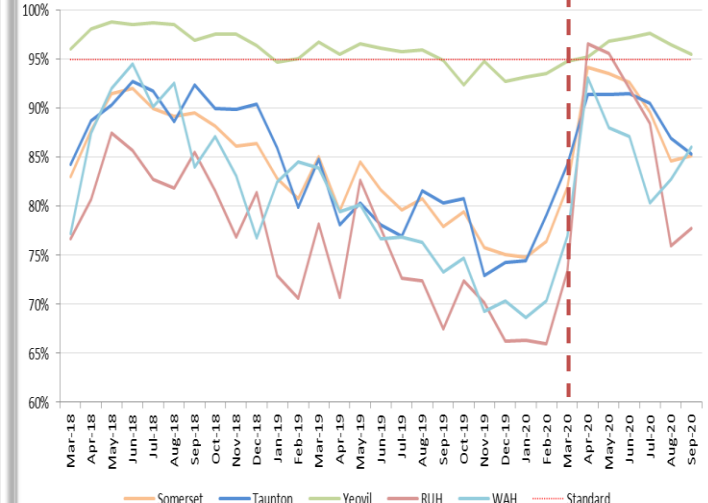
A&E Attendances



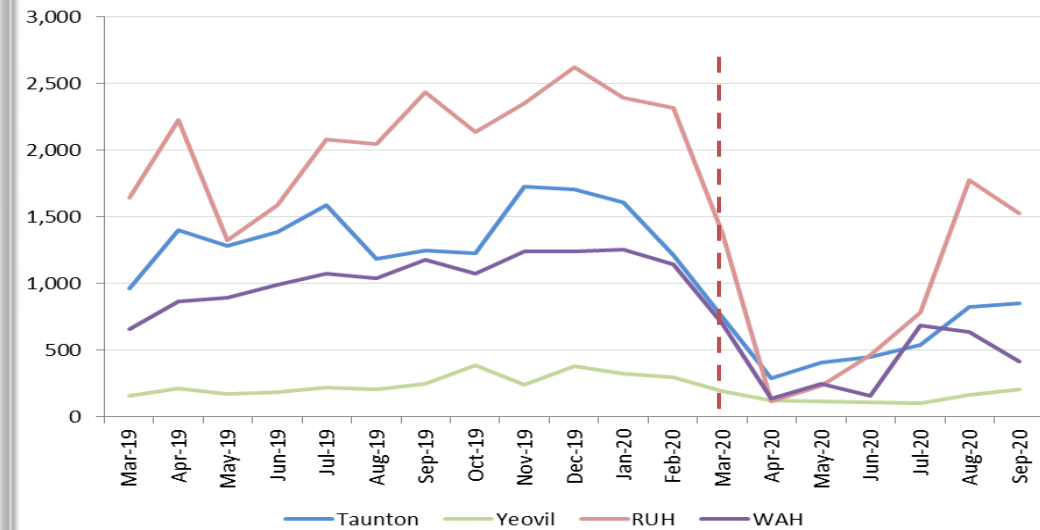
A&E Attendances



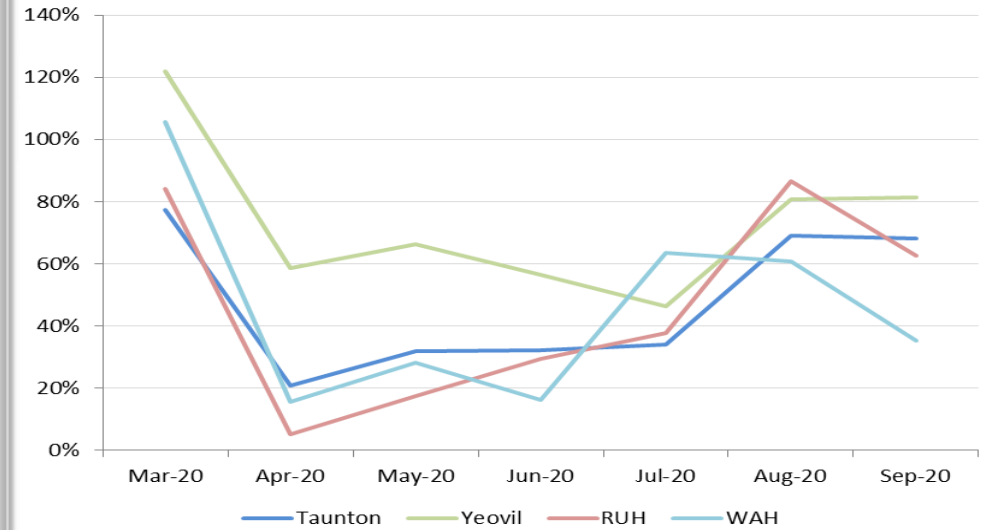
A&E 4-Hour Performance



A&E 4-Hour Attendance Breaches



A&E 4-Hour Attendance Breaches



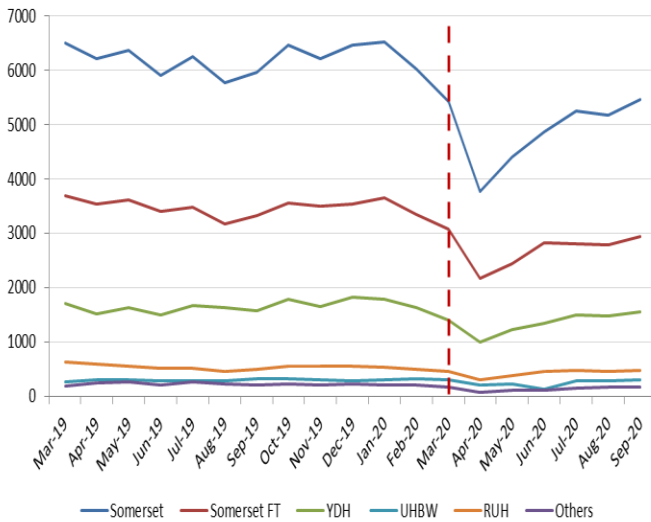
- **Somerset FT:** The number of patients attending the A&E Department in September was lower (-544) than the same month in the previous year
 - During the cumulative period March-September, attendances were 20.5% lower (-9269) than the same period in the previous year
 - 4-Hour performance in September was 85.32% and during the cumulative (Covid-19) period was 88.8%
- **YDH FT:** The number of patients attending the A&E Department in September was 7.2% lower (-357) than the same month in the previous year
 - During the cumulative period March-September, attendances were 21.3% lower (-7453) than the same period in the previous year
 - 4-Hour performance in September was 95.5% and during the cumulative (Covid-19) period was 96.3%
- **RUH Bath:** The number of patients attending the A&E Department in September was 8.4% lower (-625) than the same month in the previous year
 - During the cumulative period March-September, attendances were 22.3% lower (-11,714) than the same period in the previous year
 - 4-Hour performance in September was 77.8% and during the cumulative (Covid-19) period was 85.67%
- **UHBW:** The number of patients attending the Weston site A&E Department in September was 32.1% lower (-1416) than the same month in the previous year
 - During the cumulative period March-September, attendances were 39.4% lower (-12,015) than the same period in 2019
 - 4-Hour performance in September was 86% and during the cumulative (Covid-19) period was 84.9%

Challenges During Covid-19 Period

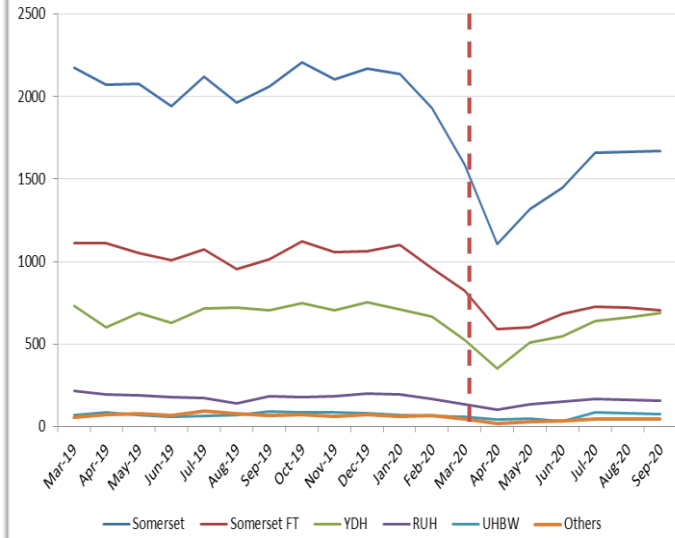
- The Trusts continue to work proactively on the development of further capacity to mitigate against the loss of cubicles / bed spaces within the Department due to social distancing requirements
- The reduction in the number of beds to comply with social distancing has resulted in patient flow delays and challenges to the 4-hour standard
- Zoning to separate positive / query positive and negative Covid-19 patients and Covid-19 testing regimes on admission continues
- The clinical rotas are under review at Somerset FT to ensure optimum coverage across the day and to embed the improvements seen during 2020. Two admission areas have been created for emergency care within Somerset FT for patients whose symptoms suggest they may have Covid-19, also 3 new consultants are in place to boost winter resilience
- The new Think 111 First Service is due to be implemented from 1 December 2020; if a patient needs urgent (but not life-threatening care) they should call NHS 111 before attending A&E and if following a conversation with NHS 111 attendance at an A&E Department is appropriate patients will be provided with a scheduled a time to attend. Whilst people can still go to A&E or an MIU without calling ahead but thinking “NHS 111 First” will mean: shorter waiting times via a booked slot at the emergency department or another appropriate service and safe social distancing away from busy emergency department waiting rooms to protect themselves and others from Covid-19. It is expected that this will positively impact and reduce the number of attendances to A&E.

