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Report to the NHS Somerset Clinical Commissioning Group on 25 March 2021

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

Version Number / Status:	1
Executive Lead	Alison Henly, Chief Finance Officer and Director of Performance; Val Janson, Director of Quality and Nursing; and Neil Hales, Director of Commissioning
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Summary and Purpose of Paper

Following discussion at the Finance and Performance Committee meeting held on 23 February 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 January 2021, and provides a detailed summary for the following areas:

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

Recommendations and next steps

The Somerset CCG Governing Body is asked to discuss the performance position for the period 1 April 2020 to 31 January 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	GBAF Ref
	3	2	6	SC17

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Integrated Board Assurance Report
January 2021

Somerset System overview – January 2021

NHS Somerset Clinical Commissioning Group

CALL 111

Answered within 60 seconds

90.83*%

*February 2021 data

8,161 Calls

Cat 1 **10** min
Cat 2 **35** min
Cat 3 **107** min
Cat 4 **184** min

Mean response time

Total emergency admissions

5,030

692 Re-admissions within 30 days of discharge

4 hours A&E

75.5%

Total A&E Attendance

15,126

NHS Somerset NHS Foundation Trust

4 hours A&E

73.86%

Total A&E Attendance

4,472

Yeovil Hospital Healthcare

4 hours A&E

91.11%

Total A&E Attendance

3,229

Somerset System overview – January 2021

NHS Somerset Clinical Commissioning Group

Referral to treatment

9,844 Clock starts

64.01% <18 weeks

2,899 people waiting >52 weeks

5,813 people waiting >40 weeks

Diagnostics

Waiting list

10,506

>6 weeks 3,749

35.7%

Cancer

Total 2ww

1,763

181 >2ww waits

31 day performance 94.2%

62 day performance 74%

IAPT - Improving Access to Psychological Therapies

access (roll-out) 13.7*%

*3 months rolling average, Q4 target:16%

59.9 % moving to recovery

CYPMH

Children and Young People's Mental Health access 26.2*%

***local estimate** for the 12 months period ending 31 January 2021
Q4 target 28.8%

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

95.2% of patients on CPA had an annual review

Somerset System overview – January 2021

NHS Somerset Clinical Commissioning Group

Safeguarding

Children Looked After

55.6%

Initial Health Assessments <20days

*November Data

Strengths & Difficulties Questionnaire **85.2%**

Dental Checks

26.7%

Continuing Health Care

28 Day Quality Premium **44%**

Deferred Assessment Caseload **159**

LeDeR

Allocation to a reviewer within 3 months **27%**

10%

Reviews completed within 6 months

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

0.32*

*November, data awaited

Infection control

MRSA **1**

MSSA **12**

E.coli **32**

C.diff. **5**

Emergency

C section

19.8*%

*Year To Date

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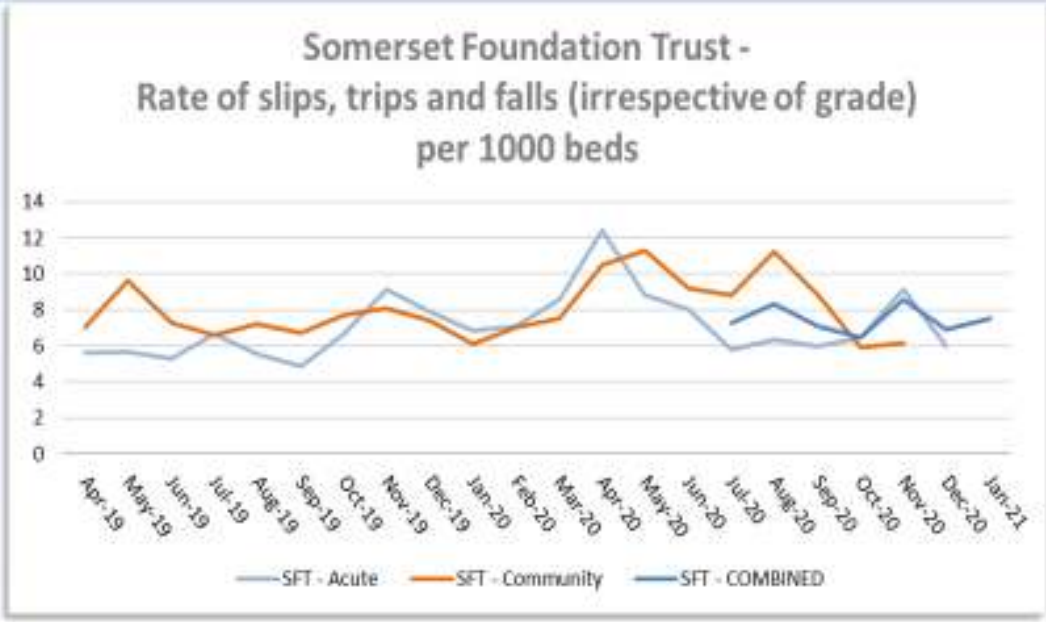
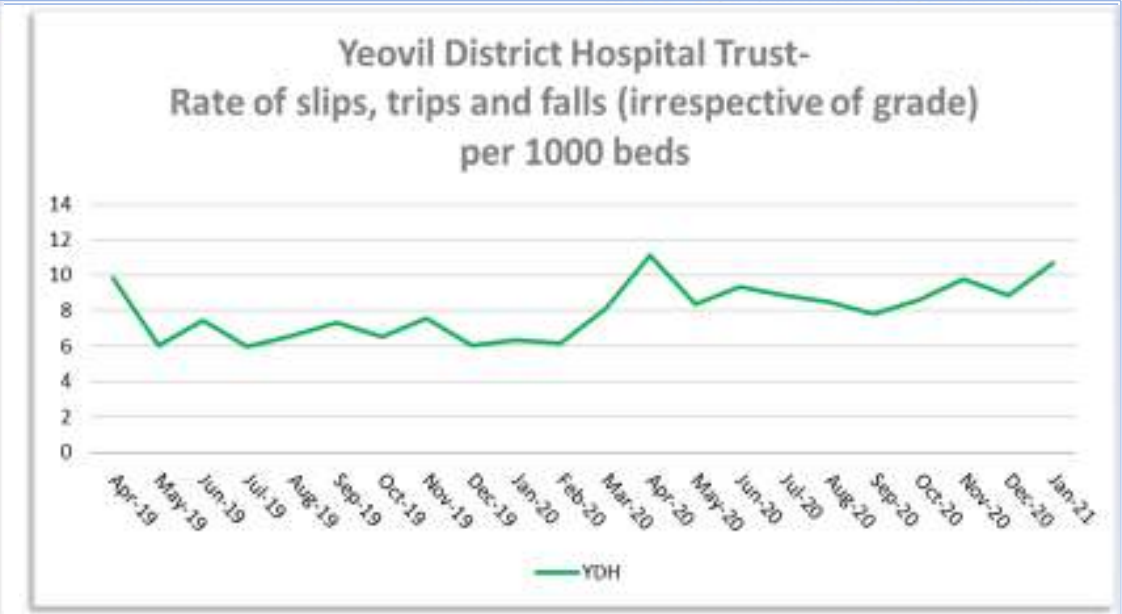
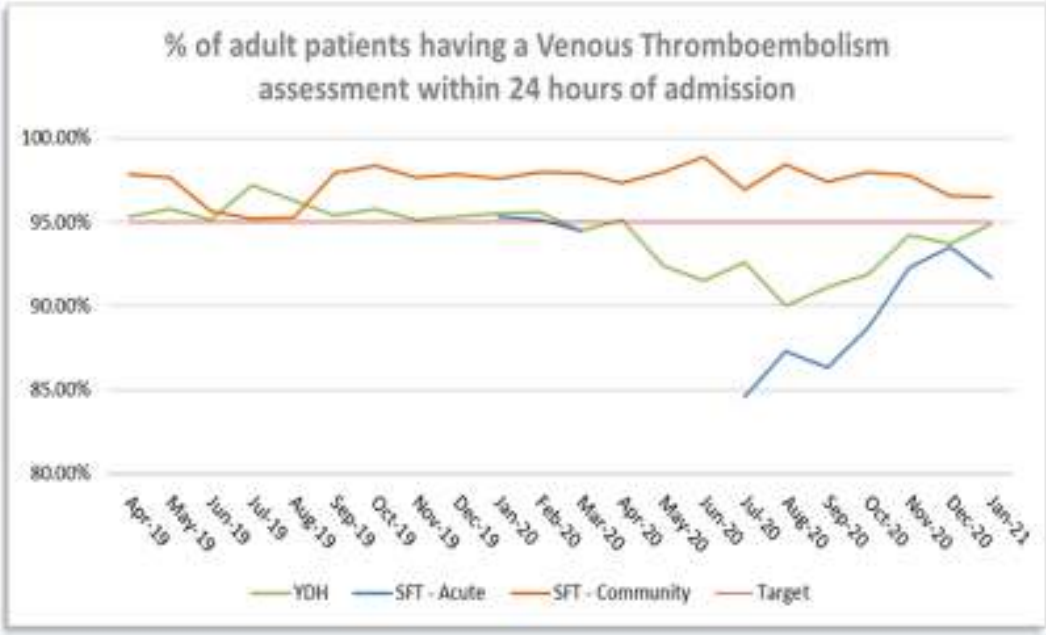
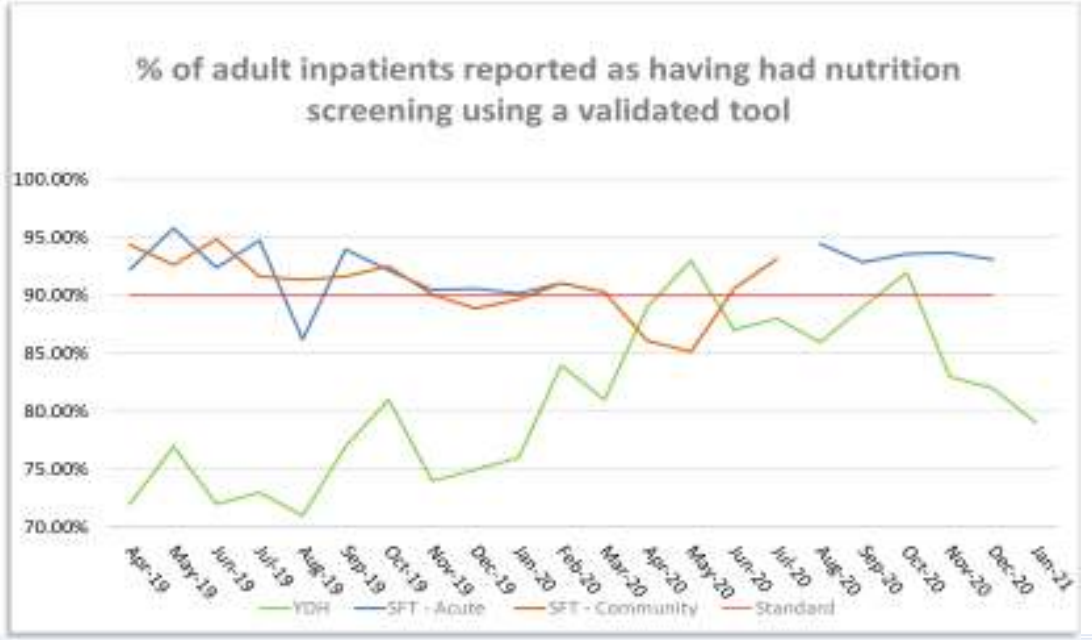
Quality Reporting

NHS Somerset Clinical Commissioning Group









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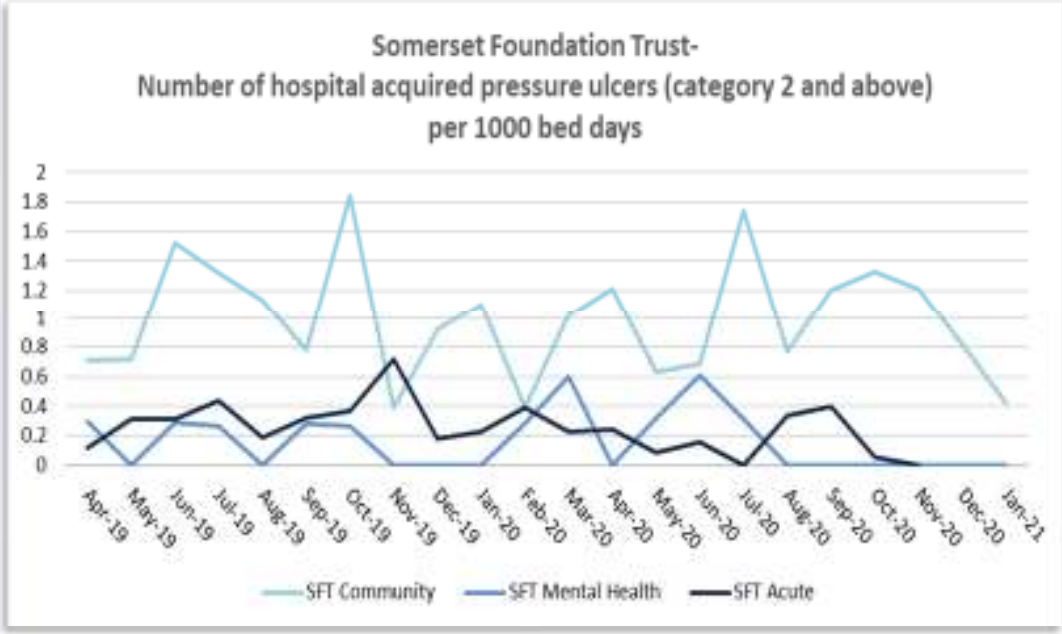

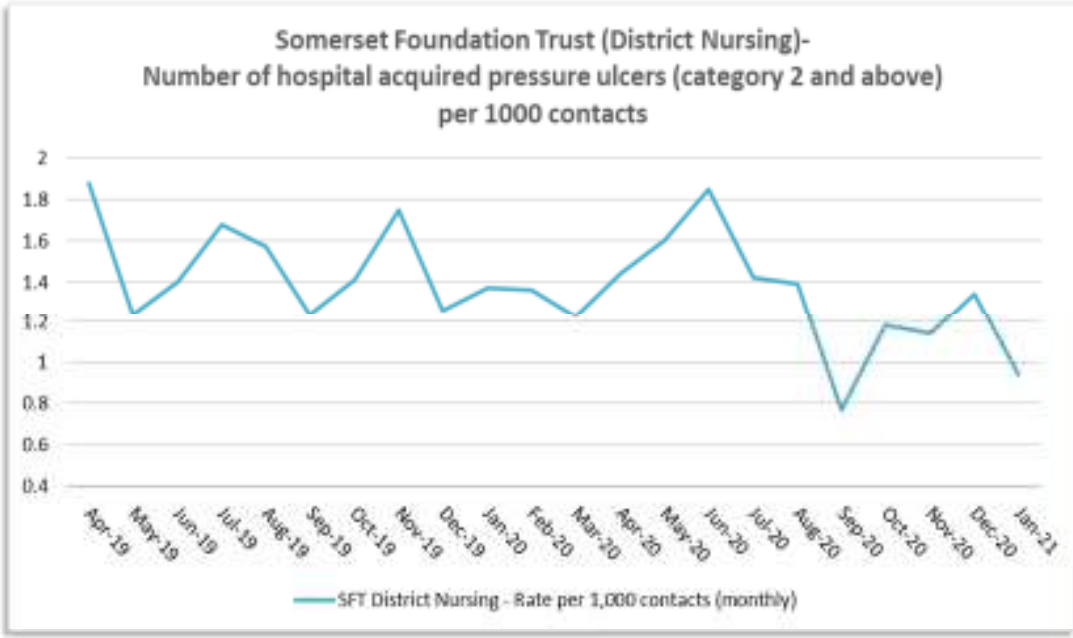

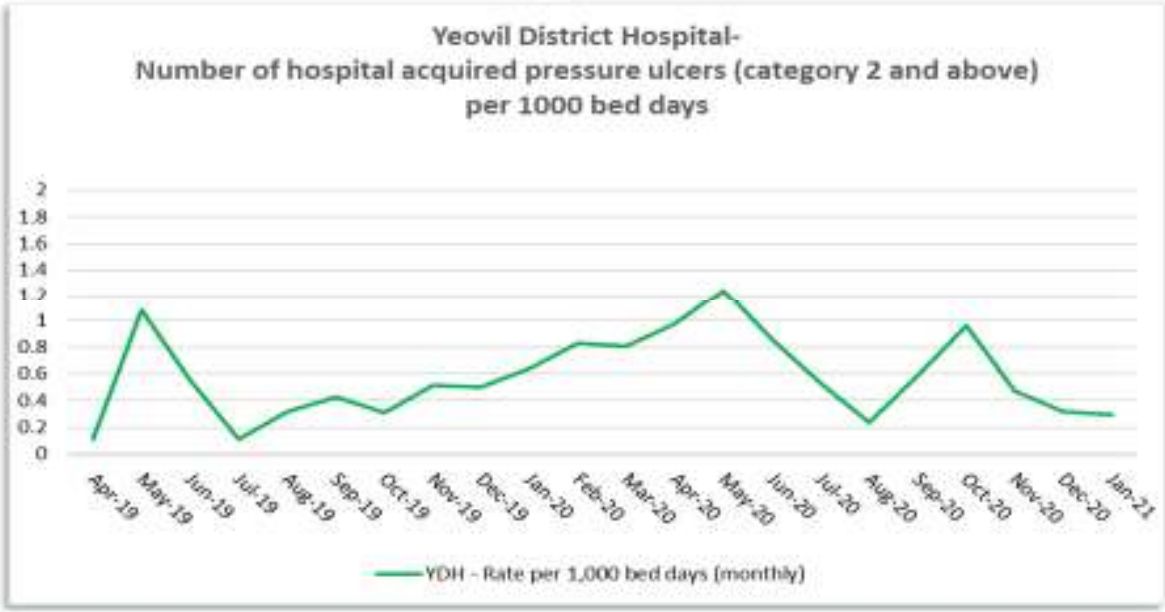

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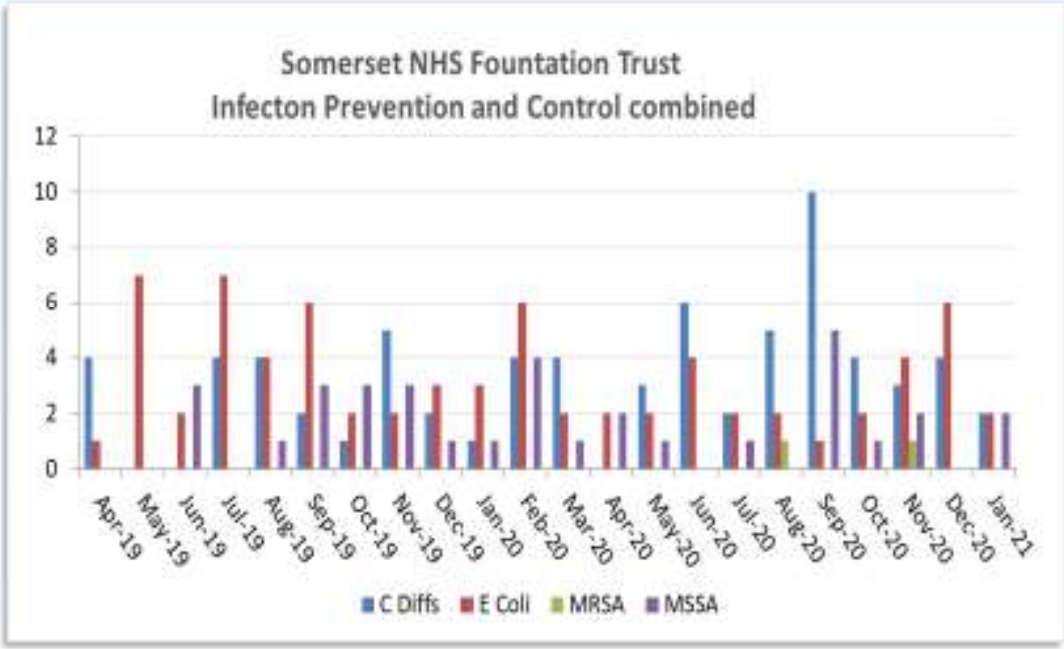

