NHS
Somerset
Clinical Commissioning Group

Report to the NHS Somerset Clinical Commissioning Group on 22 July 2021

Title: GOVERNING BODY QUALITY, SAFETY AND PERFORMANCE EXCEPTIONS REPORT 2020/21 1 April 2020 – 31 May 2021	**Enclosure L**

Version Number / Status:	1
Executive Lead	Alison Henly, Chief Finance Officer and Director of Finance, Performance, Contracting and Digital Val Janson, Director of Quality and Nursing
Clinical Lead:	N/A
Author:	Alison Henly, Chief Finance Officer and Director of Finance, Performance, Contracting and Digital Val Janson, Director of Quality and Nursing Neil Hales, Director of Commissioning

Summary and Purpose of Paper

Following discussion at the Finance and Performance Committee meeting held on 25 May 2021, 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 31 May 2021, 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 2020 to 31 May 2021.

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	Risk ID
	2	4	8	19

NHS
Somerset
Clinical Commissioning Group

Integrated Board Assurance Report
May 2021

Somerset System overview – May 2021

NHS Somerset Clinical Commissioning Group

Primary Care – GP contacts/demand

MO98

247,901 *

*Compared to 12 month average

CALL 111

Answered within 60 seconds

70.43%

MO108

11,788 Calls

MO109

Cat 1 **9** min
Cat 2 **40** min
Cat 3 **143** min
Cat 4 **150** min

Mean response time

4 hours A&E

MO102

89.7%

Total A&E Attendance

19,268

NHS Somerset NHS Foundation Trust

4 hours A&E

MO100

77.1%

Total A&E Attendance

6,785

Yeovil Hospital Healthcare

4 hours A&E

MO101

93.31%

Total A&E Attendance

5,011

Total emergency admissions

MO103

5,740

827

Re-admissions within 30 days of discharge

Slide 2

MO98	Updated to April Manning Orshi, 29/06/2021
MO100	updated to May Manning Orshi, 01/07/2021
MO101	updated to may Manning Orshi, 01/07/2021
MO102	Updated to May (source: NHS Digital, no CCG breakdown anymore, only STP Manning Orshi, 01/07/2021
MO103	Updated to May Manning Orshi, 01/07/2021
MO108	Updated to May Manning Orshi, 04/07/2021
MO109	Updated to May Manning Orshi, 04/07/2021

Somerset System overview – May 2021

NHS Somerset Clinical Commissioning Group

MO106

Refer treatment

12,896 Clock starts

66% <18 weeks

3,063 people waiting >52 weeks

4,806 people waiting >40 weeks

MO105

Diagn

Waiting list

13,020

>6 weeks 4,259

31.7%

MO104

er

Total 2ww

2,283

238 >2ww waits

2ww performance 89.6%

31 day performance 93.3%

62 day performance 73.8%

MO117

IAPT - Improving Access to Psychological Therapies

access (roll-out) 1,442*

*for the Q1 YTD period. Q1 YTD indicative target is 1,721

58.5 % moving to recovery

CYPMH

Children and Young People's Mental Health access 3,016*

*local un-validated estimate for the 12 month period ending April 2021. Somerset's share of the annual national target is 3,564 (local trajectory is in development)

MO91

97.3% of patients waited <=24 hours to be seen by the Home Treatment Team

96.6% of patients on CPA had an annual review

Slide 3

MO91	Updated to May Manning Orshi, 28/06/2021
MO104	Updated to may Manning Orshi, 02/07/2021
MO105	Updated to May Manning Orshi, 02/07/2021
MO106	Updated to May Manning Orshi, 02/07/2021
MO117	Updated to May Manning Orshi, 07/07/2021

Somerset System overview – May 2021

NHS Somerset Clinical Commissioning Group

Safeguarding

Children Looked MO92

45%

Initial Health Assessments <20days

*November Data

Strengths & Difficulties Questionnaire 85.2%

Dental Checks

37.5%

Continuing Health Care

28 Day Quality Premium 74% MO93

% of Fast Track Referrals Ratified within 24 hours 99%

LeDeR

Allocation to a reviewer within 3 months 35% MO99

28%

Reviews completed within 6 months

Rate of patients who have developed hospital acquired Category 2+ pressure ulcers per 1000 bed days (district nursing excluded)

0.35*

*January. Data awaited

Infection control

MRSA 1

15 MSSA

E.coli 39 MO94

15 C.diff.

Emergency

C section

18.1*% MO95

*Year To Date

Slide 4

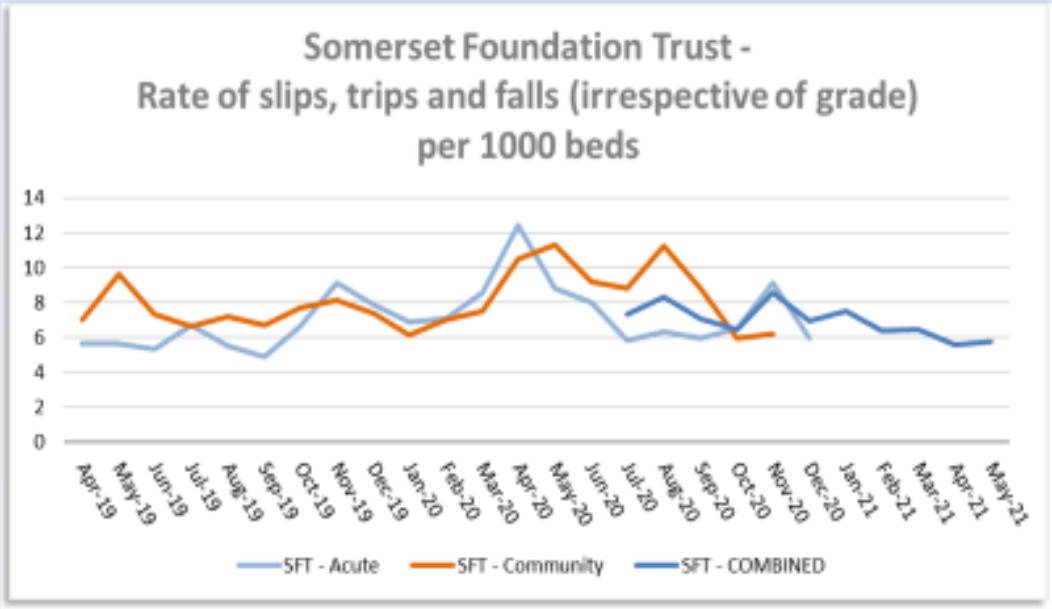
MO92	Updated to May Manning Orshi, 28/06/2021
MO93	Updated to May Manning Orshi, 28/06/2021
MO94	Updated to May Manning Orshi, 28/06/2021
MO95	Updated to May Manning Orshi, 28/06/2021
MO99	Updated to May Manning Orshi, 01/07/2021

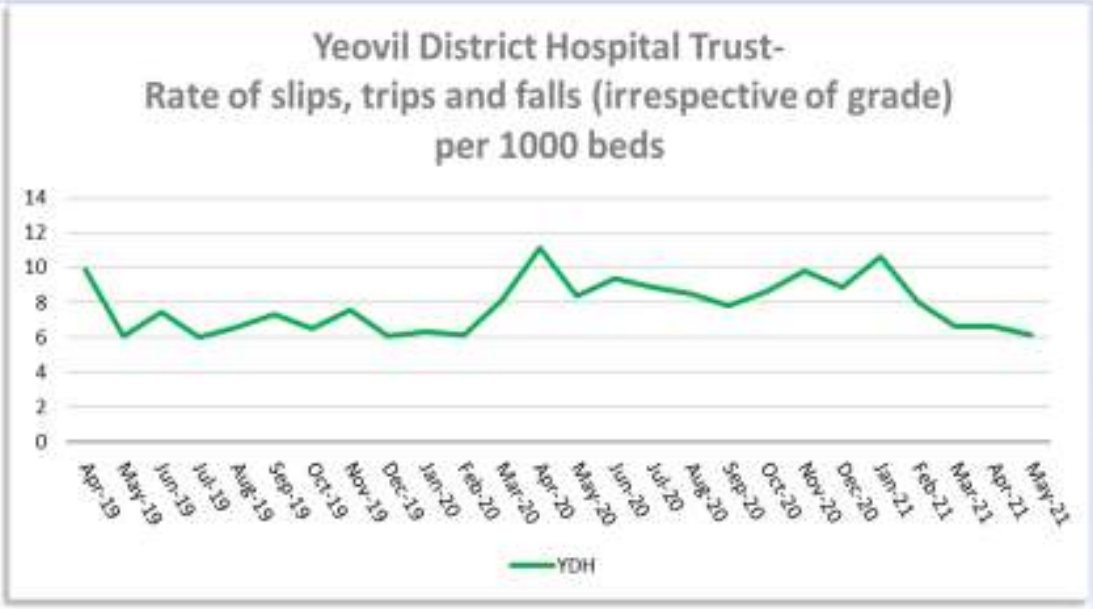
NHS
Somerset
Clinical Commissioning Group