Emergency – Emergency Admissions

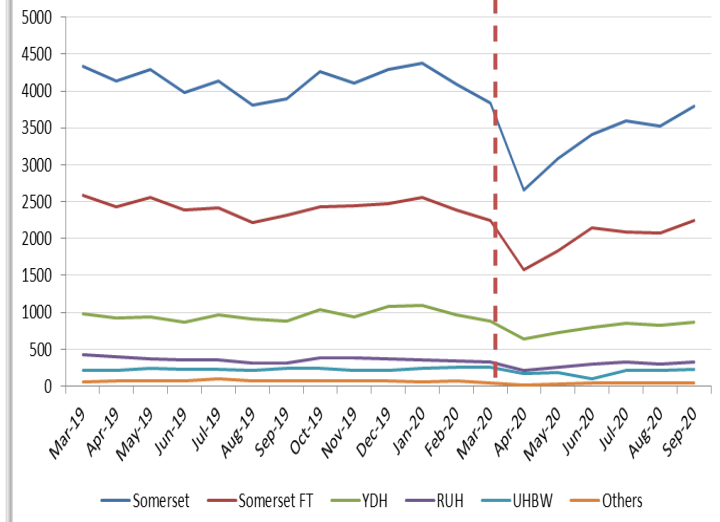
Emergency Admissions



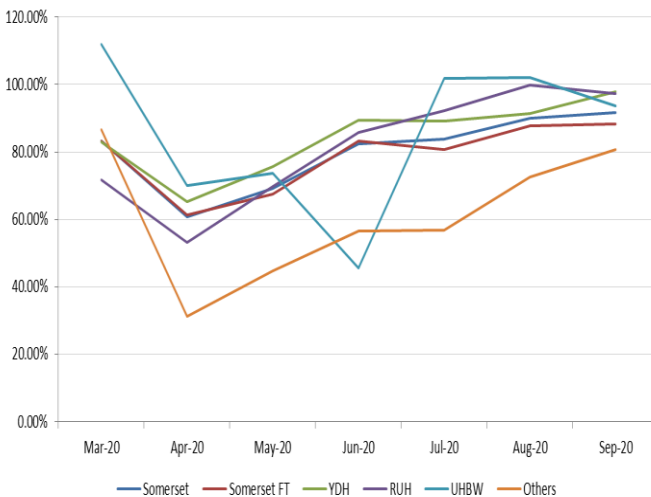
Emergency Admissions (Zero LOS)



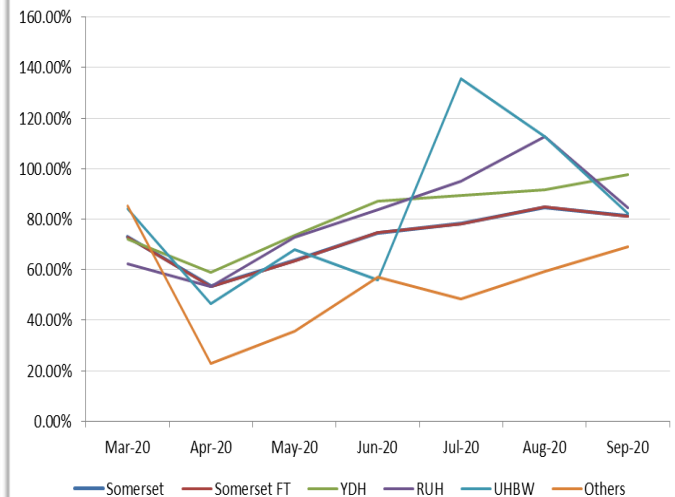
Emergency Admissions (Non-Zero LOS)



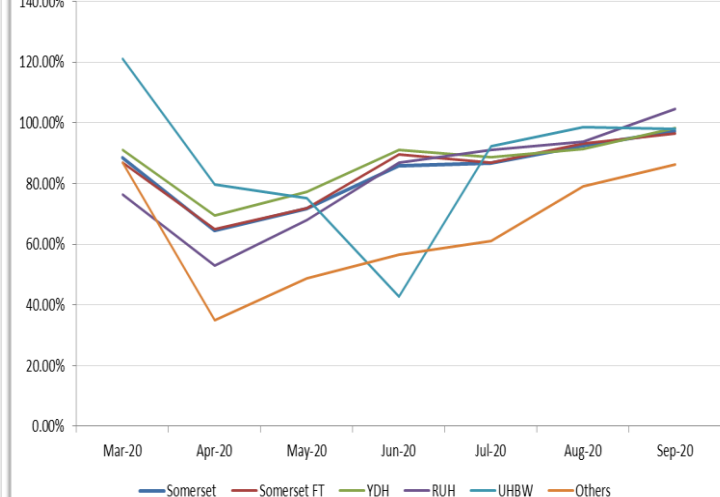
Emergency Admissions 2020/2019



Emergency Admissions (Zero LOS) 2020/2019



Emergency Admissions (Non Zero LOS) 2020/2019



Emergency – Emergency Admissions

- **Somerset:** The number of emergency admissions in September was 8.4% lower (-498) than the same month in the previous year and during the cumulative period March-September (latest data) the number of emergency admissions were 20.0% lower (8630) than the same period in the previous year. Whilst the reduction in demand has been seen across both the zero and non-zero LOS admissions, the biggest percentage reduction was in the number of zero LOS admissions which aligns to the reduced A&E demand and is the position mirrored across all our main Acute Providers
- **Somerset FT:** The number of emergency admissions in September was 11.7% lower (-389) than the same month in the previous year and during the cumulative period March-September (latest data) the number of emergency admissions were 21.4% lower (-5182) than the same period in the previous year
- **YDH FT :** The number of emergency admissions in September was 2.1% lower (-33) than the same month in the previous year and during the cumulative period March-September (latest data) the number of emergency admissions were 15.4% lower (-1731) than the same period in the previous year
- **RUH Bath:** The number of emergency admissions in September was 2.8% lower (-14) than the same month in the previous year and during the cumulative period March-September (latest data) the number of emergency admissions were 20% lower (-761) than the same period in the previous year
- **UHBW:** The number of emergency admissions in September was 6.4% lower (-21) than the same month in the previous year and during the cumulative (Covid-19) period March-September the number of emergency admissions were 14.7% lower (-303) than the same period in the previous year
- During September the average Opel level across the Somerset System was Opel Level 2

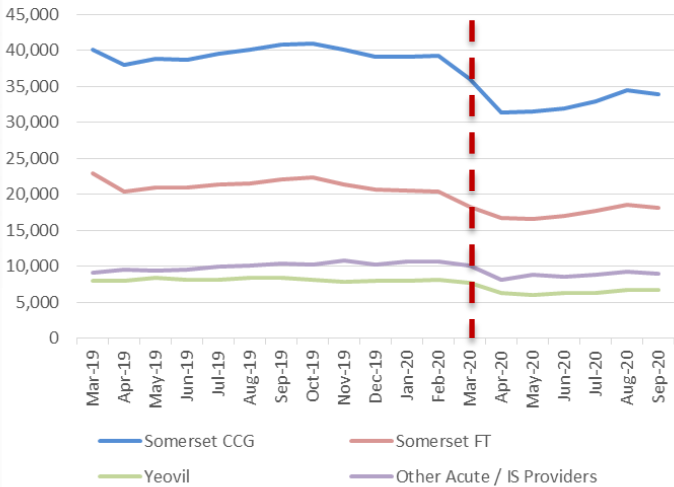
Challenges During Covid-19 Period

- Reduction in the number of beds due to patient cohorting, which has impacted upon patient flow across the hospital
- Zoning to separate positive / query positive and negative Covid-19 patients and Covid-19 testing regimes on admission
- Overall reduction in emergency admission demand, but a higher proportion of activity is zero length of stay patients; the average length of stay has increased due to the patients being admitted having more complex needs

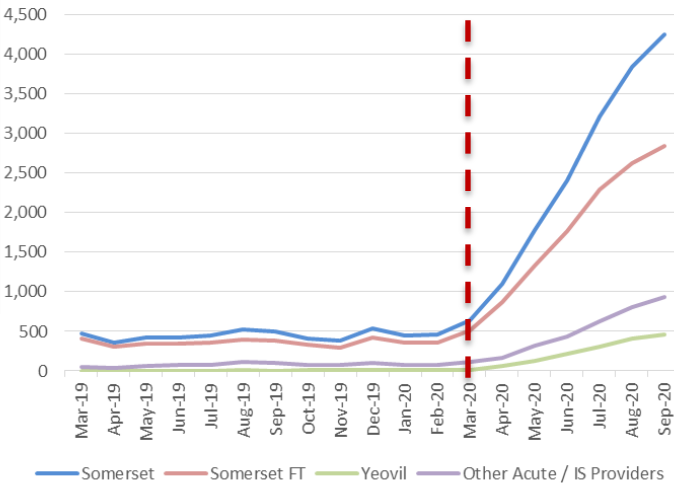
- In the Sir Simon Stevens and Amanda Prichard letter dated 17 March 2020, there was an immediate requirement to postpone all non-elective operations for a period of at least 3 months to enable Trusts to free up general and acute beds in order to expand critical care capacity. However as a result of the significant reduction in referral demand during the spring / early summer period the overall number of patients on an incomplete pathway awaiting treatment reduced. However as a result of the stepped increase in demand (specifically cancer) from June the waiting list size has started to increase.
- The Covid-19 pandemic has had a significant impact upon the elective access standards with patients waiting longer for treatment
- Sir Simon Stevens wrote to healthcare leaders on 31 July 2020 to set out the third phase of the Covid-19 response which outlined acceleration to pre-Covid-19 levels of activity ahead of winter, to prepare for winter demand pressures alongside further Covid-19 outbreaks and to lock in learning from the first phase of Covid-19 with specific actions upon health inequalities and prevention
- Systems have been asked to develop narrative, people and an activity, performance and workforce plans which deliver the goals set out for Phase 3:
 - Deliver 80% of pre-Covid-19 levels of elective in-patient and day case activity in September 2020, rising to 90% in October and sustained throughout winter
 - Deliver 100% of pre-Covid-19 levels of MRI, CT and Endoscopy diagnostic activity by October 2020 and sustained throughout winter
 - Delivery 100% of pre-Covid-19 levels of Out-Patient activity in September 2020 and sustained throughout winter, with the expectation that 25% of First and 60% of Follow Up Out-Patient Appointments are delivered virtually
- Somerset System Partners have fully collaborated in the development of the Phase 3 Plans which were submitted on the 5 October 2020 and which show that the Somerset System will achieve the re-start ambitions outlined in Sir Simon Stevens and Amanda Pritchard communication by March 21 and ensure that the highest priority and longest waiting patients are treated, with recovery plans in development for those specialities with the longest waits (namely ophthalmology, oral maxillofacial and orthopaedics)