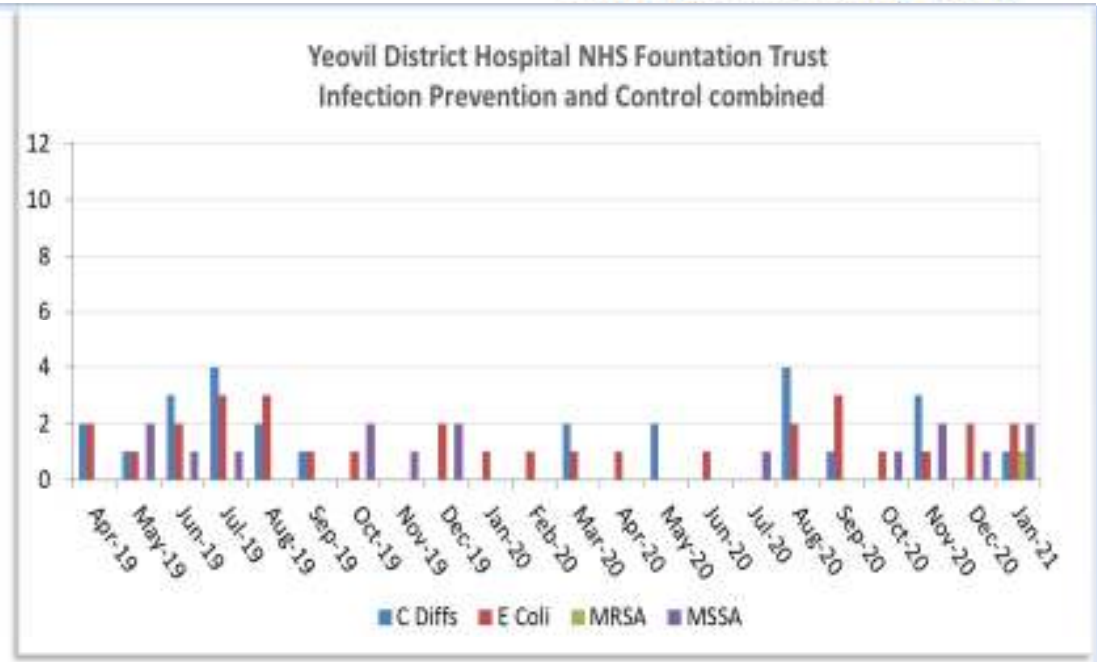

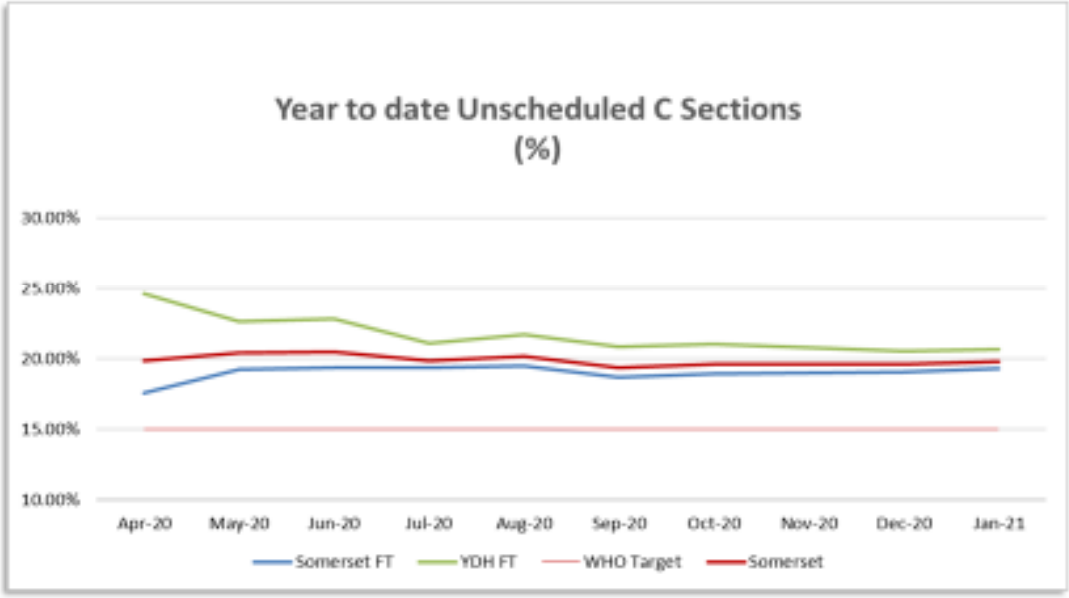

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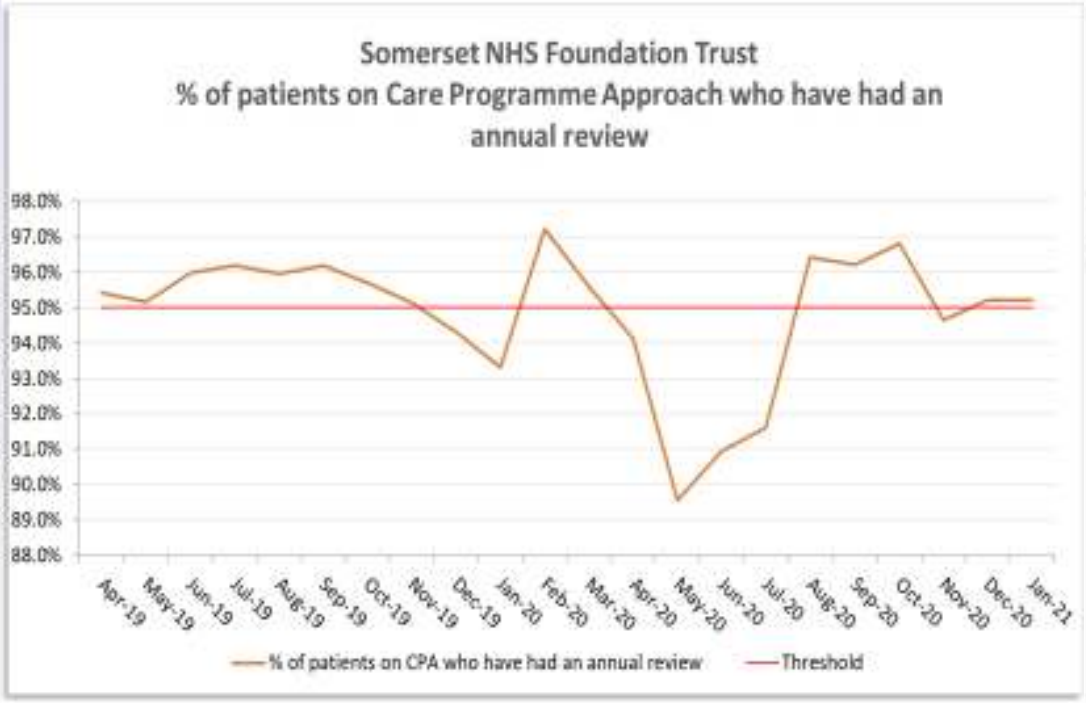

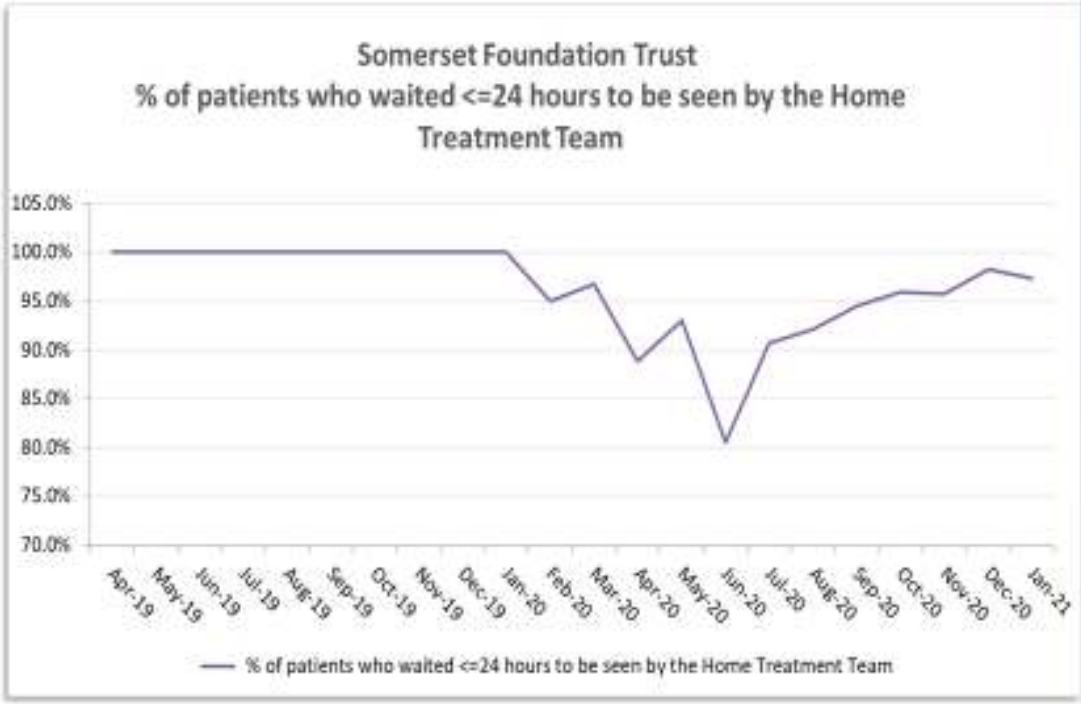

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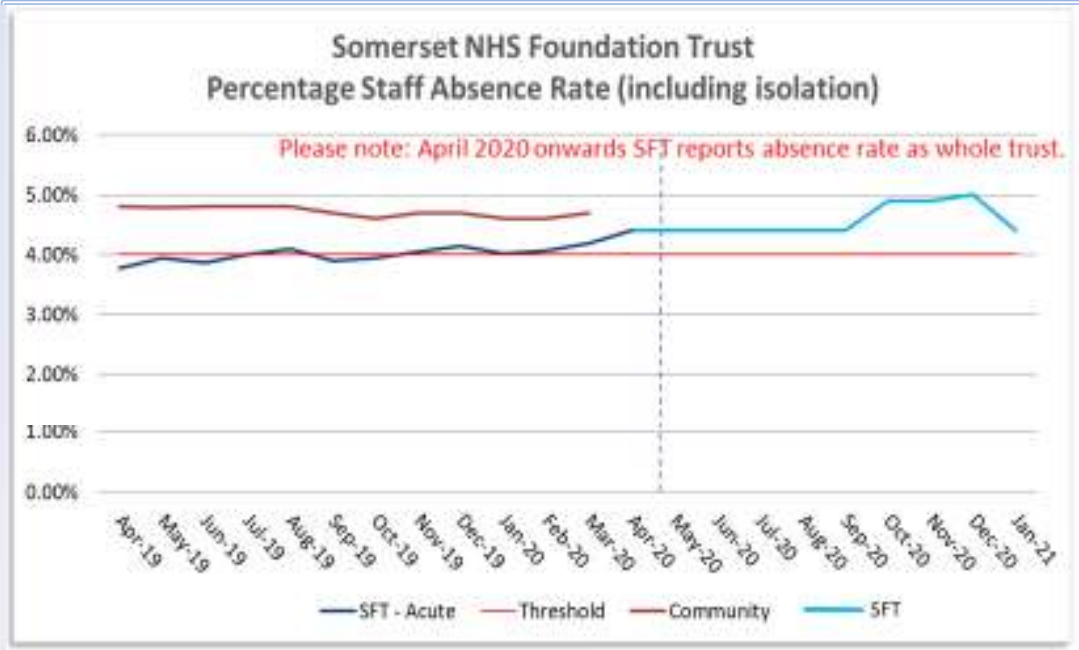

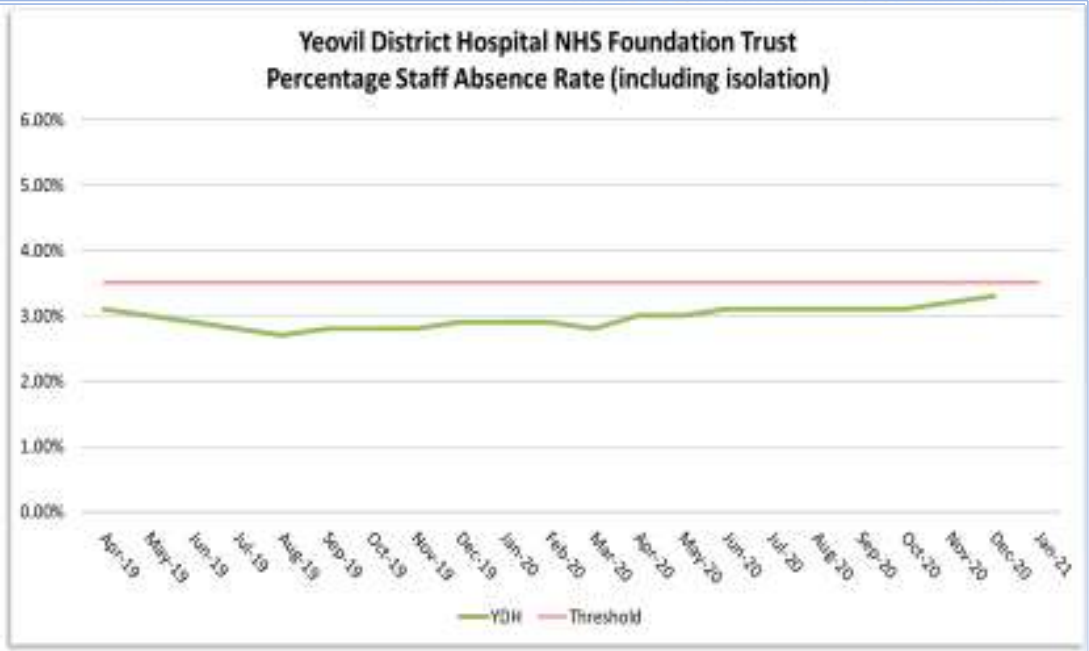

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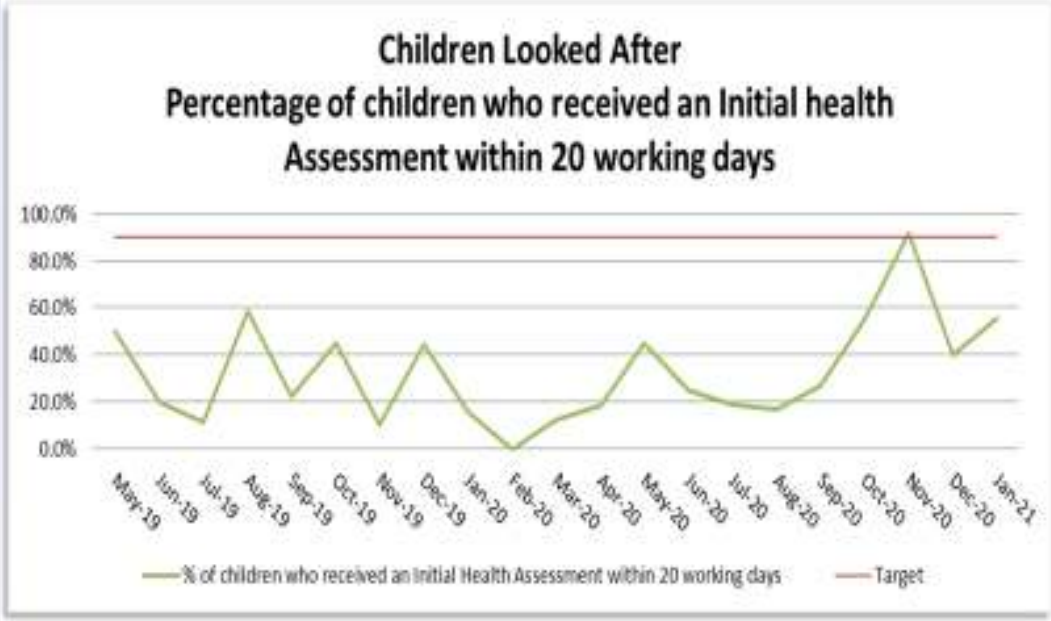