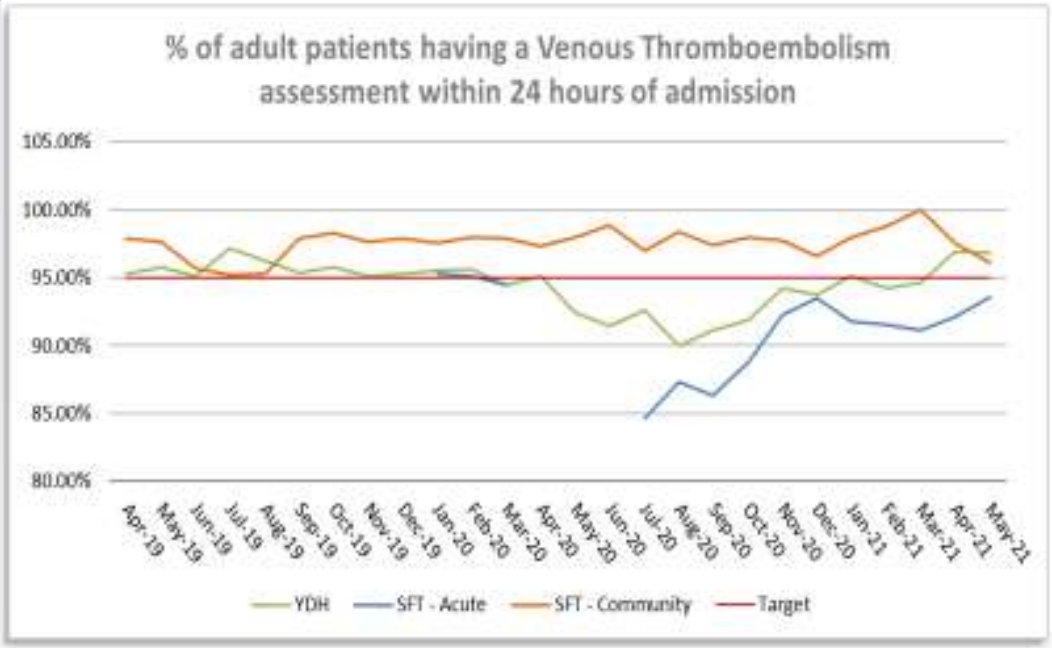
Table of contents

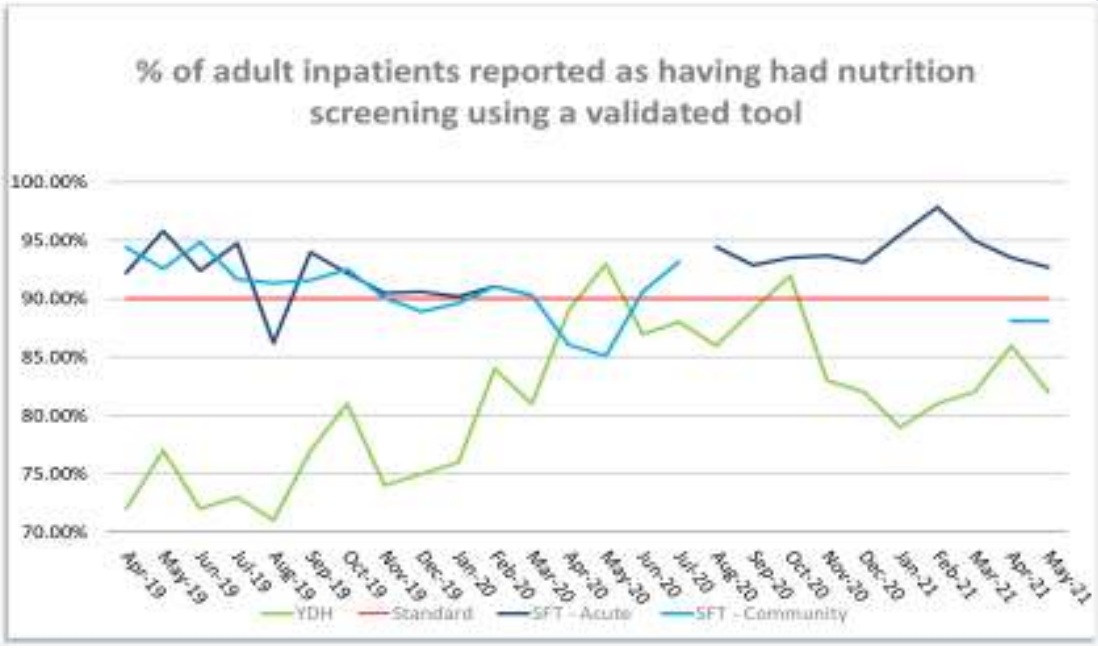
Quality Reporting

NHS Somerset Clinical Commissioning Group



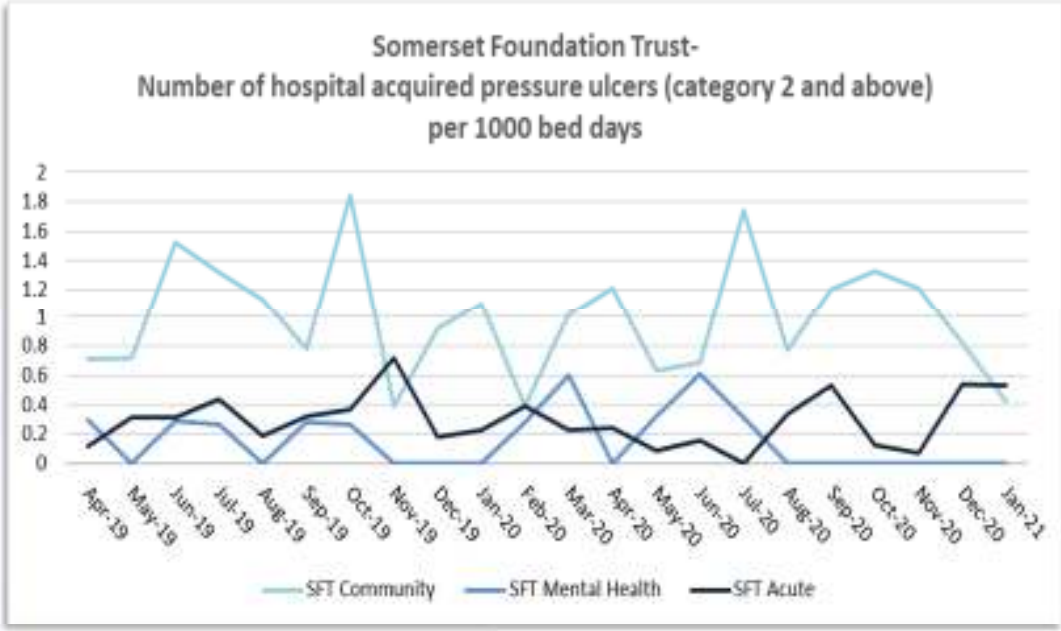


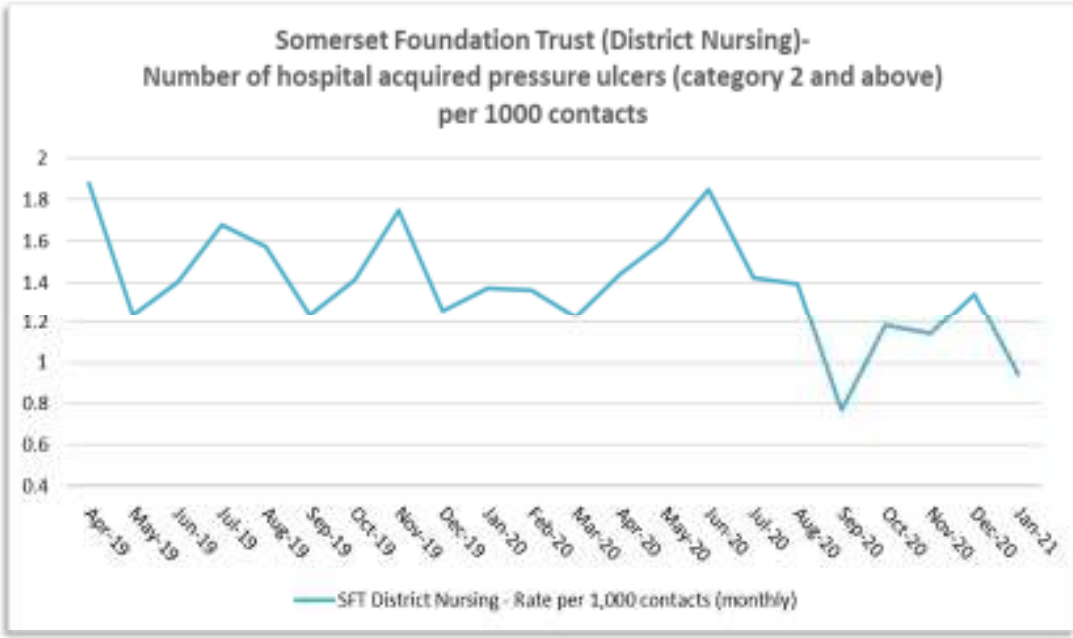


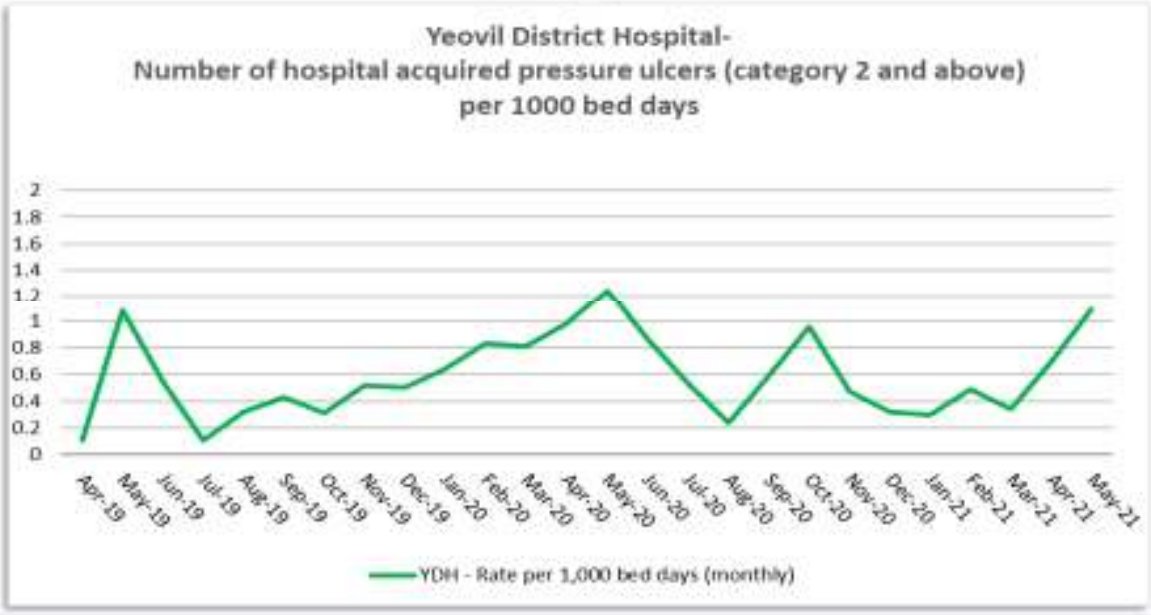


Quality Reporting

NHS Somerset Clinical Commissioning Group

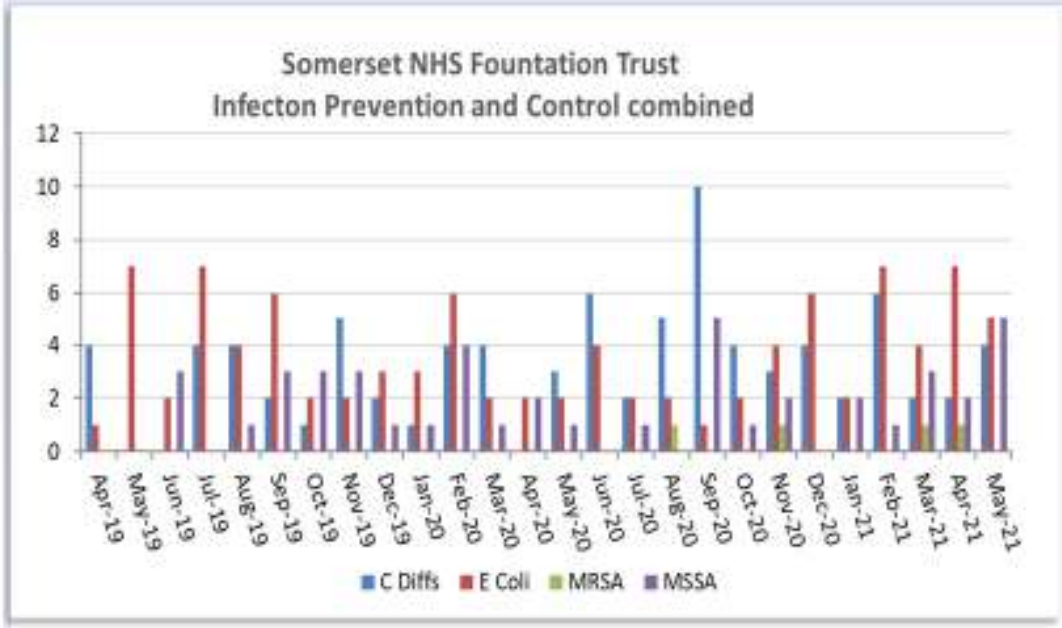


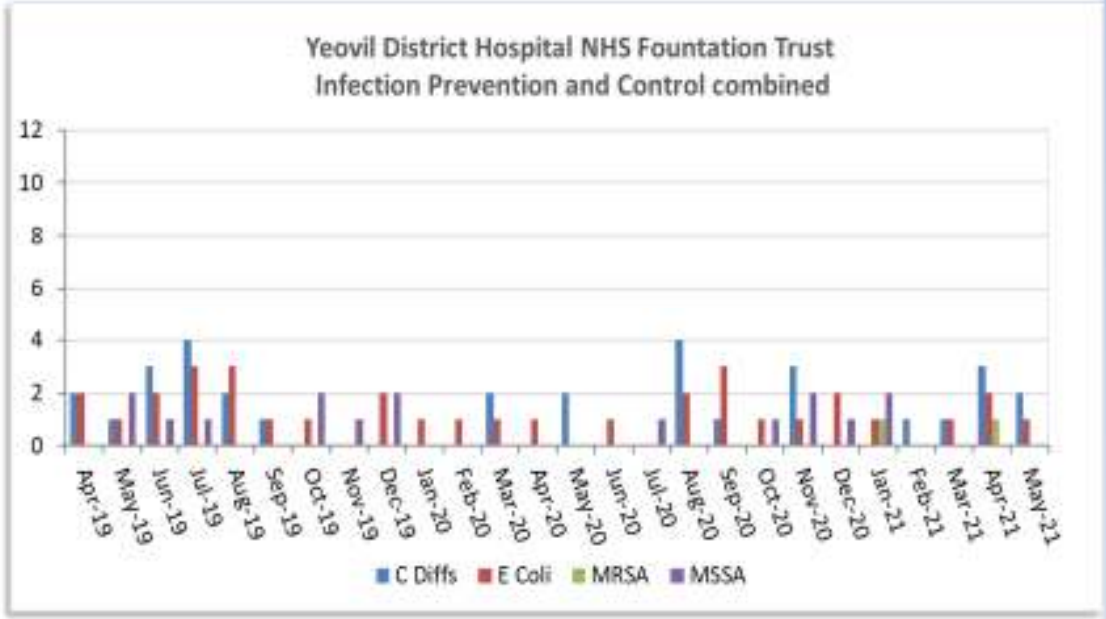


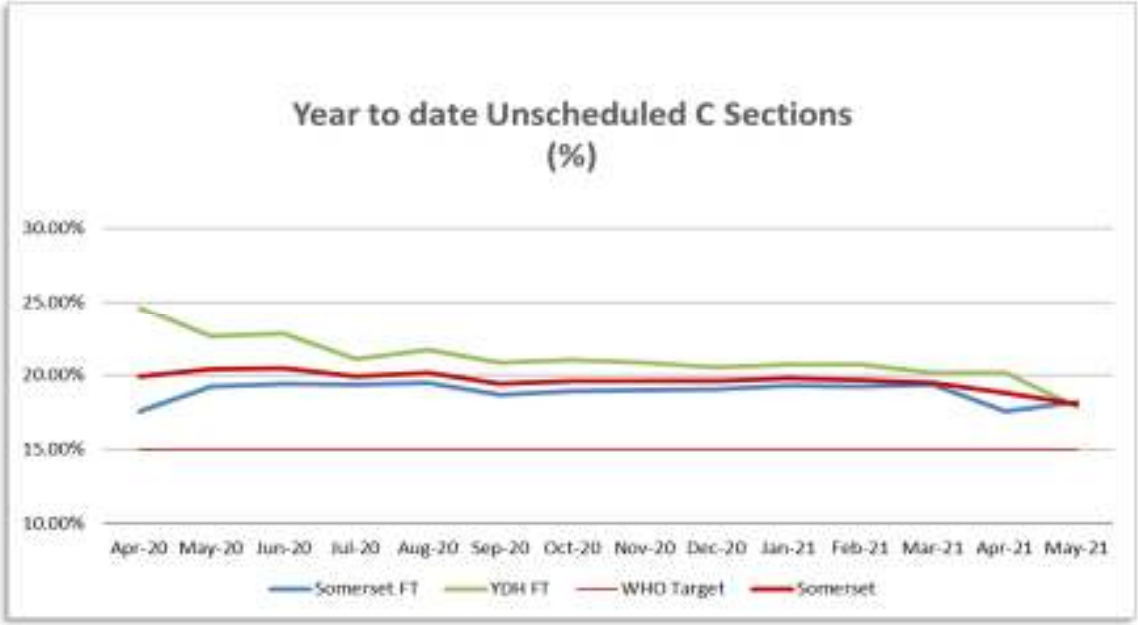


Quality Reporting

NHS Somerset Clinical Commissioning Group

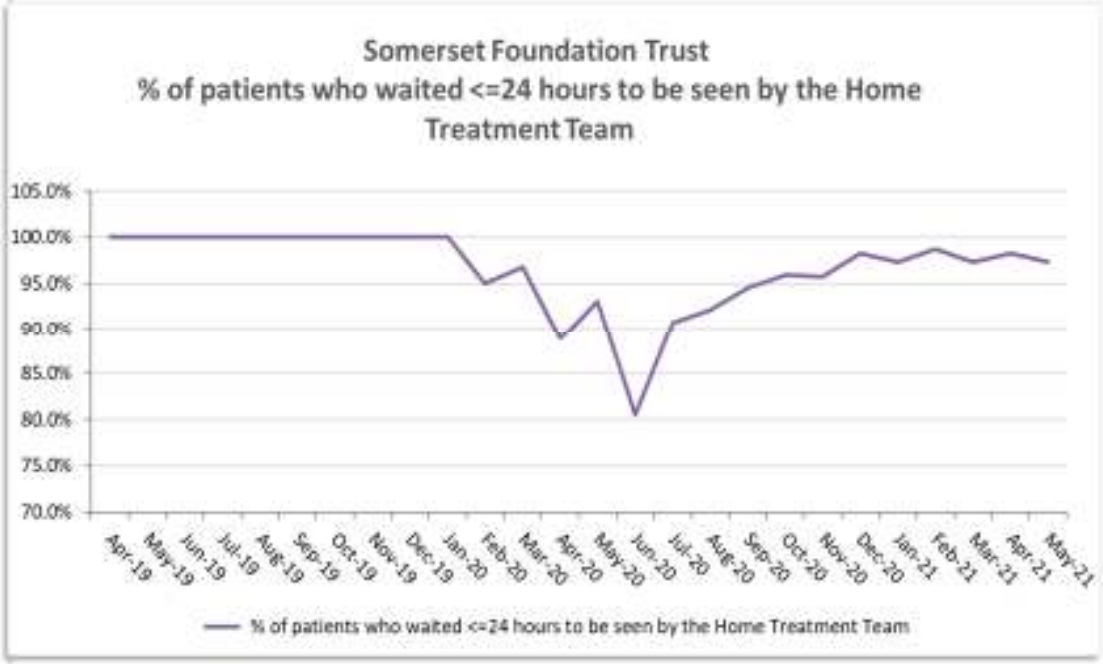


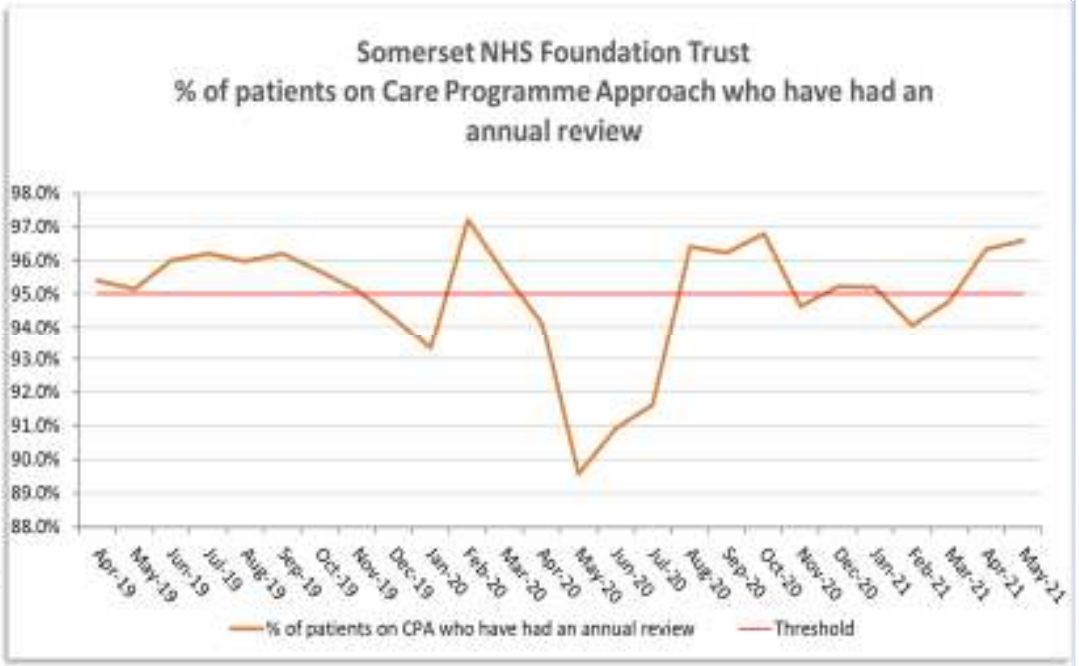




Quality Reporting

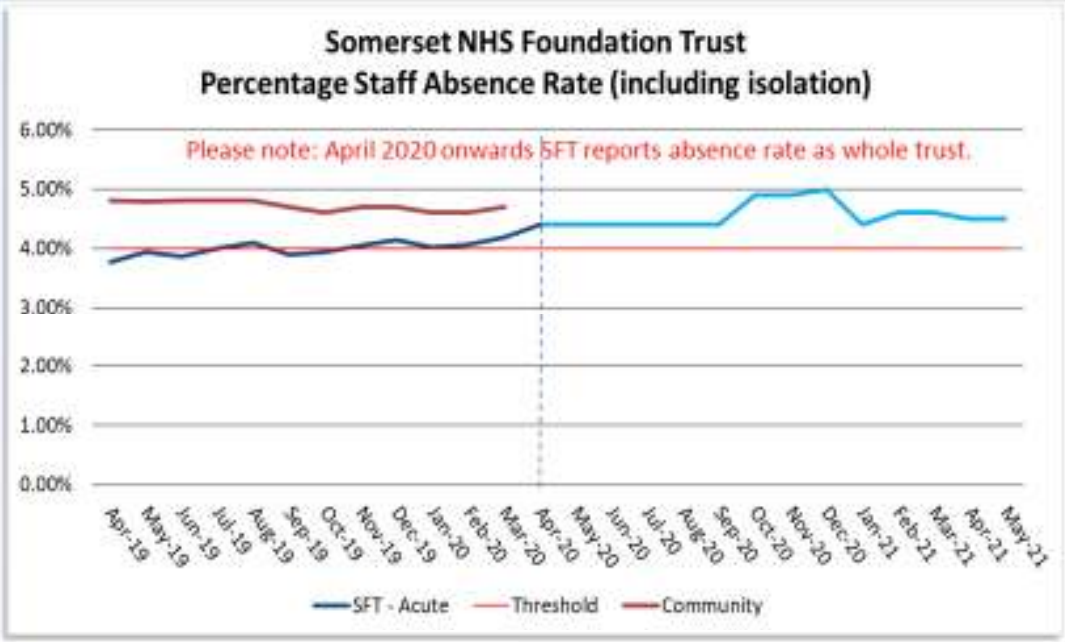
NHS Somerset Clinical Commissioning Group

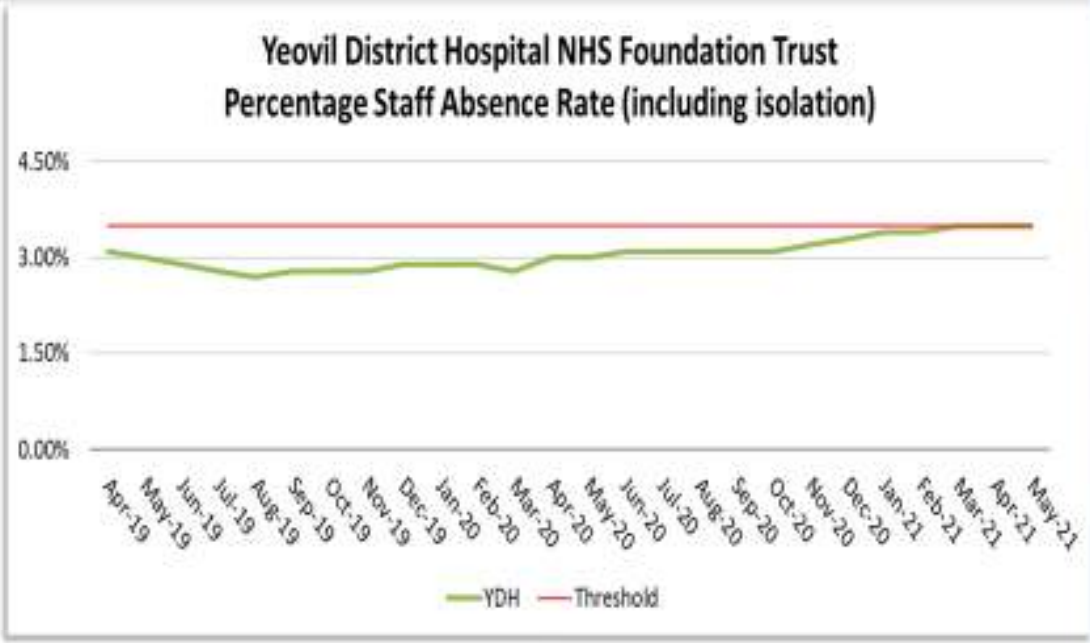




Quality Reporting

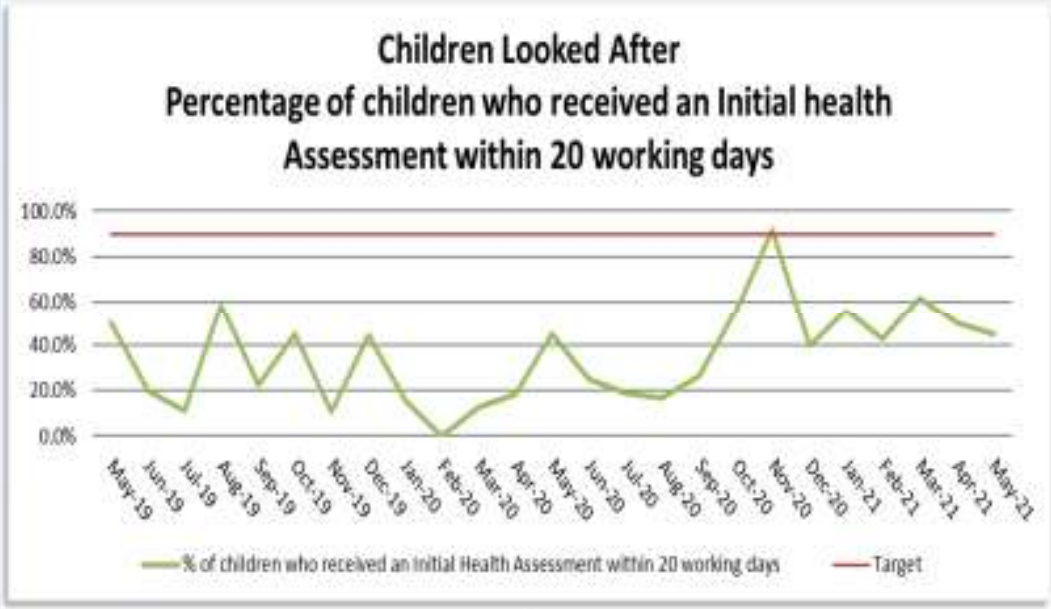
NHS Somerset Clinical Commissioning Group

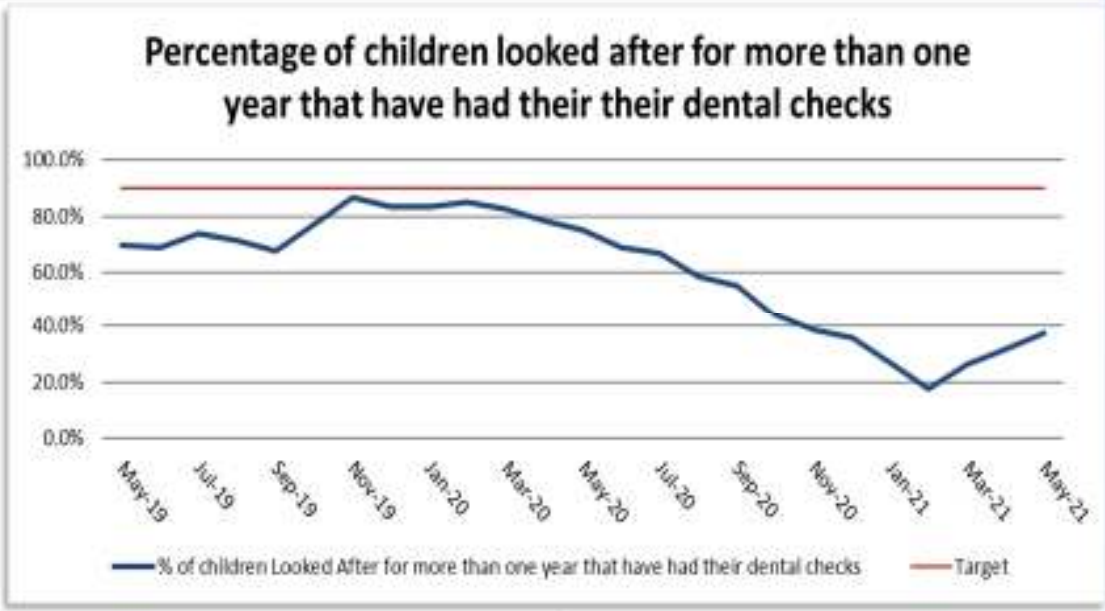


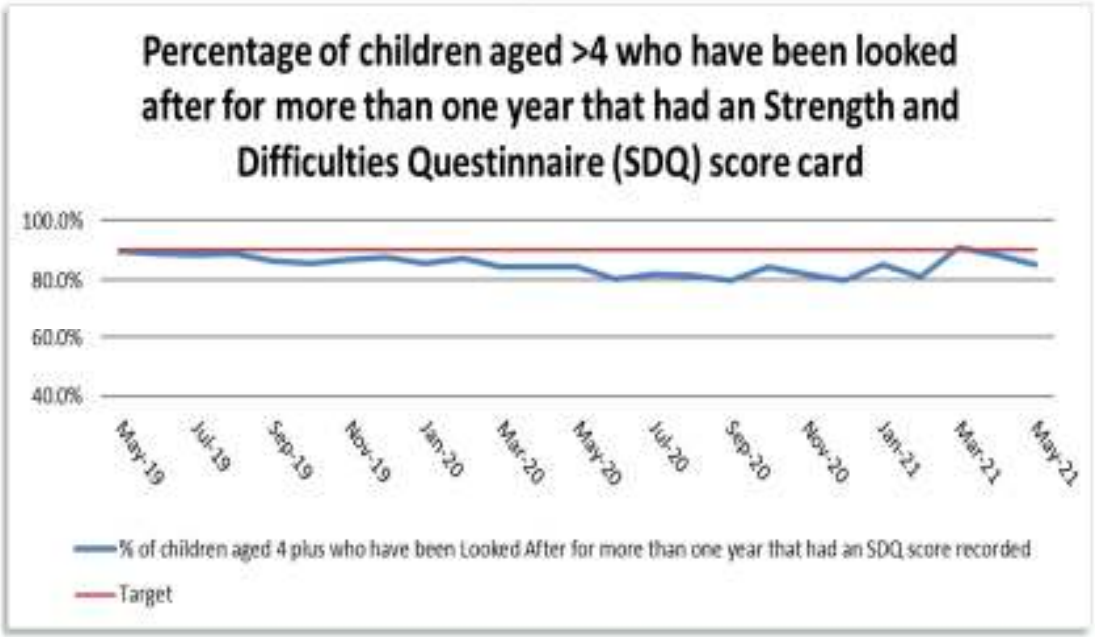


Quality Reporting

NHS Somerset Clinical Commissioning Group







Continuing Health Care

Quality Reporting as at May 2021

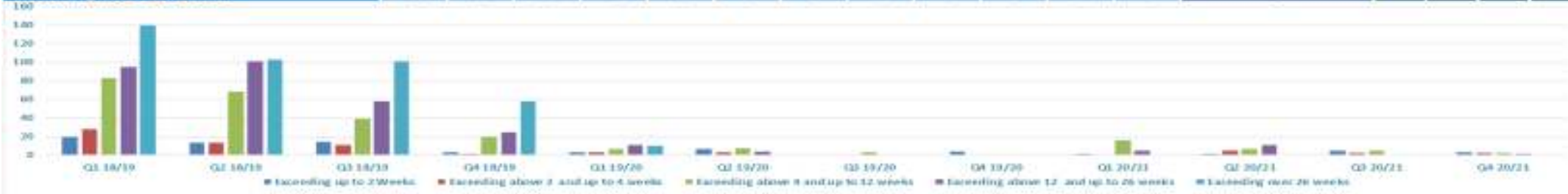
NHS Somerset Clinical Commissioning Group

NHS Somerset - 28 Day Standard

	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Monthly Performance Attainment Q1 21/22			Projection			
													Apr-21	May-21	Jun-21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22
% of Referrals Concluded Within 28 Days	50%	38%	18%	33%	56%	77%	83%	87%	82%	62%	78%	45%	78%	74%	86%	72%	80%	>80%	>80%
NHSE Compliance Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	79%			80%	80%	80%	80%

NHS Somerset - CHC Cases Exceeding 28 Days by 12+ Weeks

	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Monthly Performance Attainment Q1 2021/22 (to 28.05.2021)	Projection			
														Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22
Exceeding up to 2 Weeks	19	13	14	3	3	6	0	4	1	1	5	3	3				
Exceeding above 2 and up to 4 weeks	28	13	11	1	3	3	0	0	0	5	2	2	2				
Exceeding above 4 and up to 12 weeks	83	68	39	19	6	7	3	0	16	6	5	2	1				
Exceeding above 12 and up to 26 weeks	95	101	58	24	11	4	0	0	5	11	0	1	1	1-4	1-4	1-4	1-4
Exceeding over 26 weeks	140	103	101	68	10	0	0	0	0	0	0	0	0				



Quality Reporting

NHS Somerset Clinical Commissioning Group

Falls:

- There have been an overall decrease of the rate of falls across the providers in the last three months (Jan-May 21), this will continue to be monitored through the Clinical Review Monitoring Process.

Venous Thromboembolism (VTE)

- VTE assessments have gradually increased within Somerset FT and although have slightly decreased in the community remains above the 95% target.
- YDH: There has been an increase in VTE assessments within the trust and they are now above the 95% target at 97%- This will be moving to EPMA (Electronic Prescribing Medication Administration)within the next few months and due to a staged roll out this may affect the data outputs in VTE.)
- There is a plan to review plans in July following the implementation of improvement plans at the trusts, continued monitoring will take place through the Clinical review Monitoring process.

Pressure Ulcers

- Mental Health have reported zero cases of pressure ulcers for the last 6 months.
- Pressure Ulcers information for both the trusts will differ from previous results due to the validation work that is undertaken on each incident. Please note that validation for Somerset Foundation Trust is still ongoing and we have yet to receive the latest updated information. Somerset Foundation Trust have identified some additional leadership resource to support the team to aid validation.
- YDH seen an increase in pressure ulcers in May, this is consistent with previous years. The increase will be discussed at the next Pressure Ulcer steering group.
- Low numbers of incidents of hospital acquired pressure ulcers affect the rate variation. Pressure ulcer on admission from home and community settings are at a higher rate, this has led to the Pressure Ulcer Collaborative having a focus in improvements across, District Nursing, Care homes and Hospices, this has been delayed due to Covid-19 however is due to restart July 2021.