Referral to Treatment

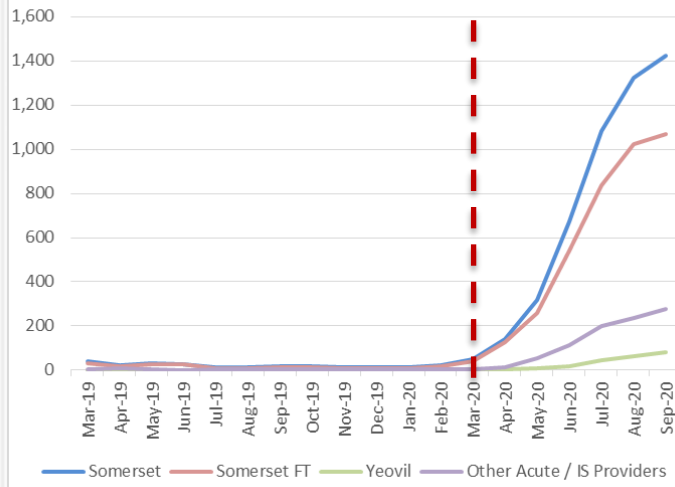
RTT - Waiting List Size



RTT - Patients >40 weeks



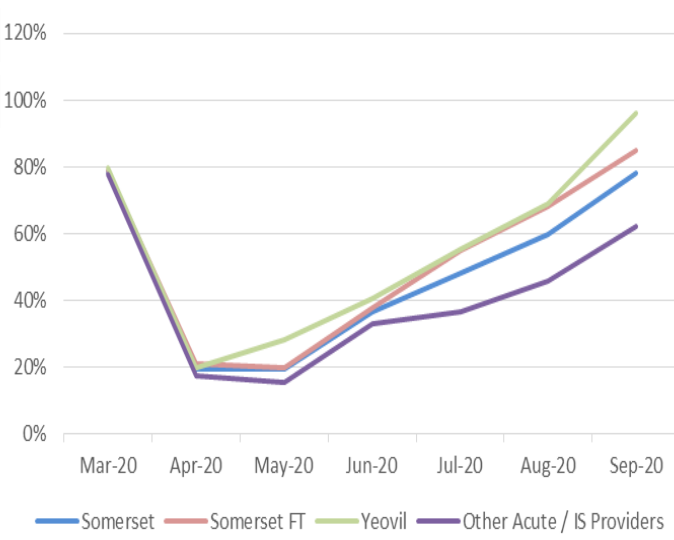
RTT - Patients >52 weeks



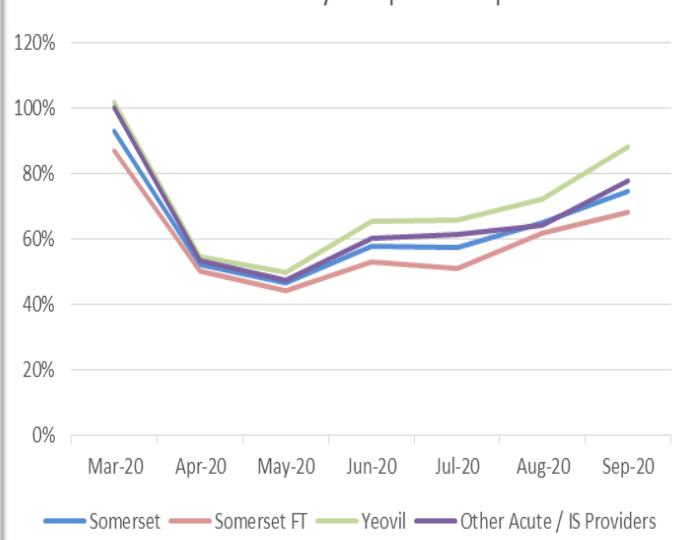
RTT Clock Starts



Admitted activity compared to pre-COVID



Non-admitted activity compared to pre-COVID



Key Challenges

- All RTT performance measures continue to be heavily impacted by the Covid-19 outbreak due to the reduction in the number of routine referrals received and elective activities delivered, due to the reduction in capacity with clinical areas needing to be repurposed to manage the outbreak, the implementation of additional infection control measures, social distancing requirements and workforce constraints
- There has been a reduction of 44,297 new clock starts (a measure of referral demand) when comparing the cumulative period March to September 2020 to the previous financial year and could be an indication of potential unmet demand
- During September 2020 there were 9,853 new clock starts which is 812 higher than the previous month and 29.7% of the level of demand seen in September 2019. This re-start is predominantly due to cancer and urgent referrals having returned to expected levels; however routine referrals remain lower than expected despite primary care demand exceeding pre Covid-19 levels
- In September there were 33,887 patients on an incomplete pathway awaiting their first definitive treatment which is a reduction of 5,400 patients when compared to the pre Covid-19 level in February 2020. After a initial steep reduction between February and April the overall waiting size has been steadily increasing and more significantly over the summer period (July and August) and this underpinned by the increase in referral demand (new clock starts). Whilst the referral demand (new clock starts) further increased in September the overall number of patients on an incomplete pathways reduced by 641 in September when compared to the previous month due to the significant increase the volume of elective (admitted and non-admitted clock stop) activities delivered in September
- The percentage of patients waiting less than 18 weeks has significantly deteriorated when compared to pre Covid-19 performance (43.1% at its lowest point in July compared to 81.3% in February) although there has been an reduction in September in the number of patients waiting in excess of 18 weeks resulting in improved performance of 57.3%
- Whilst the number of patients waiting in excess of 18 weeks has significantly reduced this is across the shorter waiting times and underpinned by the increase in cancer demand. As a consequence of this the number of patients waiting in excess of 29, 40 and 52 weeks have risen sharply as patients waits mature on the waiting list
 - The increase in 52 week waits is a combination of the prioritisation of urgent and cancer patients, and an increase in the number of patients choosing to delay treatment

Key Challenges

- The number of patients whose wait exceeds 40 weeks has increased by 3,784 patients since February and has increased month on month (from 458 in February to 4,242 in September) due to the initial stand down of non-urgent elective activity and the increase in cancer demand over recent months: Somerset FT 2,846, YDH FT 457, RUH Bath 303, UHBW 126 and Other Providers 636. Providers who have not previously seen long waits (including YDH FT and the smaller and independent sector providers) have also seen a deterioration in waiting times and a significant increase in very long waits
- The number of patients whose wait exceeds 40 weeks has increased by 3784 patients since February and has increased month on month (from 458 in February to 4242 in September) due to the initial stand down of non-urgent elective activity and the increase in cancer demand over recent months: Somerset FT 2846, YDH FT 457, RUH Bath 303, UHBW 126 and Other Providers 636. Providers who have not previously (including smaller and independent sector providers) have seen a deterioration in waiting times and a significant increase in very long waits
- The number of 52 week waits has increased by 1403 since February (from 21 in February to 1424 in September): Somerset FT 1068, YDH FT 81, RUH Bath 89, UHBW 31 and Other Providers 155. As a result of the prioritisation of long wait patients and the increase in elective activities the rate of increase in the number of patients waiting in excess of 47 weeks is starting to slow
- Nationally the number of patients who exceeded 52 weeks has significantly increased from 1724 in February to 111,762 in August (latest national data available) and across the South West there were 10,357 patients in August of which 1325 were reported by Somerset CCG . This ranked the CCG as 24th out of 152 commissioning commissioners, with Bath & East Somerset, Swindon and Wiltshire CCG, Dorset and Devon CCGs reporting a higher level of 52 week waits than Somerset
- The admitted waiting list reduced by 1221 patients (from 10,753 in February to 9,532 in September) due to the lower demand and out patient throughput during the spring and summer reducing the number of patients being added to the admitted waiting list. However we are starting to see an increase in demand and the treatment of patients resulting in the admitted waiting list reducing by 491 patients in September when compared the previous month
 - The number of patients treated as a day case in September has increased for a fifth consecutive month and the percentage of patients treated (when compared to volume treated during September 2019) was 77.6%
 - The number of patients treated as a overnight elective in September has significantly increased over the past 2 months and the percentage of patients treated (when compared to volume treated during September 2019) was 80.1%
 - Most challenged admitted specialities are General Surgery, Urology, Trauma and Orthopaedics and ENT
 - Plans to deliver the national re-start goals include restoring repurposed capacity, securing additional internal capacity and partnership working in key specialities

Key Focus

- Non-Admitted waiting list has reduced by 4,179 patients (from 28,534 in February to 24,355 in September) due to the reduction in the number of clock starts; however as a result of the increase in clock starts the non-admitted waiting list increased by 812 patients in September when compared the previous month
 - Non admitted long waits have increased in many of the medical and surgical specialities (biggest increases seen in Gastroenterology, ENT, Ophthalmology, General Surgery, Dermatology and Rheumatology)
 - Non-admitted waiting times have significantly deteriorated due to the initial stand down of routine elective services
 - The volume of first out patients in September has increased for a fifth consecutive month and the percentage of patients treated (when compared to volume treated during September 2019) was 89.1%
 - The volume of follow up out patients in September has gradually increased since April and the percentage of patients treated (when compared to volume treated during September 2019) was 81.6%
 - During 2019/20 3% of out patient activity was delivered virtually and the aim in the long term plan was to reduce a third of out patient visits by 2023/24 by transforming services. During the Covid-19 response services were rapidly re-designed and supported by digital technologies and the roll of 'Attend Anywhere' resulting in 26% of out patient consultations in September being delivered virtually