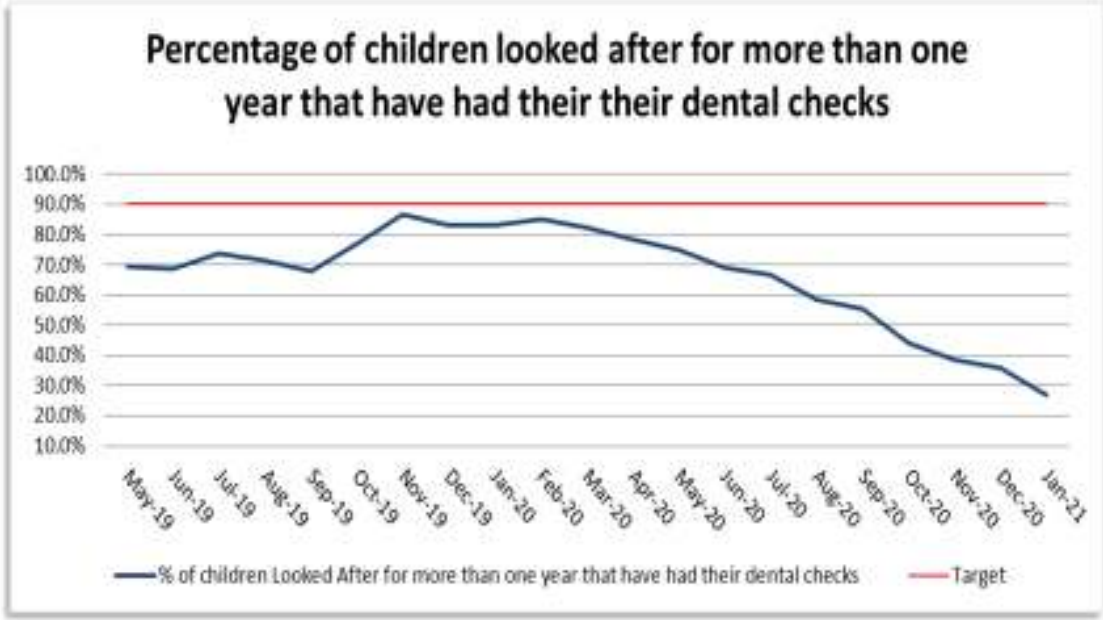

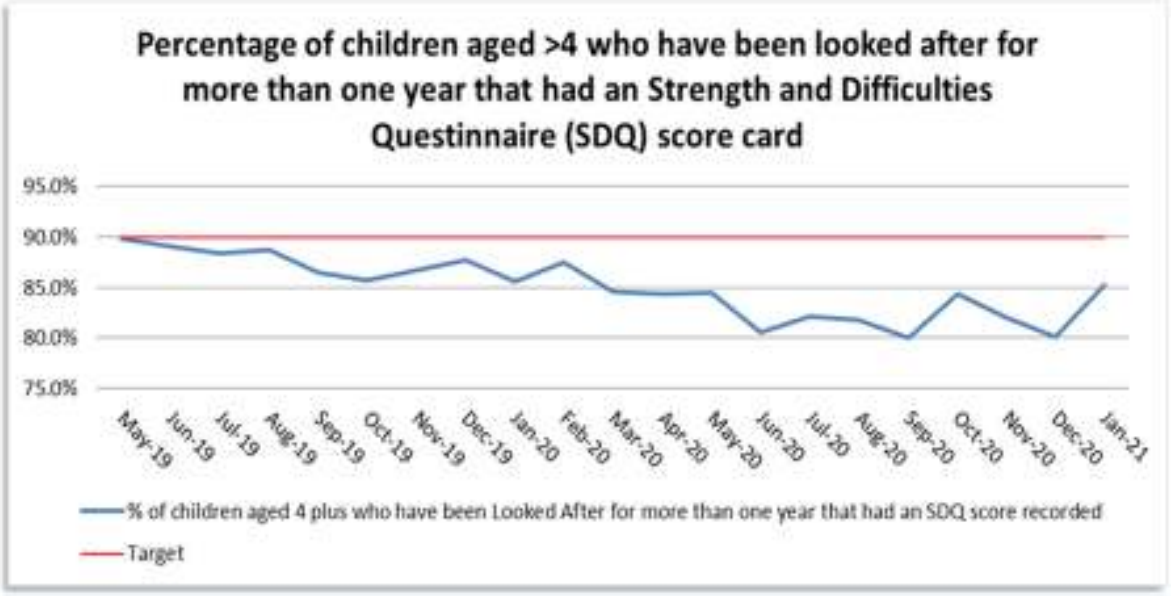

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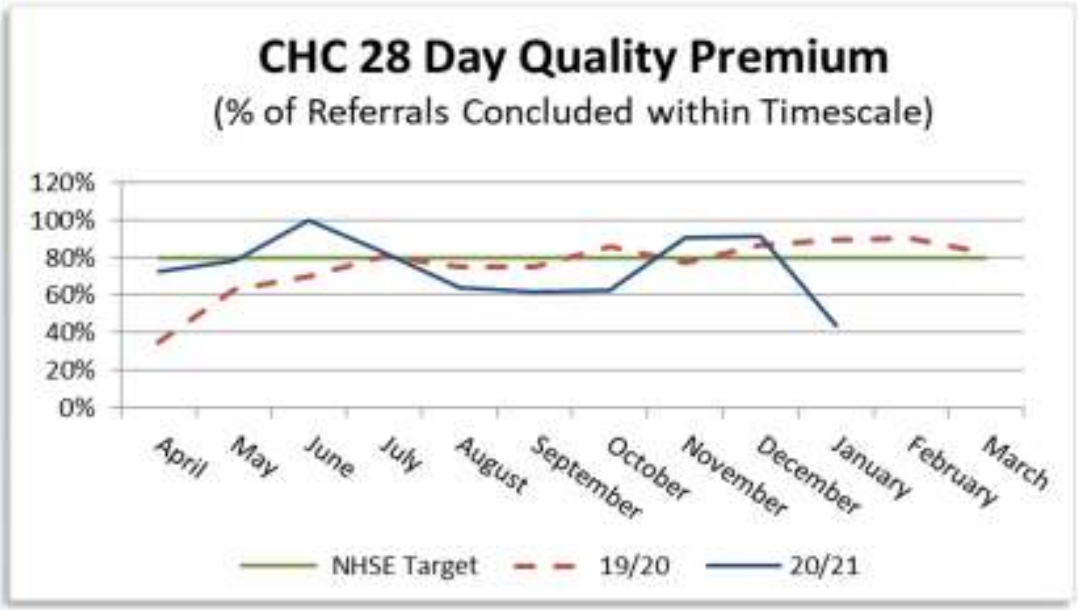
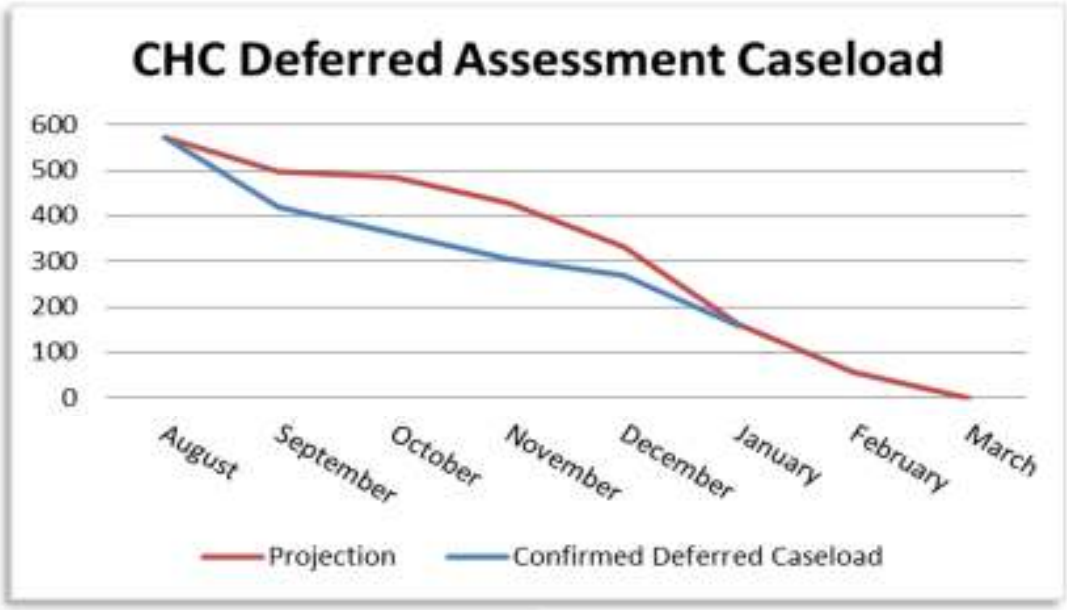
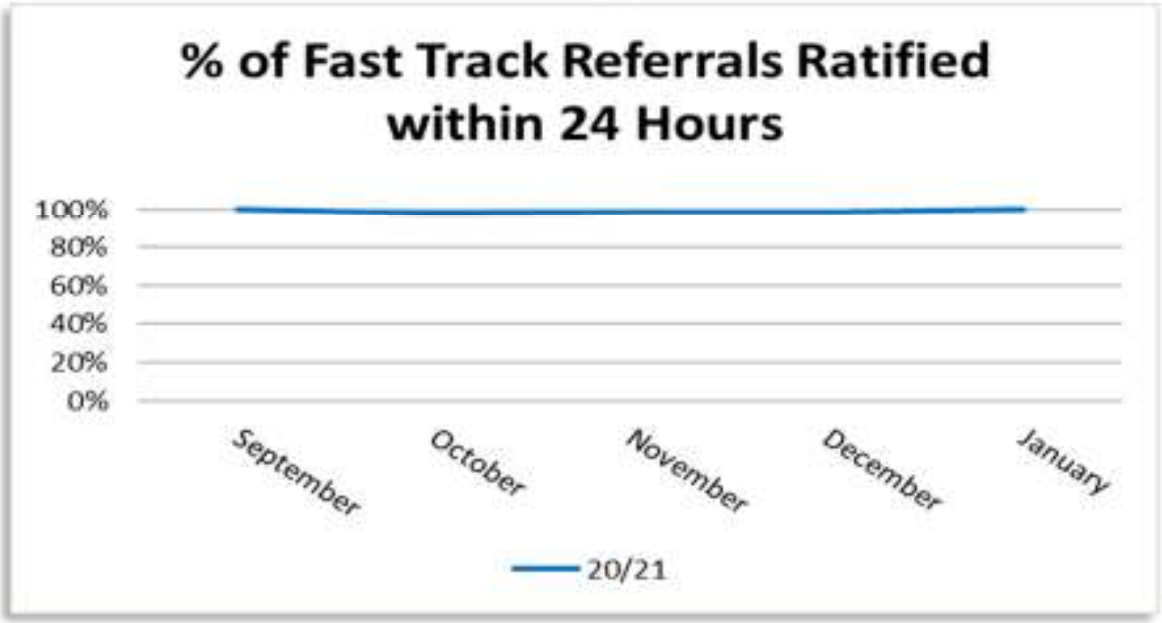






Quality Reporting

NHS Somerset Clinical Commissioning Group

Falls:

- **Somerset FT**: An increase in community falls in August was generated by one patient. Patients with Covid-19 are accommodated in single rooms, when normally they are placed in high visibility beds on medical wards. The trust reports that they have noted and associated increase in falls on the Covid-19 wards. New reporting arrangements in the combined trust changed, from July 2020 to include near misses, which were not included in previous incident reporting.
- **YDH FT**: Following review, in respect of an upward trend this year, there has been no statistical increase in falls in side rooms during the COVID-19 period, nor has any particular ward been identified as having high rates of falls. Each area fluctuated and contributed to the total increase observed. This is understood to be a consequence of the additional infection control measures, such as new doors, barriers, using side rooms etc. that restricts line of sight to patients who may be about to fall. Further analysis will be undertaken by the Falls Steering Group to fully understand any themes and actions required. Any identified learning will be fed back to the Patient Safety Steering Group

Venous Thromboembolism (VTE)

Somerset FT: VTE risk assessments completed within 24 hours of admission remains below the compliance standard of 95% at 91.3% in December 2020.

Reasons for this include:

- an issue in the assessment, or recording of assessments, for surgical admissions and medical admissions, resulting in a lower reported rate than actually occurs.
- a change in the admission processes and staff involved in data collection

A digital VTE form is currently being produced and this is due to be ready mid 2021.

YDH FT: VTE risk assessments completed within 24 hours of admission in January 2021 totalled 94.9%, this is an improvement from the decline in quarters one and two due to a data collection issue, on course to achieve the standard at 95%

Improvement work is being introduced with the use of pharmacy and ward clerks to help improve compliance and review. There is also a digital solution being implemented with EPMA (Electronic Prescribing Medicines Administration)

Pressure Ulcers

- Low numbers of incidents of hospital acquired pressure ulcers affect the rate variation (mostly 5 or less each per month for MPH, YDH and collectively community hospitals). The numbers are much higher for district nursing (35-55) and present on admission (30-100), meaning the primary focus of harm reduction initiatives as a Somerset Care system are aimed at services caring for people in their own homes. The Somerset Pressure Ulcer Collaborative have plans in progress, but are currently delayed due to Covid-19 activities.

Maternity (Unscheduled C. sections)

- An ideal or optimal Caesarean rate is currently unknown. A 15% target rate was set by WHO in 1985 for Caesarean section rates (planned and unplanned).

There is a scarcity of data, which is a limitation which needs to be borne in mind when interpreting the WHO target. WHO emphasizes that caesarean section is effective in saving maternal and infant lives, but only when it is used for medically indicated reasons. Ultimately, every effort should be made to provide Caesarean sections to women in need, rather than striving to achieve a specific rate. Nationally the current England average rate is 25% (source: Royal College of Gynaecologists). Revised NICE Guidance is due at the end of March 2021.

Benchmarked against other maternity services in the SW Region the current Somerset planned Caesarean rate is 11.6% (YTD), which is lower than SW rate and for unplanned 19.8% which is consistent with other services in the SW region.

Quality Reporting

NHS Somerset Clinical Commissioning Group

Mental Health

- The Home Treatment Teams are available in 4 main localities in the county (Taunton, Bridgwater, Yeovil and Wells) and provide a 24 hr, 7 day a week service. Performance has been affected by Covid-19 as the graph shows but has been steadily improving since June 2020. Learning from SIs indicate that HTT communication with other system professionals; signposting / referring to wider system support (such as that offered by the "Somerset Mental Health Alliance") as well as meaningful engagement with families / carers is vital in the creation of a robust MH pathway.
- A lot of people who have been detained under the Mental Health Act will be supported through the Care Programme Approach (CPA) after they are discharged from hospital, which is in place to support patients' recovery from mental illness. It is a framework that is used to assess a patient's needs and to ensure that support for both their physical and mental needs is in place. As the performance graph shows, the annual review performance, since reducing to 89.5% between April and May 2020, has been improving since then.
- The follow on and next steps after a robust Annual Review is important and should be based on a multi-disciplinary approach, as well as involving family or friends and include regular contact with the patient Care Coordinator (CCO).
- Furthermore, learning from Serious Incidents indicates that appropriate and timely risk assessments after significant events throughout the year is pivotal.

Workforce

There are signs of an increase in sickness/absence leading from the autumn onwards into December which was the start of the third wave. Mutual aid is continuing to operate across the health and care system, including into the care home sector. There continues to be a significant ongoing staffing requirement to manage the impact of Covid-19 across, as associated absence incidence levels having increased across the Somerset System.

Children Looked After

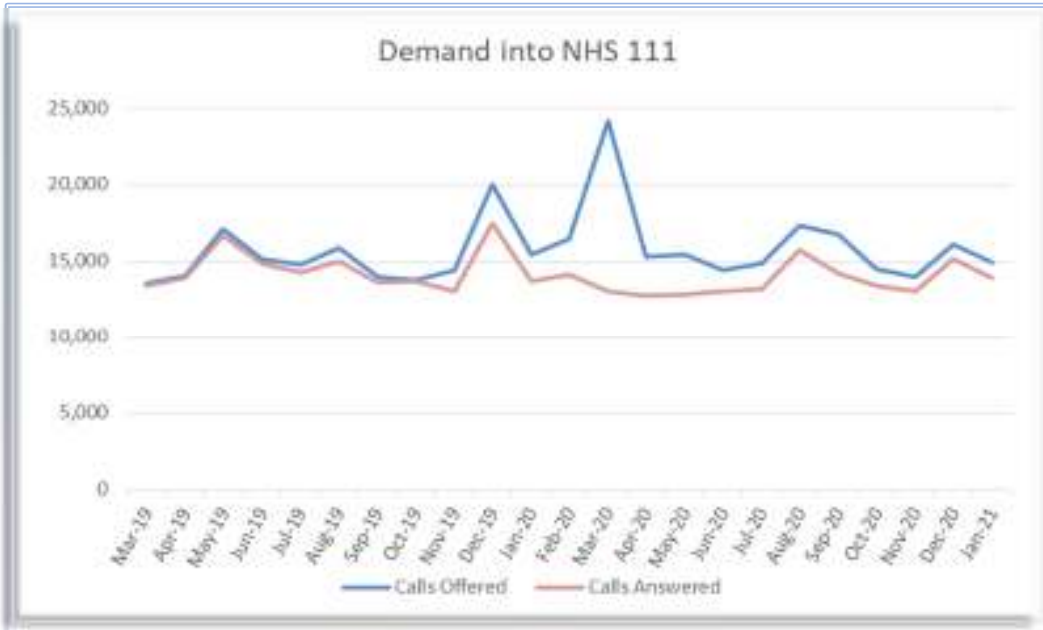
- Initial Health Assessments within 20 working days: the chart shows (slide 10) the percentage of children looked after that have had their statutory health assessment completed within the required 20 working days from May 2019 to January 2021. 92% of initial Health Assessments completed on time in November 2020, which is a significant improvement. Since December 2021 the rate is steadily increasing once more.
- The second chart on slide 10 shows the percentage of children looked after for more than 1 year that have had their dental check from May 2019 to January 2021. This has been steadily declining since February 2020. Dental Assessment rates continue to fall due to COVID-19 related dental practice closures and restrictions but emergency treatment remains accessible across Somerset . This work forms part of the multi-agency Corporate Parenting Board's health and wellbeing sub group.
- The chart on slide 11 shows the percentage of children aged more than 4 years looked after for more than 1 year that have had an SDQ score card completed from May 2019 to January 2021. This has been steadily declining since February 2020. Since December 2020 there has been a sudden increase. This work forms part of the multi-agency Corporate Parenting Board's health and wellbeing sub group. The CCG are working with partners to agree and implement whole system approach to collation and reporting of CLA activity and performance data.

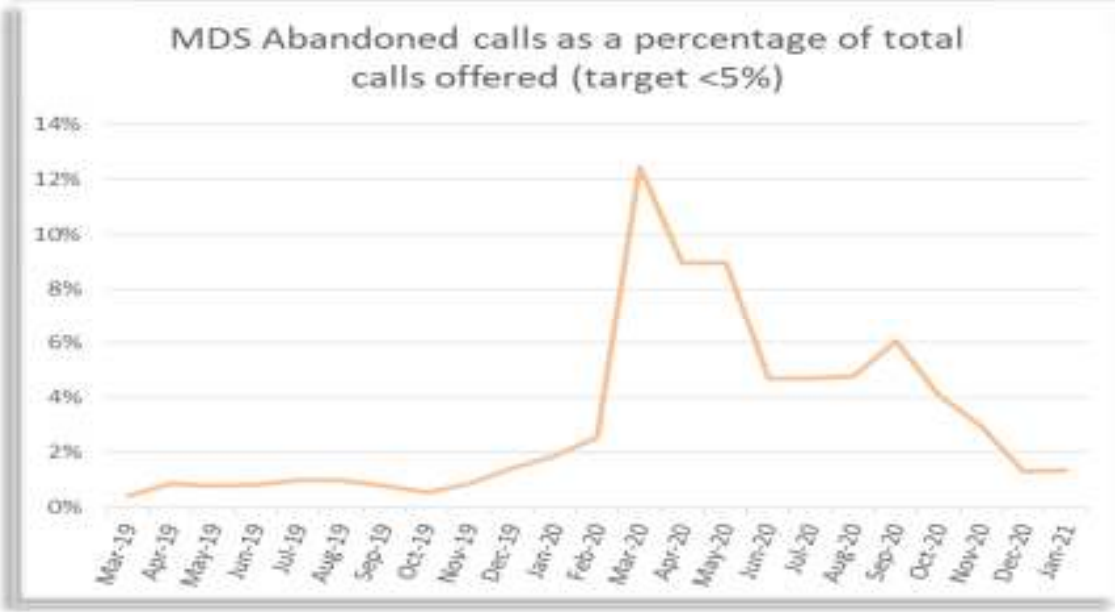
Continuing Health Care (CHC)

- Since the recommencement of the CHC Service on 01 September 2020 our performance attainment against NHS England's 28 Day Quality Premium (QP) Target (40% achievement in January 2021 against the target of 80%) has been affected as a significant percentage of the 'CHC Assessor' resource has been re-directed to focus on the COVID Deferred Assessment backlog.
- The CHC Deferred Assessment Caseload has consistently reduced on a monthly basis since the recommencement of the CHC Service on 01 September 2020, with a overall caseload reduction of -62.05% being recorded at the end of January 2021 (a reduction from 419 in Sept 2020 to 159 in Jan 2021) in line with the trajectory above and CHC provide a 2 weekly SITREP to NHS England.
- Performance attainment against the 28 day Quality Premium target and the Deferred Assessment backlog have both been compromised by the redeployment of CHC staff to support Somerset's Mass Vaccination Programme. CHS Healthcare, an external agency, have been commissioned to help reduce the impact of the CHC staff re-deployments.

Emergency – NHS 111 Performance

NHS Somerset Clinical Commissioning Group





Emergency – NHS 111 and Integrated Urgent Care Service

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- Demand into NHS 111 increased in March 2020 to 24,164 calls offered, which is almost double the number of calls when compared to the same month in the previous year (13,450 calls in March 2019); demand has since reduced to 16,117 calls received in December 20, and 14,937 in January
- Weekly performance for December for 60 second call answering rate (source 111 MDS) ranged from 80% - 93.1% against the national target of 95%, albeit consistently above national average which ranged 78.5% - 86.2% for the same period.
- Weekly performance for January for 60 second call answering rate (source 111 MDS) ranged from 66.1% to 92.3% against the national target of 95%, albeit consistently above national average which ranged 58.4% - 86.7% for the same period.
- The weekly performance relating to 30 second call abandonment rate for December (source 111 MDS) ranged from 2.7% - 5.3% against the national target of below 5%, performance dipped against the National average 2.6% - 4.3% for the same period.
- The weekly performance relating to 30 second call abandonment rate for January (source 111 MDS) ranged from 2.7% - 7.6% against the national target of below 5%, performance dipped against the national average which ranged 1.9% - 10.4% for the same period.
- Following the performance rate drop in March 2020 associated with the outbreak of the COVID19 pandemic, there was a second dip in performance in September / October 2020 associated with increasing rates of COVID19 again and increased sickness rates with COVID19 amongst staffing across all services nationally. The impact of this was managed through the national contingency arrangements for 111 call handling.

Integrated Urgent Care

NHS Somerset Clinical Commissioning Group

- Meddcare Somerset, a trading name of Devon Doctors Limited (DDOC), is the provider of Somerset's Integrated Urgent Care Service. In July 2020, the Care Quality Commission (CQC) carried out an announced focussed inspection of the service which resulted in the application of urgent conditions to the provider registration of Devon Doctors Limited. The Care Quality Commission Report was published on 14 September 2020 and noted some Requirement Notices relating to regulations that had not been met.

- Following inspection, Meddcare Somerset developed and has been implementing a detailed improvement plan, with weekly meetings with Somerset CCG (in partnership with the Care Quality Commission and Devon CCG) providing assurance on progress. Meddcare Improvement Plan describes how they will work towards rectifying the urgent conditions and regulatory notices and below are examples of some of the improvement measures that have already been put in place:

    - Introduction of comfort calling - strengthened with appropriate training for staff to undertake this at times of escalation. They are now taking place for both breaches of Home Visits and Triage.
    - Introduction of an Integrated Urgent Care Service Lead Clinician
    - Clinical Recruitment Plan - There has been appointment on a temporary basis of an Turnaround Director who has been working closely with Meddcare and the CCG.
    - Clinical Governance structure changes
    - Lead IUCS (Integrated Urgent Care Service) clinician to have oversight of the clinical queue between Sat and Sun, 0800-2300 which provides increased safeguards to prevent potential patient harm
    - Revised Governance process to influence change within the organisation, based on quality reporting; awaiting cycles of change before being able to evidence impact of the revised process.

