

Report to the NHS Somerset Integrated Care Board on 29 September 2022

Title: Integrated Board Assurance Report (IBAR) 1 April 2022 – 31 July 2022	Enclosure F
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Summary and Purpose of Paper

Following discussion at the Finance and Performance Committee meeting held on 17 August 2022, the enclosed paper provides a summary of escalation issues for quality and performance against the constitutional and other standards, for the period 1 April 2022 to 31 July 2022, and provides a detailed summary for the following areas:

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

Recommendations and next steps

The NHS Somerset Governing Body is asked to discuss the performance position for the period 1 April 2022 to 31 July 2022.

Impact Assessments – key issues identified

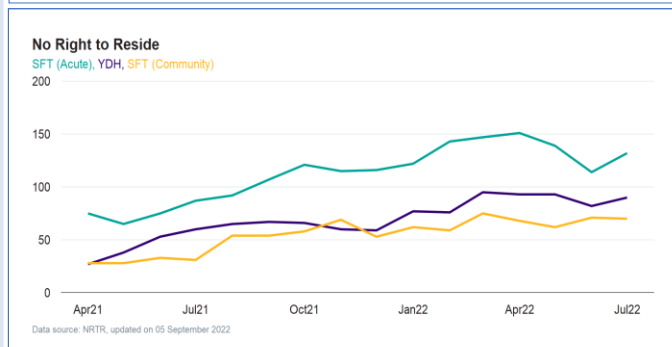
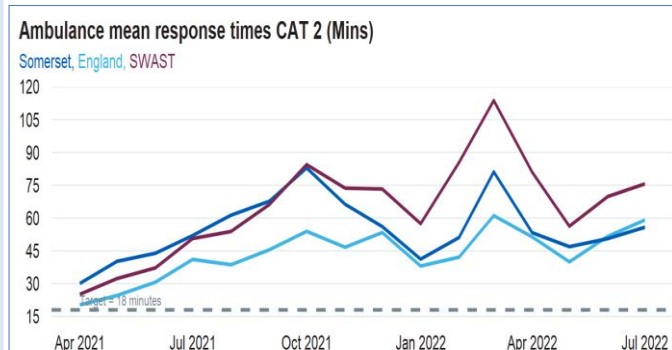
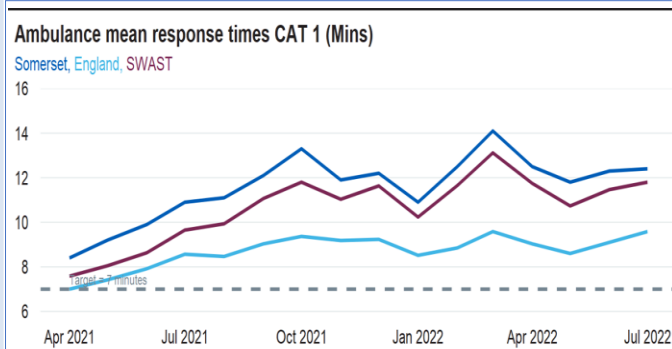
Equality	Equality and diversity are at the heart of Somerset Clinical Commissioning Group's work, giving due regard to eliminate discrimination, harassment, and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, in its functions including performance management.
Quality	Decisions regarding improvements against the performance standards are made to deliver regarding the best possible value for service users.

Safeguarding	We are dedicated to ensuring that the principles and duties of safeguarding children and adults are applied to every service user and that safeguarding is integral to service development, quality improvement, clinical governance, and risk management arrangements.			
Privacy	No issues identified.			
Engagement	All discussions regarding performance improvement have been detailed in the enclosed report.			
Financial / Resource	ICB allocation as at 31 July 2022 £855,666,000			
Governance or Legal	Financial duties of NHS Somerset not to exceed its cash limit and comply with relevant accounting standards.			
Sustainability	The ICB has a responsibility to provide high quality health care whilst protecting human health minimising negative impacts on the environment. The Somerset ICS Green Plan 2022-2025 is a mechanism to take a coordinated, strategic, and action-orientated approach to sustainability. This includes core work elements around sustainable healthcare, public health and wellbeing, estates and facilities, travel and transport, supply chain and procurement, adaptation and offsetting and digital transformation.			
Risk Description	NHS Somerset must ensure it delivers financial and performance targets.			
Risk Rating	Consequence	Likelihood	RAG Rating	Risk ID
	2	4	8	19

Exception Report

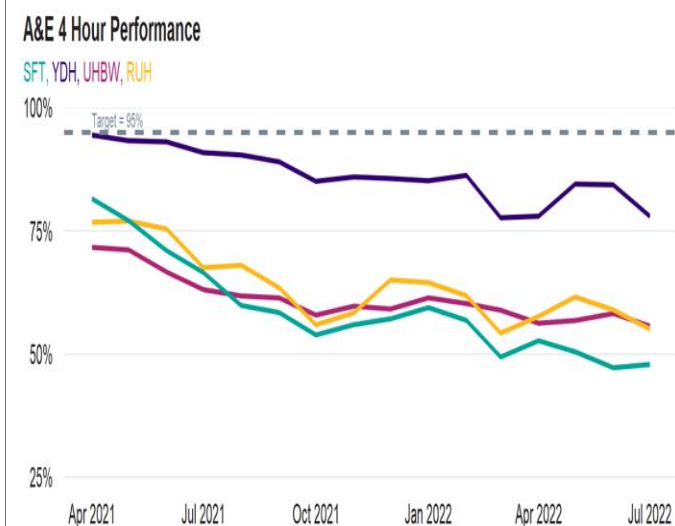
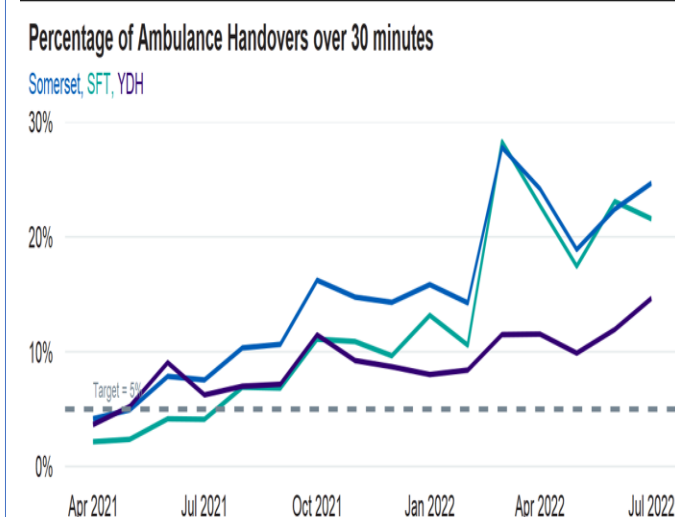
July 2022