Mandatory Training

- Both trusts have seen an increase in compliance of Mandatory training, despite the challenges faced with Covid-19.

Nutritional Screening

- Nutritional screening assessments have decreased this month, however Somerset FT still remains above the national standard for reporting. Further assurance will be sought through the CQRM process.
- YDH FT : Nutritional screening remains below the 90% standard. The Trust has changed the process for how this data is captured and at present is running an electronic as well as a paper system. This is part of an improvement programme. The Trust has warned there may be gaps in data. However, they have established a Nutrition Group and are working with their Matrons to ensure staff are aware of the importance of nutrition and it's recording.

Maternity (Unscheduled C. sections)

- The Local Maternity Neonatal System Governance and Safety Group (LMNS) are meeting on 10/05/2021 to discuss quality pathways and to discuss the development local quality KPI's. Once these KPI's have been agreed by all within the system, feedback on monitoring, improvements will be provided to PSQAC and in turn the Governing Board. Following on from the Ockenden report recommendations, it has been agreed that C-Seconds or Still Births will not be used as a measurement on our Providers maternity services. Feedback will be provided regarding our Quality KPI's at the next meeting.

Infection Control

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.)
On the 25th June the Quarter 4 Peer review took place and the following themes have been identified for action within the appropriate organisation: Poor documentation, delay in isolation, delay in sending of specimen and hand hygiene compliance.

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.) There is a Deep Dive currently into data from E Coli Blood Stream Infections. A GNBSI (Gram Negative Blood Stream Infections) introductory Group first meeting planned for August 2021.

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 surgical wound. MSSA can cause postoperative wound infections that can take weeks of antibiotic to treat.)
On the 25th June, Quarter 4 peer review took place and the following themes have been identified for action: within the appropriate organisation : Poor documentation of indwelling devices, Aseptic Non-Touch Technique/ Hand hygiene compliance.

Slide 14

MO118 To be updated by Quality team/Georgie

Manning Orshi, 07/07/2021

Quality Reporting

NHS Somerset Clinical Commissioning Group

Mental Health

- The “percentage of patients on Care Programme Approach who have received an annual review” is 96.6% in May and thereby maintains the good performance seen in April, which is above the threshold of 95%
- The “percentage of patients who waited <=24 hours to be seen by Home Treatment Team” performance in May is 97.3%, a slight decrease from the performance in April (98.3%), but it is worth to note that the number of patients waiting to be seen increased from 58 in April to 71 in May.

Workforce

- There are continued efforts in assisting with the vaccination programme and in the restoration programme which have had an impact on staffing across all providers, continued work is being undertaken to review this and the “Reduce the Burden” initiative remains in place.
- Sickness levels have remained unchanged despite Covid-19 impact**.**

Children Looked After

- Initial Health Assessments within 28 days: performance has decreased significantly across April and May with June’s data awaited. In common with the rest of the region numbers of children becoming looked after has increased. Scrutiny of the data has not illustrated issues with medical capacity to provide the assessments or with the arrangement process, (provided by Somerset FT since 1st April 2021.)However there are issues with frequent movements of children including out of area, foster carer availability, difficulties obtaining consent from biological parents and late notification from the Local Authority. These issues have been escalated to the Local Authority and will be shared with the Corporate Parenting Board in August 2021
- Dental checks for children looked after for more than 1 year Performance is slowly improving as dental services become more accessible again as Covid-19 restrictions are eased. May’s figures illustrate that 37.1% of CLA had had a dental assessment This issue forms part of the multi-agency Corporate Parenting Board’s health and wellbeing sub group work plan.
- Strengths and Difficulties Questionnaires: Performance had been steadily declining since February 2020. Since December 2020 there has been a sudden increase. Scrutiny of this metric forms part of the multi-agency Corporate Parenting Board’s health and wellbeing sub group’s work plan. The Local Authority have been doing a lot of work with foster carers and kinship carers to ensure the completion of the SDQ is a priority. Furthermore the LA are also cleansing their own data ahead of their annual national data submission which may also have had an impact on the number of completed assessments. The CCG is hopeful that the previously agreed SEMH investment can be utilised in Quarter 2 with a plan to strengthen existing Tier 2.5 services to specifically prioritise looked after children.

Continuing Health Care (CHC)

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 table & graph on slide 11 provides a summary of CHC performance attainment against this KPI since Quarter 1 2018/19. Performance attainment to date in 2021/22 (April, May & June 2021) demonstrates that we are on course to achieve our initial Projection of 72% for Quarter 1 2021/22, with Projections for Quarter 2 onwards being =>80%.

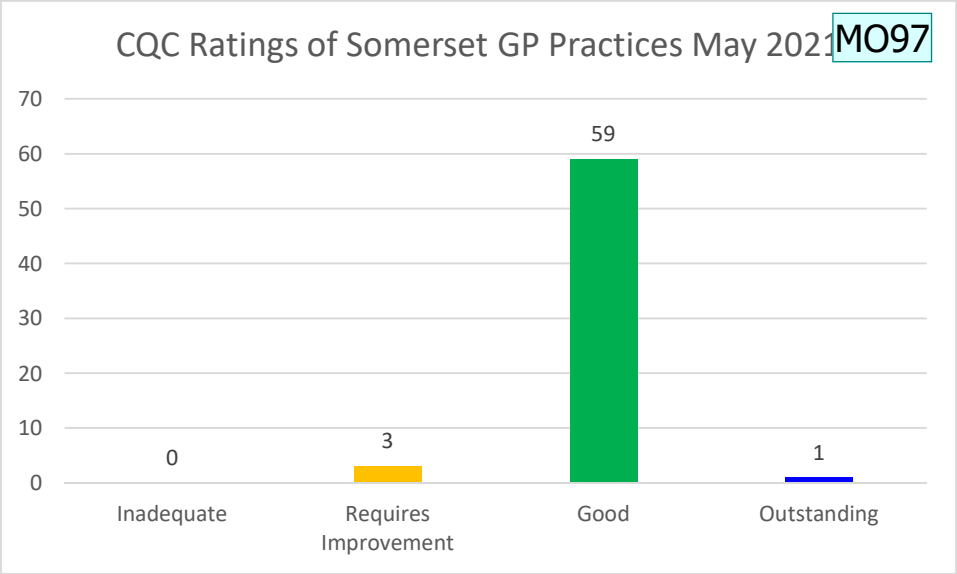
28 Day Backlog (CHC Cases Exceeding 28 Days by 12+ Weeks)

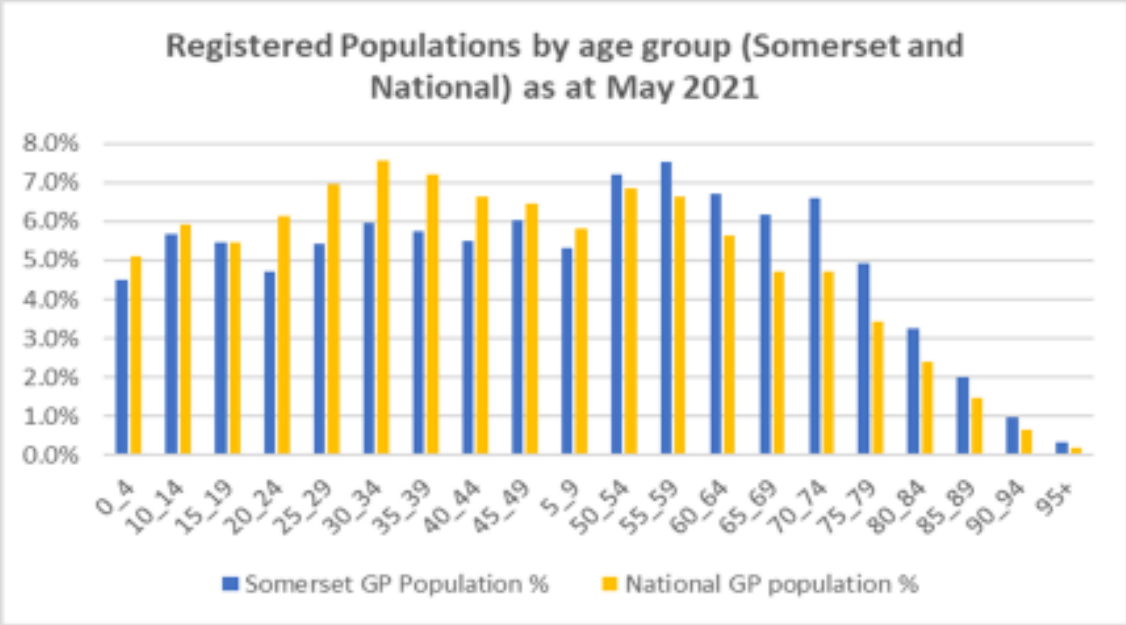
The bottom table & Graph provides a summary of CHC data against this NEW KPI since Quarter 1 2018/19. Performance attainment to date in 2021/22 demonstrates that we are on course to achieve our initial Projection of 1-4 Cases Exceeding 28 days by 12+ Weeks for Quarter 1 2021/22. We also project that performance attainment for Quarter 2 onwards will be maintained at this level.

Please note, that during June 2021, NHS England will also be undertaking a national trajectory setting exercise, to establish CCG’s delivery plans for Q1 to Q4 in respect of the 28 Day Standard and 28 Day Backlog. Although trajectories will be required to cover all 4 quarters in 2021/22, a ‘light touch’ assurance approach will be adopted by NHS England for Q1, with the main focus of assurance activities commencing from Q2 2021/22 onwards.

Primary Care

NHS Somerset Clinical Commissioning Group





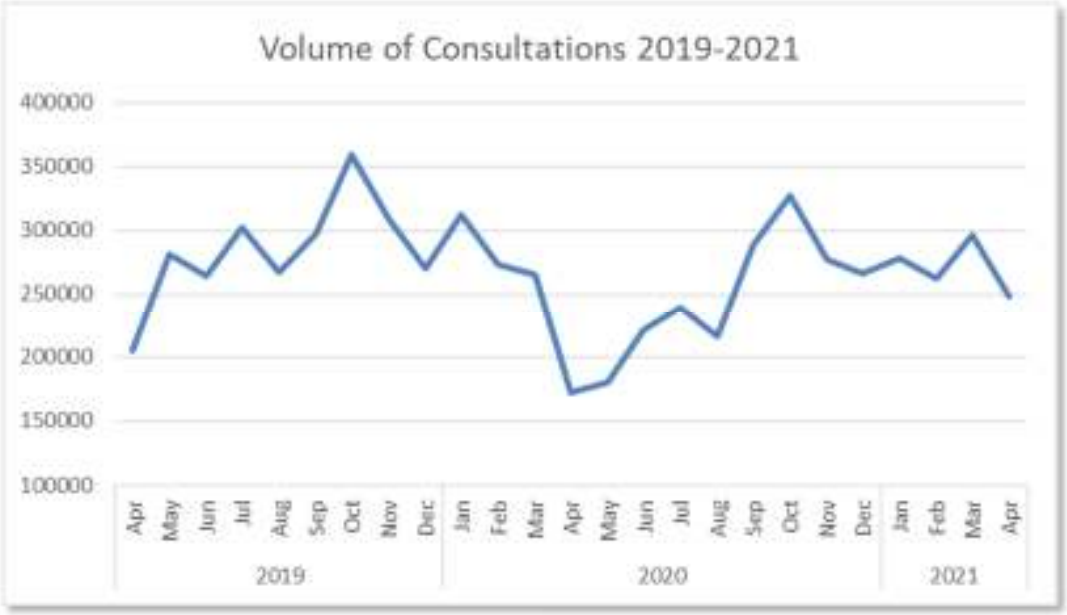
Slide 16

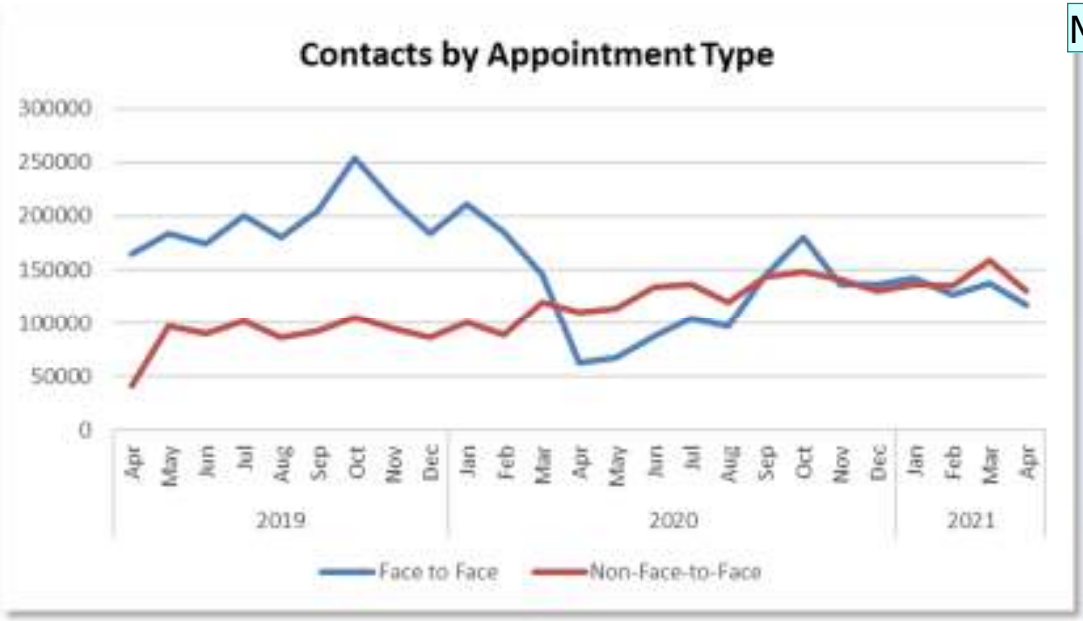
MO97 May figures same as April

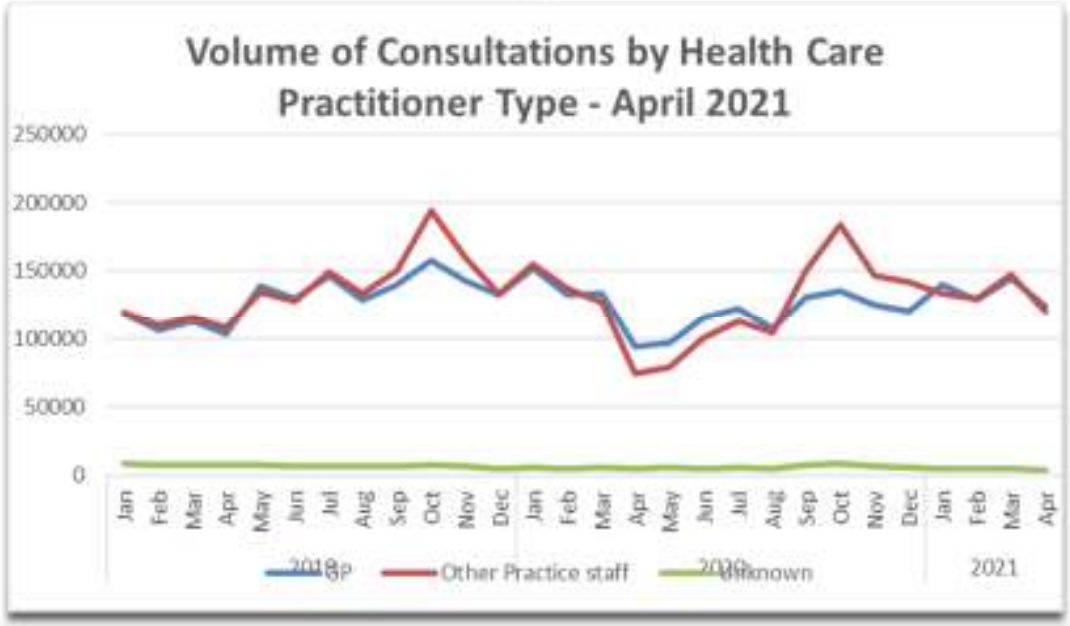
Manning Orshi, 29/06/2021

Primary Care

NHS Somerset Clinical Commissioning Group



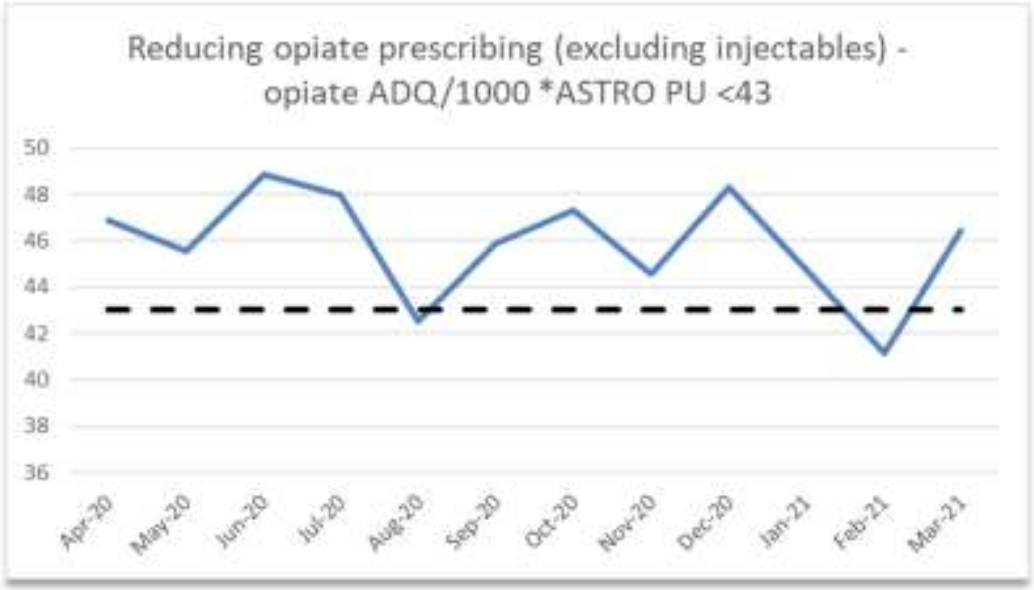


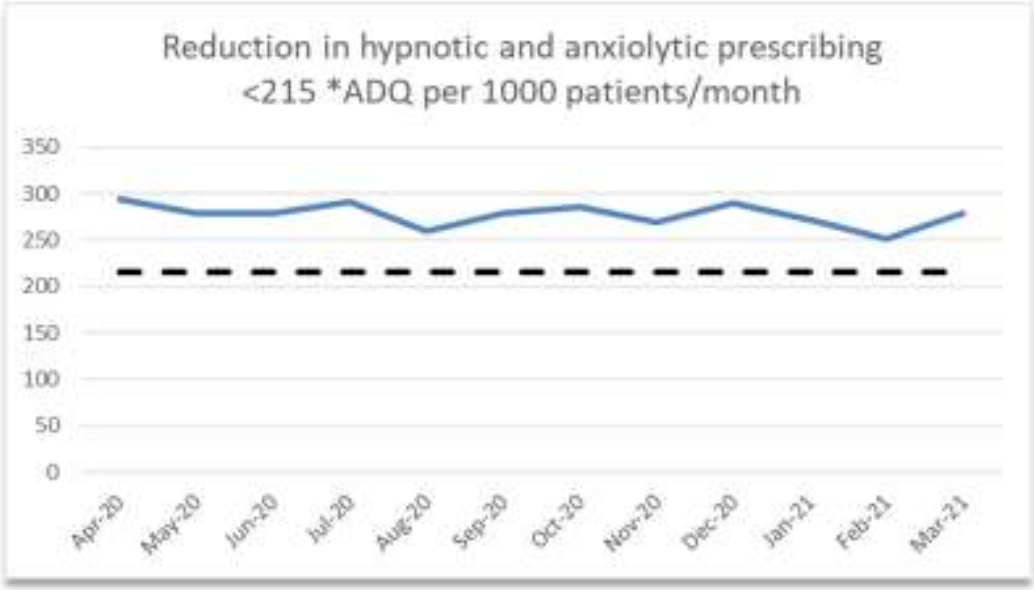


MO96 Updated to April

Manning Orshi, 29/06/2021

NHS
Somerset
Clinical Commissioning Group





***ASTRO PU - Age, Sex, and Temporary Resident Originated Prescribing Unit**
***ADQ - Average Daily Quantity of drug given per 1000 registered patients**

Primary Care

NHS Somerset Clinical Commissioning Group

Introduction
A new Primary Care Section of the Integrated Governing Body report has been developed in collaboration with the Primary Care and Medicine Management. The CCG has Commissioned the SCWCSU (South, Central and West Commissioning Support Unit) Primary Care Dashboard which will have in excess of 300 indicators which will be used to further develop these slides and inform future Primary Care reporting.

Headline
General Practices continue to be extremely busy. In April (latest available data) 2021 there were a total of 247,901 GP appointments offered, compared with 172,661 in April 2020. The monthly average over the last 12 months has been 258,618

CQC ratings
We continue to have no practices rated 'Inadequate'. We expect that those practices currently rated 'Requires Improvement' will move to 'Good' when re-inspected, which will happen in the near future. There has been no change compared to the previous reported month.

Patient experience
Somerset continues to perform better than the national result on patient satisfaction with GP services.

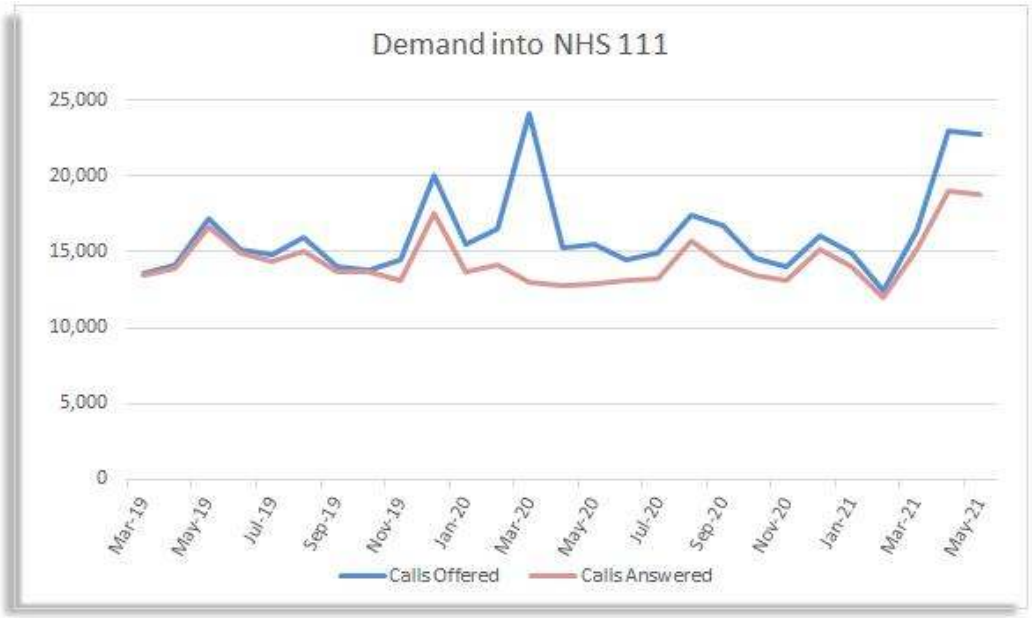
Demographic
The GP registered population of Somerset is significantly older and has a higher level of healthcare need than the national distribution.