Integrated Urgent Care - OOH

NHS Somerset Clinical Commissioning Group

Key Performance Indicator (KPI) 13 - Proportion of patients receiving a face to face consultation in an IUC Treatment Centre for January

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

- 0*% of patients are receiving a face to face consultation in an IUC Treatment Centre within 1 hour, England average is 40.8%
- 72.7% of patients are receiving a face to face consultation in an IUC Treatment Centre within 2 hours, England average 55.6%
- 95.1% of patients are receiving a face to face consultation in an IUC Treatment Centre within 6 hours, England average 81.1%

KPI 14 - Proportion of patients receiving a face to face consultation within their home residence within the specified period January

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

- 0*% of patients are receiving a face to face consultation within their home within 1 hour, England average is 55.1%
- 48.3% of patients are receiving a face to face consultation within their home within 2 hours, England average is 65.7%
- 83.2% of patients are receiving a face to face consultation within their home within 6 hours, England average is 86%

KPI15 – Proportion of calls assessed by a clinician

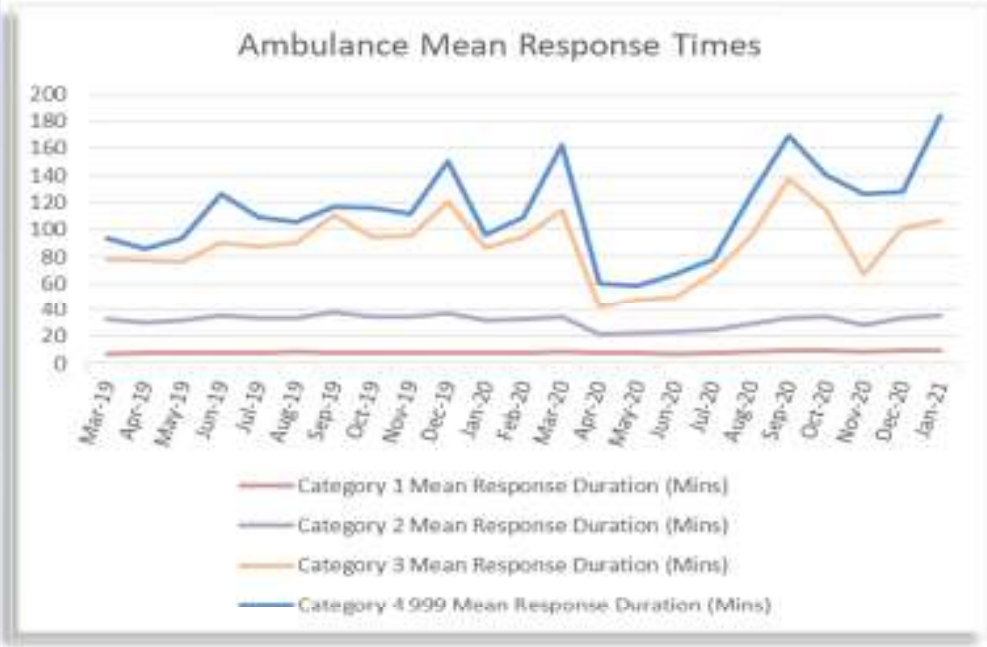
47.7% of calls were assessed by a clinician, England average is 49.7%

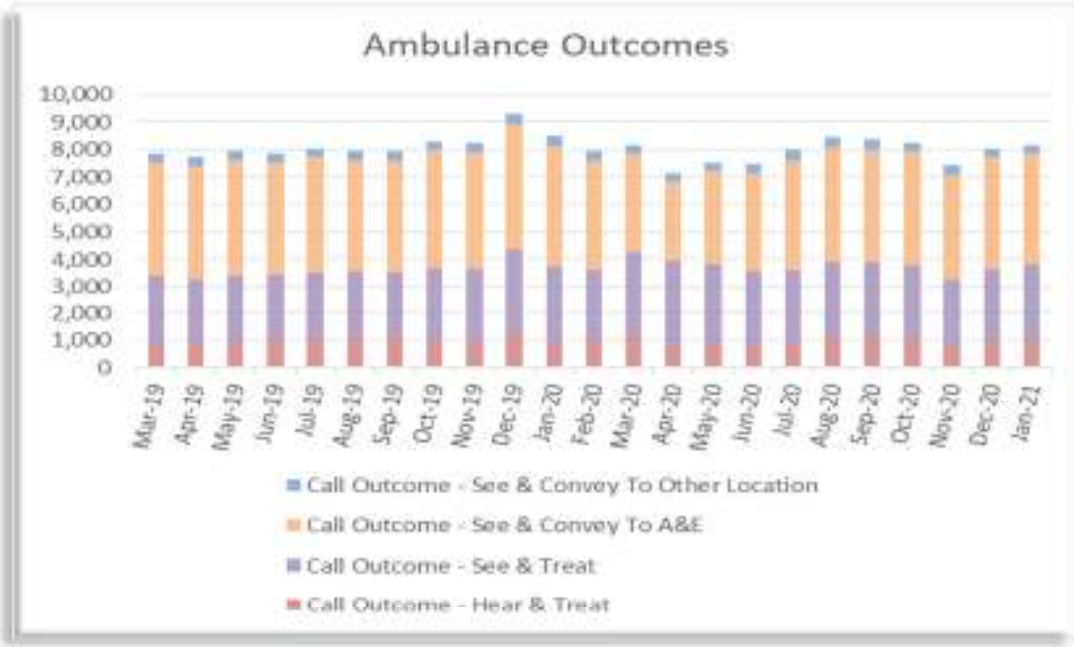
Actions that have been taken if the performance is under the national average; issues on performance and KPIs are discussed and addressed and monitored through the Monthly Contract Review Meetings (MCRM)

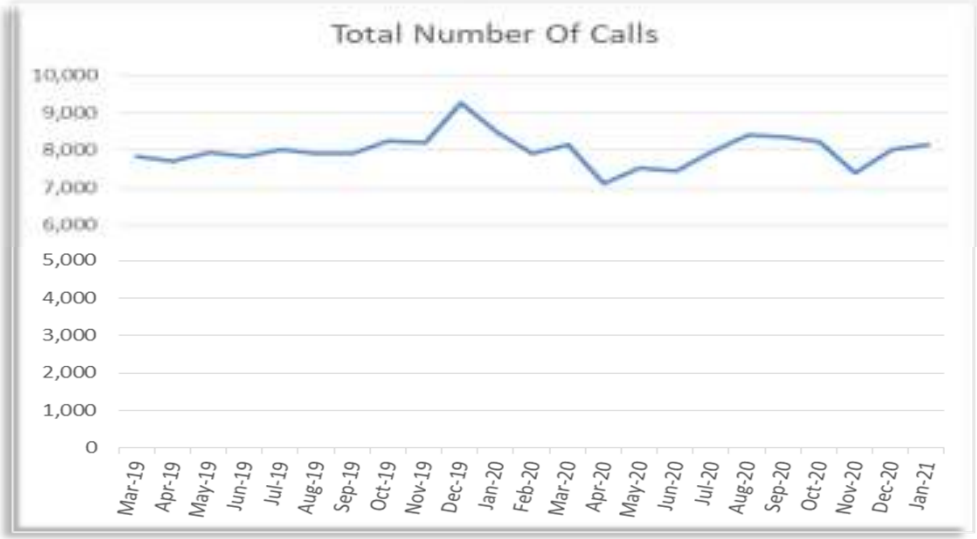
***Because of the very small numbers involved, the percentage figures will vary greatly month on month.**
KPI 13: In December, 15 patients required an urgent tc consultation (within an hour) and 11 patients were seen within an hour.
However in January of the 11 required an urgent consultation none were seen in the 1 hour time frame. The same is true for KPI 14

Emergency – SWAST Performance

NHS Somerset Clinical Commissioning Group







Emergency – SWAST Performance

NHS Somerset Clinical Commissioning Group

Areas of focus during Covid-19:

- SWAST 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	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
April	7.3	13.1	21.1	41.1	93.3	152.6
May	7.3	14.4	22	42.7	100.7	138.8
June	7.2	13.5	22.8	44.7	109.1	150.3
July	7.3	14	24.7	47	152.9	205
August	8.4	16	29.4	57.1	236.1	341.8
September	9	17	33.8	66.6	331.4	362.4
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

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

Higher level of acuity and increased Cat 1 percentages.

In recent weeks SWAST have seen an increase in acuity which is mainly attributable to Covid -19 and respiratory related conditions. This is coupled with the increase in Cat 1 percentages, where we are seeing up to 12% of our incidents being coded as Cat 1.

Operational resourcing and workforce abstractions.

Although SWAST have generally maintained their full conveying capacity each day this has been impacted by the nature of their short notice sickness and other Covid-19 abstractions which require them to redeploy staff to other locations which leads to a reduction in available resources at the time. In recent weeks SWAST have seen abstraction rates of 44% (operational abstractions including, annual leave, maternity, training, sickness and any short notice absence. Each abstraction element is monitored separately within the funded organisational targets) with sickness absence rates (including Covid-19) at around 16-20% which does not include the various Covid-19 related isolations and longer term redeployments.

Increased call cycle times.

SWAST aware that their conveyed and non-conveyed call cycle metrics have increased in all operational areas and mainly due to the level of acuity, the complexity around PPE and significant handover delays at a number of EDs across the region.

Handover delays.

Whilst handovers in Somerset have been very good SWAST have seen significant delays at RUH,WGH,BRI, & NBT which has significantly impacted on our county based resources and that of neighbouring areas who would respond to incidents on our borders.

Somerset has always been an outlier along with Cornwall due to the rurality of our county and so far we have not realised the full benefit of the investment in 19/20 & 20/21. The additional investment in 19/20 & 20/21 has seen a significant increase in conveying resource hours (double crewed ambulances) which is intended to improve our response to Category 2,3 & 4 patients within the county. The increased resourcing has coincided with a global pandemic and therefore we are currently operating in an environment with a variety of unique and new challenges including workforce abstraction rates, use of enhanced PPE and hospital delays.

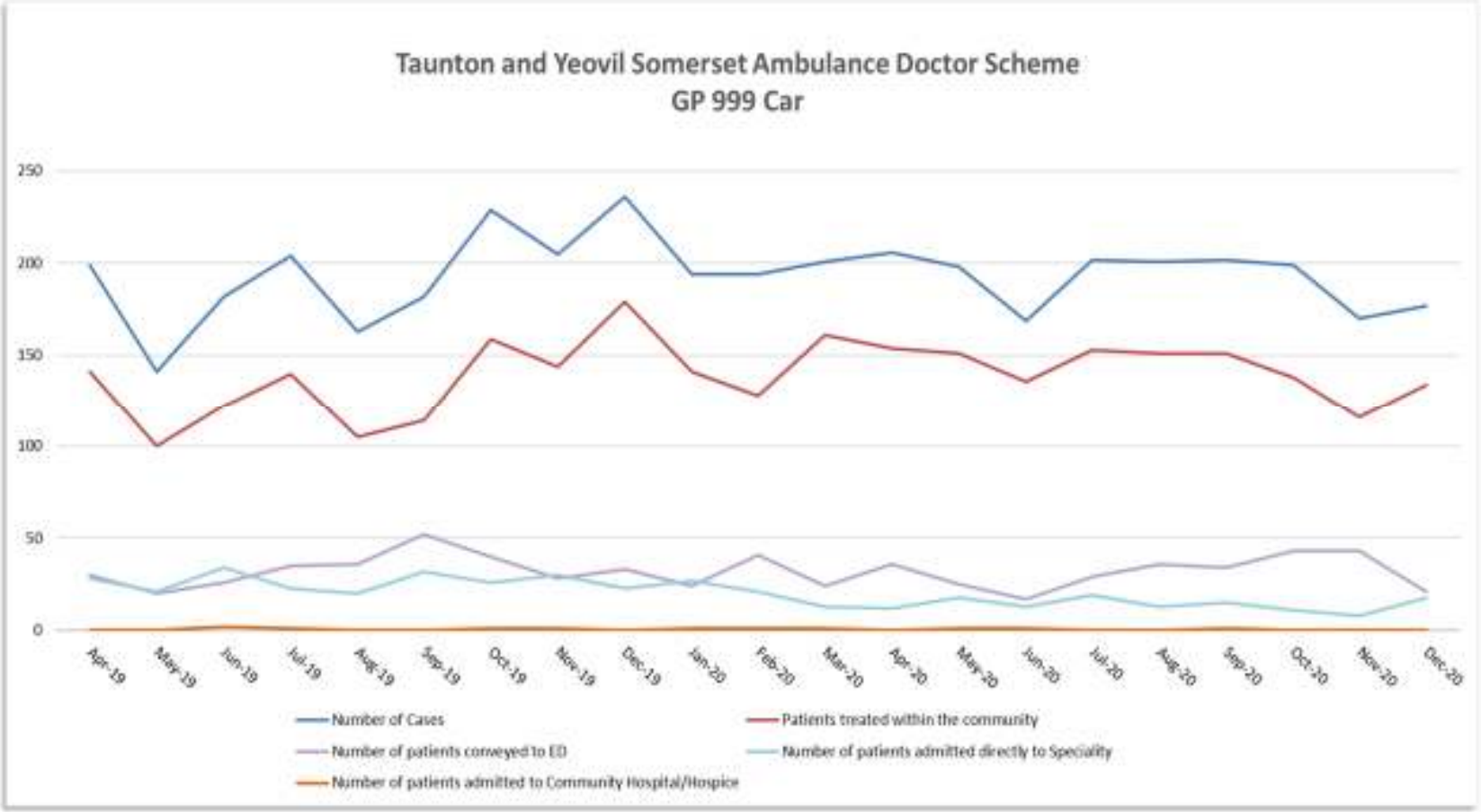
Emergency – SWAST Performance

NHS Somerset Clinical Commissioning Group

Areas of focus during Covid-19:

- The IUC clinical validation work with Meddcare Somerset 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.
- Although 999 activity significantly reduced during the first peak of Covid-19 Somerset CCG continues to be an outlier as is reporting the highest level of demand across the South West.
- 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:
    - 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 January 2021 shows:
        - Out of 1,130 Cat 3 and 4 calls 91.06% were downgraded by the Clinical Assessment Clinicians and only 331 cases had an ambulance dispatched to the patient
        - Out of 799 ED attendances 93.62% were downgraded and only 284 patients were seen in ED
    - Think 111 First – Somerset has implemented the National 111 First programme and is progressing well, positive feedback for both EDs and will continue to expand this work.
    - High Intensity Users (HIU) which were committed to under the former transformation plan and we will monitor these to understand if they are achieving the desired impact on ambulance activity – this scheme is currently ongoing and working up a plan to be put in place. The work went live in January 2021and looking to evaluate data by the end of March 21. Currently the scheme is concentrating on ED activity.

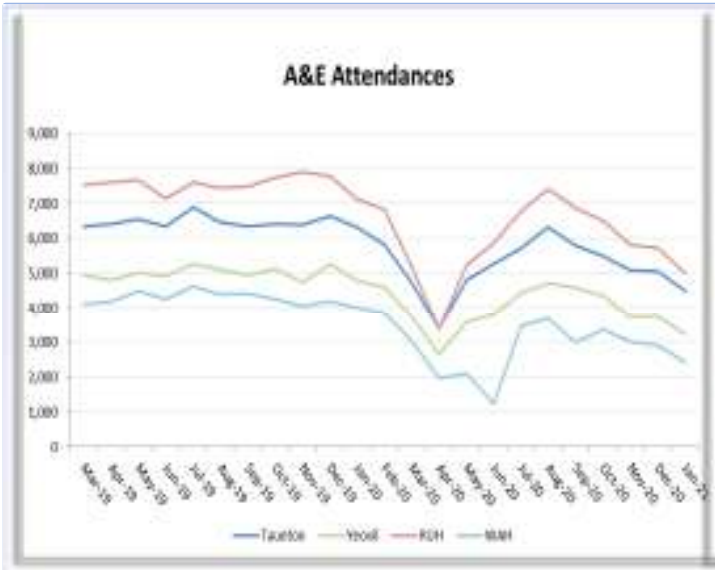
Emergency – SWAST Performance GP 999 Car

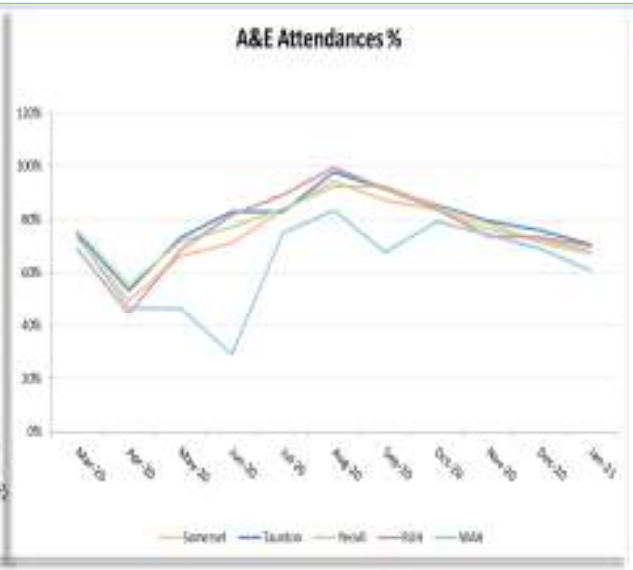


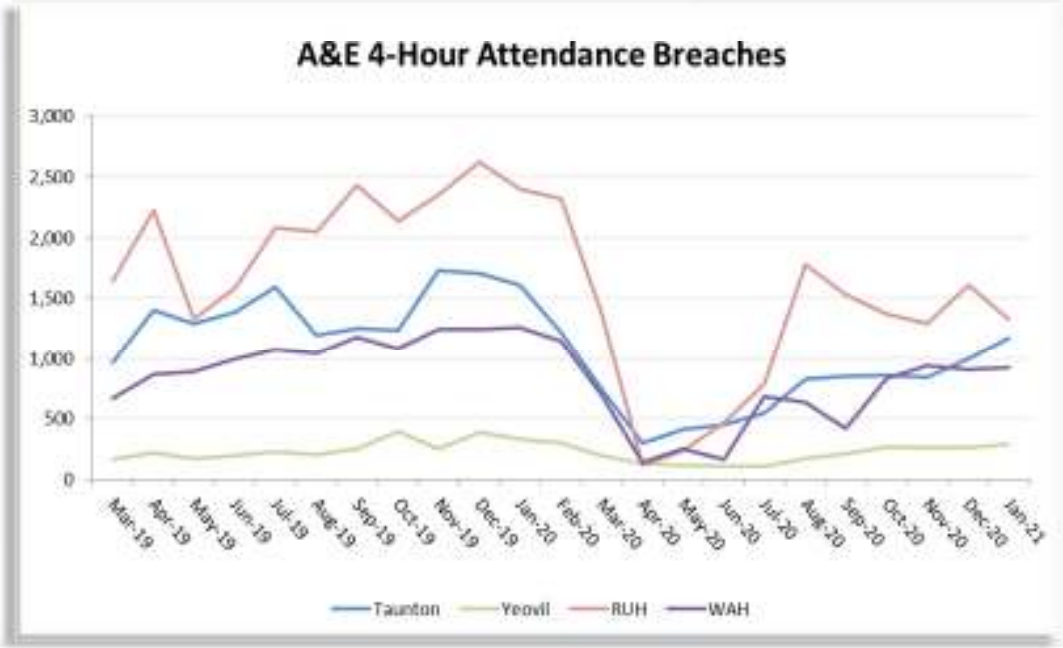
GP 999 Car – the purpose of the GP 999 Car is a hospital avoidance scheme, Urgent Care GPs attend high acuity calls that are accessed through the 999 stack, potentially treating patients within their homes or on scene without conveying them to hospital – this scheme has been running since it's pilot stage in 2014 and continues to provide an extra resource to patients with high acuity illnesses within the community – the data below shows number of cases that were treated within the community, conveyed to a speciality or community hospital rather than being conveyed to an Acute Hospital.