Board Exception Report – Urgent Care



Issues: The Somerset urgent care service continues to experience extreme pressure, which is being seen through all routes of delivery. **NHS 111** performance has been extremely challenged particularly since the Jubilee weekend with abandonment rates reaching 32% for July 2022 (+4% upon June). A performance improvement plan and improvement trajectories are being discussed to include, recruitment/attrition and the ICB continues to liaise with providers to understand the reasons for poor performance. **SWASFT:** compared to the previous month **Category 1** mean response time in July showed a small deterioration (0.1 minutes) performing worse than SWASFT trust wide and national average, and **Category 2** calls show a 5.1 minute deterioration although performance is more aligned to the national average. Staff sickness and covid related absence impacted on these measures as well as on handover delays which is significantly impacting on available resources. **Ambulance handover delays** have worsened compared to June, however approximately 47.5% of all breaches are occurring at border hospitals (RUH, Weston) resulting in Somerset crews being delayed out of county. There were 946 patients were waiting more than 30 minutes before being received into the care of the hospital and the number of lost ambulance hours was at 1198 in Somerset; despite the increase Somerset has the lowest level of ambulance handover delays across all SWAST commissioners. **A&E performance** continues to be impacted by delayed ambulance handovers, increased patient acuity wider hospital flow issues. Demand has increased at Somerset FT and YDH FT when compared to 2019/20, and are an outlier within the Region; further investigations are underway to understand this. **NCTR:** The number of patients with No Criteria to Reside continues to fluctuate, the last reported week in July 2022 shows 248 patients against the trajectory ambition of 188; whilst in the latest reported week the number of patients has reduced to 218 it still remains high due to ongoing challenges within the home care market

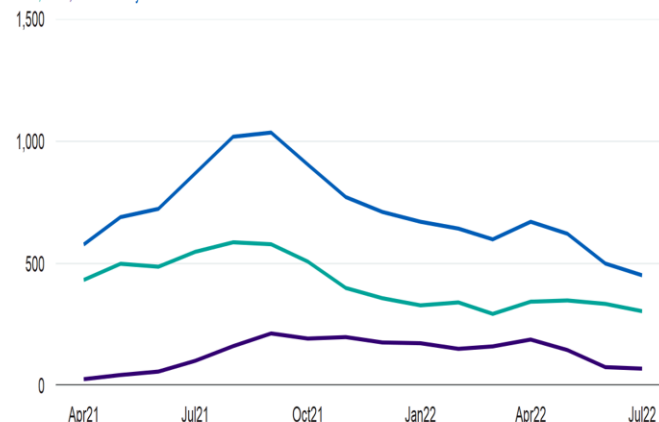
Actions: Ambulance: In addition to SWASFT's 10 key programmes of work, Somerset ICB has developed an Ambulance Handover Improvement Plan with the support of NHSEI, SWASFT and Dorset ICB (the lead Commissioner) and proposed actions to improve ambulance handover performance and in turn response times. Discussions are underway to understand further actions to address poor performance. **NCTR:** System wide discussions continue across the System to support an increase in domiciliary care and bedded capacity to deliver an essential reduction in the volume of patients with No Criteria to reside over the winter period, and schemes to speed up the discharge pathway within the acute hospital are being established. These include increasing virtual ward capacity, enhanced urgent crisis response including new falls service and strengthening the workforce including recruitment of discharge facilitators



Board Exception Report – Elective Care

Number of Patients Waiting >78 Weeks

SFT, YDH, Somerset System

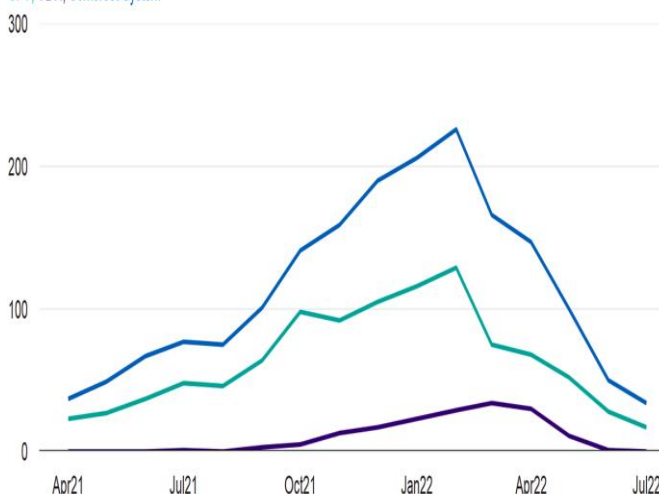


Issues: There continues to be delays in elective treatment in Somerset across diagnostic, cancer and RTT pathways. **104 Week Waits:** The number of >104 week waits continues to reduce and in July 2022 there were 32 patients waiting in excess of 104 weeks which is a 35% reduction when compared to June with 16 of these from Somerset and Yeovil Hospitals, and 16 from smaller (including border) hospitals. As at the end of 21/8/22 this long wait position on a Trustwide basis across the Somerset System was 21 due to a combination of patient choice and complexity (13) and capacity constraints (3). **78 Week Waits:** In July 2022 there were 452 patients waiting in excess of 78 weeks which is a reduction of 48 upon the previous month; 375 of these from Somerset and Yeovil Hospitals, and 77 patients from smaller (including border) hospitals. **Cancer:** There has been a significant decline in cancer waiting time performance namely the 2 week suspected cancer, 28 day faster diagnosis and 62 day first definitive treatment pathway. Whilst cancer referral demand has returned to pre-pandemic levels there has been a significant increase in lower gastrointestinal and gynaecological cancers which is likely to be linked to recent high profile celebrity deaths. In addition, there are significant challenges within the breast service as a result of workforce challenges at SFT impacting upon capacity (2 clinic per week shortfall). There has been a consequential impact upon both the 62 day to first definitive treatment (65.13%) and 28 day faster diagnosis standards (67.2%). **Diagnostic Waiting Times:** In July 2022 there were 3,735 patients whose wait exceeded 6 weeks resulting in slight decline in performance to 70.8% against the 75% South West Region improvement ambition and 99% standard, due to decline in Ultrasound performance at Yeovil FT. The modalities with the longest waits are Echocardiography (31% of backlog), Audiology (12% of backlog), Endoscopy (15% of backlog) and Non-Obstetric Ultrasound – new issue (22.5% of backlog)