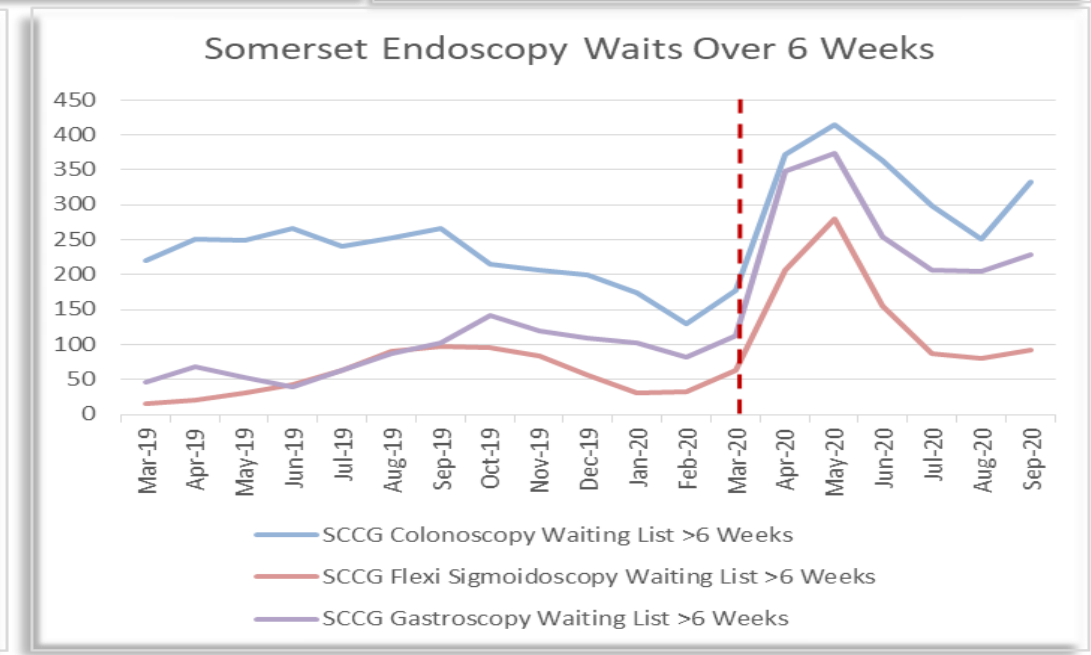
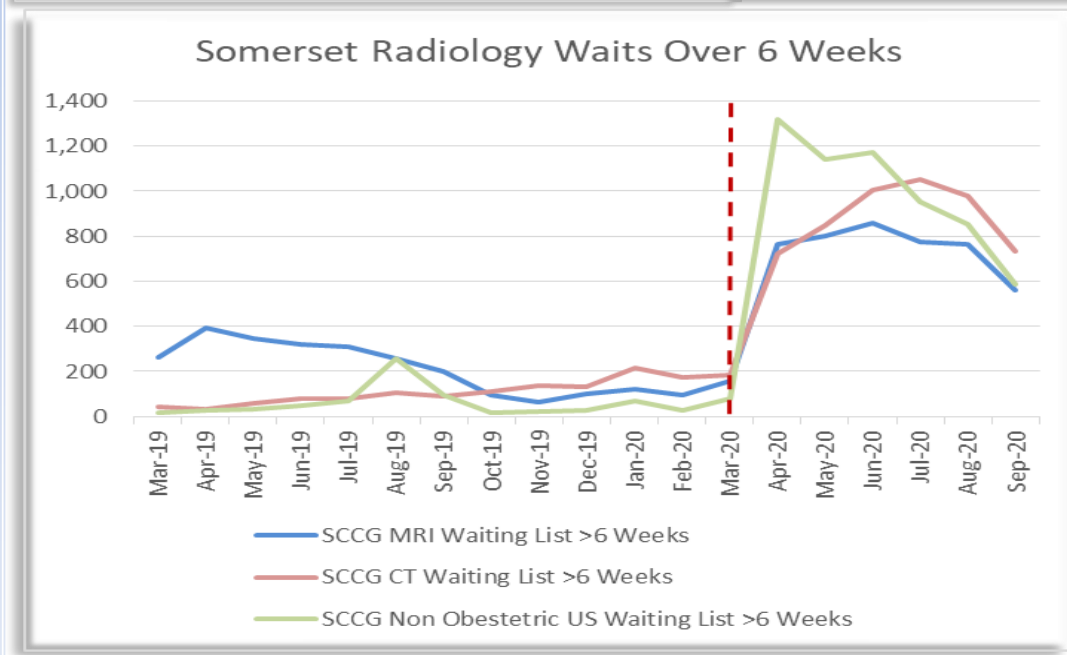
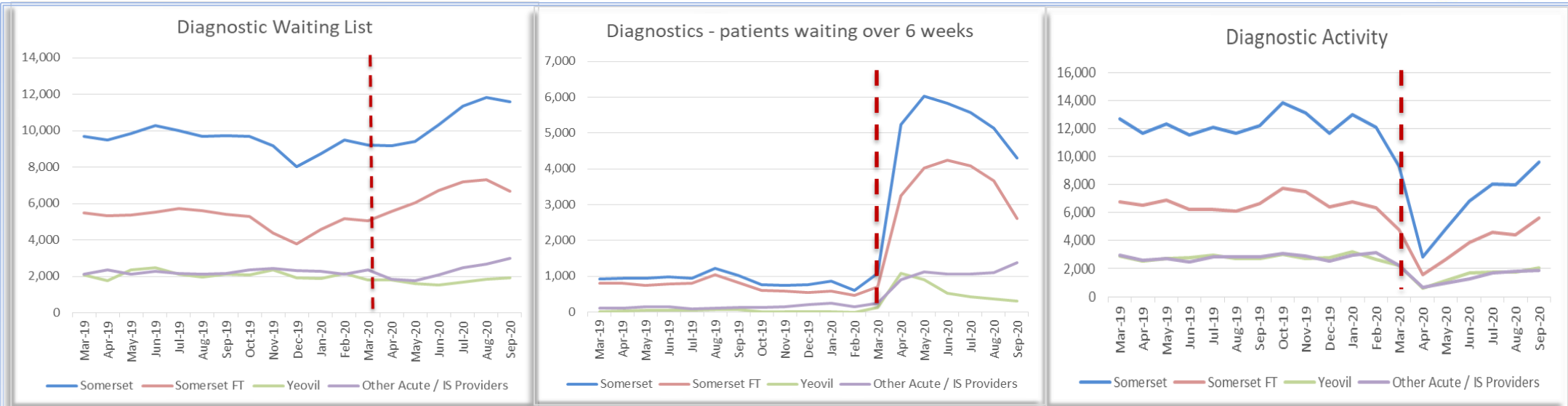
- The Somerset system has set four key priorities and 8 strategic changes for elective care in order to :
 - reduce referrals into secondary care where better care can be provided in the community
 - maximise elective activity achieving the NHSEI Phase 3 re-start ambitions
 - reduce the volume of longest wait patients, particularly 52 week patients
 - maximise use of the independent sector

- Development of a 3 year operational Demand and Capacity model for the Somerset System, working with system partners to agree the methodology and build will underpin the system recovery and 2021/22 operational plan

Diagnosics



Somerset
Clinical Commissioning Group



Key Challenges

- As a result of the stand down of routine diagnostic tests and procedures during the first wave of Covid-19 and the aftermath all Somerset Providers have experienced an increase in the number of patients waiting in excess of 6 weeks from 610 in February to 4298 in September resulting 6 week performance of 62.95%. In addition, the number of patients whose wait exceeds 13 weeks has also significantly deteriorated increasing from 124 in February to 2017 in September.
 - Number of patients waiting in excess of 6 weeks by Provider: Somerset FT 2,608, YDH FT 316, Other Providers 1,374
 - Number of patients waiting in excess of 13 weeks by Provider: Somerset FT 1,203, YDH FT 102, Other Providers 712
- However, when comparing September to the previous month there was a considerable reduction in the number of patients waiting in excess of 6 and 13 weeks (-841 and -911 respectively) with a noted reduction in the volume of long waits specifically within the radiology modalities (MRI, CT and non-obstetric ultrasound)
- During the Covid-19 pandemic Somerset has continued to treat endoscopy patients and is achieving the Phase 3 recovery ambition of a re-start percentage of 100% by October and in comparison to peers is delivering very strong performance. In addition, both Somerset FT and YDH FT are achieving the CT improvement plan but has fallen behind the MRI plan over the past 3 weeks due to capacity constraints
- During September (when compared to the earlier months of the Covid-19 period) there has been an increase in the number of diagnostic test or procedures carried out to 86% of pre-Covid-19 levels (when compared to the same month in the previous year). There is some variability to this at a diagnostic modality level (MRI: 79%, CT: 98%, Colonoscopy: 93%, Flexi Sigmoidoscopy: 73% and Gastroscopy: 85%).

Radiology – the overall number of Radiology 6 Week Waits has increased from 296 in February to 1876 in September

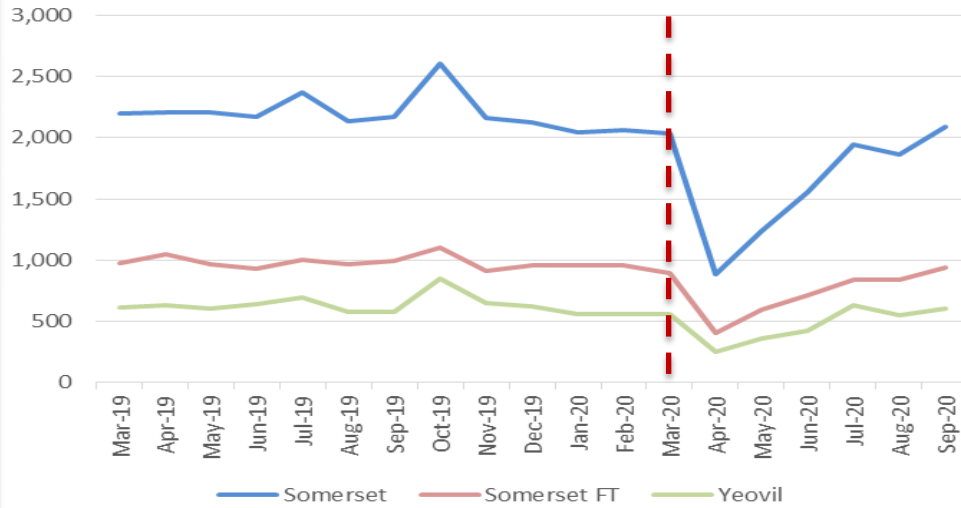
- MRI 6 Week Waits has increased from 96 in February to 561 in September although has reduced by 204 patients when compared to previous month
 - CT 6 Week Waits has increased from 173 in February to 731 in September although has reduced by 249 patients when compared to previous month
 - Non-Obstetric Ultrasound 6 Week Waits has increased from 27 in February to 584 in September although has reduced by 271 patients when compared to previous month
- Endoscopy – the overall number of Endoscopy 6 Week Waits has increased from 245 in February to 695 in September (at its highest point the endoscopy >6 week waiting list peaked at 1067 in May)
 - Colonoscopy 6 Week Waits has increased from 130 to 333 in September (at its highest point the endoscopy >6 week waiting list peaked at 414 in May)
 - Flexi Sigmoidoscopy 6 Week Waits has increased from 32 to 93 in September (at its highest point the endoscopy >6 week waiting list peaked at 280 in May)
 - Gastroscopy 6 Week Waits has increased by 146 patients 82 to 228 in September (at its highest point the endoscopy >6 week waiting list peaked at 373 in May)

Actions to Improve Waiting Times for Diagnostics:

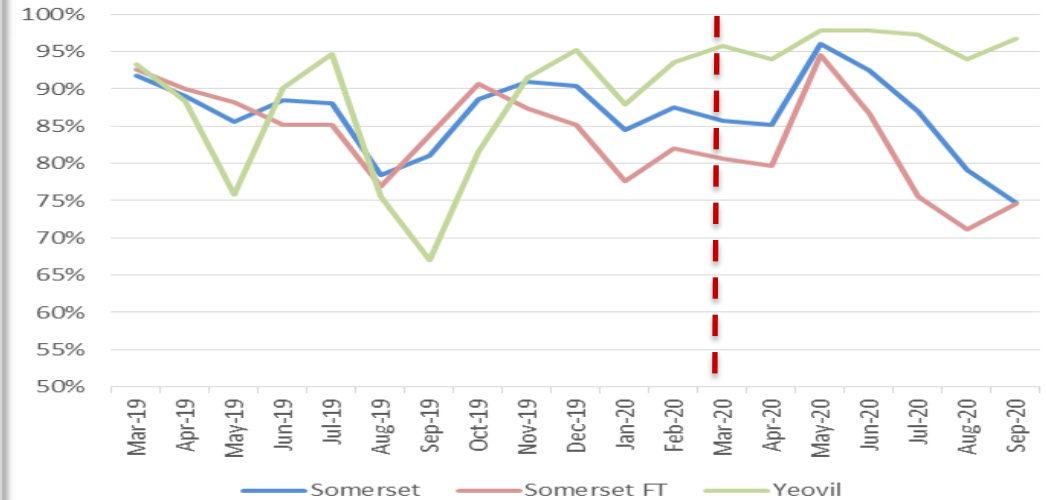
- Implement further solutions to reduce the number of patients who do not attend for their appointment (DNAs)
- Optimising productivity
- External MRI and CT modular capacity
- Maximise use of Independent Sector diagnostic facilities
- The upgrade of Somerset FT's second CT scanner has now completed
- Strengthened gastroenterologist workforce at Somerset FT
- Locum for Echo Cardiology at Somerset FT

Cancer

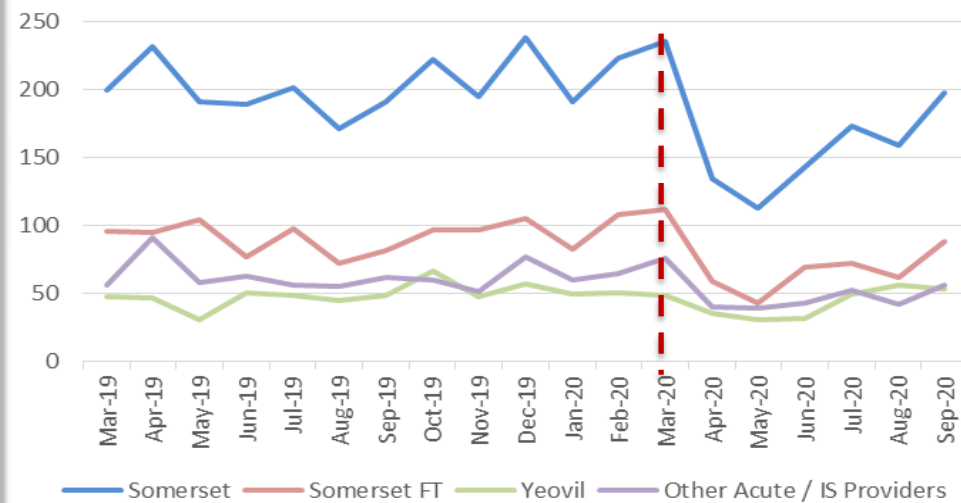
2 Week Wait Pathways



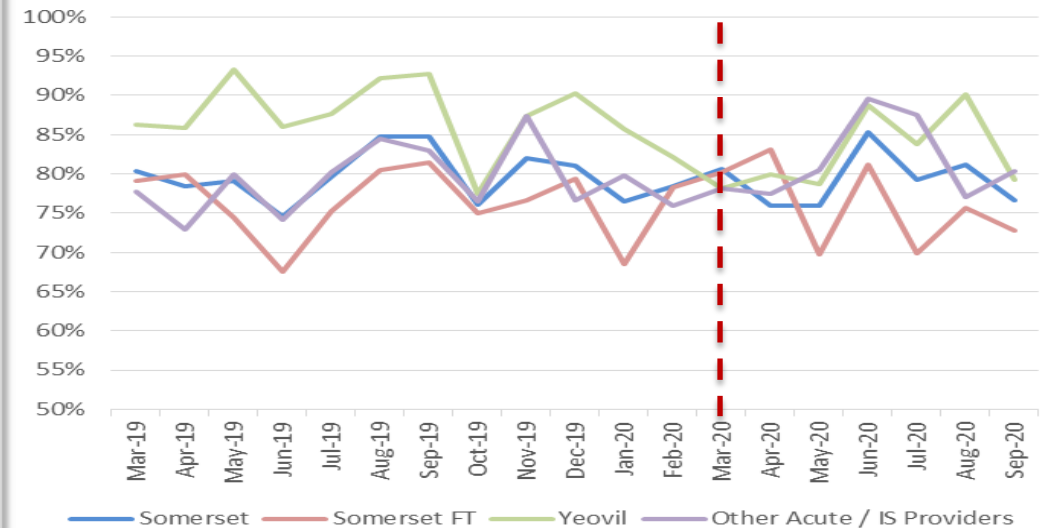
Cancer 2ww performance



62 Day Cancer Pathways



Cancer 62 day performance



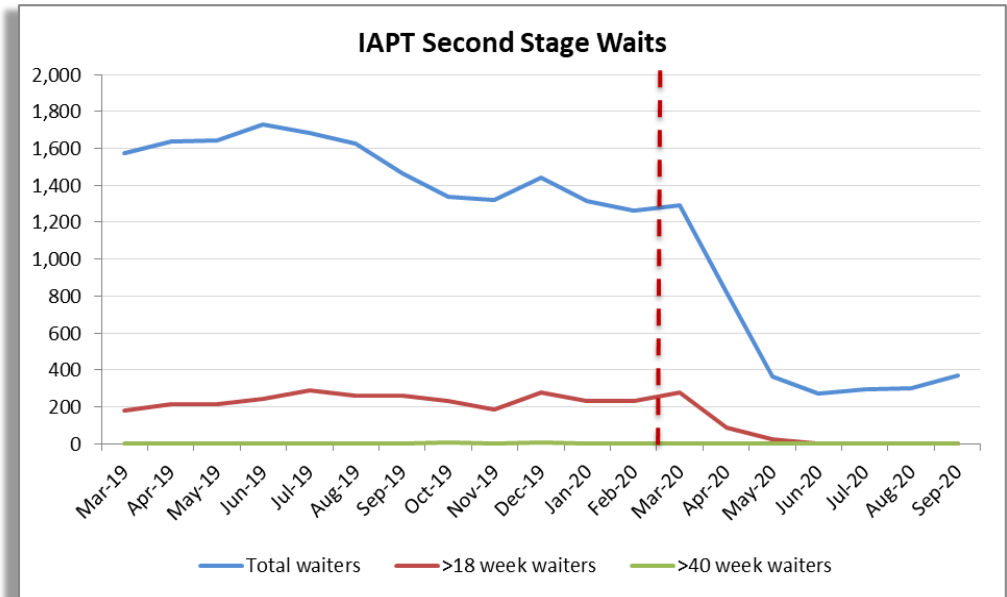
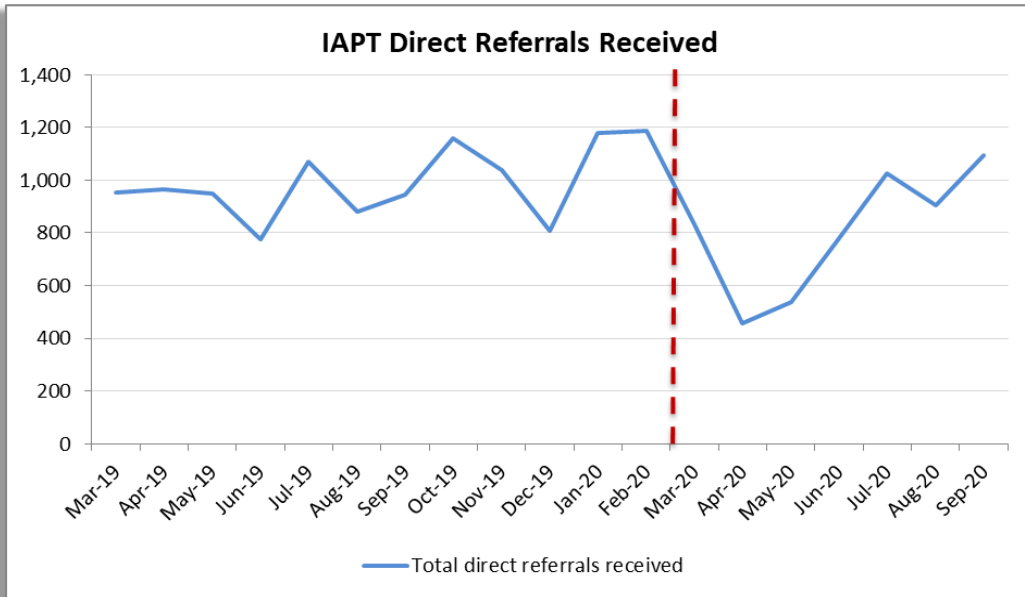
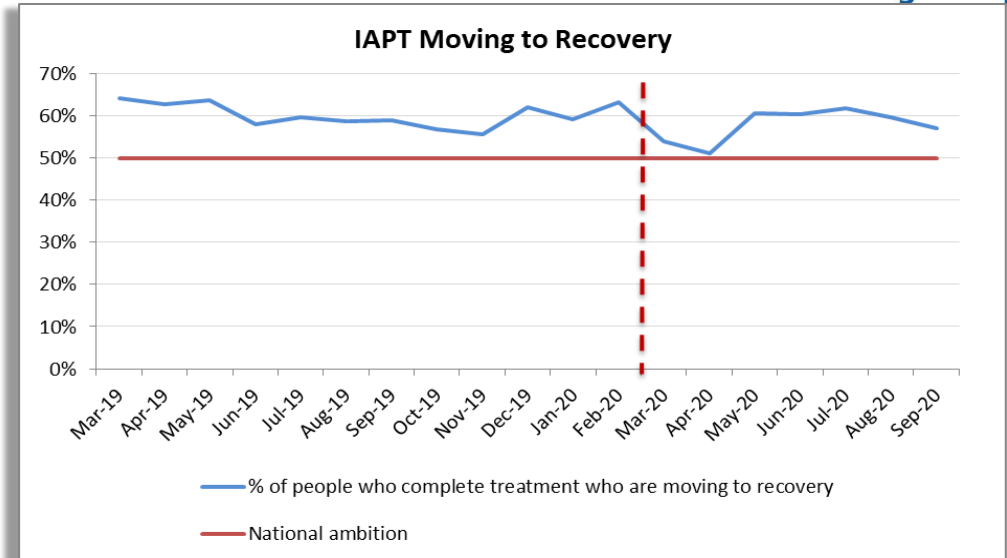
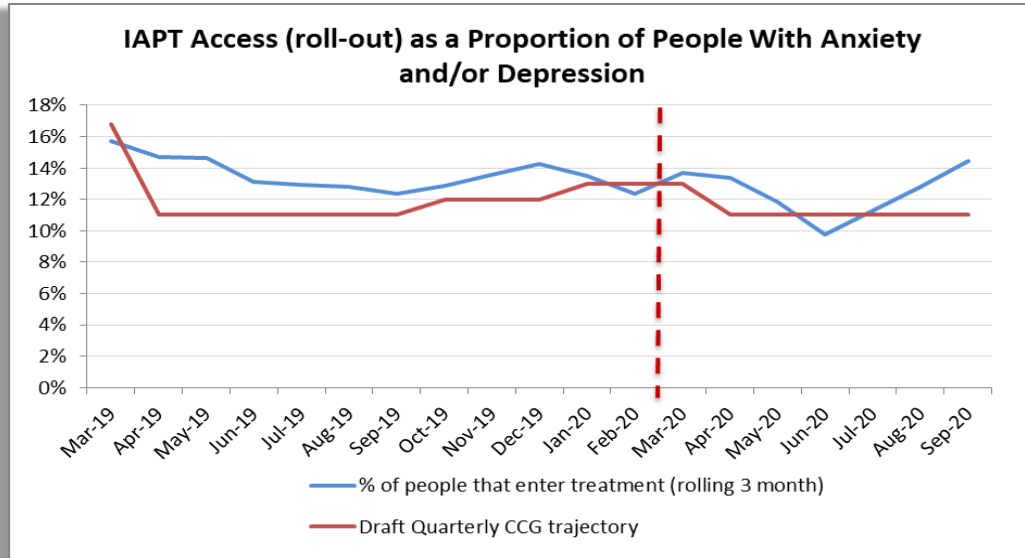
Key Challenges:

- Following the first Covid-19 lockdown there was a significant reduction in cancer referrals, although the level of referrals has been steadily increasing from May and in September 2020 (when compared to February 2020, the last month unaffected by Covid-19) there has been a 1.3% (+26) increase in the number of patients referred on a 2 week pathway:
 - Somerset FT: -2.08%, (-20); YDH FT: +8.6%, (+48), Other Providers: -0.4%, (-2)
- The proportion of patients on a suspected cancer pathway waiting less than 2 week wait initially declined in April and May prior to performance peaking in May at 96.0%; however alongside the increase in referrals the 2 week wait performance has steadily declined mainly attributed to other providers.
 - Somerset FT: 74.6%, YDH FT: 96.71%, Other Providers: 51.9%
- When comparing the level of 2 week wait breach in September (to February 2020) they are predominantly within suspected skin at Other Providers and lower gastroenterology pathways at Somerset FT
- In September 2020 Somerset CCG saw a 3.1% increase in the number of patients on a 62 day pathway who receiving their first definitive cancer treatment when compared to September 2019:
 - Somerset FT: +8.6% (+7); YDH FT: +9.3%, (+5), Other Providers: -2.9%, (-5.5)
- The percentage of patients in Somerset receiving their first definitive cancer treatment within 62 days was 76.65% in September
 - Somerset FT: 72.7%, YDH FT: 79.3%, Other Providers: 80.4%
 - Breaches predominantly in Lower Gastrointestinal cancer (health care provider initiated delay to diagnostic test or treatment planning, medical reasons) Urological cancers (predominantly delay to diagnostic tests by health care provider)
 - Lung cancer (complex diagnostic pathways, healthcare provider initiated delay to diagnostic test or treatment planning)

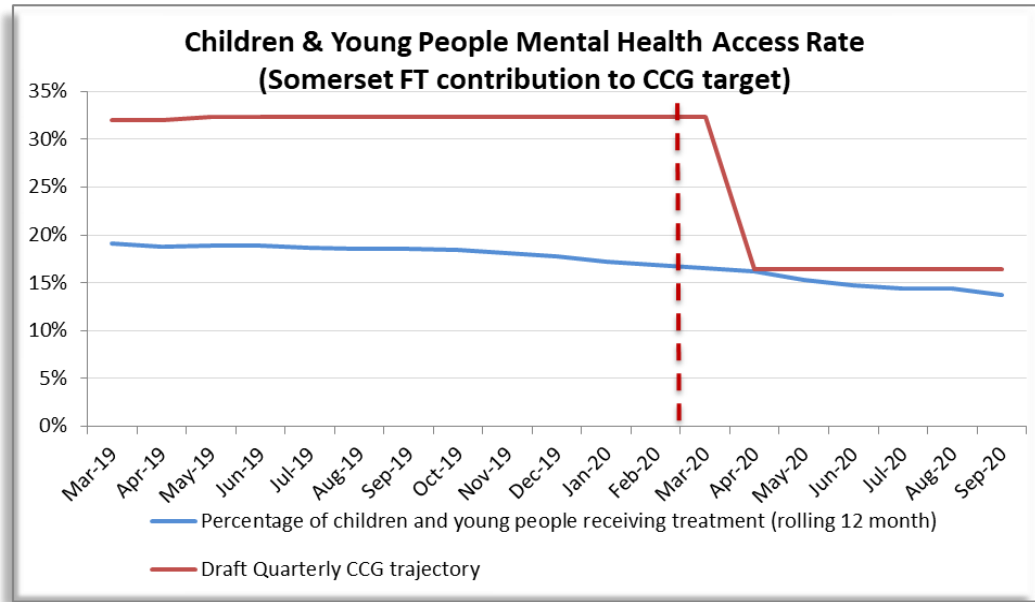
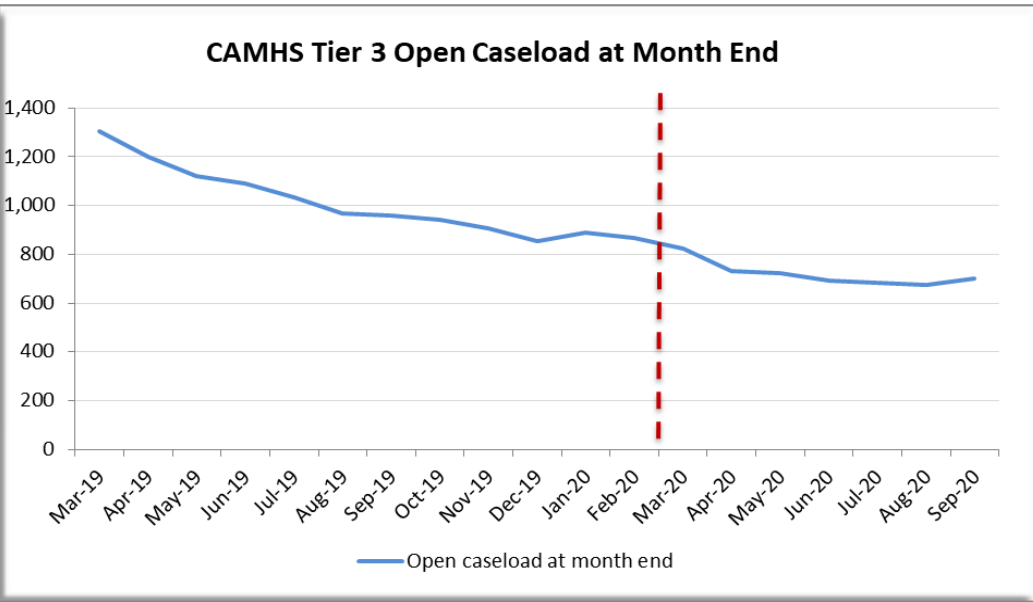
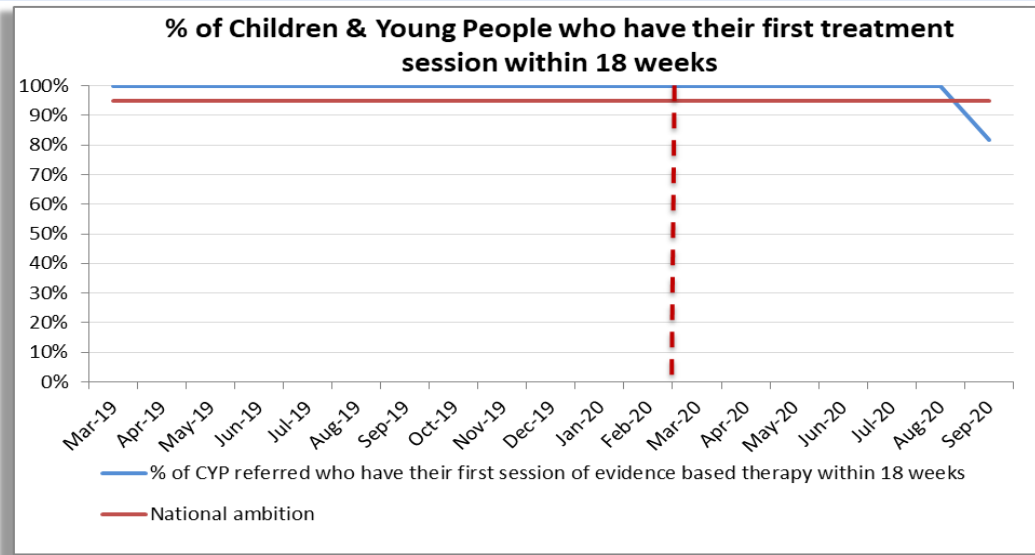
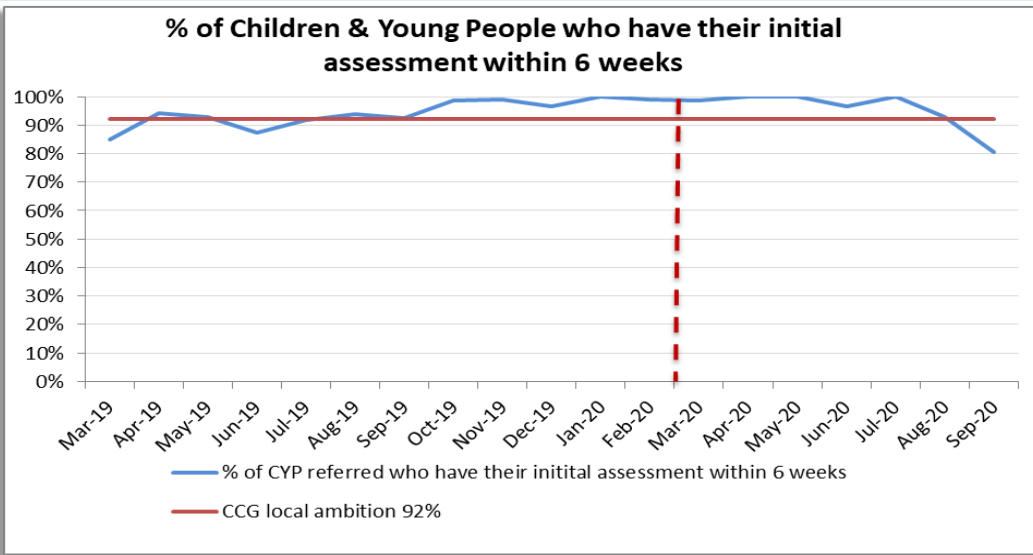
Actions to support cancer services:

- The Somerset System working collaboratively with SWAG to submit a robust recovery plan that pulls on the learning from Adapt & Adopt workshops focusing on Radiology, Endoscopy, Theatres & Outpatients and the key objectives are:
 - The steady recovery of 2-week wait referrals back to full pre-Covid-19 levels
 - A reduction in the backlog of 62 day and 31 day pathways and take immediate action to reduce those patient waiting in excess of 104 days
 - Ensure sufficient capacity is in place to manage increased demand moving forward including follow-up care
- In order to achieve this the following actions are being undertaken:
 - Working closely as a system to analyse data provided in SWAG Weekly Cancer Recovery Pack to identify potentially delayed demand at tumour site level, and the other referral routes through which patients may be presenting
 - Development of Somerset Cancer Board to ensure collaborative partnership working between primary and secondary care services and promote efficient referral pathways
 - Development of a Somerset Cancer Operational Group to involve key colleagues from CCG and acute trusts which will aim to identify any issues of inequality of access to cancer services and understand what action needs to be taken to address these
 - September saw the roll-out of the Early Cancer Diagnosis PCN DES Service Specification presentations, including guidance and links that will support PCNs implementing the service requirements in the DES specifications to encourage early diagnosis
 - Plans are in progress to deliver a pilot RDS for Non-Site Specific (NSS) vague-symptoms. Using the principles of the hub & spoke model, it will provide a single point of referral, hosted by SFT, re-aligning cancer pathways across both providers to meet RDS principals for site specific (SS), starting with lung, colorectal, upper GI & prostate.

- Cancer improvement actions continued:
 - Implementation of primary care two week wait FIT (Faecal Immunochemical Test) to support endoscopy demand reduction. The process now is that the GP orders all necessary tests and scans to be carried out first and then reviews the results before referring a patient to the hospital. As a result of the Covid-19 pandemic, the introduction of FIT for 2ww for all patients above the age of 18 was implemented nationally to help GPs filter in primary care to prevent unnecessary referrals into secondary care and prevent patients undergoing unnecessary diagnostics (mainly colon). Any patients that fulfil NG12 criteria (red flag cancer symptoms) will not have a FIT but will be put directly onto the 2 week wait pathway.
 - Somerset weekly Elective Care Board Tracker has been developed to monitor waiting list sizes, backlogs and activity levels by provider and as a system. This includes monitoring patient backlogs at all stages of the cancer pathway including diagnostics and treatment type
 - Trusts will continue to use the national priority system for the treatment of patients and will prioritise longer waiting patients in line with clinical priority.
 - Work underway to ensure patients are routinely offered the three main personalised care interventions (Personalised Care and Support Planning; Health and Wellbeing Information and Support; End of Treatment Summary) for breast, prostate and colorectal patients.
 - A Project Manager has been identified to work closely with SWAG Cancer Alliance to deliver Targeted Lung Health Check programme across Somerset
 - Supporting the restoration of Somerset PHE/NHSE cancer screening programmes as required; including support to PCNs on PCN DES.



Mental Health



Improving Access to Psychological Therapies (IAPT):

- Somerset Foundation Trust (Somerset FT) has reported that there were 1,095 referrals to the IAPT service in September 2020. Referrals are now fairly similar to the pre Covid-19 period, and have been supported by a communications campaign (radio and business cards). We are also looking at how IAPT could be used to support patients recovering from Covid-19 as we move into winter.
- The reported IAPT recovery rate for September is 57.2%, the national ambition of 50% continues to be met and exceeded
- The un-validated data shows that Somerset FT delivered an IAPT access rate for the rolling 3 month period to September of 14.4%, against the draft Quarter 2 Somerset CCG trajectory of 11.0%. This shows an improvement in performance from Quarter 1 (9.8%)
- The IAPT service continues to consistently meet and exceed the 6 and 18 week national ambitions. Un-validated data tells us that in September 88.3% of patients referred for treatment were seen by the service within 6 weeks against the 75% national ambition, and 99.8% were seen and received treatment within 18 weeks from referral against the 95% national ambition
- Following the start of Covid-19 lockdown the IAPT service within Somerset has continued to run and Somerset FT has successfully mobilised its clinicians to work from home and succeeded in maintaining its services by dealing with referrals via telephone, video and webinar interventions (in person face to face by exception where clinically appropriate)
- The Assess and Treat model that was implemented in the early Covid-19 period and the wait from referral to second stage treatment has significantly improved. This also leaves the service in a good position for any potential demand surge related to Covid-19 going forward.

Children and Young People's Mental Health (CYPMH):

- The CCG has planned to deliver 28.8% CYPMH access rate in 2020/21 with Somerset FT, digital therapy and other tier 2 providers contributing to the Somerset access rate, the CCG has planned to deliver an access rate of 16.4% in Quarter 2
- Un-validated data for the rolling 12 month period to September shows performance of 13.7% for Somerset FT; this is the provider's contribution towards the access rate and work is ongoing to report performance going forward for all providers and contributors to the CCG access rate
- Actions have been put in place following a Project supported by NHSEI to achieve the CYPMH Access Target. Somerset CCG has been working closely with CAMHS and Young Somerset to identify the complexities around this. This will be an ongoing piece of work
- Young Somerset Wellbeing Service has helped bridge the gap for early interventions to address the mental health and emotional wellbeing needs of CYP in Somerset aged 11-18, however there is an increase in demand for CYP who have higher complexity needs. CAMHS and Young Somerset are working together to develop a 'Getting Help Team' (name of service is currently being discussed by CAMHS Young People Participation Group). The team is set to go live in January 2021 and will be for those CYP whose needs are too complex to be seen by Young Somerset, but do not meet the criteria for CAMHS
- Overall, CAMHS/Young Somerset Wellbeing Service (CYP-IAPT) has a high acceptance rate of 91%. The CAMHS service sees CYP that require a higher level of intervention with a defined mental health presentation and there are CYP with array of multi-faceted needs that are too complex for a low level intervention but are not appropriate for specialist CAMHS. A strategic system group convened to look at Somerset's gap in service provision and the prevailing needs; a combination of Children's and Mental Health commissioning, Local Authority, GPs and Providers
- Referrals are steadily increasing for the Mental Health Support Teams (MHSTs). Educational Mental Health Practitioners for the third and fourth teams have a start date of Monday 2nd November. The model (supporting a 'whole school approach') is currently in development with the system working through this to provide extra resource and to meet the needs of our CYP in Somerset
- There have been a number of technical issues around submitting data to the Mental Health Minimum Data Set (MHSDS) from the Wellbeing Service and Mental Health Support Teams via Young Somerset. However, with the support from the Information Governance Team at Somerset CCG, a process has now been put in place and the data will be submitted to the MHSDS imminently.

Community Mental Health Services:

- The Community Mental Health Services transformation programmes; a collaboration between Somerset Foundation Trust and a range of VCSE partners, is operating under 'Open Mental Health'. Referrals into the service (April to August) total 1314, with 2,498 interventions (as some service users will engage with multiple services under the collaborative model). Over 95% of people accessing the service are seen within 4 weeks. We are currently working on streamlining the dataset across the range of providers, including a consistent suite of outcomes metrics.

Mindline 24/7 Crisis Line:

- Mindline Somerset is commissioned by Somerset County Council (Public Health) for the Covid-19 response, the 24/7 service offers additional support from other Mental Health services provided by Mind. In Somerset services in collaboration with alliance partners have been in place since the beginning of the Covid-19 pandemic lockdown (week beginning 23 March) and is available to callers of all ages. Since launching the 24/7 service in late March the line has in total received 12,364 calls to week ending 27 September
- 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
- 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
- Since 23 March there have been 827 calls from Children and Young People (aged 18 and under) and their families to week ending 27 September. Callers requiring non-urgent or wellbeing support are referred to the Young Somerset Wellbeing Service, those callers with an urgent MH issue are transferred to CAMHS Single Point of Access, Enhanced Outreach Team or 7 day Out of Hours.

Demand and Capacity Modelling:

- As part of our planning for any potential surge relating to 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 first phase of modelling is broadly complete and the next phase is underway.

The Learning Disabilities Mortality Review (LeDeR):

LeDeR Action from Learning Report published by NHS England July 2020 setting out Action Plan in response to the University of Bristol's Annual Report for 2019 recommendations.