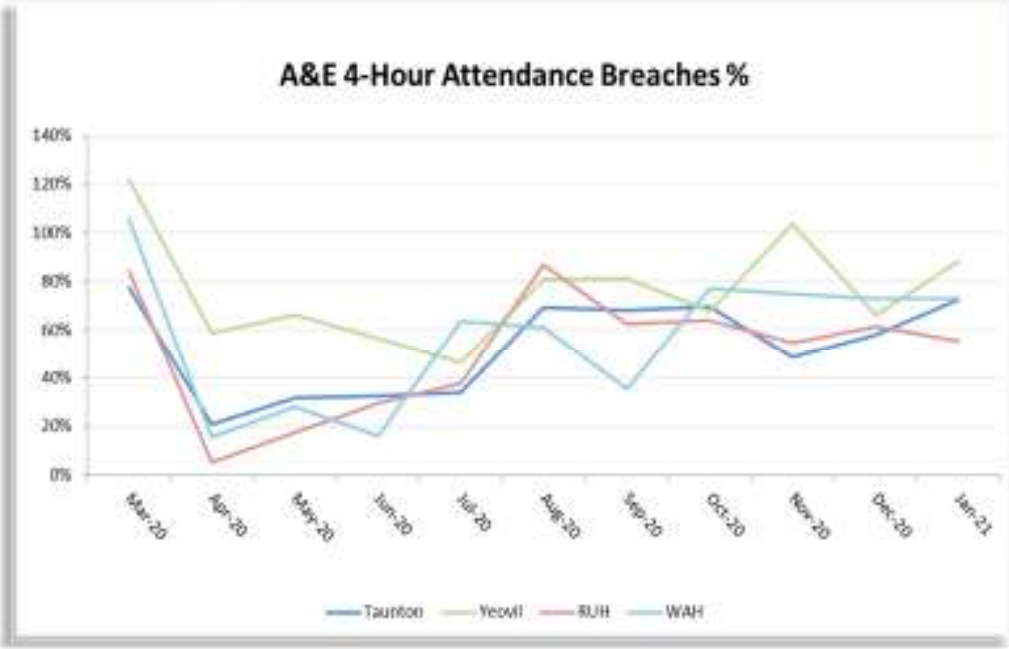
Emergency – A&E

NHS
Somerset
Clinical Commissioning Group









Emergency – A&E

NHS Somerset Clinical Commissioning Group

- **Somerset FT:** The number of patients attending the A&E Department in January was lower (-1874) than the same month in the previous year
  - During the cumulative period April-January, attendances were 20.2% lower (-13,055) than the same period in the previous year
  - 4-Hour performance in January was 73.86% and during the cumulative (April-January) period was 86.0%

- **YDH FT:** The number of patients attending the A&E Department in January was 32.5% lower (-1,552) than the same month in the previous year
  - During the cumulative period April-January, attendances were 22.2% lower (-11.086) than the same period in the previous year
  - 4-Hour performance in January was 91.11% and during the cumulative period was 95.2%

- **RUH Bath:** The number of patients attending the A&E Department in January was 26.4% lower (-2,125) than the same month in the previous year
  - During the cumulative period April-November, attendances were 29.7% lower (-15,023) than the same period in the previous year
  - 4-Hour performance in January was 73.37% and during the cumulative period was 82.1%

- **UHBW:** The number of patients attending the Weston site A&E Department in January was 39.2% lower (-1,570) than the same month in the previous year
  - During the cumulative period April-January, attendances were 36.7% lower (-13,947) than the same period in 2019/20
  - 4-Hour performance in November was 62.3% and during the cumulative period was 78.4%

Challenges During the Pandemic

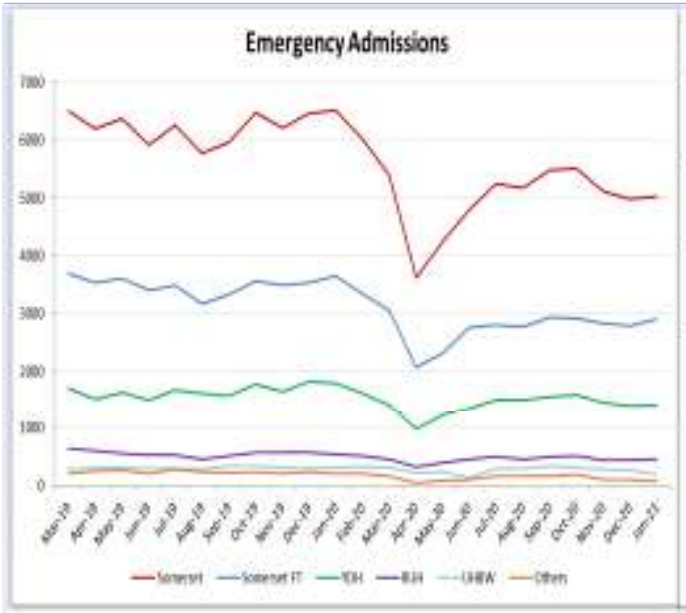
- A&E 4 hour performance drop is attributed to a rise in Covid-19 related admissions at SFT.
  The focus is on improvement work for 111 First service to support awareness of urgent activity flow into the A&E.
- YDH: Estates work within the emergency department is challenging as it remains open. The works are essential for the future management of patient care and demand. The creation of a room with hot and cold areas within ICU is also under way increasing physical capacity. Higher numbers of mental health presentations and higher levels of patient acuity.
- RUH Bath: Covid-19 testing delays affecting onward flow for admitted pathways, high number of ambulance delays.
- UHBW: The Trust had needed to open up intensive care surge capacity and reconfigure its hospitals in order to cope with this. This had significantly restricted the Trust's flexibility to deal with other patients, particularly as emergency admissions had not reduced in the way that they had during the first lockdown (December position as per Board Report)

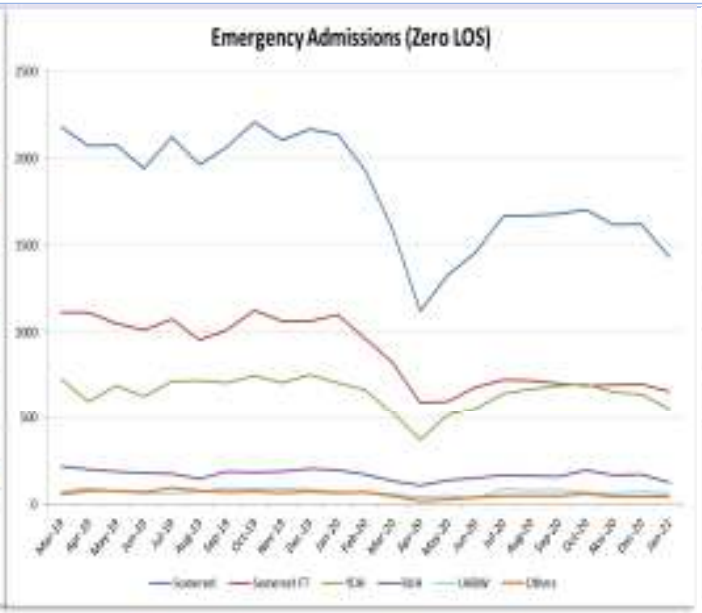
Mitigation

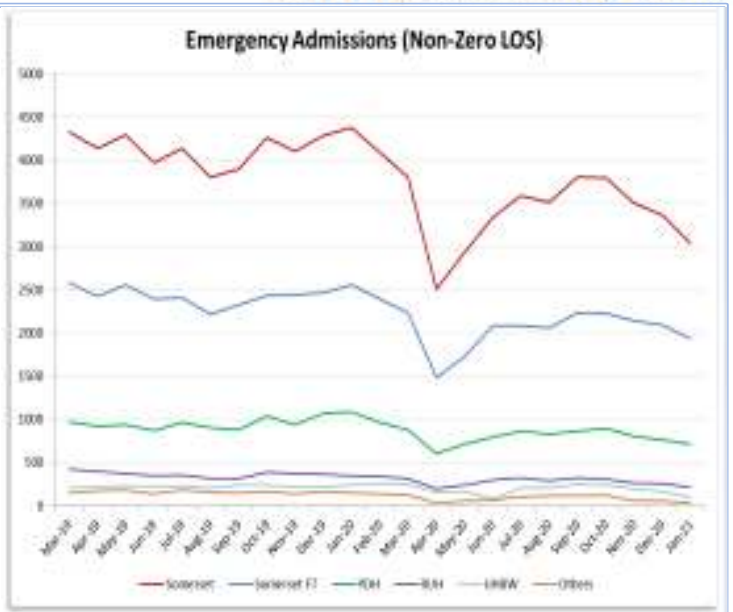
- The Trusts continue to work proactively on the development of further capacity to mitigate against the loss of cubicles / bed spaces within the Department due to social distancing requirements
- Zoning to separate positive / query positive and negative Covid-19 patients and Covid-19 testing regimes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

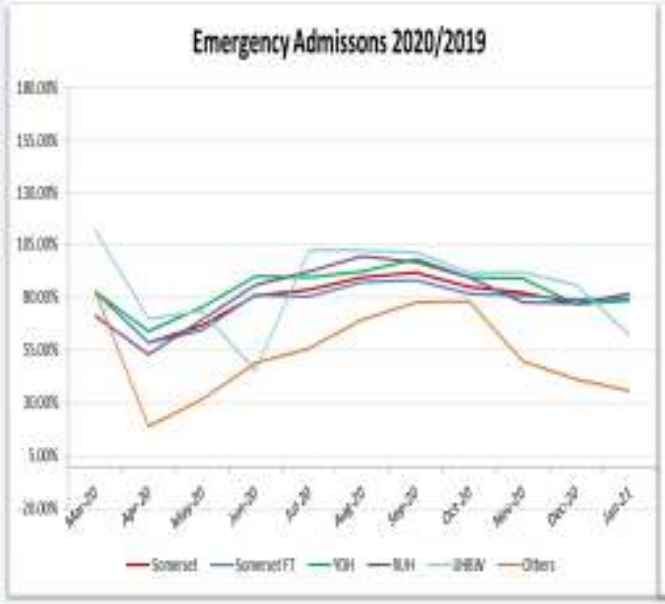
Emergency – Emergency Admissions

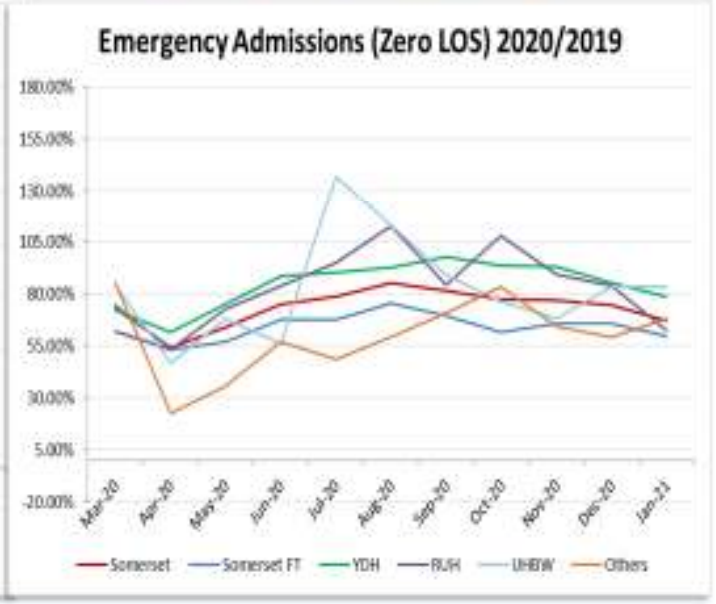
NHS Somerset Clinical Commissioning Group

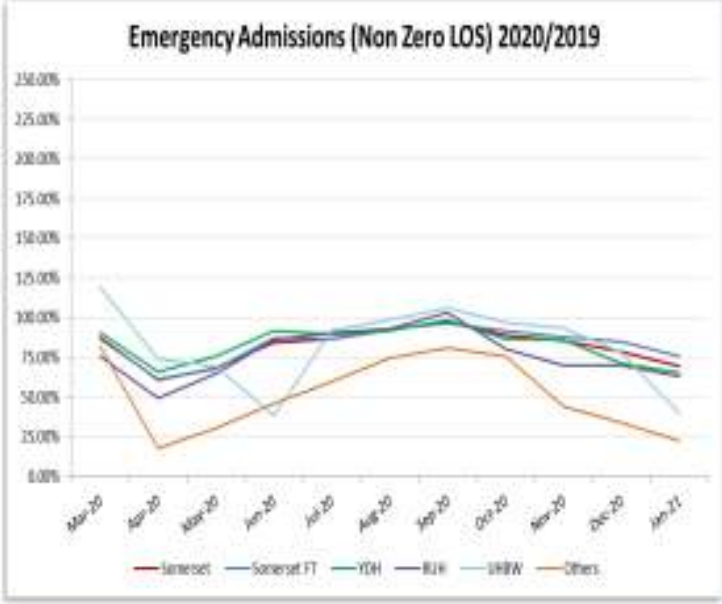












Emergency – Emergency Admissions

NHS Somerset Clinical Commissioning Group

- **Somerset**: The number of emergency admissions in January was 22.8% lower (-1,484) than the same month in the previous year and during the cumulative period April-January the number of emergency admissions were 19.3% lower (-11,977) than the same period in the previous year. Whilst the reduction in demand has been seen across both the zero and non-zero LOS admissions, the biggest percentage reduction was in the number of zero LOS admissions which aligns to the reduced A&E demand and is the position mirrored across all our main Acute Providers

- **Somerset FT**: The number of emergency admissions in January was 20.6% lower (-754) than the same month in the previous year and during the cumulative period April-January the number of emergency admissions were 20.56% lower (-7,154) than the same period in the previous year

- **YDH FT** : The number of emergency admissions in January was 21.2% lower (-381) than the same month in the previous year and during the cumulative period April-November he number of emergency admissions were 14.14% lower (-2,346) than the same period in the previous year

- **RUH Bath**: The number of emergency admissions in November was 18% lower (-98) than the same month in the previous year and during the cumulative period April-January the number of emergency admissions were 18.02% lower (-975) than the same period in the previous year

- **UHBW**: The number of emergency admissions in November was 37.7% lower (-117) than the same month in the previous year and during the cumulative period April-November the number of emergency admissions were 17.12% lower (-517) than the same period in the previous year

- During January and February 2021 the average Opel level across the Somerset System was Opel Level 3

Challenges During Covid-19 Period

- Increased Covid-19 admissions in December resulted an Internal Significant Escalation. (RUH).
- As a result of an increase in Covid-19 related admissions, the trust had to opened up intensive care surge capacity and reconfigure its hospitals in order to deal with this. This had a detrimental effect to attend to other patients. The trust had commissioned community beds to be able to discharge patients out of acute care. (UHBW)
- Reduction in the number of beds due to patient cohorting, which has impacted upon patient flow across the hospital

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.(Somerset FT)
- Rapid Assessment and Treatment process being embedded to reduce the overall length of stay in the department. Aim to free the purpose built RAT space in ED. Covid-19 testing delays has a detrimental effect on the onward flow for admitted patients. Implementation of near patient Covid-19 testing (RUH, UHBW)
- Zoning to separate positive / query positive and negative Covid-19 patients and Covid-19 testing regimes on admission

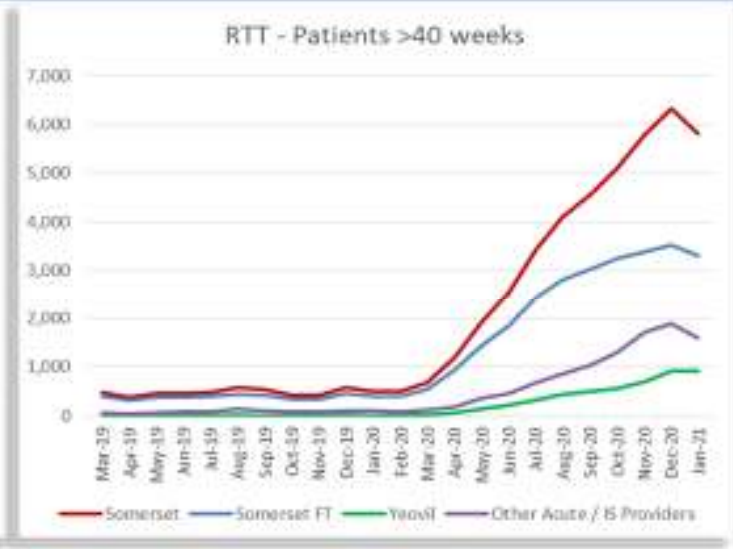
Elective Care

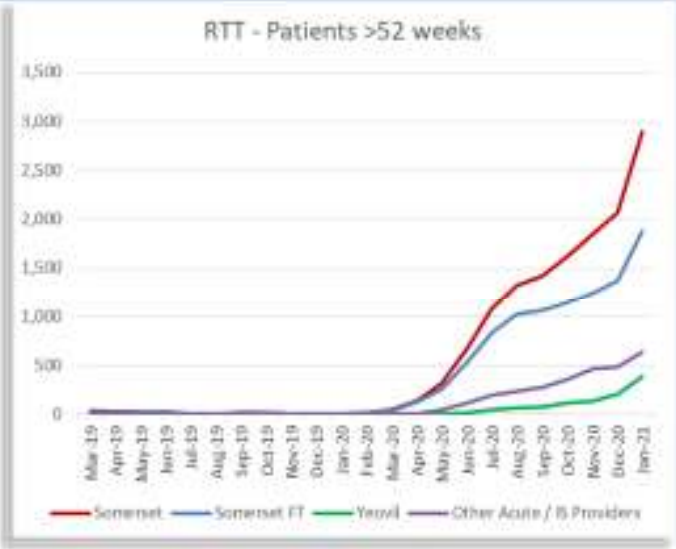
NHS Somerset Clinical Commissioning Group

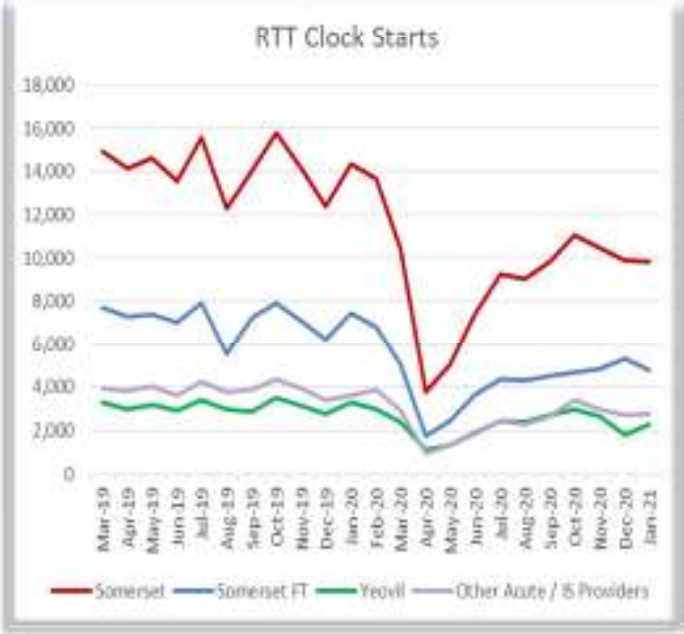
- Sir Simon Stevens and Amanda Prichard communicated in their joint letter dated 17 March 2020 the immediate requirement to postpone all non-elective operations for a period of at least 3 months to enable Trusts to free up general and acute beds in order to expand critical care capacity; as a consequence waiting times deteriorated during the first wave of the pandemic.
- Sir Simon Stevens again wrote to healthcare leaders on the 31 July 2020 to set out the third phase of the Covid-19 response which outlined acceleration to pre-Covid-19 levels of activity ahead of winter, to prepare for winter demand pressures alongside further Covid-19 outbreaks and to lock in learning from the first phase of Covid-19 with specific actions upon health inequalities and prevention
- The phase 3 plans required that Systems deliver:
  - 80% of pre-Covid-19 levels of elective in-patient and day case activity in September 2020, rising to 90% in October and sustained throughout winter
  - 100% of pre-Covid-19 levels of MRI, CT and Endoscopy diagnostic activity by October 2020 and sustained throughout winter
  - 100% of pre-Covid-19 levels of Out-Patient activity in September 2020 and sustained throughout winter, with the expectation that 25% of First and 60% of Follow Up Out-Patient Appointments are delivered virtually
- Somerset System Partners fully collaborated and submitted a jointly agreed plan on the 5 October 2020 which was predicated on a low level of Covid-19 outbreaks (as seen during the first wave of the pandemic) and demonstrated that the re-start ambitions would be met by March 21 and that the highest priority and longest waiting patients would be treated
- Amanda Prichard and Julian Kelly jointly wrote to System Leaders on 23 December 2020 to express their thanks and gratitude for the extraordinary efforts across Health and Social Care during 2020 and to outline the priorities for the next phase of the Covid-19 Response, both for the remainder of 2020/21 which includes maximising capacity in all settings to treat non-Covid-19 patients and the reduction of backlogs and long waits during 2021/22
- National communications and guidance for 2021/22 is expected to be published during March, which will outline the NHS key expectations for recovery in 2021/22