Actions: Elective Recovery and Reduction in Backlog: There is a active programme of system-wide actions to support reduction in the backlog and longer term recovery which include shared use of capacity across the system and maximising use of Independent Sector capacity, programmes of work to support the re-routing demand, physical capacity expansion during 2022/23 including ringfenced elective beds, optimising for surgery (e.g. My Planned Care, Peri-Operative Pathways and Safety-netting), theatre productivity programme (e.g. STEP, GIRFT HVLC pathways and theatre workforce strategy). **Cancer Waiting Times:** There are actions to increase colonoscopy capacity, the purchase of new equipment to increase throughput and work with the triage (nursing) team to address any pathway issues. Recruitment has taken place to strengthen the breast service and additional evening sessions to increase capacity and plans are being developed to increase skin capacity at Yeovil FT whilst longer term plans are developed. A Gynaecology improvement group is being established to review how the start of the pathway can be streamlined.

Number of Patients Waiting >104 Weeks

SFT, YDH, Somerset System



Cancer First Definitive Treatment Within 62 Days, Following GP Referral

SFT, YDH, Somerset System



Data source: Cancer return, updated on Thursday 08 September 2022

Elective Restoration (Outpatients and Inpatients Combined)

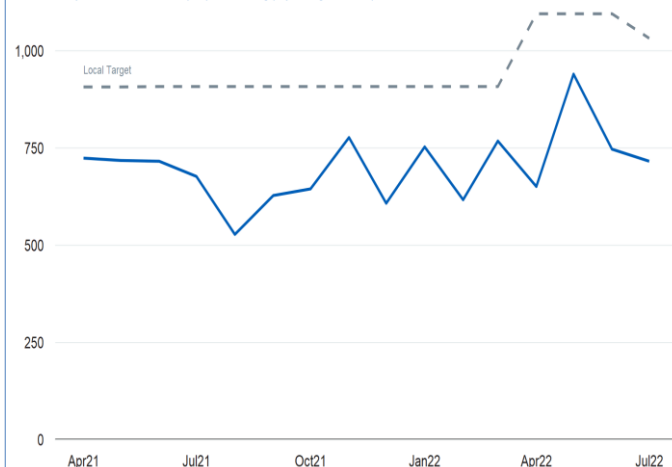
SFT, YDH, Somerset System



Board Exception Report – Mental Health

IAPT Access

Somerset System: the number of people receiving psychological therapies



Source: Referral to Treatment MDS, updated on Tuesday 30 August 2022

IAPT 6 week wait standard

Somerset System: % referrals that finish a course of treatment who received their first treatment within 6 weeks



Source: Referral to Treatment MDS, updated on Tuesday 30 August 2022

Issues

IAPT: The number of people accessing treatment for the year to date to July 2022 using local unvalidated data is 3,054 against the target for 2022/23 of 14,003 (21.8% delivered). This is behind plan due to high rates of maternity leave and long term sickness absence, alongside a spike in referrals in Quarter 4 particularly for high intensity therapies, which has affected the overall capacity of the service. Unvalidated data shows improvement month on month to 50.5% in July, up from 46.9% in June 6 week wait standard since February 2022. This is because of capacity issues within the service, the aforementioned short term surge in demand, and patient choice (for type of therapy, location of therapy, sex of therapist and delivery method (F2F vs virtual)).

Children and Young People's Mental Health Access: The latest national position shows that on a rolling 12 month basis to May 2022 Somerset delivered 4,160 contacts during the period against the ambition for 2022/23 of 6,785 (61.3% of target). There are significant data completeness and quality issues relating to this data, with local data significantly higher than the nationally reported data

Dementia: Dementia diagnosis rates have remained static at circa 53%, with performance in July 2022 of 52.7%. This is significantly behind the 66.7% national target. Somerset has not achieved the national target in a number of years, though performance has deteriorated significantly over the COVID period, with Somerset now the worst performing system in the South West.

Actions

IAPT: Increasing capacity of the service across all areas, with additional trainees and recruiting to qualified positions (administration, therapists and assessment workers). Use of SilverCloud and Xyla for additional capacity. The Long Term Condition expansion programme has been re-started which will generate additional referrals. Internal work is underway to better improve the processes of managing cancellations and DNAs. New website to support the streamlining of assessments. Refocus on group therapies. Management restructure being developed.

Children and Young People's Mental Health Access: Additional investment has been made into Kooth, Young Somerset and Somerset Foundation Trust services for 2022/23, which will increase the capacity of services. Additional investment made to develop a pilot between CAMHS and Somerset and Wessex Eating Disorder Association (SWEDA) to support CYP with eating disorders; SFT will submit SWEDA data on their behalf, thus increasing activity.

Dementia: In 2022/23 part funding was received to implement a new model for community dementia support in Somerset. Work is taking place with VCSE partners to develop an alliance model and services are being coproduced with people with dementia and their carers. A dementia support line has also been implemented as set out in the NHS Long Term Plan. Capacity has increased within the Memory Assessment Service (MAS). Somerset have received funding from NHSE to implement the Diagnosing Advanced Dementia Mandate (DiADeM) tool, supporting GPs in diagnosing dementia for people living with advanced dementia in a care home settings, in Somerset as a one year pilot.