Consultations
Please note that non-Face to Face includes 'unknown appointment' type which NHS Digital attributes to, 'Practices using the Vision GP system are unable to supply appointment mode data. Consequently the proportion of appointments with an 'Unknown' appointment mode is higher in releases from July 2019 onwards when Vision practices were included in the publication.'
Patient demand is high, and the nationally mandated triage arrangements remain in place. Patients who need to be seen face to face continue to receive this type of appointment, which constitutes 47.4% of consultation types as at April 2021.

Medicines management
The Somerset CCG prescribing and quality improvement incentive scheme has 20 measures where GP practices are incentivised to improve prescribing and medicines optimisation.
This period we highlight two measures covering safe prescribing where Somerset practices still have areas of improvement as only slow progress is being made. The two areas are prescribing of opiate medication and prescribing of hypnotics and anxiolytics. The complexity of patients addicted to prescribed opiates and prescribed hypnotics and anxiolytics is a growing national area of concern. We are looking to expand advice and guidance available to GPs from specialist services.

Emergency – NHS 111 Performance

NHS Somerset Clinical Commissioning Group



Emergency – NHS 111 and Integrated Urgent Care Service

NHS Somerset Clinical Commissioning Group

- Somerset NHS 111 is delivered primarily via Practice Plus Group (formerly known as Care UK) through a sub-contracted arrangement with Devon Doctors Ltd. Some elements of Somerset 111 enquiries (such as those relating to dental and repeat prescriptions) are directed the Clinical Assessment Service through selecting the appropriate option on the NHS 111 Interactive Voice Response (IVR) recorded message.

- Following an NHSE/I review in 2019-2020, the NHS 111 Minimum Data Set was merged into a revised version of the IUC Aggregated Data Collection (ADC) as of 1 April 2021. A provisional subset of the new data set for IUC providers is published by NHS/I in the following month (e.g., April data will be published in May), with the complete monthly IUC ADC published as Official Statistics the following month (e.g., April data published in June). The IUC ADC includes some new data items and some definitions have been revised to provide greater clarity so not all data items are directly comparable with the same data items collected before April 2021. The IUC ADC is also used to monitor a revised set of IUC ADC KPIs (see slide 24). Due to ongoing work within NHSE/I on developing a standardised data submission template it is currently not possible to compare Somerset IUC with other services due to ongoing data quality issues within a number of IUC providers. Devon Doctors has confirmed that it was able to submit a full set of data from 1 April 2021. Information in relation to IUC reported here relates to the provisional statistics for YTD to May 2021 so may be subject to change once the final version is finally published by NHSE/I

- IUC ADC (provisional) reports for May 2021 shows a continued challenged position for NHS 111 services across the country. This is due to the impact of recently increasing call activity (and changing call arrival patterns), very much mirroring ongoing pressures across the wider UEC system both in Somerset and nationally. In relation to 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) , Somerset 111 performance was at 17.5% in May, 20.79% in April (England range for May 0.9% - 24.5%). Somerset 111 has seen specific challenge during April and May due to a repeat and persistent caller that has contacted the service over 6,000 times in one month, directly contributing to this lower performance during both these months. A clinical risk assessment is underway and the patient is now receiving support through an MDT approach including the Somerset High Intensity User Service.

- In regards to ‘average speed to answer’ (which replaces the previous 111 performance metric of calls answered within 60 seconds) is at 86 seconds in May, 70.22 in April (England range for May 3secs – 455 secs).

- All NHS 111 service providers have access to national contingency (mutual aid) support at times of operational pressures and Somerset 111 has been providing support at times such aid is required. To further reflect general NHS 111 pressures across England, NHSEI has, since 1 June 2021, added an ‘NHS 111 is busy’ addition to the recorded message patients hear, advising of delays and providing alternative options such as 111 Online. This message is now on 24/7 whereas prior to 1 June it was switched-on at times of escalation across the whole 111 network. This further reflects the level of demand coming into the NHS 111 service both in Somerset and across England.

Slide 21

WH(SC1 Page number may need amending in final version
WELDON, Helen (NHS SOMERSET CCG), 01/07/2021

MO110

Integrated Urgent Care

NHS Somerset Clinical Commissioning Group

- Devon Doctors Ltd (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 Ltd. The Care Quality Commission Report was published on 14 September 2020 and noted some Requirement Notices relating to regulations that had not been met.

- The CQC undertook a follow-on inspection of Devon Doctors Ltd, on 7, 8 and 9 December 2020: this was a short notice announced focused inspection to follow up on the urgent conditions imposed on the provider and requirements made in July 2020. Due to other areas of concern highlighted during the three-day inspection the inspection changed from a focussed inspection to a full comprehensive inspection.

- Following this inspection, the Care Quality Commission took regulatory action and varied the urgent conditions placed on the service after its inspection in July 2020. The timescales for the urgent conditions were extended, as evidence gathered during December's inspection showed some improvement, but it was insufficient to deem that the urgent conditions had been met. In addition, two new urgent conditions were imposed on the provider's registration relating to taking calls from for the NHS 111 service for Devon. Further Requirements Notices were also imposed relating to meeting the CQC's *fundamental standards. These were complaints handling, provision of staff training, appraisals and supervision, and health and safety.
**https://www.cqc.org.uk/what-we-do/how-we-do-our-job/fundamental-standards*

- The Care Quality Commission rating for the service (overall) was changed to 'Inadequate' (from 'Good') and placed in Special Measures. The Care Quality Commission Report on its December 2020 inspection was published 17 March 2021

- Following the July 2020 inspection, Devon Doctors Ltd developed and has since been implementing a detailed improvement plan: this was revised further following the December 2020 inspection. Fortnightly meetings with Somerset CCG (in partnership with Devon CCG) provides assurance on progress and this is supplemented by other meetings between provider and commissioners to discuss and support specific areas of improvement work. This gives the opportunity for commissioners to scrutinise, gain assurances and provide support where required. The Improvement Plan describes how they will work towards rectifying the urgent conditions and regulatory notices and the next slide provides examples of some of the improvement measures that have already been put in place.

Slide 22

MO110 most of this information carries forward to this month in regards to the CQC update

Manning Orshi, 05/07/2021

Integrated Urgent Care

NHS Somerset Clinical Commissioning Group

- Continuation 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. Comfort calling performance is monitored by the CCG and further assurances are sought whereby comfort calling targets are not maintained.

- Development of a Clinical Workforce Strategy alongside a 12 Week Plan (now completed) to support recruitment, training and retention of clinicians (of a variety of skill mixes) into the service, including GPs. In addition the newly created Chief Nursing Officer role (now in post) will support embedding delegated locally focused clinical leadership and team management to ensure that clinical presence and guidance is threaded through every patient facing process.

- Clinical Governance structure changes coupled with 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. Both Somerset and Devon Clinical Commissioning Groups' Quality Teams are also attending internal meetings within the organisation to observe implementation of proposed clinical governance changes.

  Several interim roles were placed within the organisation whilst stability in permanent roles was established in relation to quality and governance. The interim team brought the organisation mostly in line with where the CCG would expect the figures of long standing complaints and incidents to be. The outcomes and learning is a priority for the CCG to monitor to gain assurance that a process for continuous improvement is embedded within the service.

- 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

- DX (disposition) codes relate to the outcome of an NHS 111 assessment. For example, if an NHS 111 assessment results in a DX code of Dx010 this means that an emergency ambulance response for potential cardiac arrest is required, necessitating the need for immediate transfer to the relevant 999 ambulance service.

  Since January 2021,Meddcare has implemented a DX Operating Model in their Integrated Urgent Care Services. This means that the service works towards meeting DX (disposition) codes resulting from 111 assessments rather than converting such DX codes into further quality metrics (targets) that inadvertently created added pressure within the Integrated Urgent Care Services. Such metrics had been national measures until recently, but have since been replaced by the Integrated Urgent Care Aggregated Data Collection and associated Key Performance Indicators.

Slide 23

MO114 Updated to May. Jess Martina: most of this information carries forward to this month in regards to the CQC update
Manning Orshi, 05/07/2021

MO113
MO112

Integrated Urgent Care - IUC

NHS Somerset Clinical Commissioning Group

Key Performance Indicator (KPI) 5 – Proportion of calls backs by a clinician in an agreed time frame (target 90%)

To note below data reflects the new KPIs which have been classed as developmental KPIs, these KPIs are the national standards by which IUC service should be measured; as such the KPIs should be referenced in provider contracts, although commissioners should only hold providers to account for their achievement where they are directly responsible for the whole of that end-to-end service. For some KPIs standards have been set at a level which reflects the future development of service areas, other KPIs are simply a continuation of current targets. Commissioners should not penalise a provider by applying financial penalties for non-achievement where a standard is developmental or aspirational. Details of which Commissioners should not penalise a provider by applying financial penalties for non-achievement where a standard is developmental or aspirational.

April Data

- 28.5% of patients are receiving a call back by a clinician within 10 minutes
- 76% of patients are receiving a call back by a clinician within between 10 minutes and 1 hour
- 86.2% of patients are receiving a call back by a clinician over 1 hour

May Data

- 28.9% of patients are receiving a call back by a clinician within 10 minutes
- 74.8% of patients are receiving a call back by a clinician within between 10 minutes and 1 hour
- 87.2% of patients are receiving a call back by a clinician over 1 hour

Slide 24

MO112 KPIs have changed from April 21 to the new KPIs and we are now reporting on KPI 5, 16 and 17 to note as mentioned in the slide that the these KPIs have been classed as developmental only so there is no ambition that the target trajectory should be hit, also to note currently there is no national averages to compare the data too.
Manning Orshi, 05/07/2021

MO113 Updated to May
Manning Orshi, 05/07/2021

Integrated Urgent Care - IUC

NHS Somerset Clinical Commissioning Group

KPI 16 - Proportion of patients receiving a face-to-face consultation within their home residence within the specified timeframe (95% target)

Performance for Somerset using the NHS/E validated data shows:

April Data

- 88.3% of patients received a face-to-face consultation within their home residence within the specified timeframe

May Data

- 81.9% of patients received a face-to-face consultation within their home residence within the specified timeframe

KPI17– Proportion of patients receiving a face-to-face consultation in an IUC Treatment Centre within the specified timeframe (target 95%)

April Data

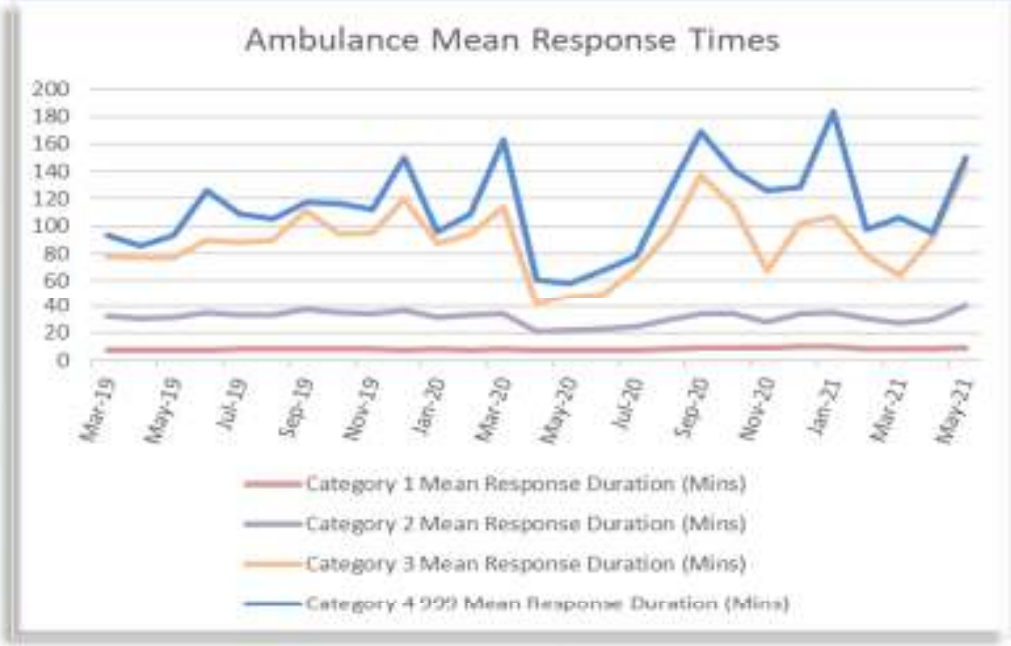
89.2% of patients received a face to face consultation in an IUC Treatment Centre within a specified timeframe

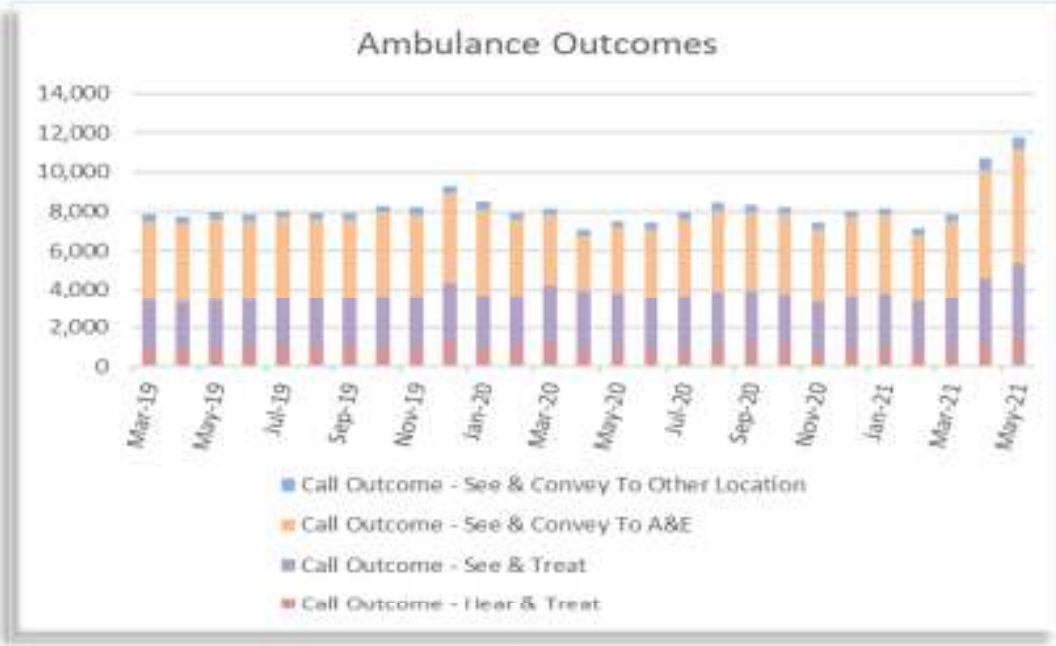
May Data

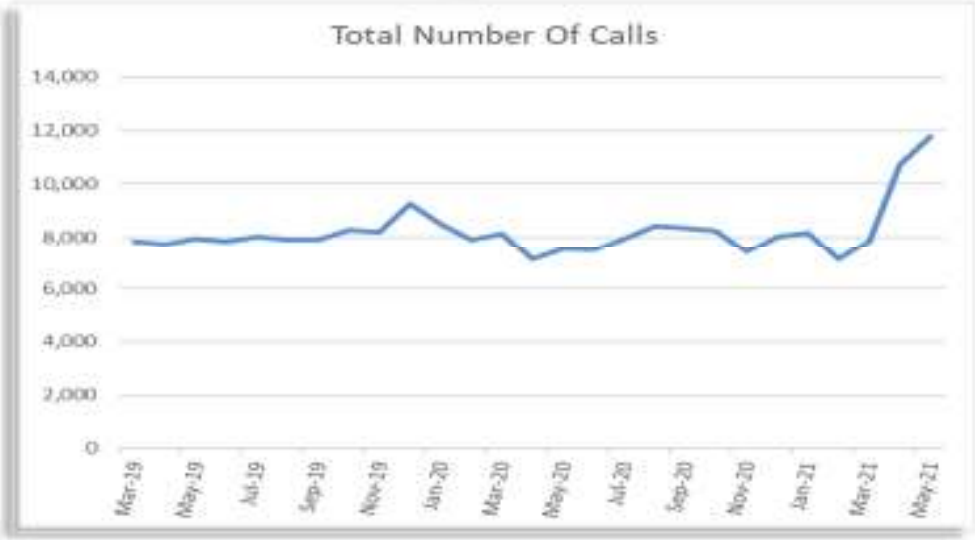
87.6% of patients received a face to face consultation in an IUC Treatment Centre within a specified timeframe

Emergency – SWAST Performance

NHS Somerset Clinical Commissioning Group







Emergency – SWAST Performance

NHS Somerset Clinical Commissioning Group

Areas of focus during Covid-19:

- 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 Ambulance Response Programme (ARP) Response Times standards

Month 2020/21	Cat 1 (Mean 90th Percentile)		Cat 2 (Mean 90th Percentile)		Cat 3	Cat 4
	7 Mins	15 mins	18 mins	40 mins	120 mins	180 mins
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
October	9.5	17.6	34.2	68.6	271.4	254.9
November	8.8	15.5	28	53.7	152.4	224.3
December	9.7	17.9	33.7	64.9	233.3	313.6
January	9.8	17.9	35	67.2	254.6	500.9
February	8.5	15.9	30.9	60.9	187.3	230.9
March	8.3	15.3	27.3	52.6	143.5	264.9
April	8.4	19	30.1	58.5	216.4	202.8
May	9.2	20.2	40.2	79.9	356.1	227.1

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

Performance of ambulance response times (ARP) has deteriorated through April and May in all categories.

.

Emergency – SWAST Performance

NHS Somerset Clinical Commissioning Group

Service Transformation for SWAST Activity

- Although 999 activity significantly reduced during the first peak of Covid-19 Somerset CCG activity and demand levels have seen a 15% variance year to date.

- 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:

- The IUC clinical validation work with Devon Doctors and Practice Plus Group 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. It is thought that the IUC CAS validation work that was initially piloted throughout October 2020 before going live 2 November 2020 may have led to such an improvement in the number of cat 3 and 4 calls dispatched (see data below). The CCG continues to monitor this service and will continue to raise any issues identified. The current data for May shows:

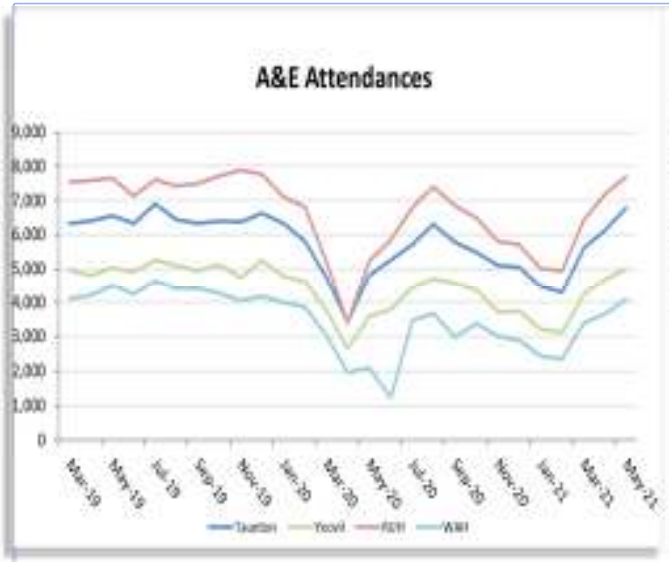
    - Out of 1,096 Cat 3 and 4 calls 86.77% were downgraded by the Clinical Assessment Clinicians and only 65 cases had an ambulance dispatched to the patient
    - Out of 918 ED attendances 91,72% were downgraded and only 200 patients were seen in ED

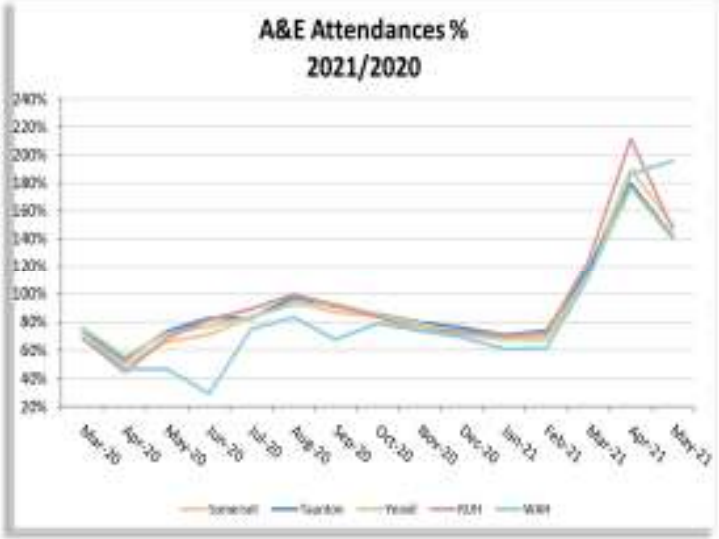
    - **Think 111 First** – Somerset Think 111 First went live 1 December 2020. There has been positive feedback from ED clinicians as to the role the IUC CAS validation has had in redirecting patients who do not require ED to more appropriate alternative urgent care services. The CCG's Performance Team has been devising a Think 111 Dashboard to further evaluate the programme, the initial draft has been presented to the Somerset Think 111 First Clinical Group on the 19 May. Data suggests that services are seeing a relatively low number of heralded patients (i.e. those who have called 111 first who are then provided with an ED arrival slot) and an increase in walk-in attendances (who have not called 111 beforehand). Work continues across the system to better understand the reasons behind such high levels of ED walk-in activity alongside working with Communications Team colleagues to further promote and highlight the benefits of calling 111 first. In addition, to Think 111 First the Group's focus is now on supporting referrals into Same Day Emergency Care (SDEC), initially on the 111 to SDEC pathway. Somerset is a regional NHSE/I pilot for this work, which is currently in progress: pilot is due to end August 2021.