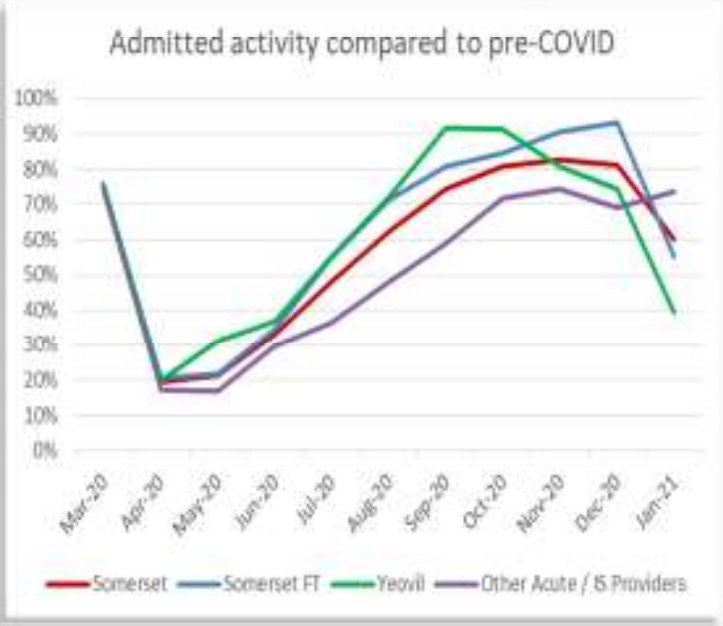
Referral to Treatment

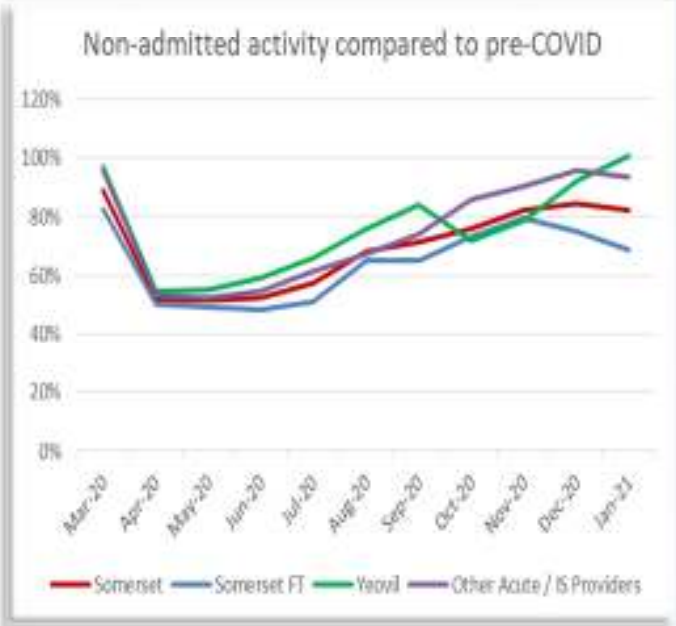
NHS Somerset Clinical Commissioning Group











RTT

NHS Somerset Clinical Commissioning Group

Key Challenges

- All RTT performance measures continue to be heavily impacted by the Covid-19 outbreak due to lost out-patient and surgical capacity, a shortfall of staff, social distancing and patient choice not to attend. The emphasis continues to be to keep patients safe ensuring that those patients with urgent conditions continue to be prioritised

- Due to the loss of capacity the overall size of the waiting list and backlog is forecast to further increase during Quarter 4 and there is an active programme of system-wide working to support long term recovery and the efficient use of all available capacity

- There has been a reduction of 55,232 new clock starts (a measure of referral demand) when comparing the cumulative period March 2020 to January 2021 to the previous financial year, which ~~and~~ could be an indication of potential unmet demand

- During January 2021 there were 9,844 new clock starts which is comparable (in volume) to previous month although the average number of daily referrals in January increased to 518 compared to 448 in December. However when compared to the same month in the previous year (January 2020) the average daily rate of referral was 684 which is 24.3% higher than of the level of demand seen in January 2021. Suspected cancer and urgent demand has broadly returned to expected levels, although routine referrals remain significantly lower despite primary care demand now exceeding pre Covid-19 levels

- In January, there were 38,404 patients on an incomplete pathway awaiting their first definitive treatment (against the phase 3 planning ambition of 38,538) which is a reduction of 883 patients when compared to the pre Covid-19 level in February 2020. After an initial steep reduction between February and April the overall waiting size has been steadily increasing and this is underpinned by the increase in referral demand (new clock starts)

- During the first wave of the Covid-19 pandemic there was a reduction in referrals and a high proportion of those received were patients on either a suspected cancer or urgent pathway and clock stop within 18 weeks. In addition there was a significant reduction in the number of patients receiving treatment from the over 18 week category (seen as a reduction in clock stops). The combination of these factors resulted in the initial deterioration in 18 week performance dropping from 81.3% in February to 43.5% in July. However as result of the increased demand the number of patients on the waiting list waiting less than 18 weeks has been steadily increasing.

RTT

NHS Somerset Clinical Commissioning Group

Key Challenges

- The number of patients waiting in excess of 18 weeks started to reduce from September (linked to the reduction in referrals earlier in the year resulting in an improvement in 18 week performance). However, in January there was a decline in performance to 64.01% and linked to a further reduction of routine elective capacity).

- The number of long wait patients has significantly increased since February 20 (the last month unaffected by Covid-19) where there were 507 patients waiting in excess of 40 weeks and 21 patients waiting in excess in 52 weeks

- In January 2021 the number of patients waiting in excess of 40 weeks reduced from 6,319 patients in December to 5,813 in January but those waiting in excess of 52 weeks increased by 830 patients to 2,899. The increase in very long waits in January is attributed to a combination of reduced capacity due to Covid-19, the prioritisation of urgent and cancer patients and an increase in the number of patients choosing to delay treatment

- The breakdown of 52 Week Waits by Provider is as follows: Somerset FT 1,877, YDH FT 383, RUH Bath 115, UHBW 147, SMTC 76 and Other Providers 492. Providers who have not previously seen long waits (including YDH FT and the smaller and independent sector providers) have also seen a significant deterioration in waiting times

- Nationally the number of patients who exceeded 52 weeks has significantly increased from 1,724 in February to 224,803 in December (latest national data available) and across the South West Region there were 21,923 patients. This ranked the CCG as the 28th highest commissioner (out of 157).

- The admitted waiting list reduced by 1,034 patients (from 10,753 in February to 9,598 in January) due to the lower demand and out patient throughput during the spring and summer reducing the number of patients being added to the admitted waiting list.

    - The number of elective admissions undertaken during November and December neared pre Covid-19 levels of demand; however in January the volume of activity undertaken reduced to 69.9% of that delivered in the same month of the previous year due to the need to create additional critical care capacity to manage the significant increase in demand

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

RTT

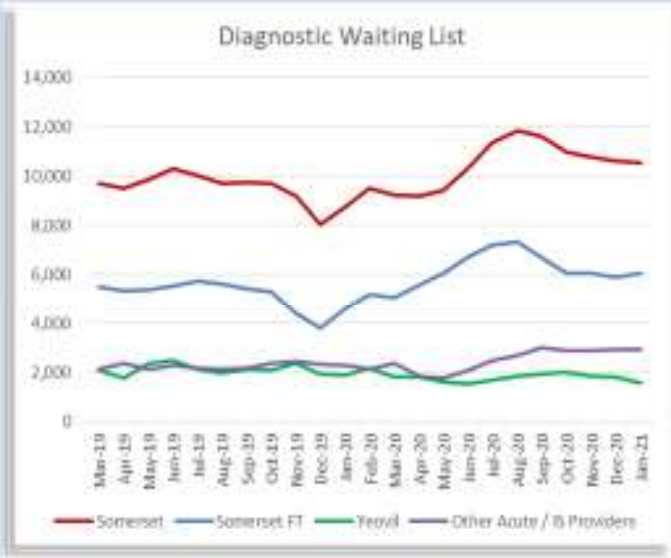
NHS Somerset Clinical Commissioning Group

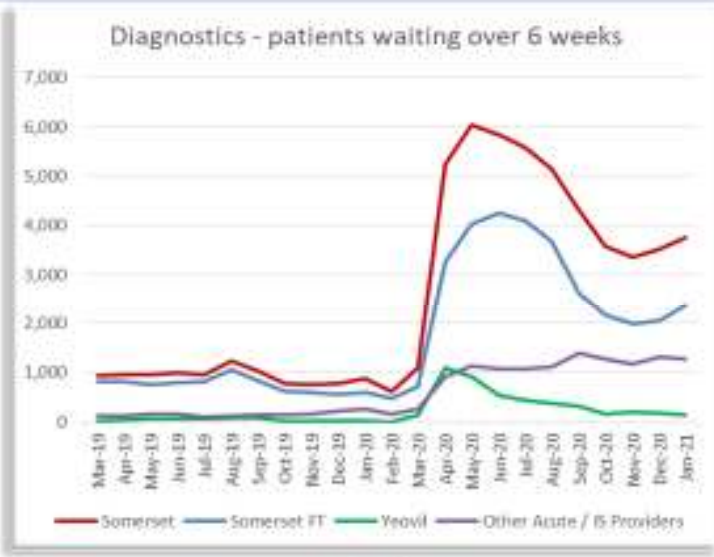
Key Focus

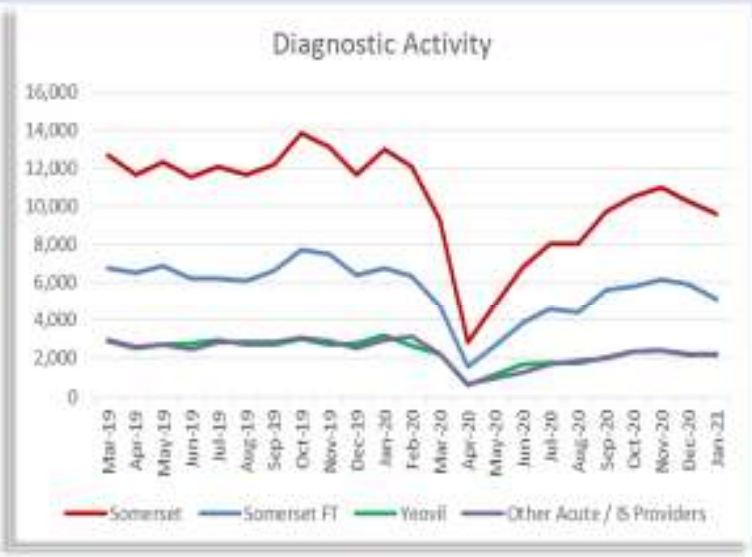
- The Non-Admitted waiting list has been increasing steadily month on month following an initial reduction earlier in the year due to the reduction in referrals and in January there were 28,806 patients on a non-admitted pathway compared to 28,534 in February (and 21,501 in May when the waiting list reduced to its smallest point).
    - Non admitted long waits have increased in many of the medical and surgical specialities and waiting times have significantly deteriorated due to the initial stand down of routine elective services
    - The number of patients who attended a first out patients appointment (either face-to-face or virtually) has continued to increase month on month throughout the year as a result of routine out-patient clinics being stood back up following the first wave of the pandemic. This has been supported by a significant increase in the number virtual consultations and when comparing January 2019 to January 2020 the percentage restart is 97.6%
    - The volume of follow up out patients had been increasing month on month throughout the year; however in January due to the impact of Covid-19 when comparing January 2020 to January 2021 the percentage restart was 87.0%
    - During 2019/20 5.5% of out patient activity was delivered virtually and the aim in the long term plan was to reduce a third of out patient visits by 2023/24 by transforming services. During the Covid-19 response services were rapidly re-designed and supported by digital technologies and the roll of 'Attend Anywhere' resulting in 34.8% of out patient consultations in December being delivered virtually
- The Somerset system has set four key priorities for elective care in order to :
    - reduce referrals into secondary care where better care can be provided in the community
    - maximise elective activity
    - reduce the volume of longest wait patients, particularly those exceeding 52 weeks
    - maximise use of the independent sector

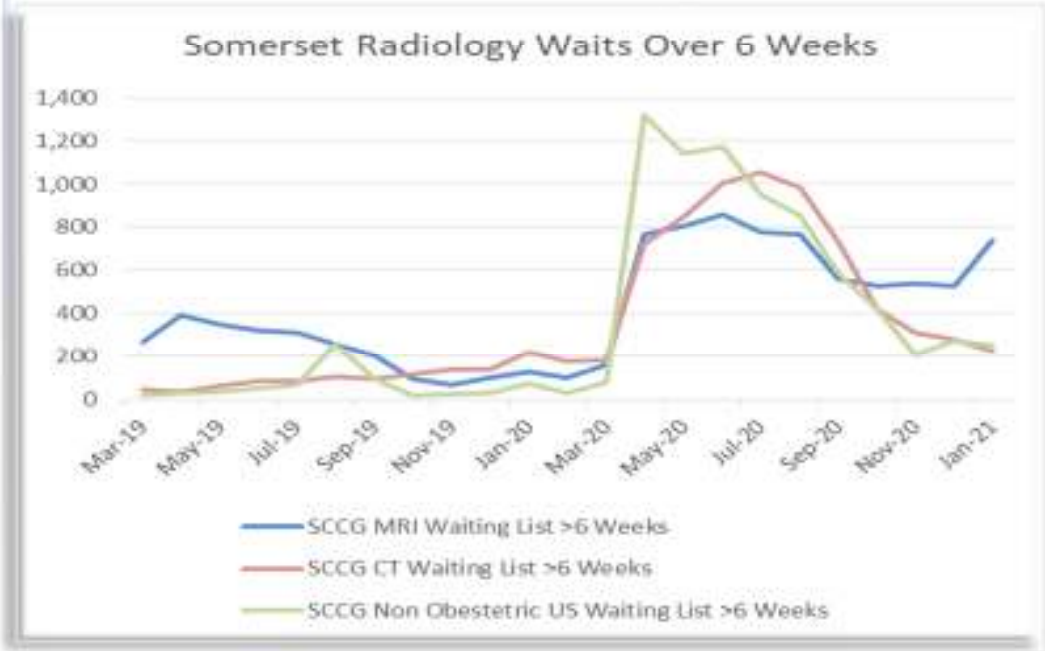
Diagnostics

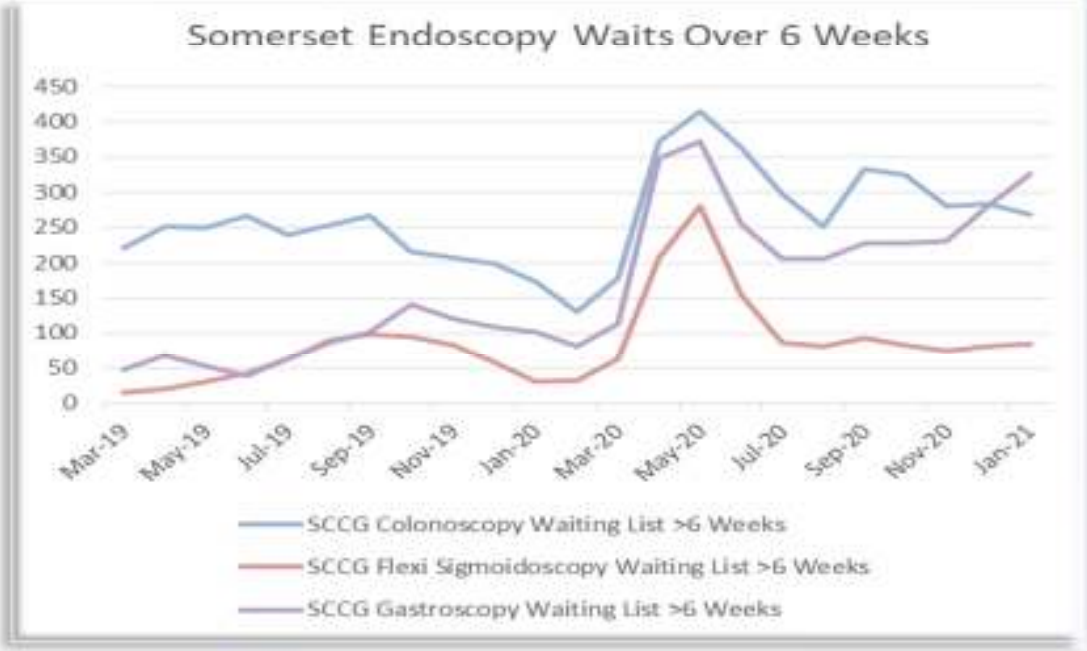
NHS Somerset Clinical Commissioning Group











Diagnostics

NHS Somerset Clinical Commissioning Group

Key Challenges

- As a result of the stand down of routine diagnostic tests and procedures during Covid-19, all Somerset Providers have experienced an increase in the number of patients waiting in excess of 6 weeks totalling from 610 in February to 3,749 in January 2021 resulting 6 week performance of 64.32%, a decline of 2.6% compared to the previous month

- Capacity has been increased but social distancing in waiting areas, PPE and cleaning measures between patients, staff sickness (and isolation) and the impact of the Covid-19 pandemic continues to have an impact on available capacity and waiting times.

- The number of patients whose wait exceeds 13 weeks significantly increased from 124 in February to 4,032 in July when the number of very long waits peaked; however the position has significantly improved with the number of patients waiting in excess of 13 weeks reducing to 1,741 in January

    - Number of patients waiting in excess of 6 weeks by Provider: Somerset FT 2,350, YDH FT 126, Other Providers 1,273
    - Number of patients waiting in excess of 13 weeks by Provider: Somerset FT 1080, YDH FT 38, Other Providers 623

- There has been a decline in the number of 6 week breaches across the 3 diagnostic modality areas (radiology +141, physiological +64, endoscopy +45) when comparing January 2021 to the previous month.