Children & Young People Mental Health Access Number of CYP Who Have At Least One Contact

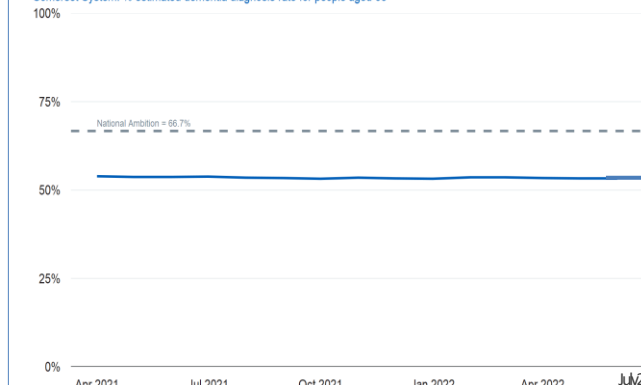
Somerset System: Number of CYP aged under 18 supported through NHS funded mental health with at least one contact on a 12 month rolling basis



Source: Referral to Treatment MDS, updated on Wednesday 07 September 2022

Dementia Diagnosis Rate

Somerset System: % estimated dementia diagnosis rate for people aged 65+

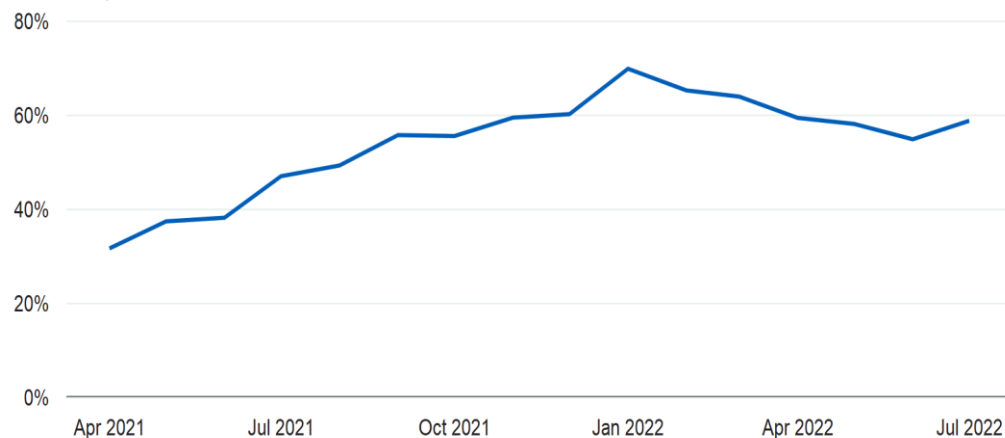


Source: Referral to Treatment MDS, updated on Thursday 11 August 2022

Board Exception Report – Quality

Percentage of children looked after for more than one year that have had their dental checks

Somerset System



Source: Quality Scorecard, updated on Wednesday 07 September 2022

Issues

CLA dental checks: Performance has been deteriorating since January, small improvement in July, however still below target. (90%)

CLA Initial Health Assessments (IHA): performance has declined over June and July due to the large increase in the number of children coming into care as well as capacity issues due to annual leave and sickness in the team

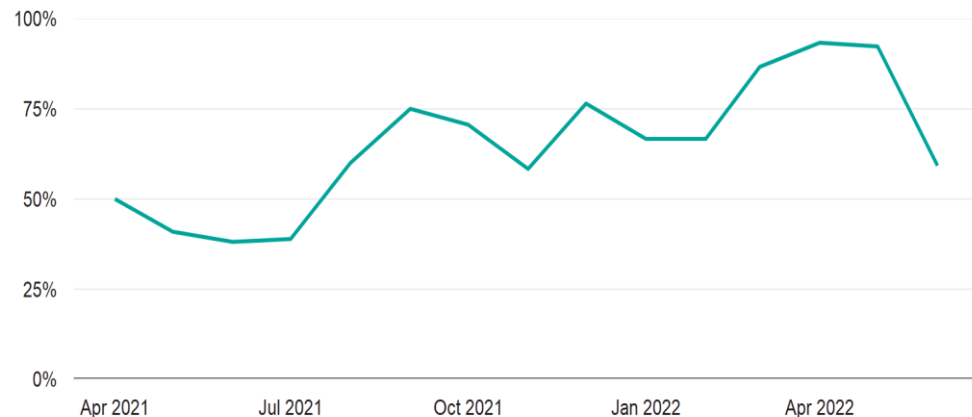
Actions

CLA dental checks: NHSE developing local guidance for each System in the South West detailing the correct referral pathways. The Designated Nurse is supporting managers, social workers and foster carers to better understand dental referral pathways as well as oral initiatives developed by PH.

CLA IHA: 7 additional health assessment appointments have been already provided to help address the backlog in early September and a further 12 appointments offered, however improvement may not be seen until October or November.

Percentage of children who received an Initial Health Assessment within 20 working days

SFT



Source: Quality Scorecard, updated on Wednesday 07 September 2022

Integrated Board Assurance Report

Reporting to July 2022

Quality

Metrics	Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Quality												
	CQC Rating	SFT	-	Good								
		YDH	-	Requires Improvement								
Primary Care	Patient experience of GP services	Somerset ICB	-	Current 2021 Survey 84-88% GOOD								
IPC	Klebsiella - Overall	Somerset ICB	≤23	10	17	10	10	11	13	10	11	11
	Pseudomonas Aeruginosa - Overall	Somerset ICB	≤12	5	2	2	6	4	2	3	5	1
	MRSA - Overall	Somerset ICB	0	1	2	1	0	2	0	0	0	1
	C Diff - Somerset Overall	Somerset ICB	≤41	8	18	13	10	9	12	10	6	12
	E Coli - Somerset Overall	Somerset ICB	≤73	29	39	39	36	35	35	46	39	53
Continuing Healthcare	CHC 28 Day Quality Premium	Somerset ICB	≥80%	66.10%	62.10%	70.30%	69.40%	77.40%	66.20%	67.10%	67.10%	65.80%
	CHC Deferred Assessment Caseload		0	0	0	0	0	0	0	0	0	0
	Fast Track Referrals completed within 48 hours New measure from April 2022		N/A	-	-	-	-	-	82%	91%	85%	83%
	Number of Fast Track Discounted Referrals		N/A	17	49	27	26	41	30	32	26	28
Children Looked After	Percentage of children who received an Initial Health Assessments within 20 working days	Somerset ICB	≥90%	58.3%	76.5%	66.7%	66.7%	66.67%	93.33%	92.31%	59.26%	-
	Percentage of children Looked After for more than one year that have had their dental checks			59.21%	59.95%	69.54%	65.14%	63.83%	59.47%	58.16%	54.92%	58.85%