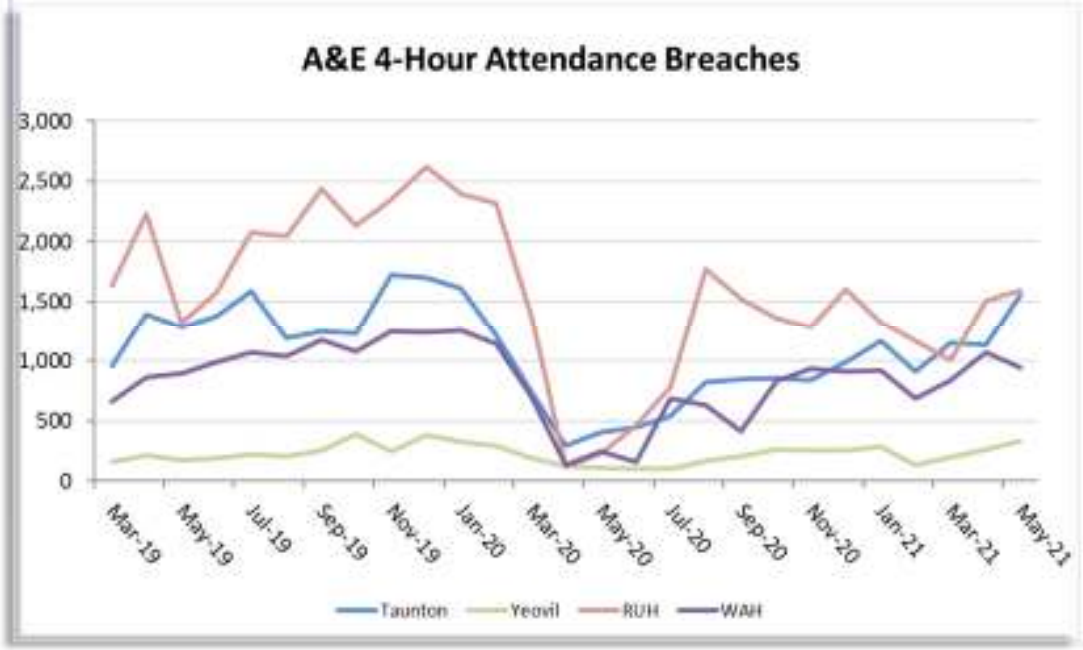
    - **The High Intensity Users** scheme is in place and is taking referrals from ED. The referral criteria and the evaluation measures have just been agreed. The team are working with clients in the community in an attempt to understand the behaviour and why they are using the emergency services. Care plans are being introduced by the High Intensity User Trust groups which include input from Ubuntu (this is another name used for the High Intensity Users Scheme) .

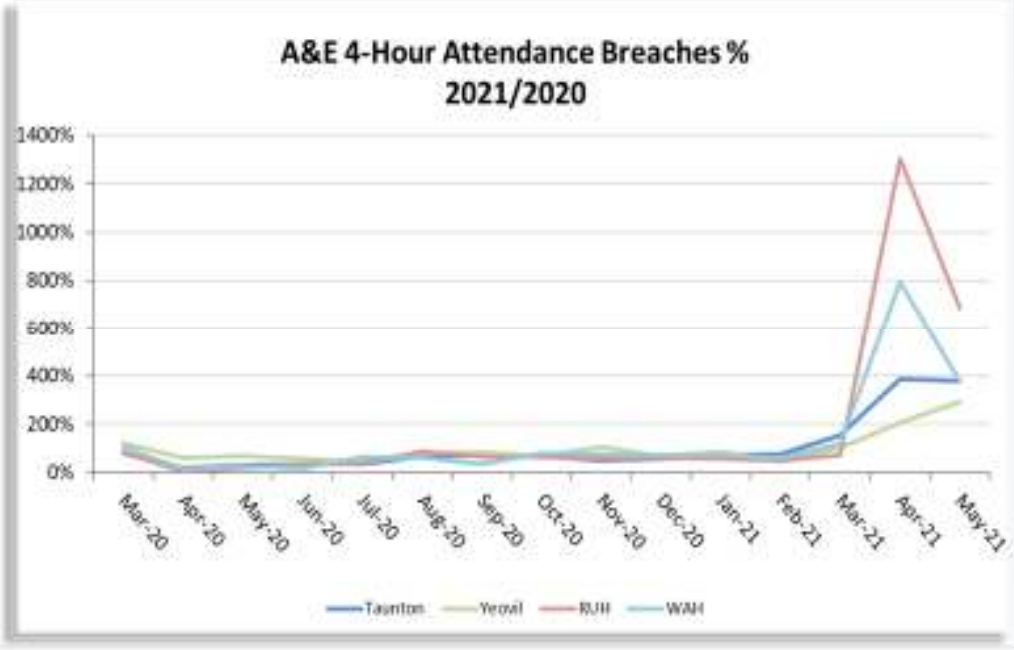
Emergency – A&E

NHS
Somerset
Clinical Commissioning Group









Emergency – A&E

NHS Somerset Clinical Commissioning Group

Monthly volumes of attendances have now reached pre-pandemic levels.

- **Somerset FT:** The number of patients attending the A&E Department in May was 21.3% higher (+1192) than the last reported period (March 2021)
  - During the cumulative period April-May 2021, attendances were similar in volume (12,918) compared to the same period in 2019/20 (12,945)
  - 4-Hour performance in May was 77.08% and during the cumulative (April-May) period was 79.2% akin to pre-pandemic level in the same period in 2019/20 where performance was 79.2%

- **YDH FT:** The number of patients attending the A&E Department in May was 18.7% higher (+789) than the last reported month of March 2021
  - During the cumulative period April-May, attendances were 10.9% higher (+107) than the same period in 2019/20 (pre-pandemic)
  - 4-Hour performance in May was 93.3% and during the cumulative period April-May was 93.9%, compared to 2019/20 April-May cumulative period of 96%

- **RUH Bath:** The number of patients attending the A&E Department in May was 19.9% (+1,278) higher than the last reported month of March 2021
  - During the cumulative period April-May, attendances were 2.4% lower (-368) than the same period in 2019/20
  - 4-Hour performance in May was 79.3.3% and during the cumulative period of April-May was 79.1% compared to the same cumulative period of 2019/20 of 76.7%

- **UHBW:** The number of patients attending the Weston site A&E Department in March was 20.8% higher (+706) than the last reported month of March 2021
  - During the cumulative period April-May, attendances were 10.7% lower (-927) than the same period in 2019/20
  - 4-Hour performance in May was 77.05% and during the cumulative period was 74.1% compared to the same cumulative period of 2019/20 of 79.8%

Challenges

- Somerset FT: A&E 4 hour performance drop is attributed to higher levels of minor presentations where the patient did not have an emergency need.
- YDH FT: Higher numbers of mental health presentations and higher levels of patient acuity. Increase in minor activity where the patient did not have emergency need.
- RUH Bath : Increase in minor activity. Breaches of this group accounted for 43% of the total ED breaches. Significant staffing vacancies ga MO123
- UHBW (Weston site): Increased number of minors attendances, 12 hour trolley waits are still an issue however the number of breaches reduced from 84 in March to 62 in April (latest available data in their Board Report)

MO116

Mitigation

- Zoning to separate positive / query positive and negative Covid-19 patients and Covid-19 testing regimes on admission continues
- Development of a system-wide seven day emergency ambulatory service by integrating MIU and A&E services with close links to NHS111. The system A&E Delivery Board had supported investment in primary care and designated appointment slots will be available in MIUs (as per Somerset FT Board Report)
- Introduction of Decision Admission Area, planning for new ENP (Emergency Nurse Practitioner) shifts, development of short and long term staffing plans and model for ED (RUH)
- Weston have continued with its triaging work at the front door, this has helped in times of surge to minimise the crowding in
- the waiting room. The decrease in Covid-19 patients allowed for the creation of bays on the surgical ward enabling electives surgeries to take place, further supported by the Testing and Moving protocol that came into place for Weston. (as per their Board Report)

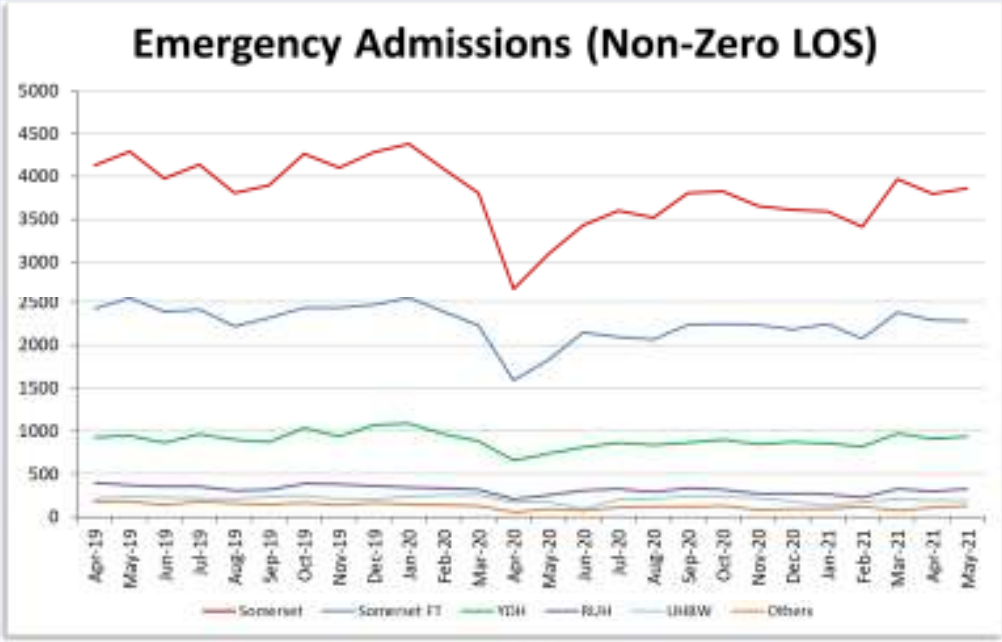
Slide 30

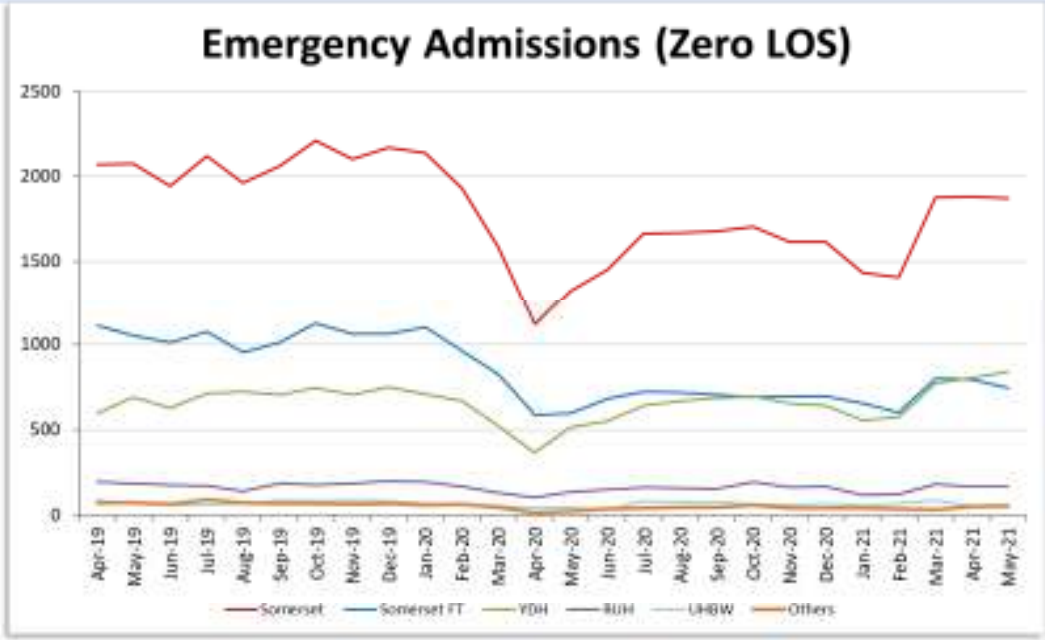
MO116 no patient will wait more than 12 hours in ED after a decision to admit has been made, called "Trolley Waits".
Manning Orshi, 05/07/2021

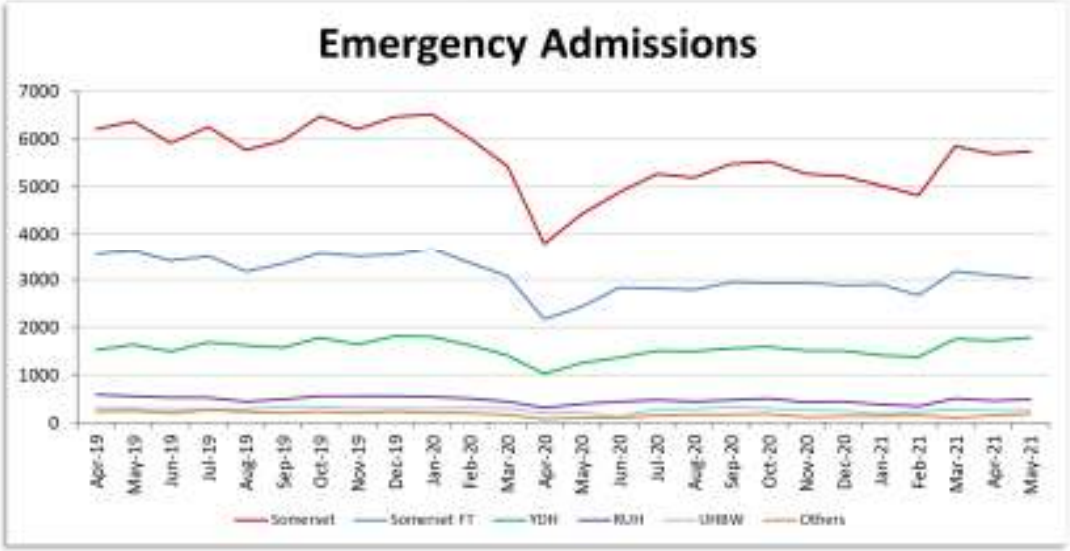
MO123 Take out reference to primary care as per concerns of AH
Manning Orshi, 12/07/2021

Emergency – Emergency Admissions

NHS Somerset Clinical Commissioning Group

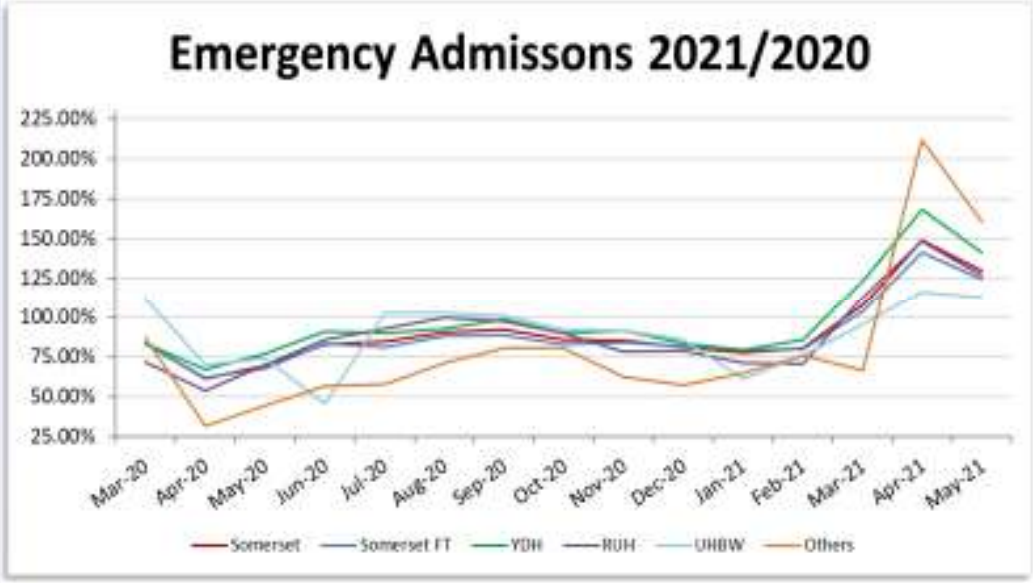


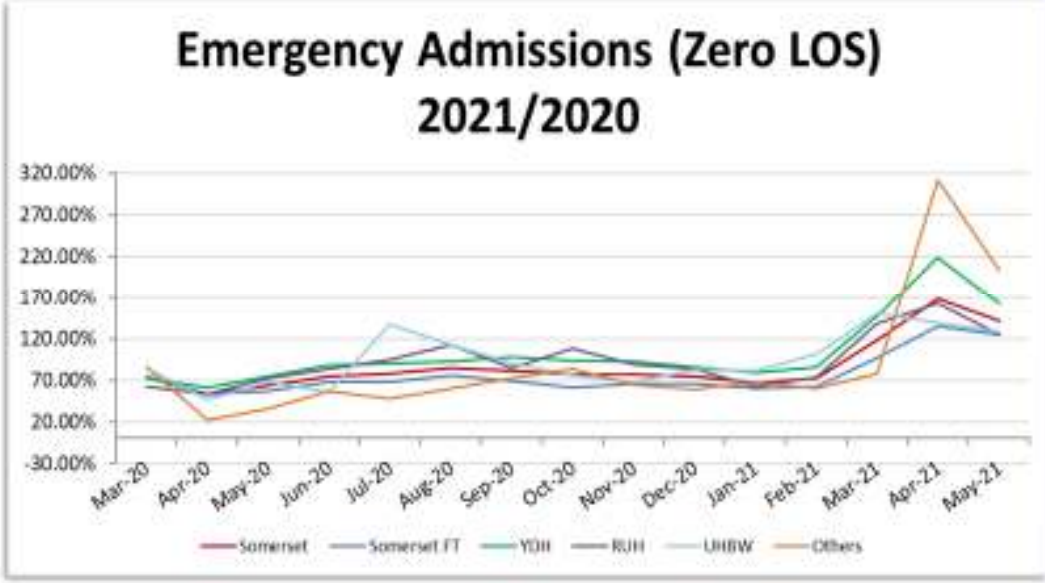


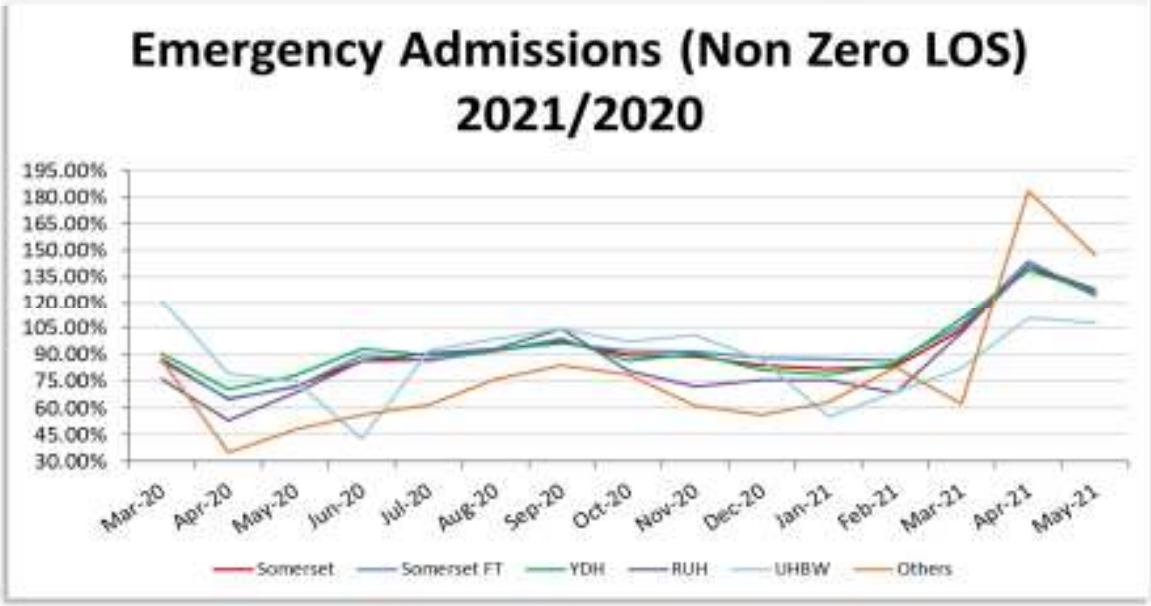


Emergency – Emergency Admissions

NHS Somerset Clinical Commissioning Group







Emergency – Emergency Admissions

NHS Somerset Clinical Commissioning Group

- **Somerset**: The number of emergency admissions in May was 1.8% lower (-106) than the previous reported month of March 2021.the cumulative period April May, the number of emergency admissions were 9.2% (-1,152) lower than the same period 2019/20 (pre-pandemic level). We see increase both zero and non-zero length of stays compared to the same month the previous year and it is in line with the increased volume of attendances in the A&E departments across Somerset in May

- **Somerset FT**: The number of emergency admissions in May was 4.9% lower (-155) than the last reported month of March 2021. The cumulative period April-May the number of emergency admissions were 14.5% lower (-1,036) than the same period in 2019/20.

- **YDH FT** : The number of emergency admissions in May was 1.9% higher (+34) than the last reported month of March 2021. During the cumulative period April-May the number of emergency admissions were 10.7% higher (+339) than the same period in 2019/20

- **RUH Bath**: The number of emergency admissions in May was 3.3% lower (-17) than the last reported month of March 2021. During the cumulative period April-May the number of emergency admissions were -16.3% lower (-189) than the same period in 2019/20

- **UHBW**: The number of emergency admissions in May was 13.3% lower (-39) than the last reported month of March 2021. During the cumulative period April-May the number of emergency admissions were 17.7% lower (-108) than the same period in 2019/20

- During May 2021 the average Opel level across the Somerset System was Opel Level 3

Ongoing challenges

- Levels of emergency admissions decreased, however the acuity of patients was higher which presented challenges for provision of beds (Somerset FT and YDH FT)
- UHBW (Weston site) – 62 patients have waited more than 12 hours in ED after a decision to admit has been made called “Trolley Waits” (as per UHBW April board report) Workforce shortages, particularly nursing, has meant that inpatient escalation beds could not consistently be staffed. The delay in restoration of some primary and community care services.
- Reduction in the number of beds due social distancing, zoning of patients
- Acute staffing remains extremely challenging across all trusts.

Mitigation

- 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.(Somerset FT)
- Rapid Assessment and Treatment process (RAT) being embedded to reduce the overall length of stay in the department. Aim to free the purpose built RAT space in ED. (RUH, UHBW)
- Zoning to separate positive / query positive and negative Covid-19 patients and Covid-19 testing regimes on admission (all trusts)

Elective Care

NHS Somerset Clinical Commissioning Group

- Over the last 15 months the NHS has worked tirelessly to support the country in its response to the Covid-19 pandemic; unfortunately during this period elective services (routine, cancer and diagnostics) have been disrupted resulting in waiting times extending and backlogs accumulating

- At the onset of the Covid-19 pandemic the number of patients on an incomplete pathway significantly reduced due to the change in referral patterns. Whilst the number of patients accessing elective services slowly increased from Q2 2020/21 the overall number of patients on an incomplete pathway grew at a much faster rate and this was due to the pandemic continuing to affect the way in which care is delivered. The need to maintain social distancing in patient waiting areas, the adherence of IPC (infection, prevention and control) guidelines and the expansion of critical care capacity resulted in reduced elective throughput (out patient, diagnostic, in patient and day case activity) and has led to the month on month increase in waiting list size.