    - Radiology increase is predominantly in MRI
    - Physiological increase is predominantly in Echocardiography

- The volume of diagnostic tests or procedures carried out had continued to increase month on month throughout the year; however due to the increase in Covid-19 cases there has been a decline and when comparing January 2020 to January 2021 the percentage restart across all diagnostic modalities was 71.9% (with some variability at a diagnostic modality level: (Radiology: 77.6%, Physiological 52.3%%, Endoscopy: 69.1%)

RTT & Diagnostics

NHS Somerset Clinical Commissioning Group

- Radiology – the overall number of Radiology (MRI, CT and Non Obstetric Ultrasound) 6 Week Waits climbed steeply from 296 in February 2020 to 3,033 in June 2020 where the number of long waits peaked. Due to the additional capacity put in place the in January the number of patients awaiting a Radiology diagnostic test of procedure reduced to 1,216 in January (although this is an increase of 141 upon the previous month)

  - MRI 6 Week Waits increased from 96 in February and peaked at 856 in June; the number of long waits has subsequently reduced to 740 in January
  - CT 6 Week Waits increased from 173 in February and peaked at 1051 in June; the number of long waits has subsequently reduced to 224 in January
  - Non-Obstetric Ultrasound 6 Week Waits has increased from 27 in February and peaked at 1,173 in June; the number of long waits has subsequently reduced to 252 in January

- Endoscopy – the overall number of Endoscopy 6 Week Waits has increased from 245 in February and peaked at 1,145 in May; the number of long waits has reduced to 736 in January

  - Colonoscopy: 6 Week Waits increased from 130 in February and peaked at 414 in May; the number of long waits has subsequently reduced to 268 in January
  - Flexi-Sigmoidoscopy: 6 Week Waits increased from 32 in February and peaked at 280 in May; the number of long waits has subsequently reduced to 85 in January
  - Gastroscopy: 6 Week Waits has increased from 82 in February and peaked at 373 in May; the number of long waits has subsequently reduced to 327 in January

- Physiological Diagnostics– the overall number of Physiological 6 Week Waits has increased from 69 in February and peaked at 2196 in July; the number of long waits has reduced to 1,797 in January

  - Dexa Scans 6 Week Waits increased from 4 in February and peaked at 286 in June; the number of long waits has subsequently reduced to 140 in January
  - Audiology Assessments: 6 Week Waits has increased from 23 in February and peaked at 622 in June; the number of long waits has subsequently reduced to 277 in January
  - Echocardiography: 6 Week Waits has increased from 21 in February and subsequently increasing monthly to 1,216 in January
  - Peripheral Neurophysiology: 6 Week Waits has increased from 2 in February and peaked at 331 in July; the number of long waits has subsequently reduced to 34 in January
  - Sleep Studies: : 6 Week Waits has increased from 9 in February and peaked at 223 in August; the number of long waits has subsequently reduced to 63 in January
  - Urodynamic: 6 Week Waits has increased from 8 in February and peaked at 156 in August; the number of long waits has subsequently reduced to 62 in January

Cancer

NHS
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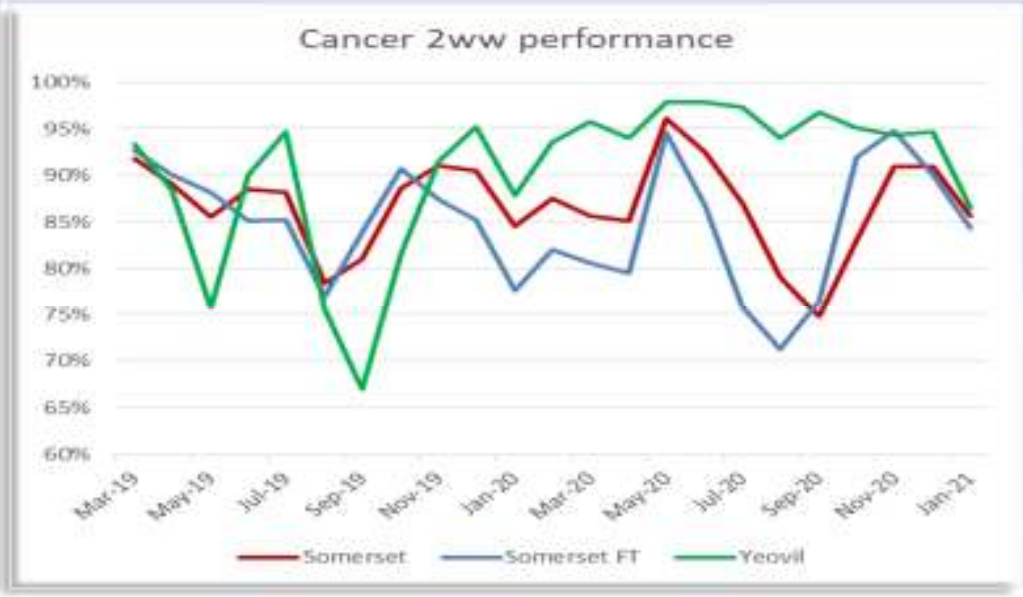
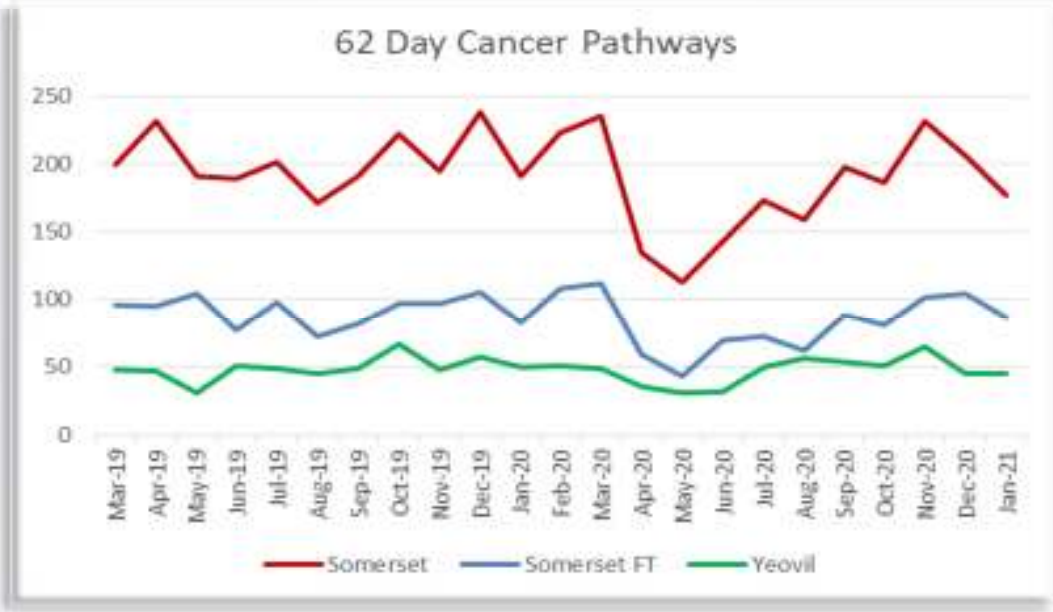
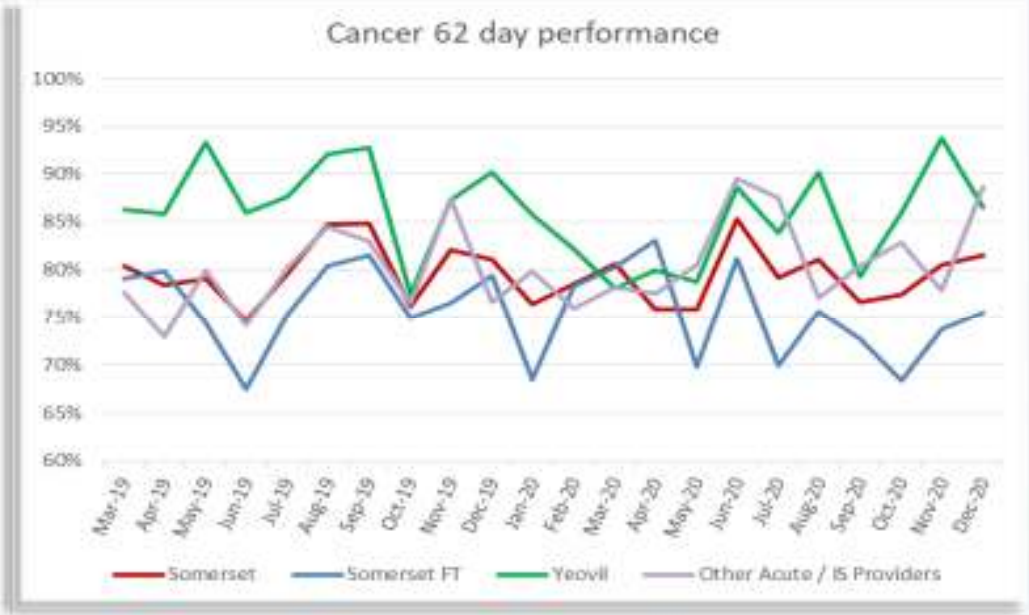






Cancer

NHS Somerset Clinical Commissioning Group

Key Challenges:

- Following the first Covid-19 lockdown there was a significant reduction in cancer referrals. The level of referrals has been steadily increasing from May (when compared to February 2020, the last month unaffected by Covid-19) and reached pre-Covid-19 levels from September to November. In January there has been an 11% reduction compared to December.
    - Somerset FT: -11.1%, (-105); YDH FT: -12.9%, (-70), RUH: -13.8% (-36), UHBW: -5.3% (-10), Others: +4.8% (+2) (all compared to December)
- The proportion of patients on a suspected cancer pathway waiting less than 2 weeks initially declined in April and May prior to performance peaking in May at 96.0%; the 2 week wait performance has steadily declined mainly attributed to other providers until September and improving since then.
- January performance:
    - Somerset FT: 84.36%, YDH FT: 86.47%, RUH Bath: 89.78%, UHBW: 89.83%, Others: 63.64%
- When comparing the level of 2 week wait breach in January 2021 (to February 2020) they are predominantly within suspected breast cancer (SFT and Other providers), upper (SFT, RUH) and lower (YDH and RUH Bath) gastroenterology, suspected gynaecological cancers (SFT).
- In January 2021 Somerset CCG saw a 7.8% decrease in the number of patients on a 62 day pathway who received their first definitive cancer treatment following GP referral when compared to January 2020:
    - Somerset FT: +4.2% (+3.5); YDH FT: -10.2%, (-5), RUH: -4.9 % (-1), UHBW: -17.7% (-5.5), Other Providers: -77.8%, (-7)
- The percentage of patients in Somerset receiving their first definitive cancer treatment within 62 days was 74.01% in January, a 7.54% drop compared to December.
    - Somerset FT: 69.77% (-5.71% compared to December), YDH FT: 81.82% (-4.7%), RUH: 76.92% (-23.1%), UHBW: 75.51% (-9.4%), Other Providers: 50% (-31.3%)
    - Breaches predominantly in
        - Urological cancers (complex diagnostic pathway and also due to health care provider initiated delay to diagnostic test or treatment planning
        - Lower Gastrointestinal cancer (health care provider initiated delay to diagnostic test or treatment planning, complex diagnostic pathway)
        - Skin cancer (Health Care Provider initiated delay to diagnostic test or treatment planning)
        - Lung cancers (complex diagnostic pathway, health care provider initiated delay to diagnostic test or treatment planning)
        - Breast (Complex diagnostic pathway)
        - Head and neck cancer (Complex diagnostic pathway, elective capacity inadequate)

Cancer

NHS Somerset Clinical Commissioning Group

Actions to support cancer services:

- The Somerset System working collaboratively with Somerset, Wiltshire, Avon and Gloucestershire Clinical Advisory Groups (SWAG) to submit a robust recovery plan that pulls on the learning from Adapt & Adopt workshops focusing on Radiology, Endoscopy, Theatres & Outpatients and the key objectives are:
    - The steady recovery of 2-week wait referrals back to full pre-Covid-19 levels
    - A reduction in the backlog of 62 day and 31 day pathways and take immediate action to reduce those patient waiting in excess of 104 days
    - Ensure sufficient capacity is in place to manage increased demand moving forward including follow-up care
- In order to achieve this the following actions are being undertaken:
    - Working closely as a system to analyse data provided in SWAG Weekly Cancer Recovery Pack to identify potentially delayed demand at tumour site level, and the other referral routes through which patients may be presenting
    - Monthly meeting of Somerset Cancer Board to ensure collaborative partnership working between primary and secondary care services to discuss and agree transformation programmes of work that will have a positive impact on patient pathways.
    - Development of a Somerset Cancer Operational Group to involve key colleagues from CCG and acute trusts which will aim to identify any issues of inequality of access to cancer services and understand what action needs to be taken to address these
    - Primary Care Network (PCN) Directed Enhanced Service (DES) highlight report has been developed utilising available data from NHS Fingertips (December 2020), SWAG Cancer Scatter Plot, NHS Business Services Authority (NHSBSA) Insight, & SWAG FIT (Faecal Immunochemical Test) Testing Report (November 2020) This is intended to be the basis of further discussions with Primary Care to discuss inequalities in routes to diagnosis and working in conjunction provide support and guidance where needed.
    - SWAG Cancer Alliance Funding has been agreed to support the 3rd phase pilot of RDS (Rapid Diagnostic Service). The hub & spoke model will provide a single point of referral, hosted by SFT, re-aligning cancer pathways across both providers to meet RDS principals for site specific (SS), starting with lung, colorectal, upper GI (gastrointestinal) & prostate.

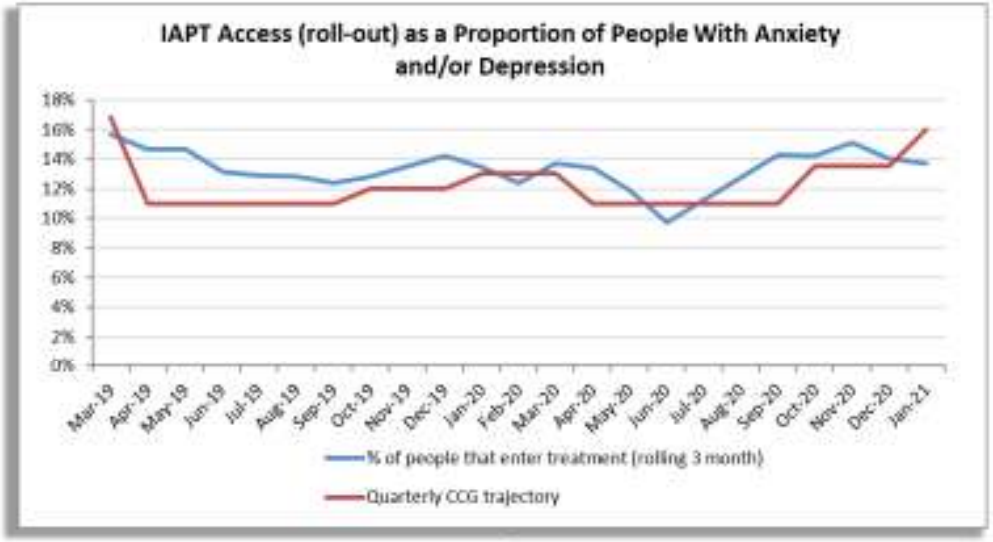
Cancer

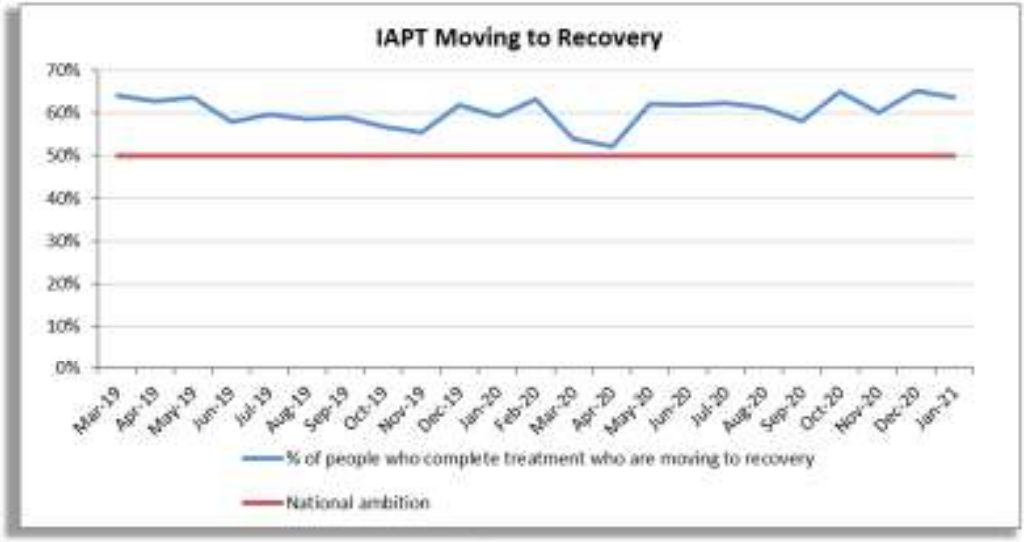
NHS Somerset Clinical Commissioning Group

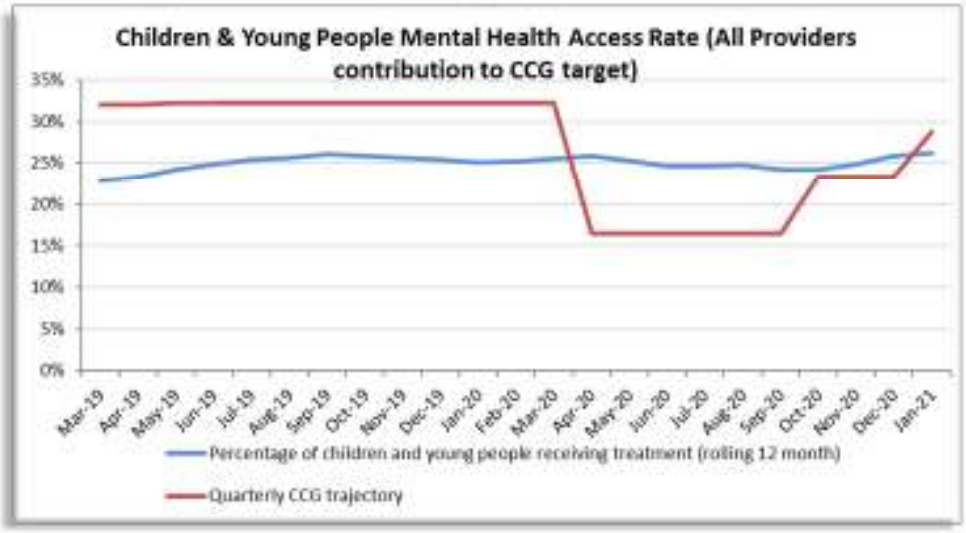
- Cancer improvement actions continued:
  - Implementation of primary care two week wait FIT (Faecal Immunochemical Test) continues to embed as business as usual in support endoscopy demand reduction. The process will be audited and results fed back to Cancer Board in April 2021.
  - Somerset weekly Elective Care Board Tracker has been developed to monitor waiting list sizes, backlogs and activity levels by provider and as a system. This includes monitoring patient backlogs at all stages of the cancer pathway including diagnostics and treatment type
  - Trusts will continue to use the national priority system for the treatment of patients and will prioritise longer waiting patients in line with clinical priority.
  - Work underway to ensure patients are routinely offered the three main personalised care interventions (Personalised Care and Support Planning; Health and Wellbeing Information and Support; End of Treatment Summary) for breast, prostate and colorectal patients.
  - A Project Manager has been identified to work closely with SWAG (South West Advisory Group) Cancer Alliance and Cancer GP Clinical Lead to deliver all aspect of requirement of Early Diagnosis work streams.
  - Work is underway with our Digital and Primary Care teams to establish the principles of Primary Care Cancer Digital Early Diagnosis Support Tool that best fit with digital strategy within Somerset.
  - YDH FT Direct Access Breast Clinic pilot project, involving 3 GP Practices commenced 4th January 2021 – allowing GP's to refer any female patients aged 30 years or older with any breast symptoms. All patients will be given an appointment within 14 days in line with 2ww pathway. An audit of the pathway will be carried out in 6 months to assess the impact on the patient pathway, prior to consideration of further roll-out across the system.

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***
- ***CYP MH access rate measures the percentage of CYP accessing (counted as two contacts) NHS funded community MH services***

Mental Health

NHS Somerset Clinical Commissioning Group

Improving Access to Psychological Therapies (IAPT):

- Somerset Foundation Trust (Somerset FT) has reported that there were 993 referrals to the IAPT service in January 2021. Referrals are now fairly similar to the pre Covid-19 period, and have been supported by a communications campaign (radio and business cards), alongside specific offers for staff resilience and people with long COVID.
- The reported IAPT recovery rate for January is 63.6% and the national ambition of 50% continues to be met and exceeded
- The un-validated data shows that Somerset FT delivered an IAPT access rate for the rolling 3 month period to January 2021 of 13.7%, against the Quarter 4 Somerset CCG trajectory of 16.0%. The Trust is exploring options to increase the access rate during the last quarter of 2020/21, including offering overtime for assessment work and outsourcing additional cases to ICS Digital Therapies
- The IAPT service continues to consistently meet and exceed the 6 and 18 week national ambitions. In January, 92.8% 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
- Following the start of Covid-19 lockdown the IAPT service within Somerset has continued to run and Somerset FT has successfully mobilised its clinicians to work from home and succeeded in maintaining its services by dealing with referrals via telephone, video and webinar interventions (in person face to face and by exception where clinically appropriate).