‘-’ no data available for month

Quality

Metric	Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Quality												
Workforce	% Absence rate YDH and SFT	YDH	≤3.5%	3.98%	3.78%	3.93%	4.12%	3.55%	4.50%	4.50%	4.60%	-
		SFT	≤4%	4.83%	5.00%	5.30%	5.30%	5.50%	5.70%	5.80%	5.90%	6.00%
	% of all staff completed all mandatory training	YDH	≥85%	88.12%	85.98%	86.55%	88.48%	88.68%	87.25%	88.07%	87.20%	88.30%
		SFT	≥90%	91.90%	92.02%	92.00%	91.84%	92.12%	92.00%	92.40%	92.50%	92.40%
Falls	Rate of slips, trips and falls (irrespective of grade) per 1000 beds	YDH	0	7.22	8.88	8.48	7.98	9.42	9.20	8.95	5.17	8.30
		SFT	0	9.04	8.92	8.64	7.45	9.63	8.61	6.39	7.43	7.71
Nutrition Screening	% of adult inpatients reported as having had nutrition screening using a validated tool	YDH	≥90%	48.00%	49.20%	56.00%	62.80%	57.00%	58.00%	70.00%	65.00%	57.00%
		SFT-Acute		90.94%	86.44%	83.35%	90.53%	85.14%	90.06%	85.34%	83.24%	79.12%
		SFT-Community		89.36%	86.75%	87.58%	87.77%	81.40%	84.83%	85.33%	86.36%	86.67%
Pressure Care	Number of hospital acquired pressure ulcers (category 2 and above) per 1000 bed days	YDH	0	1.09	1.10	1.31	1.33	1.05	0.82	1.07	0.75	1.05
		SFT-Acute		0.22	0.48	0.63	0.51	0.56	0.37	0.78	0.27	-
		SFT-Community		0.71	1.02	0.43	1.35	1.27	0.82	0.64	1.35	-
		SFT-District nursing		1.13	1.24	1.39	1.10	1.20	1.46	1.89	1.10	-
		SFT-Mental Health		0.00	0.28	0.00	0.00	0.00	0.29	0.00	0.28	-

- no data available for month

Quality Reporting – Infection Prevention Control

Performance

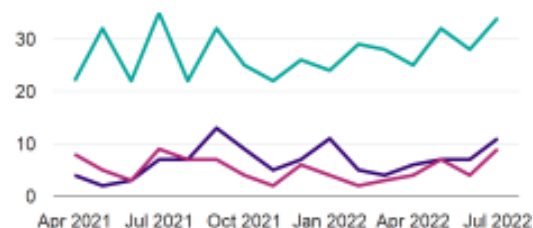
- There has been a national increase in Clostridium difficile infections resulting in a regional collaborative initiative to identify trends and themes to ascertain development initiatives aimed at the reduction of C. diff nationally. Quality Improvement work underway reviewing the current PIR (Post Infection Review) process.
- Somerset are over Trajectory C. diff and Methicillin-resistant Staphylococcus Aureus bloodstream infections (MRSA BI). Quality improvement work has commenced for C diff.
- Since 2017 there are ambitions set by the Government to reduce the number of cases and need to be reported on and there is System wide quality improvement work currently ongoing.

Actions

- Somerset ICB has employed a Microbiologist through an honorary contract with Gloucestershire Hospitals NHS Trust to support the C. diff, E coli, and MRSA BSI workstreams
- Somerset ICB is working collaboratively with the system as part of NHSEII IPC and C diff collaboratively reviewing current Post Infection Review Investigation process and Quality Improvement work has commenced.
- QI improvement work continues within UTI's and E coli cross county multiple agency working
- MRSA discussions planned and will begin Quality Improvement work in October with a multi-agency table top discussion pulling together a program of work/actions.

Count of E Coli

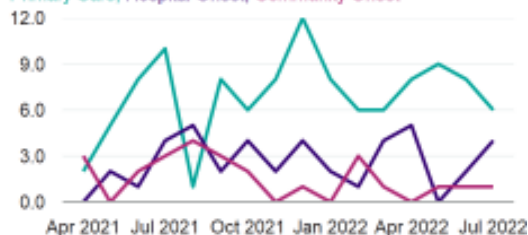
Primary Care, Hospital Onset, Community Onset



Data source: IPC Team, updated on Wednesday 07 September 2022

Count of Klebsiella

Primary Care, Hospital Onset, Community Onset



Data source: IPC Team, updated on Wednesday 07 September 2022

Count of Pseudomonas

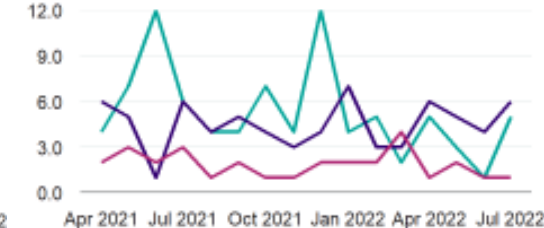
Primary Care, Hospital Onset, Community Onset



Data source: IPC Team, updated on Wednesday 07 September 2022

Count of C Diffs

Primary Care, Hospital Onset, Community Onset



Data source: IPC Team, updated on Wednesday 07 September 2022

Count of MRSA

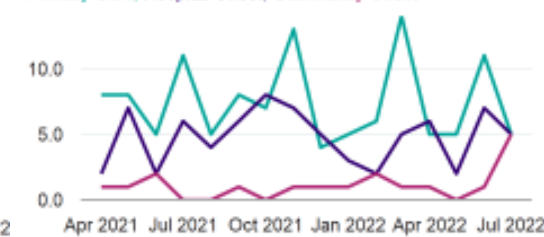
Primary Care, Hospital Onset, Community Onset



Data source: IPC Team, updated on Wednesday 07 September 2022

Count of MSSA

Primary Care, Hospital Onset, Community Onset



Data source: IPC Team, updated on Wednesday 07 September 2022

Quality Reporting – Pressure Ulcers, Falls and Nutritional Screening

Performance

- Pressure Ulcers:**

SFT: Pressure care has improved and cases are falling overall compared to May. July data is not available yet as it is still being validated.