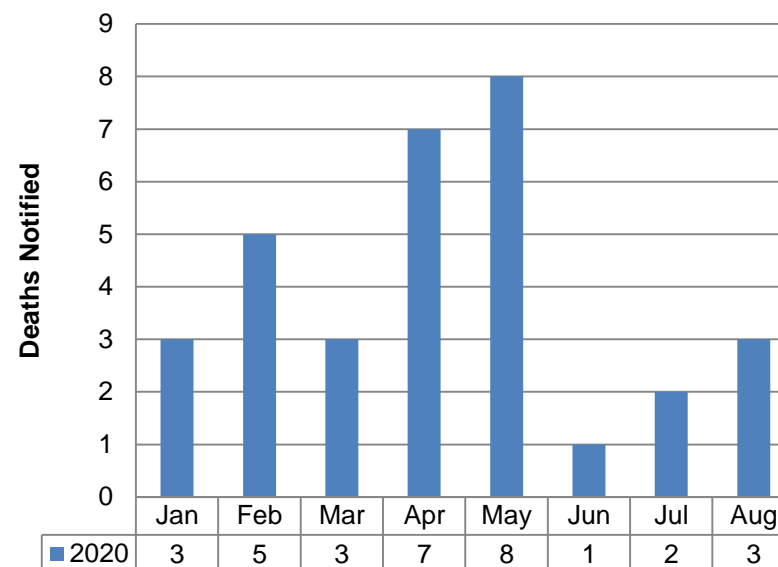
Somerset Actions Update:

- **BAME Groups (Black, Asian and Minority Ethnic groups)** - Snapshot exercise with 2-4 GP practices to look closer at BAME patients on LD Register and practice feedback – findings to inform next steps
- **NEWS2 (National Early Warning Score)** – Previous information cascaded across the system and well received. Included as part of Care Home RESTORE2 (Recognise Early Soft Signs, Take Observations, Respond, Escalate) mini project community to acute pathway development project.
- **Aspiration Pneumonia** – Continued work with Speech and Language Therapists (SALT) (Somerset FT LD SALT team and Adult SALT team) and care homes, developing communications on risks, dysphagia newsletter, information resources, training and competencies
- **Epilepsy** – system discussions to take place on safety improvements for people with a learning disability and epilepsy
- **Supporting National Level Recommendations** – feedback on how local services work together to support people with learning disabilities, monitor deaths not reported to coroner appropriately, continue to raise awareness of hydration needs and constipation related health problems locally, feed back local concerns/views on testing of having specialist doctors for people with learning disabilities.

Somerset to continue focussing on key areas from local review actions to optimise impact based on current resources and feedback local intelligence on all recommendations to support regional and national actions.

Somerset response to be submitted to SW LeDeR Steering Group by 5th October 2020.

LeDeR Notifications



Inpatients: On trajectory to meet targets based on planned discharges and rates of admissions in previous years.

March 2020	Q1 20/21	Q2 20/21 (current position)	Target March 2021
Adults, non secure (Somerset CCG)	5	3	3
Adults, secure (NHSE)	6	7	8
C&YP (NHSE)	0	0	2

Annual Health Checks (AHC): The Quality Team (Learning Disability and Mental Health) is leading a programme of work to increase the uptake and quality of Annual Health Checks (AHCs) for people with learning disability. The Programme is made up of a number of projects focusing on Primary Care, as well as the role of Somerset Provider services and Social Care. It is progressed through a system wide working group, including relevant system partners as well as parents / carers representatives and peer support groups to ensure co-production. It includes a focus on Young People (14-25); enabling better conversations about healthy living and, where appropriate, conversations about Advanced Care Planning.

STOMP (stopping over medication of people): Meds Management and the Quality Team (Learning Disability and Mental Health) are setting up a system wide STOMP working group (stopping over medication of people with a learning disability, autism or both with psychotropic medicines). The aim is to agree as a system how we better promote and implement the principles of the STOMP campaign for people with learning disabilities and / or autism in Somerset.

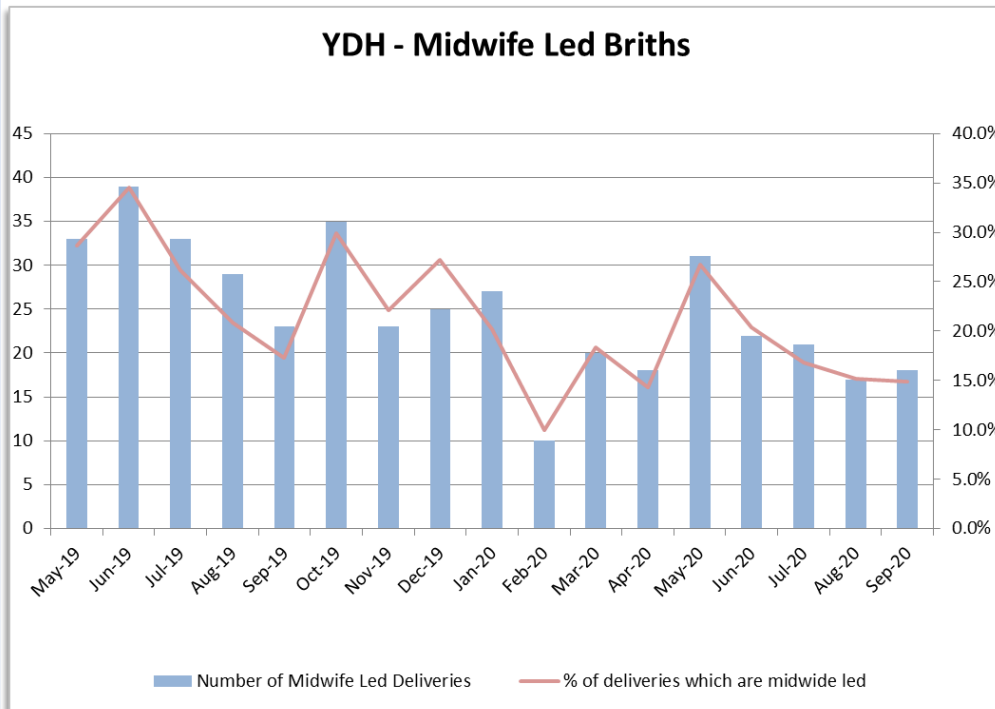
Local review of services:

The 'Independent Strategic systemic review of learning disabilities and autism for people aged 14 + in Somerset' was completed at the end of June (draft). A learning disability and autism programme (LDAP) working group tasked with taking forward the report's recommendations met for the first time on 1 October, with a further meeting on 11 November. An initial action agreed is to hold the first system-wide LDAP stakeholder group in December.

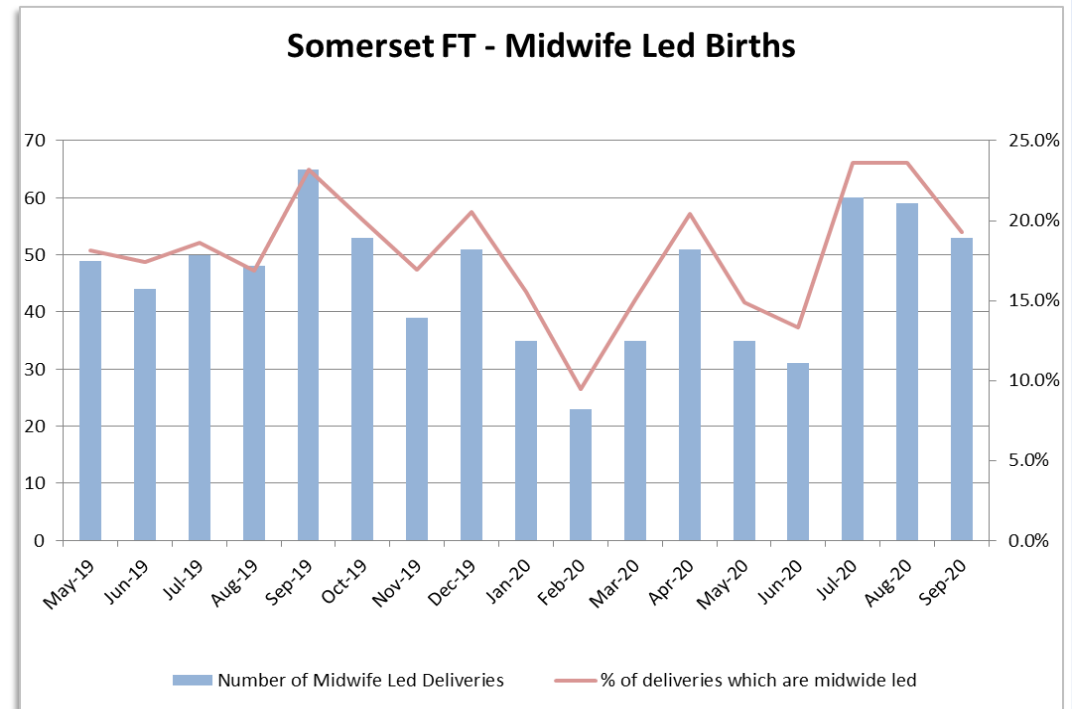
Autistic Spectrum Condition (ASC):

Both the recent Ofsted/CQC local area inspection and the local review found areas where improvements in services for people with ASC are required. These include diagnosis, pre-diagnostic and post diagnostic support and services. The written statement of action includes plans for improvement in this area and this is also a priority to be addressed via the working group mentioned above.

YDH - Midwife Led Births



Somerset FT - Midwife Led Births



- During the Covid-19 period (March to September) there have been 2,545 women that have delivered babies, 1,728 at Somerset FT and 817 at YDH FT.
- The number of Covid-19 cases within maternity patients remains low.
- Emphasis on the increase of Midwife Led deliveries (goal $\geq 15\%$); Somerset performance for the Local Maternity System (LMS) is 18% for September. Compared to August Somerset FT seen a 4.3% decrease from 23.6% in August to 19.3% in September. YDH FT seen a slight decrease of 0.3% from 15.2% in August to 14.9% in September.
- Increasing Midwife Led births is an objective outlined within the Better Births framework and the maternity teams intend to build on this increase going forward
- **Actions to support maternity services:**
- A range of digital resources have been sourced to support Somerset women. This includes the award winning 'Mum & Baby' app, a maternity toolkit and a number of animations. All give support, advice and signposting and the app includes personalised care plans and opportunities for reflection. Formal launch for the digital resources in November
- Funding has been agreed to support the full implementation of the National Bereavement Care Pathway, to link with an enhanced perinatal mental health support offer.
- A new role has been created for a Public Health Midwife, to work closely with maternity teams and our colleagues in Public Health supporting women to have a healthy pregnancy, including smoking cessation and healthy weight through pregnancy
- Seven community hubs are now in use, including the newly refurbished Bracken Birth Centre. These hubs are staffed by small teams of midwives, allowing more Somerset women to receive Continuity of Carer during their pregnancy journey. These maternity hubs will include Health Visitors, and the opportunity exists to invite others to attend to work alongside midwifery teams, such as breast feeding supporters, smoking cessation advisors and more.