Mental Health

NHS Somerset Clinical Commissioning Group

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

- The CCG has planned to deliver 28.8% CYPMH access rate in 2020/21 with Somerset FT, digital therapy and other tier 2 providers contributing to the Somerset access rate
- Un-validated data for the rolling 12 month period to January shows locally estimated performance of 26.2% for all Providers contributing to the Somerset access rate. Work is ongoing to consolidate the position against the nationally reported position at provider level
- Actions have been put in place following a project supported by NHSEI to deliver improvement in the CYPMH access rate for the Somerset system. Funding from NHSEI has been used by Somerset FT to appoint a 'data person' for a fixed term period of 12 months to support the identification of recording issues. An internal appointment has been made and the post-holder will commence their new role in early March. The Assistant Commissioning Manager will be working with them to produce a high level mobilisation plan that will be reviewed by the CYP Programme Manager at NHSE/I. Deadline for this is the 1 April. It is anticipated that improvements in counting will be captured in the MHSDS submission in June, this submission window will also allow the opportunity to capture backdated data. Support has also been offered by the NHSEI System Improvement Team (SIT) and a introductory meeting has taken place on Friday 26 February and a further meeting is going to be held on the 16 March so the newly appointed data person can also attend.
- Young Somerset Wellbeing Service has helped bridge the gap for early interventions to address the mental health and emotional wellbeing needs of CYP in Somerset aged 11-18, however an increase in demand for CYP who have higher complexity needs has been seen. CAMHS and Young Somerset are working together to develop a 'Getting Help Team' and the team is set to go live in April 2021 and the team will offer support to those CYP whose needs are too complex to be seen by Young Somerset, but do not meet the criteria for CAMHS
- 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
- Technical issues have previously prevented the submission of data to Mental Health Services Minimum Data Set (MHSDS) by the Wellbeing Service and Mental Health Support Teams via Young Somerset. However, with support from the CCG Information Governance Team both services are now submitting data.

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'. Over 95% of people accessing the service are seen within 4 weeks. We are currently working on streamlining the dataset across the range of providers, including a consistent suite of outcomes metrics. We will be able to report with more up to date data for the next report.

Mindline 24/7 Crisis Line:

- Mindline Somerset is commissioned by Somerset County Council (Public Health) for the Covid-19 response, the 24/7 service offers additional support from other Mental Health services provided by Mind. In Somerset services in collaboration with alliance partners have been in place since the beginning of the Covid-19 pandemic lockdown and is available to callers of all ages. Since launching the 24/7 service in late March the line has in total received nearly 28,000 calls to end January 2021.

- The Mindline 24/7 crisis line offers a supported conversation to callers and has increased access to availability of Mental Health Services within Somerset; the services include Mindline Enhanced, Somerset IAPT and Community Mental Health Teams, depending on the level of need

- Callers are presenting with an increasing range of issues and high levels of anxiety, depression, distress, isolation, family, physical health issues, service issues and concerns around Covid-19 are being seen; the main purpose of a call is the provision of emotional support, and the service is able to access other NHS or VCSE provided support for callers as appropriate

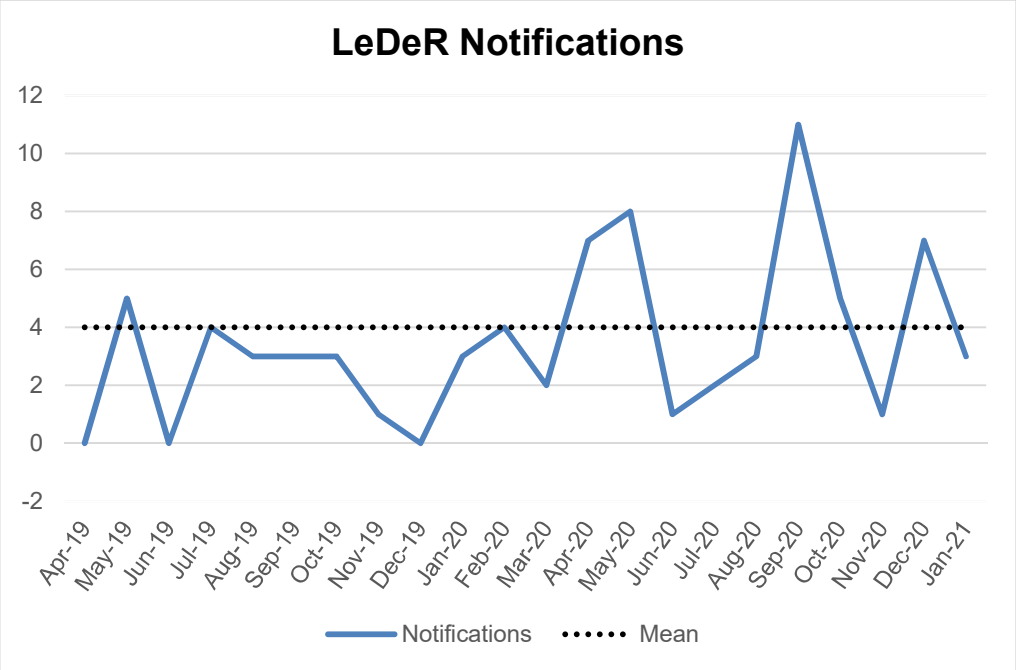
- Since 23 March there have been over 2,000 calls from Children and Young People (aged 18 and under) and their families to end January 2021. Callers requiring non-urgent or wellbeing support are referred to the Young Somerset Wellbeing Service, those callers with an urgent MH issue are transferred to 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 first phase of modelling is broadly complete and the next phase is underway, now incorporating VCSE data from the Open Mental Health Alliance.

Learning Disability Mortality Reviews (LeDeR)

NHS Somerset Clinical Commissioning Group



A total of 54 notifications of LD deaths in Somerset were reported to LeDeR in 2020, compared to 25 in 2019 (116% increase). Peak periods of deaths reported corresponded to the COVID-19 pandemic waves in March-May 2020 and heading into December 2020. The main causes of death in 2020 confirmed by LeDeR reviews were:

- Aspiration Pneumonia (17%), Pneumonia (15%), COVID-19 confirmed/suspected (13%)
- Cardiac Failure/Heart Disease (7%), Old age/Fragility (7%)
- 15% of deaths are currently awaiting confirmation of the cause of death

LeDeR Learning into Action

Key learning from LeDeR Reviews and improvement actions taken:

Improve uptake and quality of Annual Health Checks (AHCs)

- Project work in progress with learning disability service providers to increase confidence in undertaking AHCs including resources and training for practices
- Working in partnership with social care providers to improve support of AHCs, health action plans, updating care plans and pre-health check activities. Includes role of social workers to support AHCs.
- Working with Parent Carer Forum, Peer Support Groups and statutory partner agencies to promote awareness of AHCs.

Earlier recognition of swallowing problems/dysphagia and reduce occurrences of aspiration pneumonia (17% of deaths in Somerset)

- Work with Somerset FT LD and adult Speech and Language Therapy (SALT) teams and care homes to improve awareness/management of condition including accurate transcription of care plans, dysphagia newsletter published including information resources, training and competencies links

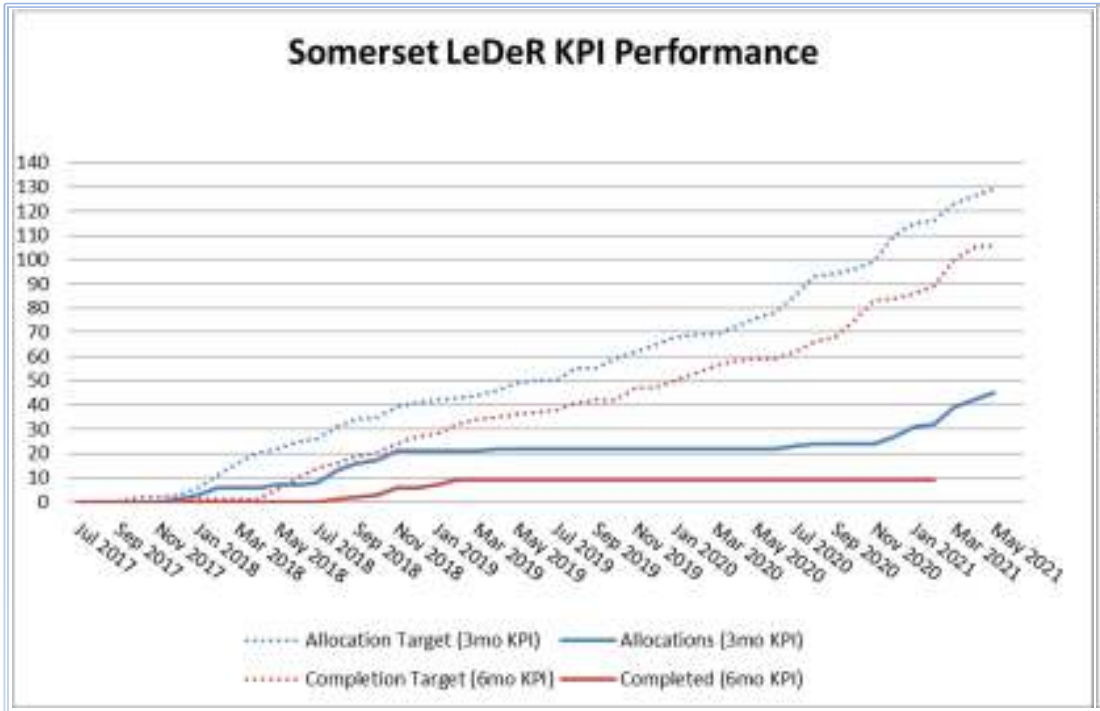
Earlier recognition of deterioration and treatment escalation

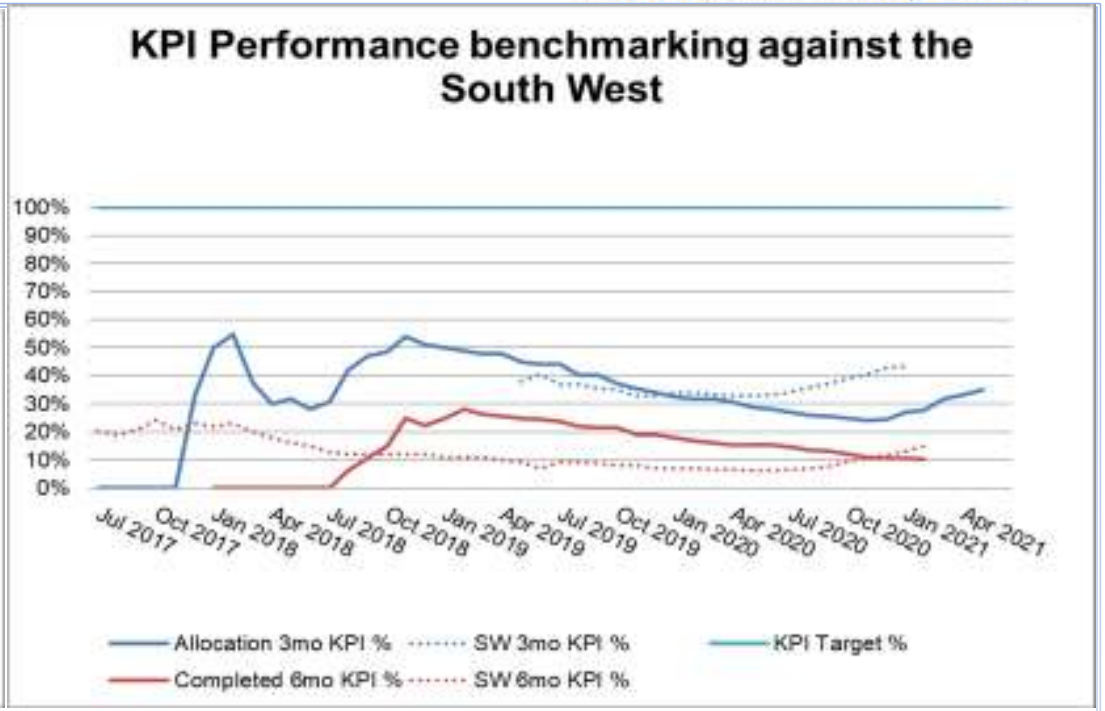
- National Early Warning Score (NEWS2) information cascaded across the system and well received. Included as part of Care Home RESTORE2* mini project community to acute pathway development project. **(*RESTORE2 is a physical deterioration and escalation tool for care/nursing homes based on nationally recognised methodologies)**

- Working with Somerset FT to support GP Practices identifying those most vulnerable to give additional focussed support to people with LD during the winter and pandemic period. Includes communication of information and resources, SPA (Single Point of Access) referral form and AHCs.

Learning Disability Mortality Reviews (LeDeR)

NHS Somerset Clinical Commissioning Group





- Performance against the NHS England KPIs (Review allocation within 3 months and completion within 6 months of notification) remains a challenge due to increased number of reviews and reduced availability of reviewers, and additional funding/resourcing needs;
    - Allocation of reviews within 3 months dropped below the South West average in early 2020, but has improved in the last quarter due to support received by the national and regional backlog projects/reviewer teams
    - Completion of reviews within 6 months dropped below the South West average in November 2020 partly due to Somerset being the last area to enter the national backlog project in October 2020 and the loss of volunteer reviewers from March 2020 onwards.

- Measures to improve performance are in place during January to March 2021 with all reviews notified from 6+ months ago in progress or being finalised and all notification from 3+ months ago allocated to bank reviewers or backlog project reviewers. Regular supervision is given to reviewers and weekly QA Panel meetings are scheduled to ensure completed reviews are finalised and approved rapidly to clear the backlog.

Learning Disabilities & Autism

NHS Somerset Clinical Commissioning Group

Transforming Care
Reliance on Inpatient Care:

1 discharge expected in March, with a further 2 expected in April, it will Bring the system back to target.
Adult non-secure admissions over target were appropriate and required for mental health treatment

	Q1 20/21	Q2 20/21	Q3 20/21	Target March 2021
Adults, non secure (CCG)	5	6	6	3
Adults, secure (NHSE)	6	7	7	7
C&YP (NHSE)	0	0	0	1

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

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

Local review of services:
The 'Independent Strategic systemic review of learning disabilities and autism for people aged 14 + in Somerset' was completed at the end of June (draft).. The first system-wide LDAP partnership board took place on 29 January. Various actions were agreed to take forward the recommendations from the review.

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 NHSE to help support improvements in this area including: training in education settings, diagnostic capacity and post-diagnostic support and transition.

Maternity

NHS
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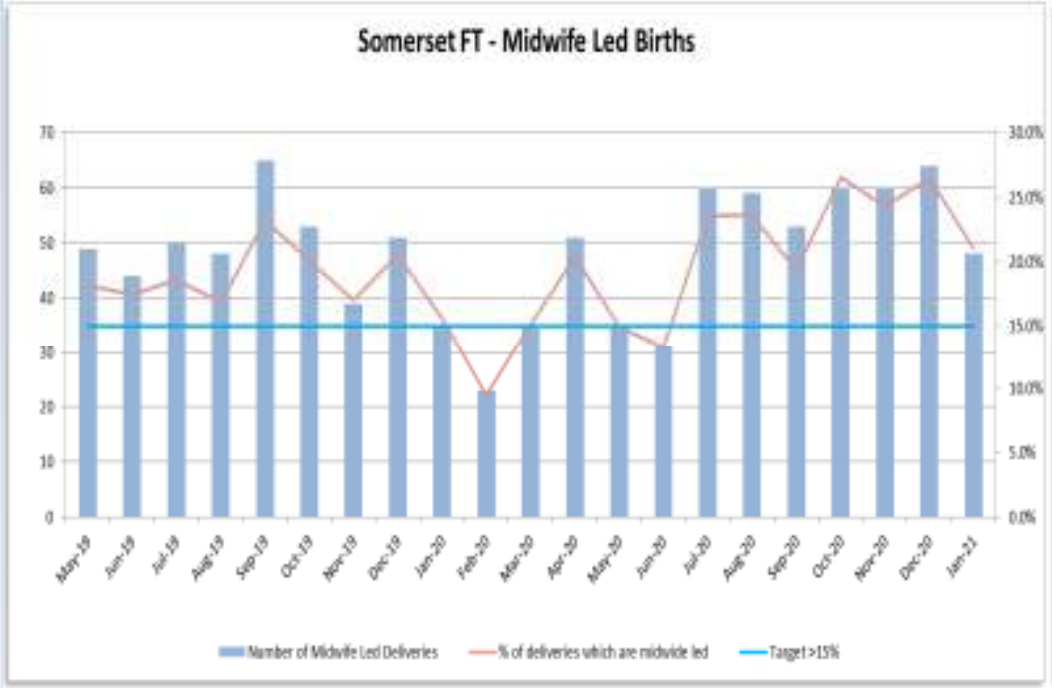

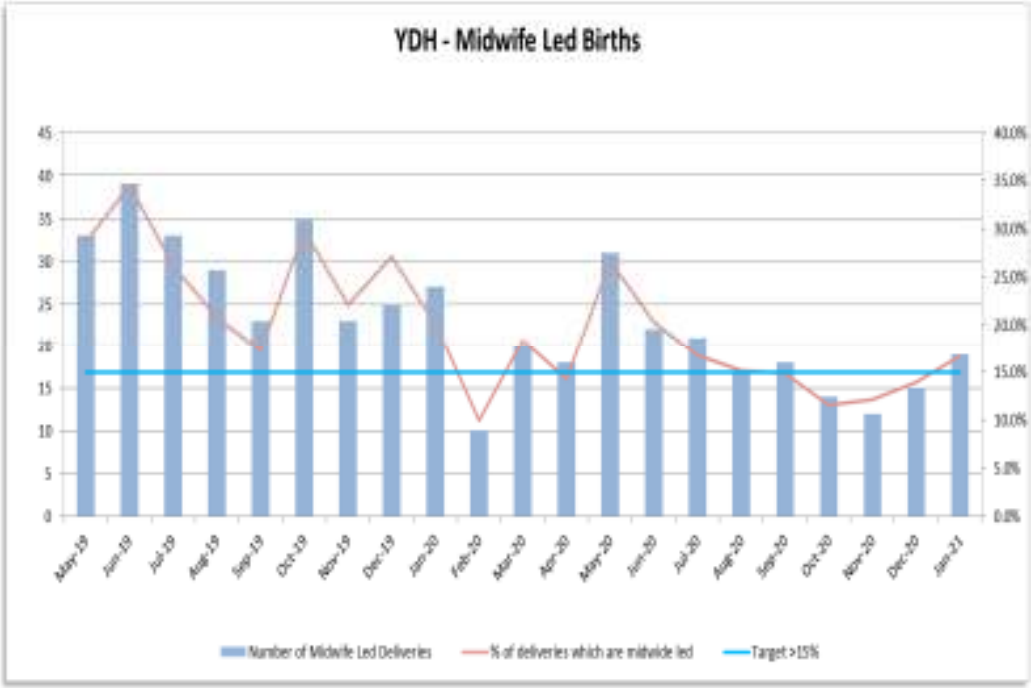

Maternity

NHS Somerset Clinical Commissioning Group

- During the cumulative period (April to January) there have been 3,589 women that have delivered babies, 2,439 at Somerset FT and 1,150 at YDH FT.

- Emphasis on the increase of Midwife Led deliveries (goal ≥15%); Somerset performance for the Local Maternity System (LMS) is 19.6% for January, a 1.2% decrease compared to the last reporting period (November). Compared to November Somerset FT seen a 3.2% decrease from 24.3% in November to 21.1% in January. YDH FT seen an increase of 4.6% from 12.1% in November to 16.7% in January.

- Both Trusts are focused on achieving all actions required in the Ockenden Report. Working closely with the LMNS, CCG Quality and Safety team and NHS England for assurance.

- Protocol to support BAME women throughout their maternity journey in place as required by NHS England. A task and finish group is reviewing access to Healthy Start vitamins for all women, with increased focus on BAME women, to increase uptake of Vitamin D during the perinatal period

- Somerset Maternity Voices Partnership (MVP) continue to support women during the pandemic, responding to concerns and raising queries with the maternity team. Access for partners has been a key theme and the MVP has been working closely with the trust to ensure that this has been facilitated wherever possible whilst balancing the need for safety.

- Actions to support maternity services:

  A range of digital resources have been sourced to support Somerset women. This includes the award winning 'Mum & Baby' app, a maternity toolkit and a number of animations. All give support, advice and signposting and the app incudes personalised care plans and opportunities for reflection. Formal launch for the digital resources in November using the Mycare logo – 'Somerset Better Births'

  - Funding has been agreed to support the full implementation of the National Bereavement Care Pathway across the LMS, to link with an enhanced perinatal mental health support offer.

  - A new role has been created for a Public Health Midwife, to work closely with maternity teams and our colleagues in Public Health supporting women to have a healthy pregnancy, including smoking cessation and healthy weight through pregnancy

  - Seven community hubs are now in use, including the newly refurbished Bracken Birth Centre. These hubs are staffed by small teams of midwives, allowing more Somerset women to receive Continuity of Carer during their pregnancy journey. These maternity hubs will include Health Visitors, and the opportunity exists to invite others to attend to work alongside midwifery teams, such as breast feeding supporters, smoking cessation advisors and more.