- The 2021/22 H1 Operational Plans (covering the period April 2021 to September 2021) required that Systems restored elective services:

    - Suspected cancer referrals and cancer treatments to exceed 19/20 levels to address any unmet need from 2020/21. In the coming months it is expected that the NHS will be dealing with more cancer presentations than normal, while working at 85% of the usual capacity due to social distancing and other infection control measures alongside the priority to treat the accumulated backlog of patients awaiting cancer investigations and treatments

    - The NHS is accelerating the delivery of elective services during 2021/22 and Systems can earn monies from the Elective Recovery Fund to help the health service recover all patient services following the intense winter wave of Covid-19. By July 2021 the national expectation is that elective activity (elective in-patients, day case and out-patients combined) will be restored to at least 85% of pre Covid-19 levels. Somerset System partners have worked collaboratively upon recovery plans that increase capacity to deliver the H1 Operating Plan ambitions

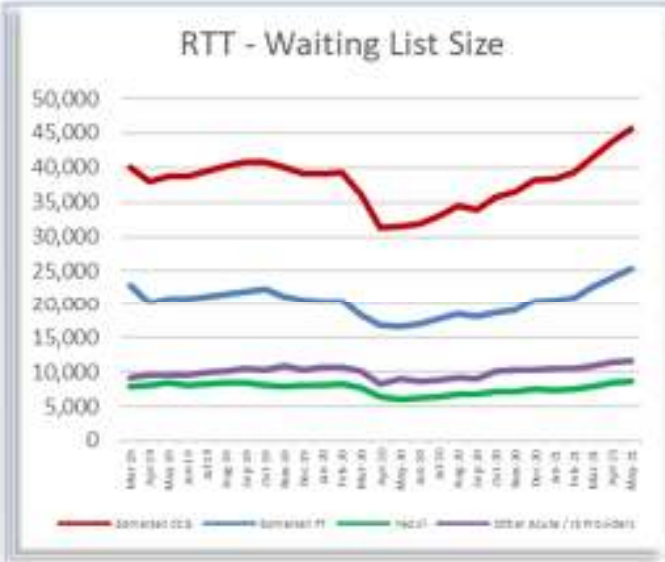
    - Recovery of diagnostic services with the level of activities across Radiology (MRI, CT, non-obstetric ultrasound), Endoscopy (colonoscopy, flexi sigmoidoscopy and gastroscopy) and Physiological (including echocardiography and audiology) exceeding the 2019/20 levels of demand to account for any unmet demand during 2020/21

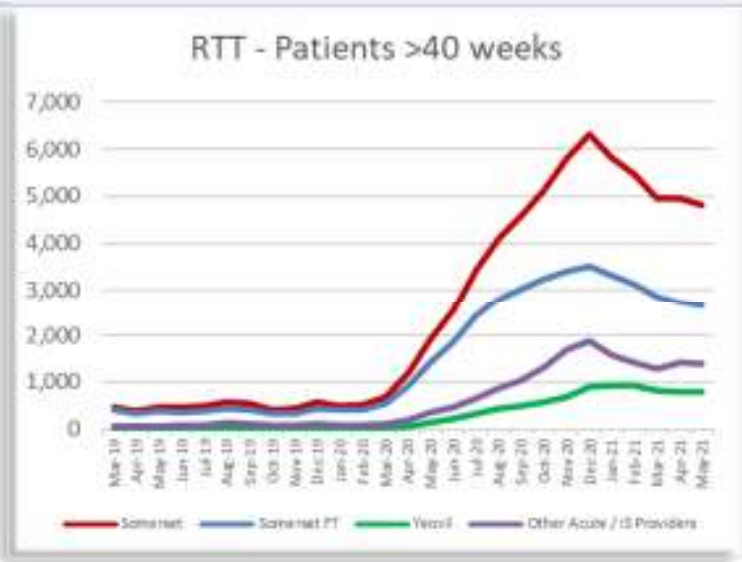
    - Transforming of outpatients by increasing the number of Advice and Guidance referrals, maximising the use of Patient Initiated Follow Up and delivering (and sustaining) the 25% virtual consultation ambition throughout the H1 period

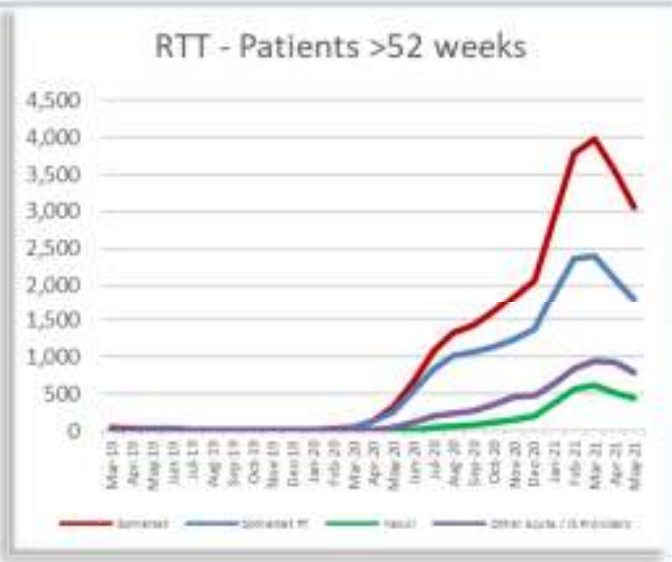
- Somerset System Partners submitted a co-designed activity, workforce and narrative plans on the 3 June 2021 which predicated a low level of Covid-19 outbreaks, demonstrated the delivery of the elective recovery ambitions and assurance that the highest priority and longest waiting patients would be treated resulting in the reduction of the >62 day cancer treatment backlog during the H1 period and ensuring that no patients are waiting in excess of 24 months by March 2022

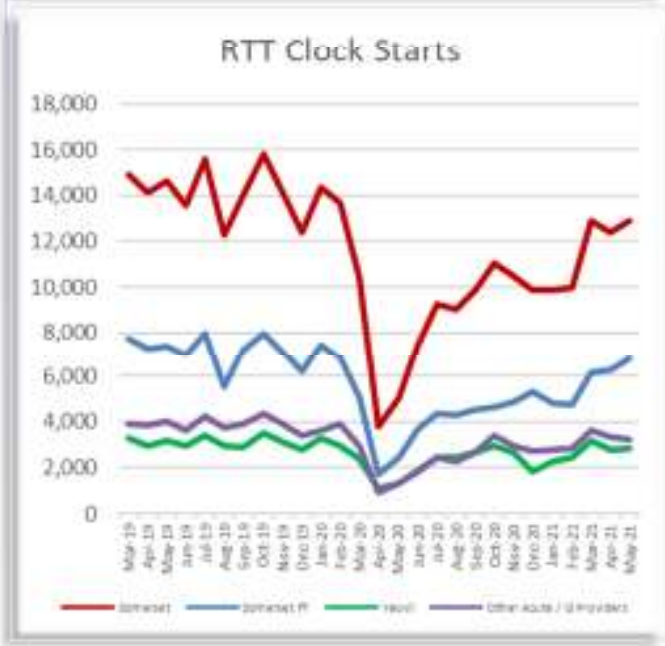
Referral to Treatment

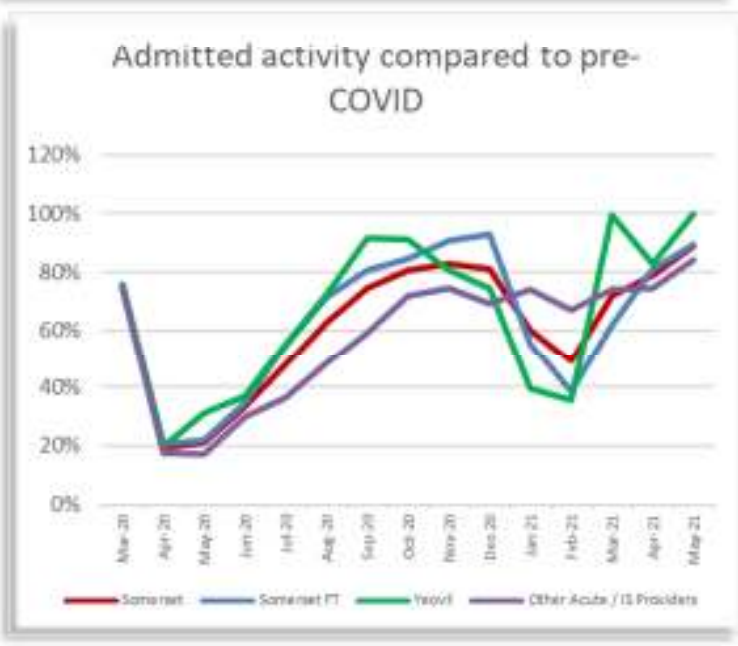
NHS
Somerset
Clinical Commissioning Group

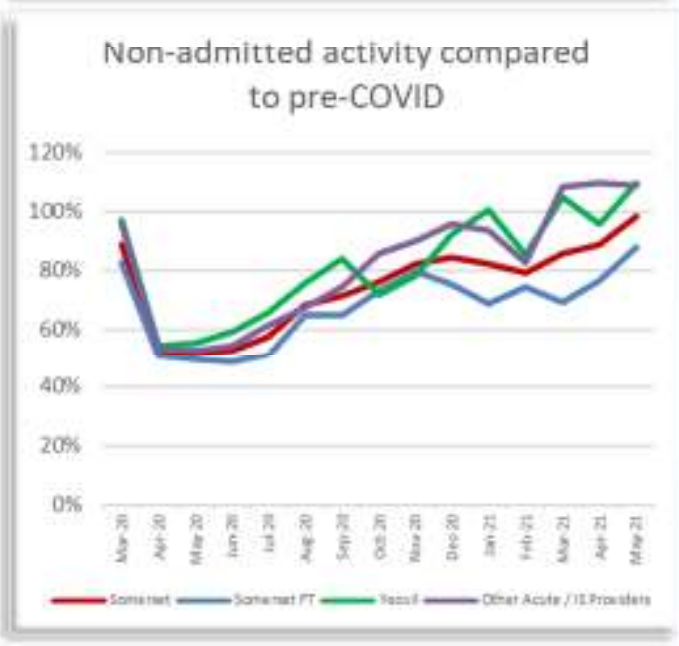












RTT

NHS Somerset Clinical Commissioning Group

Key Challenges

- All RTT performance measures continue to be impacted by the Covid-19 pandemic due to services working at reduced capacity due to the ongoing impact of social distancing and enhanced infection control measures, workforce constraints and patient choosing not to attend (for both Covid-19 and non Covid-19 reasons). The emphasis continues to be to keep patients safe whilst ensuring that those patients with urgent conditions continue to be prioritised

- There has been an active programme of system-wide working to ensure the efficient use of all available out-patient and in-patient capacity across the System and to agree plans to extend capacity for specific services or specialities. Despite this approach due to a combination of the prioritisation of cancer and urgent cases, the loss of treatment capacity against a backdrop of increasing referral demand the overall size of the waiting list and longest waiting backlog (>78 weeks) has continued to increase during Quarter 1 of 2021/22

- The number of elective referrals is continuing to increase with cancer demand returning to pre pandemic levels and routine referrals continuing to increase. During May 2021 there were 12,896 referral received which equates to 679 new clock starts per working day compared to 14,632 in May 2019 (or 697 per day); however when comparing the 12 month period of June 2020 to May 2021 to the correlating period 12 month period there has been a cumulative reduction of 20,074 new clock starts and a proportion of this unmet demand could be entering the hospital via an emergency pathway

- In May 2021 there were 45,652 patients on an incomplete pathway awaiting their first definitive treatment which is an increase of 4,107 pathways when compared to March 2021 (the last reported position). Whilst the number of patients accessing elective services slowly increased from Q2 2020/21 the overall number of patients on an incomplete pathway grew at a faster rate due to the pandemic continuing to affect the way in which care was delivered (thus reducing the level of activity carried out). However since March the waiting list has grown more rapidly and is liked to the increase in referral demand

- The size and shape of the waiting list has changed over the past 15 month since the onset of the Covid-19 pandemic. From March 2020 there was an initial reduction in the number of referrals (and a high proportion of those received were patients on either a suspected cancer or urgent pathway thus receiving their treatment within 18 weeks). During this period as there was also a notable reduction in the number of patients receiving treatment from the over 18 week category, performance initially deteriorated resulting 81.3% of patients receiving treatment within 18 weeks in February 2020 compared to 43.5% in July 2020 (the lowest point of 2020/21) and a decline in performance (of around 5%) during Q4 2020/21 was also observed during the most recent wave of Covid-19 to 61.66% in March 2021. However during Q1 2021/22 the number of patients waiting in excess of 18 weeks in May 2021 has reduced due patients from the backlog being treated resulting in improved performance of 65.7%.

RTT

NHS Somerset Clinical Commissioning Group

Key Challenges

- During 2020/21 the long wait backlog accumulated due to a combination of factors: reduced capacity due to the Covid-19 pandemic, the prioritisation of urgent and cancer patients and an increase in the number of patients choosing to delay treatment. In May 2021 the number of patients waiting in excess of 40 and 52 weeks reduced over the past 2 months (linked to the change in referral patterns earlier in the year resulting in less patients reaching the 40 and 52 week waiting time cohorts) although the number of patients waiting in excess of 78 weeks and 24 months has increased over this same period:

  - >40 Week Waits: In May 2021 there were 4806 patients waiting in excess of 40 weeks which is a reduction of 137 when compared to March 2021 (and a reduction of 1513 when compared to December 2020 (which is the month when the >40 week backlog reached its highest point)

  - >52 Week Waits: In May 2020 there were 3063 patients whose wait exceeded 52 weeks which is a reduction of 913 when compared to March 2021 (which is when the >52 week backlog reached its highest point)

  - >78 Week Waits: Monthly reporting of very long waits (in excess of 52 weeks by weekly wait banding) was introduced from April and in May 2021 there were 686 patients (+ 108 upon the previous month) waiting in excess of 78 weeks and 43 patients (+11 upon the previous month) waiting in excess 24 months

- The breakdown of 52 Week Waits by Provider is as follows:

  - Somerset FT: >52 week - 1,817, >78 weeks - 499, >24 months - 23
  - YDH FT: >52 week - 452, >78 weeks - 41, >24 months - 0
  - RUH Bath: >52 week - 95, >78 weeks - 12 , >24 months - 0
  - UHBW: >52 week - 173, >78 weeks - 41, >24 months - 3
  - SMTC: >52 week - 177, >78 weeks - 12, >24 months 13
  - Other Providers: >52 week - 263, >78 weeks - 67, >24 months - 4

- Most challenged admitted specialities (and those with the longest waits) are General Surgery, Trauma and Orthopaedics, Ophthalmology and ENT

RTT

NHS Somerset Clinical Commissioning Group

Key Focus

- During May 2021 the percentage of elective activity delivered across all elective points of delivery (overnight in-patients, day cases and out-patients combined) when compared to the same period in period in 2019/20 was 88.6% at Somerset FT and 104.9% at YDH FT. The most challenged point of delivery at Somerset FT is overnight elective admissions due to the Trust continuing to operate with one less theatre (due to the expansion of critical care) and Day Case at YDH FT (as providing Somerset FT with dental and oral maxillofacial theatre capacity). However, YDH FT has strong overnight elective recovery when compared to Regional and National peers.

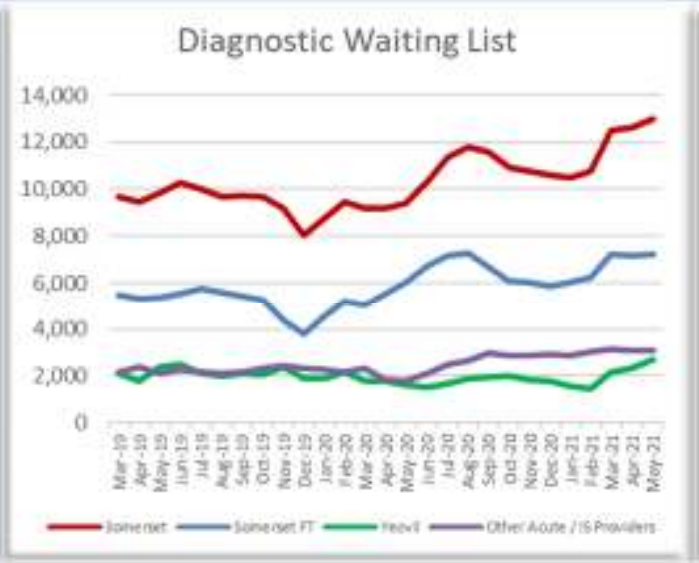
- The number of patients who attended a first outpatient appointment (either face-to-face or virtually) during 2020/21 has continued to increase month on month as a result of routine out-patient clinics being stood back up following the first wave of the pandemic and supported by the increase in virtual consultations. During May 2021 (when compared to May 2019) the percentage recovery for 1st Out-Patients was 96.7% and for Follow Up Out-Patients 100.7%

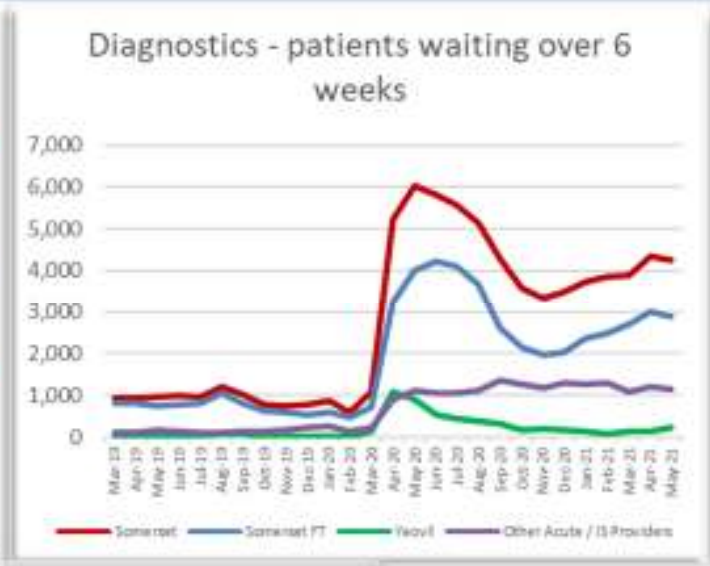
    - During 2019/20 5.9% of outpatient activity was delivered virtually and the aim in the long-term plan was to reduce a third of outpatient visits by 2023/24 by transforming services. During the Covid-19 response services were rapidly re-designed and supported by digital technologies and the roll of 'Attend Anywhere' resulting in 22.8% of outpatient consultations in May 2021 being delivered virtually against the 25% national ambition

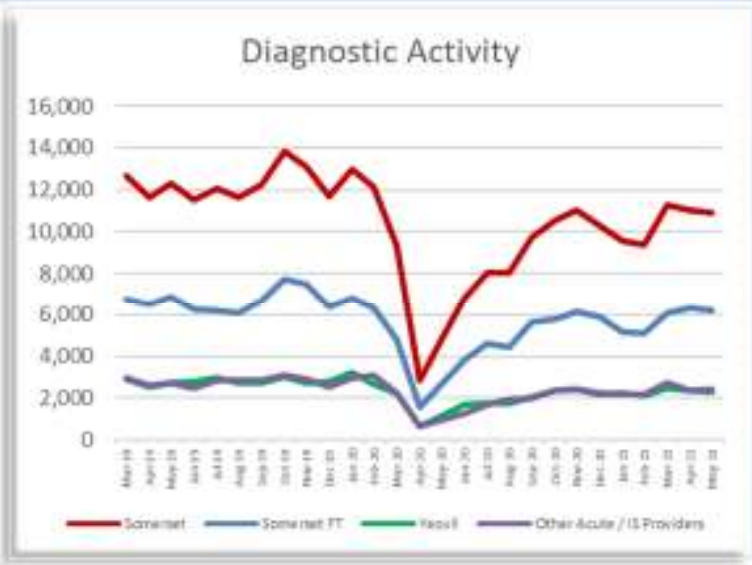
- There is an active programme of system-wide actions to support long term recovery and efficient use of available capacity

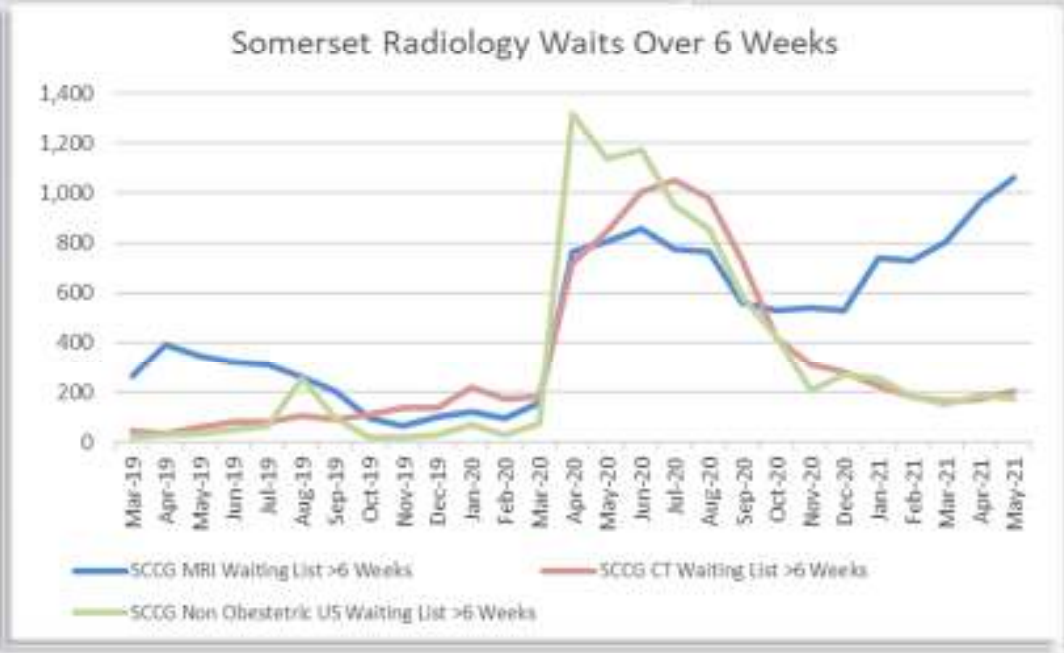
Diagnostics

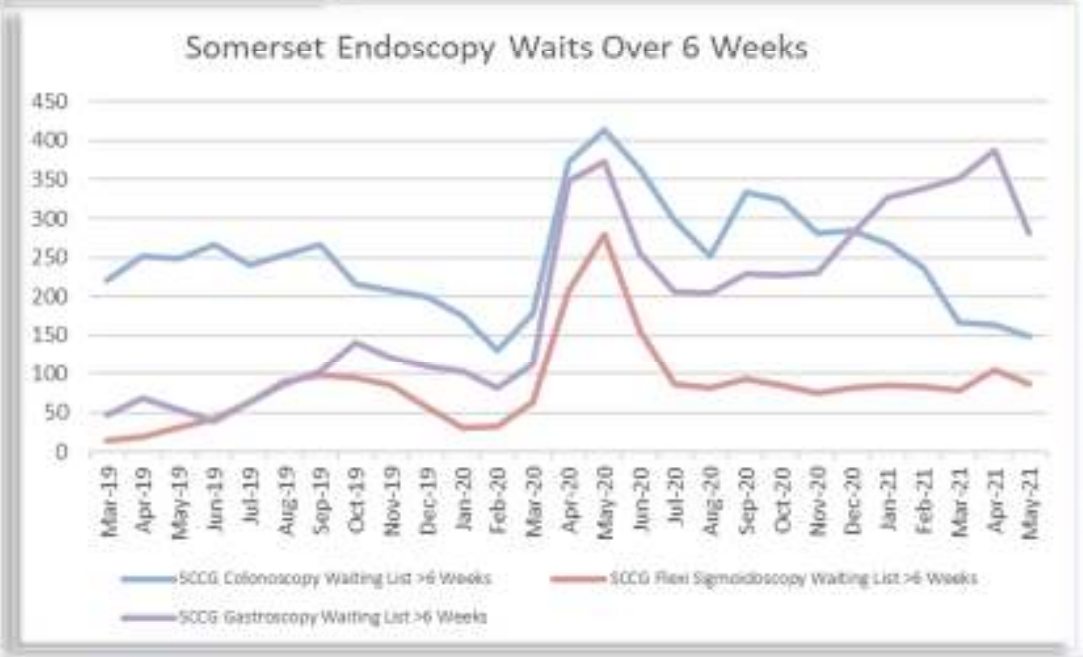
NHS Somerset Clinical Commissioning Group