YDH FT: rates of Pressure Ulcers continue to decrease overall, however there was an increase in Cat1 PUs (early symptoms of pressure ulcers such as discoloured, spongy or hard skin). The improvement is driven by better documentation, assessment, training, revalidation of pressure ulcer category. The Tissue Viability Team and the Pressure Ulcer Steering Group assists with the work being undertaken across both Trusts.

- Falls**

SFT: Increase in falls due to pressures in acute services affecting management of falls risks

YDH FT: Falls rate has dropped down in June but will be kept under close review.

- Nutritional Screening**

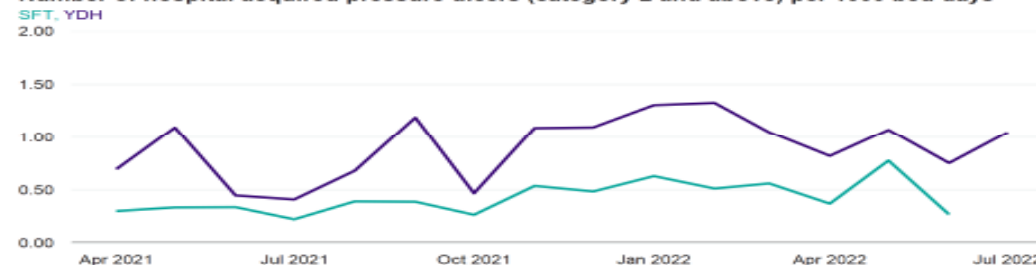
SFT - Nutritional screening assessments have decreased this month in the acute setting (not achieved the 90% standard) and improved in the community settings. Integration of the Nutrition and Hydration groups across both organisations, are looking at improvements and training.

YDH FT - Nutritional screening remains below the 90% standard, however it has improved in May to 70%, +28% compared to the previous month, however fallen by 5% to 65% in June and again to 57% in July.

Actions

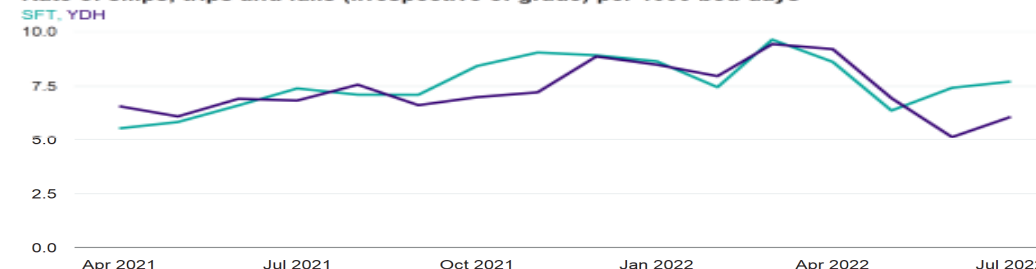
- Pressure Ulcers:** The Trusts are introducing a rapid review process similar to the falls pathway already in place to improve pressure ulcer rates.
- The Pressure Ulcer Network Group is collaborating on a piece of work to develop training to support education and prevention in care homes and community settings. Further work is being planned to improve awareness and prevention.
- On-going pressure ulcer awareness and prevention training is taking place fortnightly and is being given to new HCA's
- Falls:** The trusts are reviewing fall rates on a regular basis and there is a programme of work in place focussing on improving this. Urgent Care falls improvement work also continues through the Aging Well Programme. A Strategic Falls Network is being re-established to bring key stakeholders together to collaborate on further improvement work.
- Nutritional Screening:** The Nutrition and Hydration groups are being integrated across both organisations, with a focus on improvements and training.

Number of hospital acquired pressure ulcers (category 2 and above) per 1000 bed days



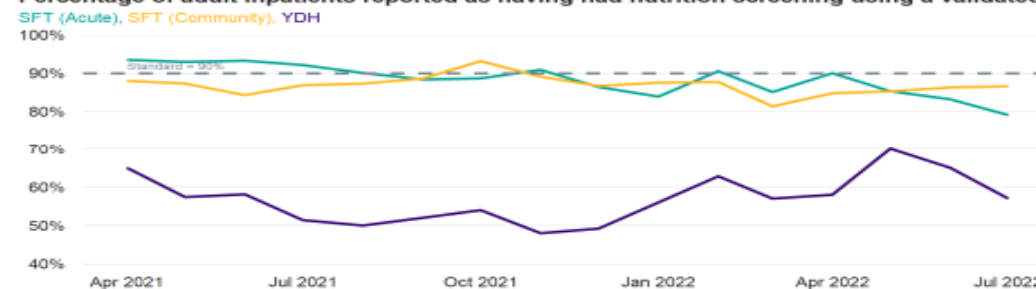
Source: Quality Scorecard, updated on Wednesday 07 September 2022

Rate of slips, trips and falls (irrespective of grade) per 1000 bed days



Source: Quality Scorecard, updated on Wednesday 07 September 2022

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



Source: Quality Scorecard, updated on Wednesday 07 September 2022

Quality Reporting – Workforce and Mandatory Training

Performance

- **Workforce**
 - Sickness and absence levels at both Trusts are increasing, a reduction in COVID-related absence was seen in May but this increased in June after Glastonbury Festival and remained high throughout July. The Trusts continue to invest in health and wellbeing for staff and support where needed.
- **Mandatory Training**
 - **SFT** - Mandatory training continues to improve to 92.4% against the 90% national target. This is due to a review of the training needs and a change in delivery of the training.
 - **YDH FT** - Mandatory training continues to be over the 85% target (agreed by CQC), and remains around 88-89%. The Trust is working to improve this where possible, but clinical demand remains a challenge against completing mandatory training.
 - Failure to attend rates remain high for most face-to-face courses, this pressures the training teams to try to resource to address a backlog and also compensate.