Diagnostics

NHS Somerset Clinical Commissioning Group

- All diagnostic measures continue to be impacted by the Covid-19 pandemic due to services working at reduced capacity due to the ongoing impact of social distancing in waiting rooms and enhanced infection control measures (PPE and cleaning measures between patients), staff sickness (isolation) and recruitment challenges and this has led to a significant increase in the number of patients waiting in excess of 6 weeks for their diagnostic test or procedure

- There were 4,259 patients in May 2021 waiting in excess of 6 weeks (which is a reduction of 103 patients when compared to April) resulting in performance of 67.3%, (+1.9% compared to the previous month). However, the number of patients whose wait exceeds 13 weeks increased by 71 in May 2021 to 2,236

  - Number of patients waiting in excess of 6 weeks by Provider: Somerset FT 2,875, YDH FT 239, Other Providers 1,145
  - Number of patients waiting in excess of 13 weeks by Provider: Somerset FT 1,647, YDH FT 61, Other Providers 528

- The diagnostic modalities with the greatest challenges and highest volume of 6 week breach are MRI, Echocardiography and Endoscopy (although there has been an increase in recent months across some of the remainder Physiological modalities including sleep studies and urodynamics)

- When comparing May 2021 to the previous month there has been a small reduction in the number of 6 week breaches (-103) and there is some variation across the 3 diagnostic modality areas (radiology +107, physiological -70, endoscopy -140)

  - The radiology increase is predominantly in MRI and CT (+93 and +31 respectively (with a ultrasound reducing by 17) when comparing May 2021 to the previous month)

- The most notable change in May 2021 is that the number of diagnostic breaches have doubled at YDH FT when compared to the previous month (increasing from 139 in April to 239 in May) with these increases occurring in the Radiology and Physiological diagnostic modalities

- The volume of diagnostic tests or procedures carried out May 2021 is comparable to April and demonstrates recovery of 88.1% (when comparing May 2021 to May 2019) to the same period in the previous year, performance recovery was 95.5% with variability at a diagnostic modality level:

  - Diagnostic Activity recovery in May 2021: Radiology: 98.7%, Physiological 73.6%, Endoscopy: 104.5%)

- Actions have been agreed to increase diagnostic capacity and include securing additional MRI capacity at two local independent sector providers and plans are being developed at Somerset FT to increase the hours of operation supported by a Locum Radiologist. All available endoscopy capacity continues to be fully utilised and additional gastroscopy capacity is being delivered at Bridgwater Community Hospital. An insourcing company is providing additional echo capacity at Somerset FT and 2 additional echo physiologists have been appointed from overseas, who will commence in post over the coming months, in addition to the one appointed in May 2021.

RTT & Diagnostics

NHS Somerset Clinical Commissioning Group

A summary by diagnostic modality is outlined below:

- **Radiology** – the overall number of Radiology (MRI, CT and Non Obstetric Ultrasound) 6 Week Waits increased by 318 when comparing May 2021 to March 2021

  - MRI 6 Week Waits increased by 255 from 804 in March 2021 to 1059 in May 2021
  - CT 6 Week Waits increased by 43 from 162 in March 2021 to 205 in May 2021
  - Non-Obstetric Ultrasound 6 Week Waits increased by 20 from 151 in March 2021 to 171 in May 2021

- **Endoscopy** – the overall number of Endoscopy 6 Week Waits has reduced by 80 from 713 in March 2021 to 633 in May 2021

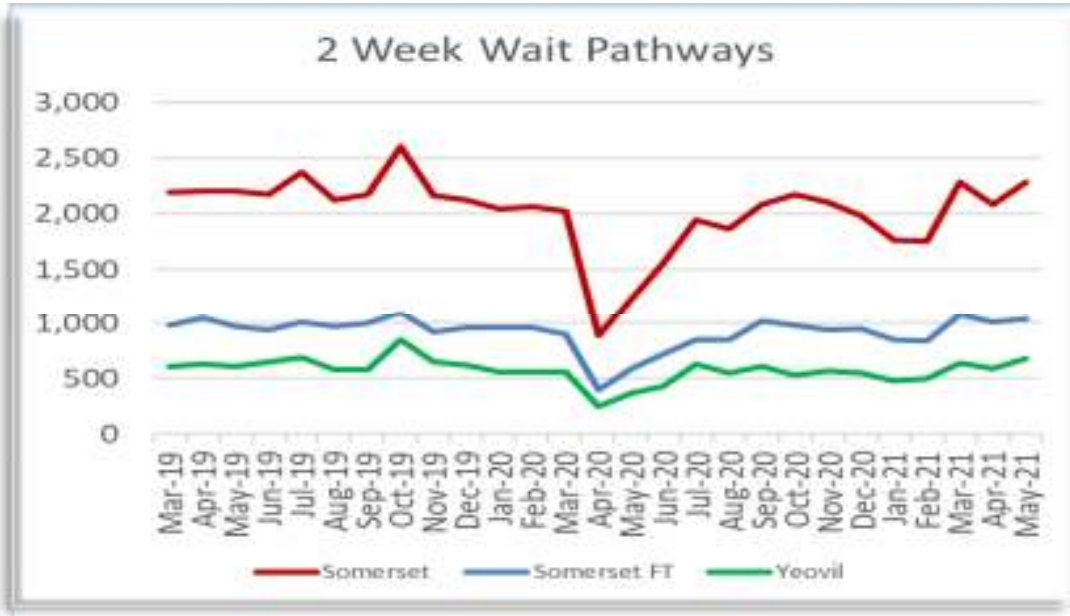
  - Colonoscopy: 6 Week Waits reduced by 18 from 167 in March 2021 to 149 in May 2021
  - Flexi-Sig: 6 Week Waits increased by 8 from 79 in March 2021 to 87 in May 2021
  - Gastroscopy: 6 Week Waits has reduced by 71 from 352 in March 2021 to 281 in May 2021

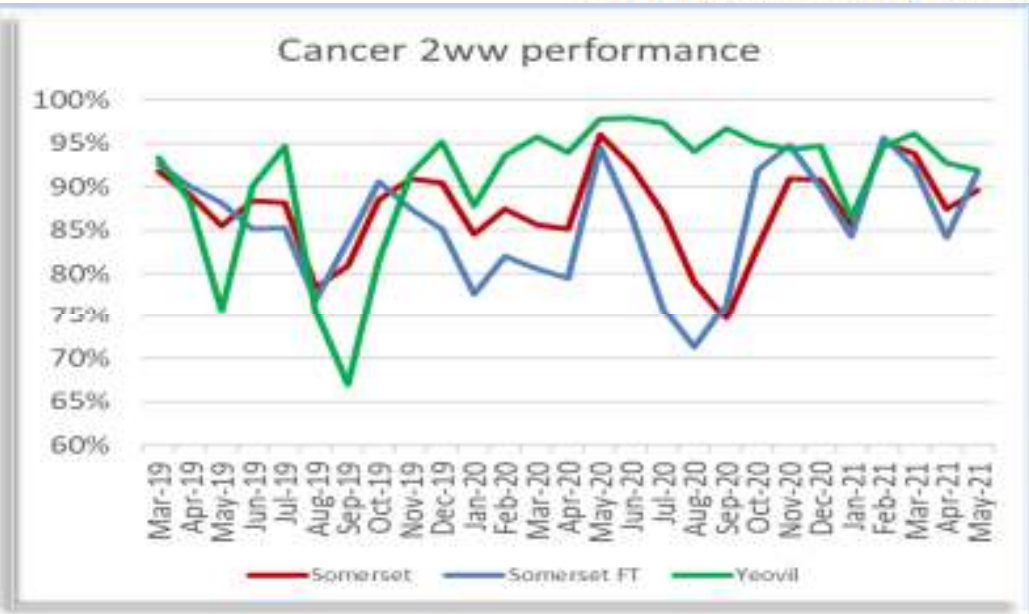
- **Physiological Diagnostics**– the overall number of Physiological 6 Week Waits has increased by 121 when comparing May 2021 to March 2021

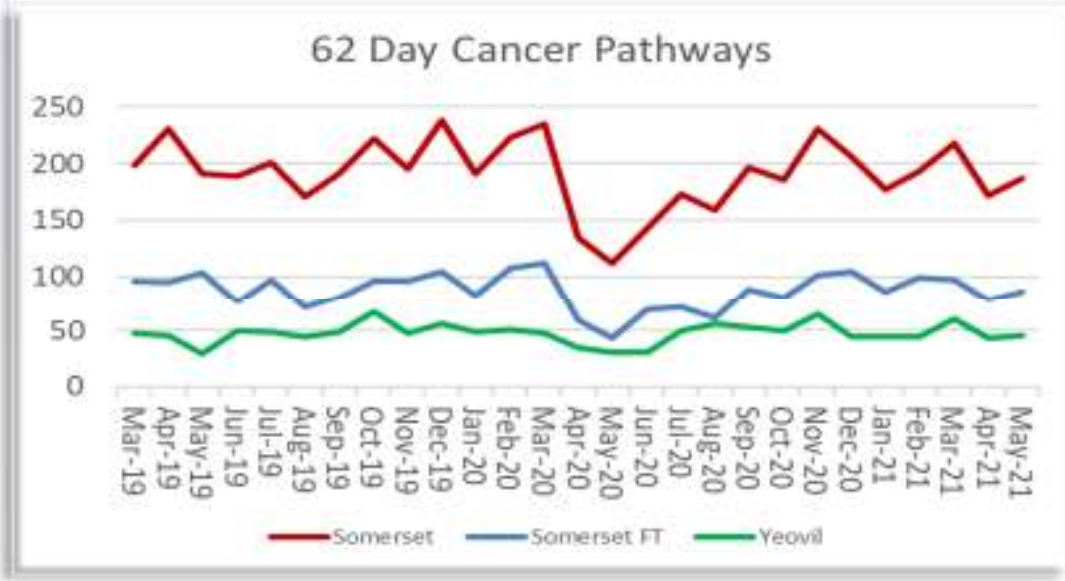
  - Dexa Scans 6 Week Waits reduced by 56 from 149 in March 2021 to 93 in May 2021
  - Audiology Assessments: 6 Week Waits increased by 8 from 63 in March 2021 to 71 in May 2021
  - Echocardiography: 6 Week Waits increased by 158 from 1615 in March 2021 to 1773 in May 2021
  - Peripheral Neurophysiology: 6 Week Waits reduced by 3 from 16 in March 2021 to 13 in May 2021
  - Sleep Studies: 6 Week Waits increased by 44 from 48 in March 2021 to 92 in May 2021
  - Urodynamic: 6 Week Waits reduced by 28 from 175 in March 2021 to 147 in May 2021

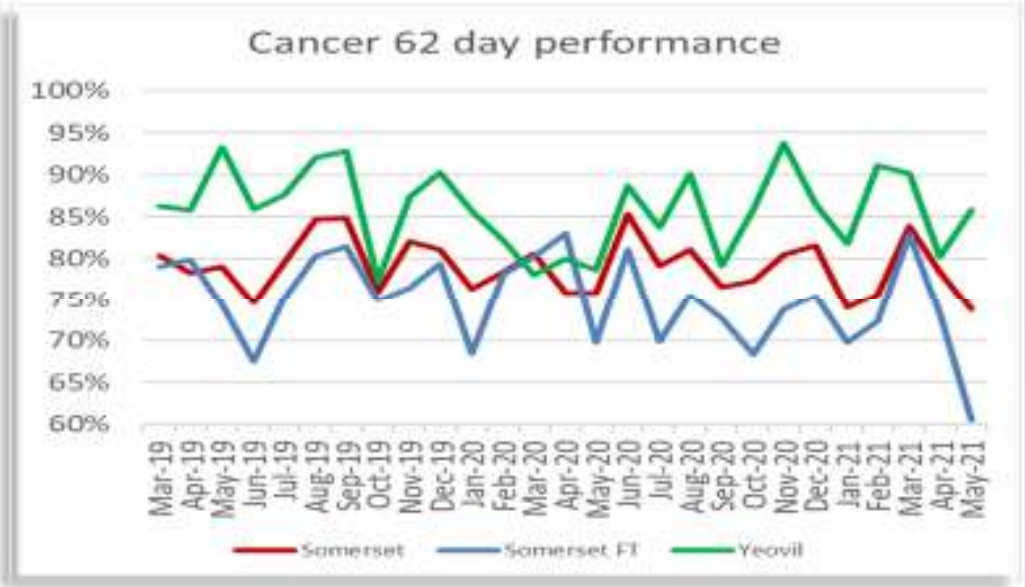
Cancer

NHS
Somerset
Clinical Commissioning Group









Cancer

NHS Somerset Clinical Commissioning Group

The level of referrals has been steadily increasing from May 2020 (when compared to February 2020, the last month unaffected by Covid-19) and reached pre-Covid-19 levels from September to November. December and the first two months of the new year seen a dip in the volume of referrals received. This is mainly due to the tier system being re-introduced in December and the third national lockdown in January. On 8 March 2021, England began a phased exit out of lockdown and it reflects in the volume of referrals rising once again to pre-pandemic levels.

- **Volume of 2 week wait referrals:**
  - Somerset: -0.3% (-7), Somerset FT: -3.6%, (-39); YDH FT: +5.8%, (+37), RUH: +0.4% (+1), UHBW: -1.6% (-4), Others: -4% (-2) (all compared to the previous reported month of March)
- **2 week wait Performance (target 93%):**
  - Somerset: 89.58%, Somerset FT: 91.63%, YDH FT: 91.85%, RUH Bath: 81.14%, UHBW: 94.2%, Others: 38.3%
  - The proportion of patients on a suspected cancer pathway waiting less than 2 weeks initially declined in April 2020 and May 2020 prior to performance peaking in May 2020 at 96.0%; the 2 week wait performance has steadily declined mainly attributed to other providers.
- **2 week wait breaches** predominantly in**:**
  - lower GI (mainly Somerset FT, YDH FT but also RUH and UHBW),
  - skin cancer (mainly attributed to YDH FT and Other providers)
  - suspected breast cancer (Other providers, RUH, Somerset FT and YDH FT),
  - urological cancers (Somerset FT, RUH, YDH FT)
  - upper GI (RUH, Somerset FT and Other providers),
  - gynaecological cancers (RUH, Somerset FT, YDH FT)

- **Volume of First definitive treatment within 62 days from GP referral**
  In May 2021 the Somerset saw a 24.6% decrease in the number of patients on a 62 day pathway who received their first definitive cancer treatment following GP referral when compared to the previous reported month of March 2021, breakdown of trusts:
  Somerset FT: -10.4% (-10); YDH FT: -23.3%, (-14), RUH: -23.4 % (-5.5), UHBW: +3.2% (+1), Other Providers: -33.3%, (-2.5)
- **Performance (target: 85%)**: Somerset System: 10.14% decline in performance to 73.8%.
  Somerset FT: 60.47% (-22.4%), YDH FT: 85.87% (-4.13%), RUH: 83.33% (+6.73%), UHBW: 90.63% (+6.76%), Other Providers: 50.0% (-23.33%)
- **Breaches** predominantly in
  - Lower Gastrointestinal cancer (mainly due to elective capacity inadequate, Health Care Provider initiated delay to diagnostic test/treatment planning, treatment delayed for medical reasons)
  - Head and Neck cancers (Health Care Provider initiated delay to diagnostic test/treatment planning, complex diagnostic pathway, elective capacity inadequate,)
  - Urological cancers (Health Care Provider initiated delay to diagnostic test/treatment planning, complex diagnostic pathway)
  - Upper GI (complex diagnostic pathway)
  - Gynaecological (Health Care Provider initiated delay to diagnostic test/treatment planning)
  - Skin (Health Care Provider initiated delay to diagnostic test/treatment planning, other not listed reasons)

Cancer

NHS Somerset Clinical Commissioning Group

- Actions to improve performance include:
  - Introduction of additional Endoscopy capacity from Q2 and improvements theatre throughput and list utilisation
  - Introduction of additional MRI and CT capacity at the Rutherfords Centre in Taunton from November 2021
  - Continuation of additional MRI mobile capacity (re-sited to South Somerset – Yeovil/South Petherton)
  - Capsule Endoscopy Pilot to continue
  - Additional funding bids submitted to NHSEI to develop specific cancer pathways

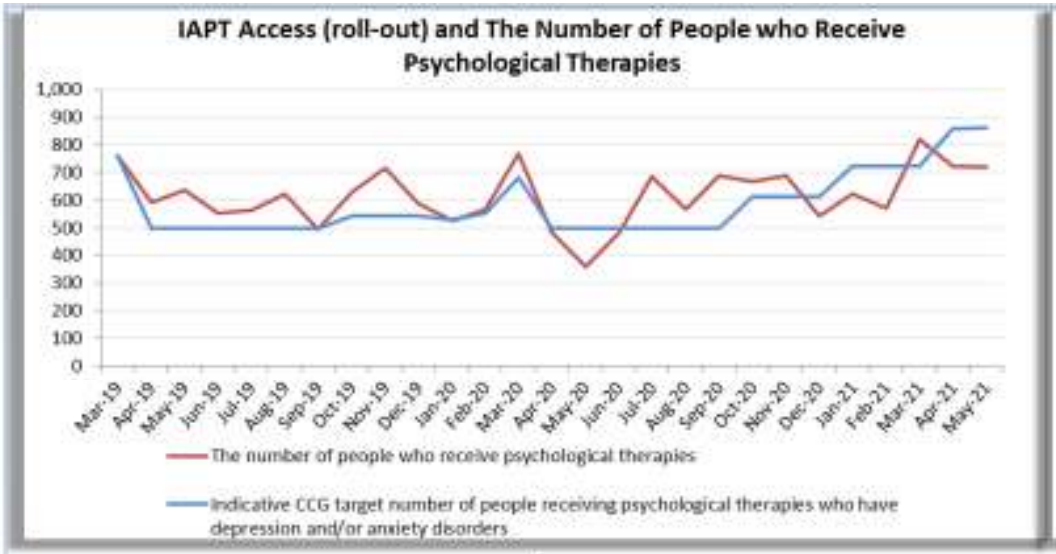
- A pan-Somerset referral hub is being established for patients with non-specific symptoms of cancer, but with signs of significant illness, hosted by the SFT. The service will commence in July 2021.

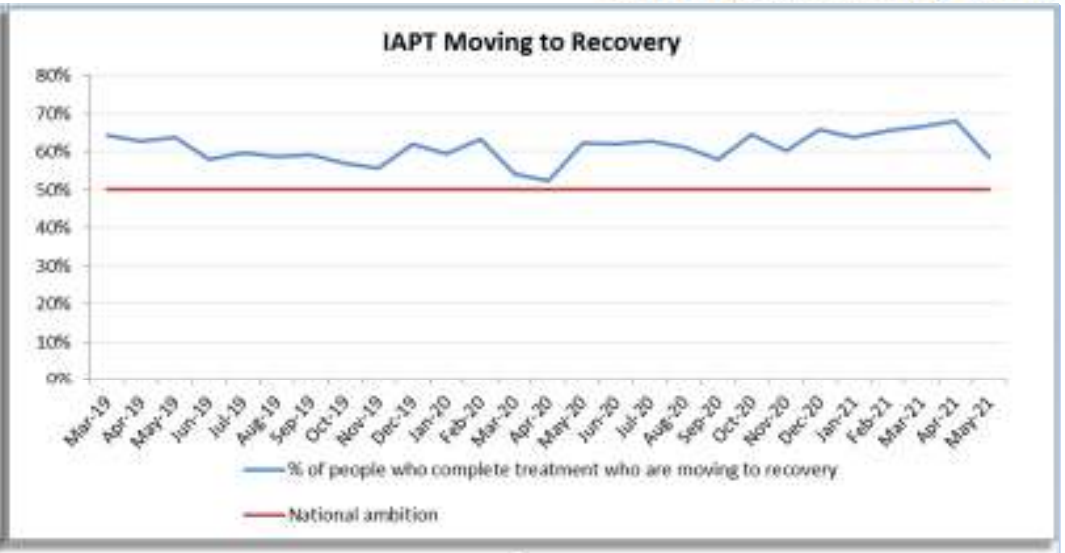
- SFT - Patients referred with a suspected prostate cancer are now being triaged straight to test (MRI scan); a one-stop outpatient and MRI scan is planned to commence in July 2021.

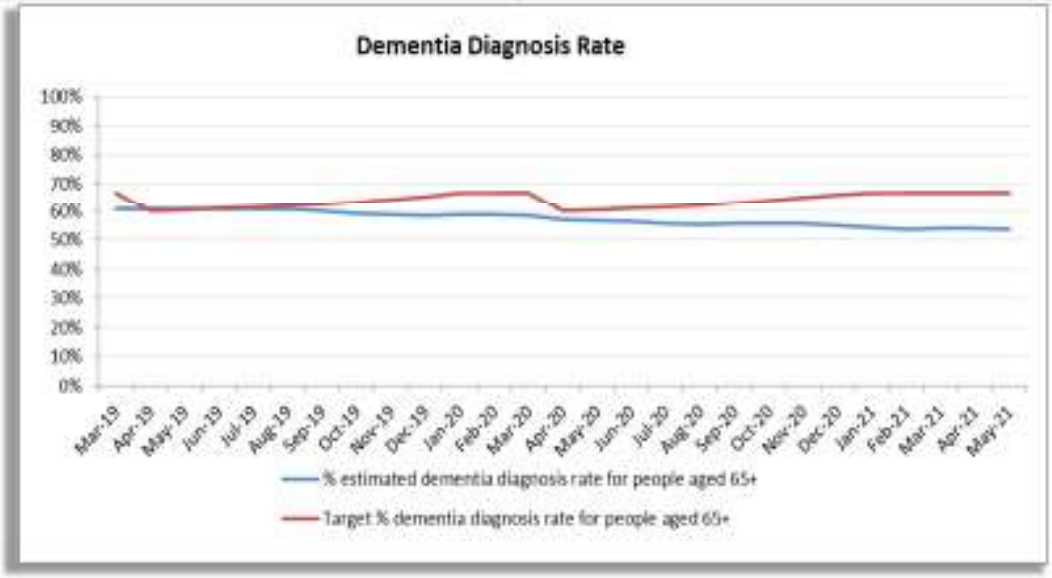
  - SFT: Additional nurses have now been appointed to the endoscopy team which has allowed the service to increase the number of sessions which can be run from Bridgwater Community Hospital. • Additional temporary support was put into the colorectal Faster Diagnosis team to support triage. This has now started to reduce the delays.