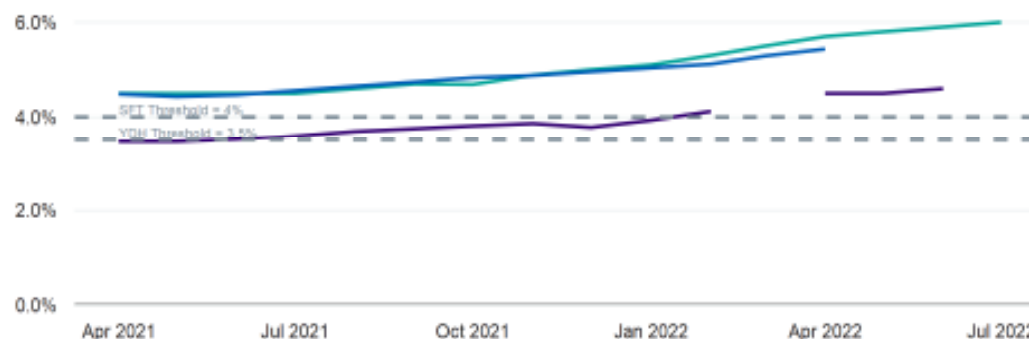
Actions

Focus of improvement work

- Directorates at SFT have identified plans to address sickness levels. The Estates team is working to identify improvements and additional support is being provided for areas with high vacancies some of these critical to some parts of the hospital and managing situations.
- The two Trusts continue to assess the recovery of compliance rates where the renewal periods were extended. Limited accommodation, recruitment peaks and capacity for areas with large backlogs such as life support remain a challenge to full recovery rates.
- The merged Resuscitation team has formed a review group, which is working to set improvement targets to increase compliance and a return to 12 month renewal periods.
- Merger charter project work continues to address core training subjects, alignment with workforce requirements and identify a learning management system for the merged Trust.
- Reports continue to enable managers to identify and follow up with colleagues where a significant number of courses need to be completed. Directorates continue to receive tailored reports via their People Business Partners to help identify areas of concern.

Percentage absence rate 12 month rolling period

SFT, YDH, National (Acutes).



Source: Quality Scorecard, updated on Thursday 08 September 2022

Percentage of staff who have undertaken mandatory training (total applicable courses)

SFT, YDH



Source: Quality Scorecard, updated on Thursday 08 September 2022

Quality Reporting – Children Looked After (CLA) – Dental checks

Performance

- Performance for Initial Health Assessments has declined over June and July due to the large increase in the number of children coming into care as well as capacity issues due to annual leave and sickness in the team
- Performance for dental checks have been declining since January this year and access for CLA and Care Leavers continues to be an issue in Somerset.

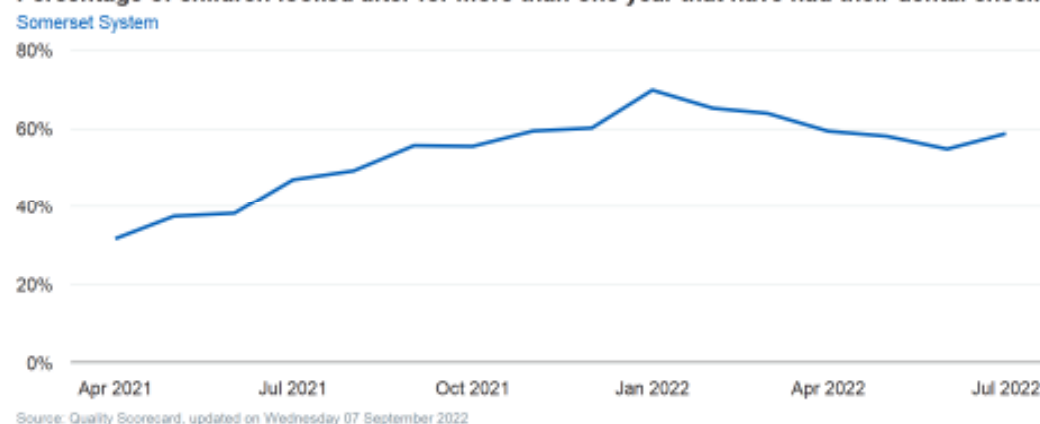
Actions

- IHAs: 7 additional health assessment appointments have been already provided to help address the backlog in early September and a further 12 appointments offered, however improvement may not be seen until October or November.
- Following the meeting on 21st July with SW Dental Commissioners as requested Somerset ICB shared all dental performance data for the last two years to illustrate the scope of the problem in Somerset. In response NHS England SW agreed to develop local guidance for each system in the South West detailing the correct referral pathways for both statutory health assessments and emergency dental care. Case by case escalations continue to be successfully managed by NHS E SW. The Designated Nurse is supporting SCC CLA Managers to better understand dental referral pathways and this information is disseminated to all CLA social workers and foster carers. Oral health initiatives developed by Public Health are also disseminated to social workers and foster carers.

Percentage of children who received an Initial Health Assessment within 20 working days



Percentage of children looked after for more than one year that have had their dental checks



The transition from Care Programme Approach to Dialogue+ in Somerset

Performance

Care Programme Approach (CPA)

- From 1 April 2022 all SFT mental health services moved to a new care planning system, with CPA being replaced with DIALOG+ which is where all care plans will be recorded going forward. DIALOG+ requires all clients open to the service to have an appropriate care plan that must be at least reviewed annually. The use of Dialogue+ means that it should be easier to share a patients' care plan with their GP practice as it goes through SIDer (Somerset Integrated Digital e-Record)
- Dialogue+ supports a structured conversation between patients and clinician focussing on the patients' views of quality of life, needs for care and treatment satisfaction. It consists of 11 questions. Patients rate their satisfaction with eight life domains and three treatment aspects on a 7-point scale.
- This changeover will take some time to complete as all caseloads, whether formerly on CPA or not, will need to have an appropriate care plan. SFT have confirmed that once the recording of the new protocol has been embedded, SFT will commence monitoring.

Actions

- The move from CPA has been instigated by NHSEI/I and as a result all fields relating to this CPA process within the national datasets have been retired.
- The national team haven't yet given any guidance on how they think systems should replace CPA and are learning from the Early Implementer sites.
- Future measures considered are those which can be used to monitor access rates, waiting times and potentially give paired outcomes to demonstrate change.
- SFT has indicated that performance metrics are unlikely to change (i.e. minimum annual review of risk screen and D+). Additionally they are currently developing audit criteria that relate to the standard / quality of D+ to be completed.