Mental Health

NHS Somerset Clinical Commissioning Group





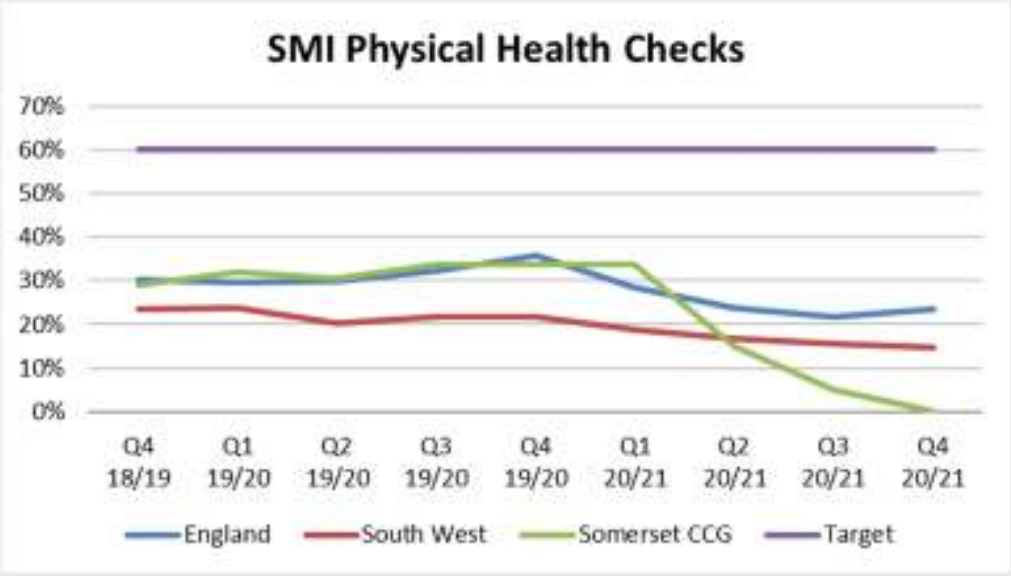


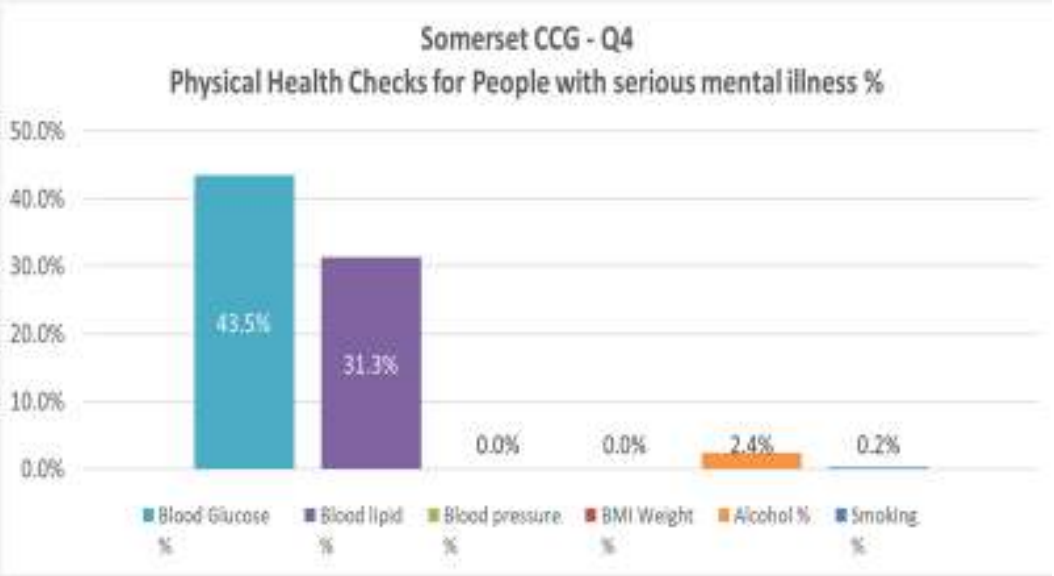
Definitions:

- ***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***

Mental Health

NHS Somerset Clinical Commissioning Group





Mental Health

NHS Somerset Clinical Commissioning Group

Improving Access to Psychological Therapies (IAPT):

- The number of people accessing treatment for the period April - May is 1,442 against a local indicative target of 1,721 (279 below plan); performance for the period is lower than plan and this is due to the annual target being profiled evenly across the year, however we anticipate access will increase over the course of the year as new staff commence in post and new access routes are put in place, e.g. Long Term Conditions (LTC).

- For 2021/22, we are growing the service and will be increasing our LTC offer to diabetes, and expanding our offer in cardiac, long Covid-19 and respiratory, support to perinatal and staff support in line with the national resilience funding expectations

- The IAPT recovery rate for May is 58.5%. The national ambition of 50% continues to be met and exceeded

- The IAPT service continues to consistently meet and exceed the 6 and 18 week national ambitions. In May, 87.7% of patients referred for treatment were seen by the service within 6 weeks against the 75% national ambition, and 100.0% were seen and received treatment within 18 weeks from referral against the 95% national ambition.

Mental Health

NHS Somerset Clinical Commissioning Group

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'. In February, there were 1,933 contacts across both NHS and VCSE (Voluntary, Community and Social Enterprise) partners in March 2021. The average wait times to access the service is less than 4 weeks, though we are aware that demand is growing. We are currently working on streamlining the dataset across the range of providers, including a consistent suite of outcomes metrics in collaboration with the NHSEI national team.

Mindline 24/7 Crisis Line:

- Since launching the 24/7 service in late March 2020 the line has in total received 34,314 calls since it launched in March 2020. Fewer than 1% of these calls are directed towards the ambulance service, and fewer than 5% are 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

- 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 2020 calls from Children and Young People (aged 18 and under) and their families average 60 calls per week. 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 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. We are now looking to move into the next phase by developing a dynamic system modelling tool, and later looking to expand to cover CYP services.

Mental Health

NHS Somerset Clinical Commissioning Group

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). Estimates using local un-validated data shows that Somerset has delivered 3,016 contacts to CYP during the 12 month period to April 2021. Somerset's share of the annual national target is 3,564. Somerset CCGs Performance Team and CYPMH Commissioning Team are implementing plans to support smaller providers with new CYPMH reporting requirements and we are also working with providers to produce an internal access trajectory
  **Access: (reported on a 12 months 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*

- Somerset CCG and Somerset NHS Foundation Trust are currently being supported by NHSEI to help improve the CYP access rate

- Young Somerset are working in partnership to deliver the CAMHS 2+ Team – a service that will support children and young people whose needs are too complex for MHSTs and Young Somerset's Wellbeing Service, but would not be appropriate for CAMHS Community Team. Since going live at the end of April, the team has seen significant demand

- Requests for support are steadily increasing for the Mental Health Support Teams (MHSTs) and the model (supporting a 'whole school approach') is in development with the system working to provide extra resource in order to meet the needs of our CYP in Somerset. Somerset has been awarded Wave 6 status and 2 more teams will be recruited later in the year ready to start training at the University of Exeter in January 2022. Somerset will have 6 teams in total and are currently exploring the expansion offer

- Somerset CCG CYPMH Commissioning Team have attended participation groups for children, young people, parents and professionals. A survey has been developed and shared with Somerset County Council, an evaluation of data received is set to take place in June, following this a specification for an online service will be drafted. Working with the CCG's Procurement Team and KOOTH the established online counselling service contract has been extended until October 2021. The CCG CYPMH Commissioning Team and CCG Engagement Team have produced an Engagement and Activity Plan to meet with service users to understand their experiences and how Covid-19 has impacted on their mental health. The sessions are to commence in April and run until the end of May.

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. Interviews for roles in the MMHS are currently taking place with a focus on Personalised Care to be discussed with the Perinatal Team.

Slide 49

MO107 Candice could you update this bit please? Thanks
Manning Orshi, 02/07/2021

Mental Health

NHS Somerset Clinical Commissioning Group

Dementia:

- Somerset CCGs dementia diagnosis rate performance for May 2021 is 53.7%, against national ambition of 66.7%
- Somerset has been impacted, as has the rest of the country and beyond, by the pandemic over the last 12 months. This has particularly affected the previously proposed approach to improve dementia diagnosis rates in Somerset which was based upon physically visiting care homes and other sites, both to diagnose people and to educate the staff on site to enhance their confidence in pursuing diagnosis and to ensure that they are using the correct coding methodology. During the pandemic understandably this work had to stop
- We have now established the multi-organisational Dementia Operational Oversight Group and an associated Dementia Task and Finish Group to look holistically at the entire Dementia pathway (including diagnosis) and services offered in Somerset. These new groups will work together to ensure that new funding for 21/22 is invested appropriately to substantially improve the experiences and quality of life of Dementia service users and their support networks across the county.

Physical health checks for people with a serious mental illness

- 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. In Q4 2020/21 Somerset delivered 0% health checks (performance is influenced by the worst performing physical health check), against national ambition of 60%
- Percentage performance cannot be greater than the minimum reported in any of the 6 physical health checks, therefore while individual practices may achieve a good standard Somerset performance can be only viewed as a whole and the overall performance is influenced by the worst performance physical health check
- It is a priority to improve the number of people with serious mental illness receiving a heath check during 2021/22 and a comprehensive action plan is being developed. The PHSMI programme aim is to improve access to and uptake of health checks for people with Serious Mental Illness (SMI). There are several project areas; primary care, secondary care, Physical Health Workers, outreach, data and reporting and also improving physical health (post-health check) which will address improving quality and consistency of the physical health check offer for routine practice, improve the outcomes of annual health checks and encourage system discussions on healthy life styles.
  There is a known data issue with physical health checks which is being followed up, alongside a trajectory for improvement and associated action plan, which will be delivered with partners; the first multi-agency working group is taking place on 7 July.

NHS Somerset Clinical Commissioning Group

Transforming Care
Reliance on Inpatient Care:

	Q1 2020/2021	Q2 2020/2021	Q3 2020/2021	Q4 2020/2021	Target March 2021
Adults, non-secure (CCG)	5	6	6	3	3
Adults, secure (NHSEI)	6	7	7	7	7
C&YP (NHSEI)	0	0	0	1	1

Annual Health Checks (AHC):
The Quality 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 learning disability. The Programme is progressed through a system wide steering group, including relevant system partners, including parents / carers representatives as well as engaging with peer support groups to ensure meaningful co-production. The programme incorporates 6 working groups, focusing on 1) Primary Care 2) social care providers 3) SEND (young people and young adults) 4) advanced care planning 5) co-production and 6) Primary Care Board. This latter working group was set up to focus on the Covid-19 restore aspect of the programme (based on the NHSEI target of 67% completion of those eligible for an AHC by the end of March 2021). Somerset achieved 82.6% delivery of AHCs in 2020/21. The first tranche of the co-production work has now also been completed and 'principles of expectations' have been developed. The peer support group has created a video to enable this message to be shared across the Somerset system. One of the principles underlines the importance of talking about Mental Health as part of the AHC.

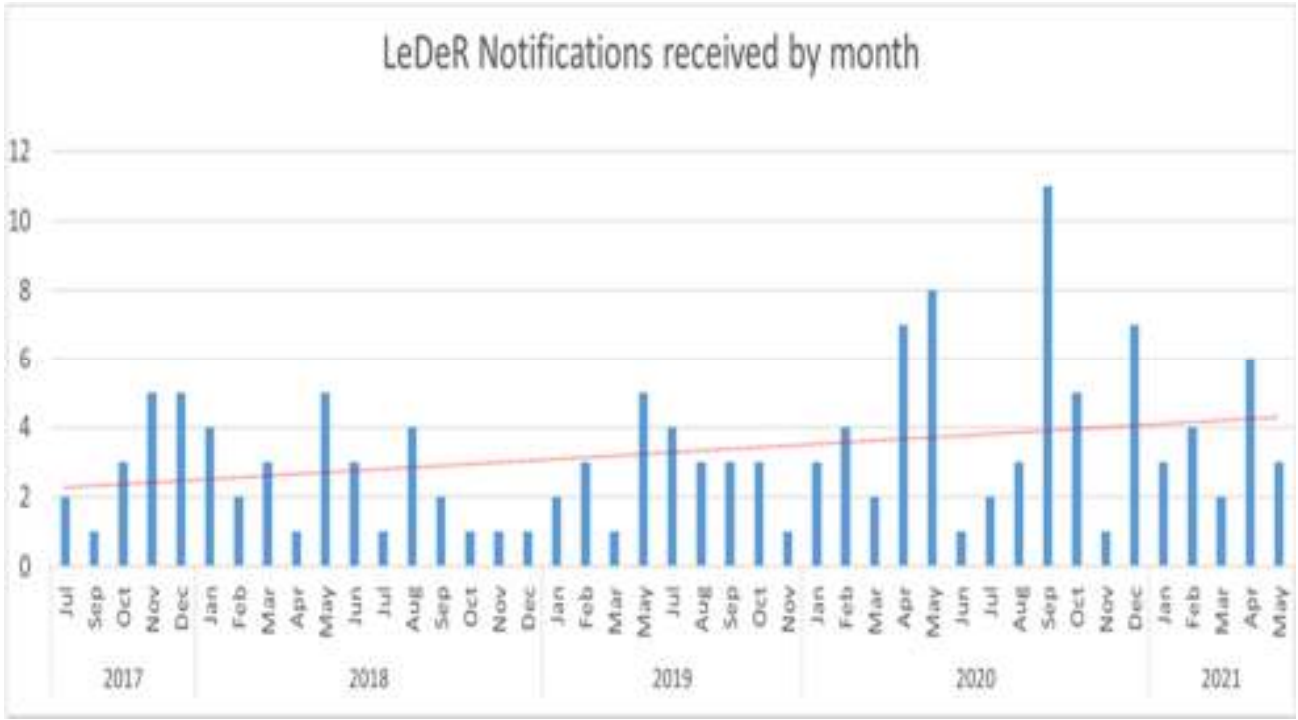
Local review of services:
A 3 year delivery plan for the learning disability and autism programme was submitted to NHSEII in March 2021. Following feedback, an updated plan was submitted at the end of April. Plans include investment in community learning disability services , the rapid intervention team and the adult autism service. An overarching vision, to accompany the delivery plan, is due for completion in Q1.

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. £240k of funding has been received from NHSEI to help support improvements in this area including: training in education settings, diagnostic capacity and post-diagnostic support and transition.

Quality Reporting as at May 2021

Learning Disability Death Review

Somerset Clinical Commissioning Group



The 'old' University of Bristol LeDeR platform was suspended at the end of March 2021 whilst the new NHS LeDeR platform was being finalised with a view to becoming operational from June. This meant that from 1 April all CCGs were unable to view and allocate any new notifications, although we were still in a position to finalise any of the outstanding reviews from the previous year(s). We completed 24 reviews in April for example. We also still have a small number of 'old' reviews in the system which we have been unable to finalise for reasons outside our control. 1 case is with the coroner, and the rest are child death reviews and as such we are having to wait for the outcomes of the local Somerset Child Death Overview Process (CDOP).

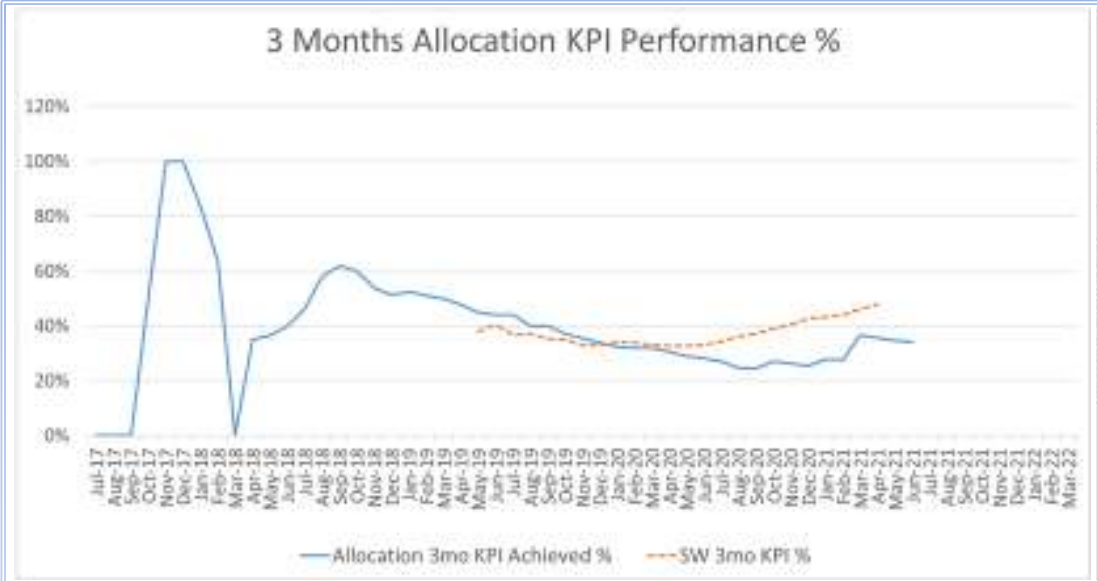
As a result of the new NHSEI Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) policy 2021 and the required changes to the ways of working, all staff in the LeDeR Team will have to undertake the new LeDeR training on the new platform (goes live 1st June). This training will be available from early June. Somerset staff have been involved in the new NHSE LeDeR platform evaluation.

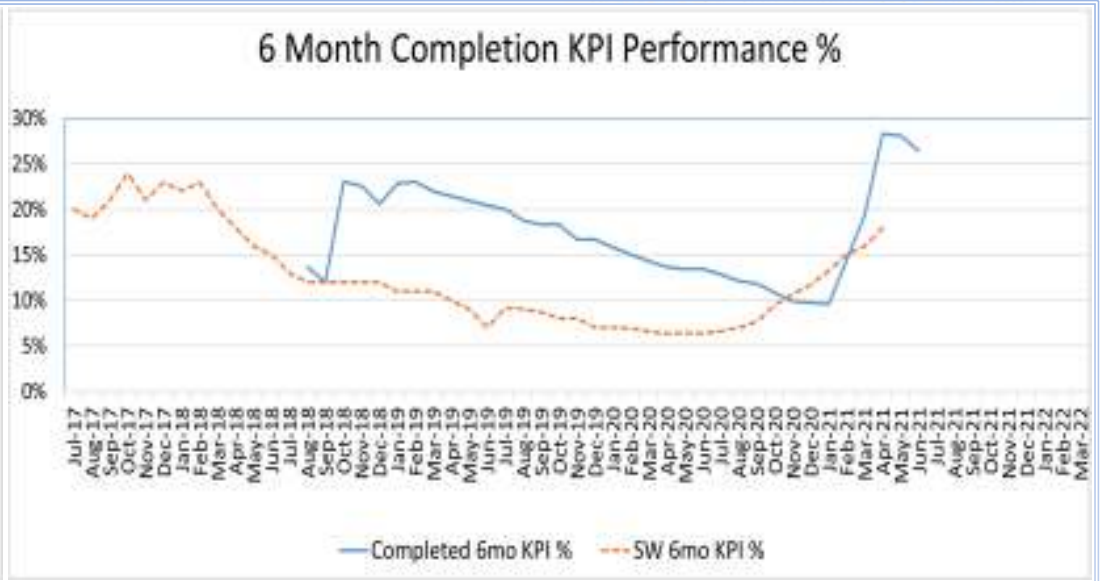
We have aligned our current administrative and performance update processes to the new policy changes

By the time the platform goes 'live' again in June we will have completed our recruitment into all key roles: Admin, Team Leader, Reviewers and Local Area Coordinator

Learning Disability Mortality Reviews (LeDeR)

NHS Somerset Clinical Commissioning Group





3 months allocation – which means that all cases, once the notification has been received, need to be allocated to a reviewer within 3 months The 3 month Allocation KPI demonstrates that initially, when notifications were low, allocations were being made within the 3 month timescale. As the number of notifications increased, the number of notifications that were allocated within the 3 month timescale decreased steadily until it was in-line with the SW 3 month KPI average.

And the 6 months completion – which means that the reviews need to be completed within 6 months.
The 6 month completion KPI demonstrates that until August 2018, notifications were taking longer than 6 months to complete. After this time, there were a substantial number that were completed within 6 months, however as notifications continued to be received, the 6 month completion performance steadily reduced to be in-line with the SW 6 month KPI average.

Maternity

NHS Somerset Clinical Commissioning Group

- During the year the period of April-May 2021/22 there have been 745 women that have delivered babies, 527 at Somerset FT and 218 at YDH FT.
- Both Trusts are focused on achieving all actions required in the Ockenden Report. Working closely with the LMNS, CCG Quality and Safety team and NHSEI for assurance. Early feedback from NHSEI is positive. Main themes include embedding processes and ensuring maternity software captures the relevant information to evidence the good practice taking place. All evidence submitted to the NHSE portal within the deadline
- The number of preterm births is reducing as both trusts implement the requirements of the Saving Babies Lives Care Bundle v2. Work is ongoing to further reduce the number of women smoking during pregnancy. Both trusts have also implemented the PeriPrem Care Bundle to improve the outcomes for premature babies
- All pregnant women with Type 1 diabetes are now offered Continuous Glucose Monitoring to help monitor their condition
- Working with the CCG Mental Health team to develop a Maternal Mental Health Service to support women with previous baby loss, birth trauma and fear of giving birth.
- Personalised Care and Support training taking place across both trusts ready for the launch of updated personalised care plans for all women. To be reviewed and evaluated by the Maternity Voices Partnership (MVP).
- Working with the regional team to develop Maternal Medicine Networks to support women with complex medical problems to have a successful pregnancy.
- Midwives now able to supply Healthy Start vitamins free of charge to all eligible women. A training programme is being rolled out to support maternity staff to promote uptake
- During Covid-19 the ICON programme was used to support new parents to cope when their baby cries when their support networks were not available to them. Planning a relaunch of this evidence based programme in a joint project with maternity, Public Health and Children's Social Care.
- Actions to support maternity services:
    - A Maternity Equity strategy to be published later this year. A Somerset version will be co-produced with the MVP
    - 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 to share learning and improve communications pathways for cross border transfers