Number of patients who have received an annual review (CPA Level 2)

Somerset System



Source: Quality Scorecard, updated on Tuesday 30 August 2022

Performance

- **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/KPIs:
 - 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:** Monthly performance attainment for July 2022 was recorded at 95.8%, which is in excess of the National NHS E Target of 80%.
- **28 Day Backlog:** Monthly performance attainment since August 2021 has been recorded at no referrals exceeding 28 days by more than 12 weeks.
- **Background (Fast Track) :** This is an internal performance assurance metric, which was introduced as a result the CHC Service recommencing on the 01 September 2021, following the service being deferred due to COVID-19.
- **% of Fast Track Referrals Ratified within 48 Hours:** Monthly performance attainment for July 2022 was recorded at 83%.

CHC Updates

- Successfully achieving the required performance attainment for Q1 2022/23 for both NHS E CHC KPIs (28 Day Standard & CHC Backlog KPIs).
- Successful implementation and data submission of the NHS E CHC 'Patient Level Data Set' (PLDS).
- Successfully applying the national FNC Fees uplift for 2022/23 as well as administering the retrospective FNC Fees uplift and backdated payments for 2021/22 for all eligible Nursing Homes.

Number of referrals concluded within 28 days

Somerset System



Source: Quality Scorecard, updated on Wednesday 07 September 2022

Somerset Integrated Urgent Care – NHS 111

Description	Provider	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Urgent Care											
Average speed to answer calls (seconds) (KPI 2)	Meddcare Somerset	≤20 seconds	228.7	350.0	288.4	208.0	368.5	583.5	371.9	548.6	781.9
Proportion of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes (KPI 5a)		≥90%	59.7%	70.6%	64.2%	57.8%	60.8%	59.8%	61.5%	60.2%	55.0%
Proportion of callers who needed to speak to a clinician or Clinical Advisor Over a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe (KPI 5b)		≥90%	-	-	-	-	-	42.9%	44.9%	47.1%	40.8%
Proportion of calls assessed by a clinician or clinical advisor (KPI 4)		≥50%	66.8%	68.3%	73.2%	70.5%	67.3%	71.0%	68.2%	66.4%	63.8%
Proportion of calls abandoned (KPI 1)		≤3%	15.4%	19.2%	17.6%	15.0%	20.2%	21.8%	21.0%	28.0%	32.2%
Number of calls received		NA	15426	18676	15462	13783	15602	16560	18115	19521	19167
Proportion of callers given an appointment or booked time slot with any service (KPI 16)		NA	37%	40%	41%	37%	34%	36%	35%	35%	35%
Proportion of patients receiving a face-to-face consultation within their home residence within the specified timeframe (KPI 17)		≥95%	73%	66%	71%	69%	65%	71%	74%	75%	77%
Proportion of patients receiving a face-to-face consultation in an IUC Treatment Centre within the specified timeframe (KPI 18)		≥95%	92%	80%	91%	86%	85%	86%	82%	86%	86%

‘-’ no data available for month

Integrated Urgent Care Services: NHS 111 Calls

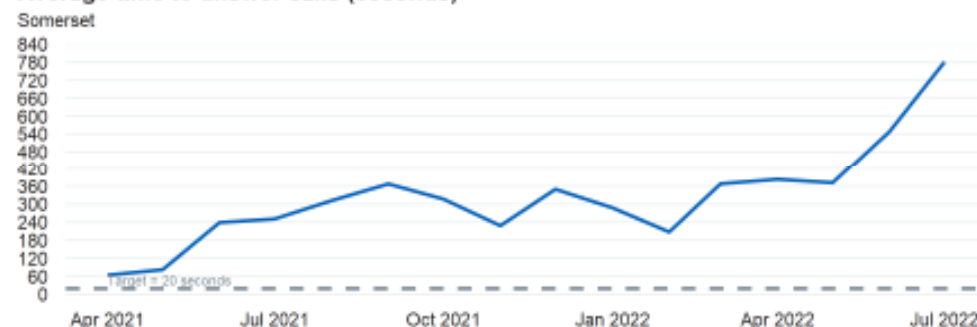
Performance

- From June 2022 to date Practice Plus Group (PPG) Somerset 111 performance has seen a decline in performance which, at times, has shown significantly high abandonment rates and poor call answering performance (calls answered within 60 secs). The ICB continues to liaise with PPG via its attendance at monthly contract meetings to understand the reasons behind the drop in performance on key 111 call answering metrics and actions being taken to improve staff recruitment and retention (both in terms of clinical and non-clinical roles), which in turn, will support better performance.
- PPG report performance statistics for July as Somerset call answering within 60 secs being at 10.0% against national average of 43.2%. Somerset 111 abandonment rate stood at 30.0% against the national benchmark of 16.3%. Offered calls for Somerset stood at 12% above contractual levels.
- When considering performance for the entirety of Somerset 111, Provisional national data shows that the average speed to answer performance in July 2022 was at 763 seconds in comparison to the national average of 395 seconds against the 20 seconds standard. The call abandonment rate in July has decreased from June by 15% to 32.1% compared to a national average of 16.3%

Action

- PPG continues to work on recruitment but is seeing high levels of attrition since a retention scheme ended in May in addition to increased 'no shows' on day 1 of call handler training. PPG is undertaking a deep dive to understand this and is changing their joining process accordingly. Clinical Advisor recruitment continues including providing opportunities for homeworkers (from agencies). An internal remedial action plan is in place.
- Both Meddcare, as lead IUC provider, and PPG is working in collaboration with NHS Somerset in devising a Remedial Action Plan, focusing on a number of 111 call answering and staff-related metrics to monitor a sustained 111 performance improvement against trajectory. This plan will support Somerset 111 in its entirety across both PPG and Meddcare, both of which are seeing challenges in staffing and call answering performance.
- Since May 2022, Somerset 111 has seen a significant increase in dental calls following a change in how patients access a local urgent dental care triage helpline. Such calls are answered via the Meddcare element of Somerset 111. NHS Somerset continues to facilitate discussions with NHSEI Regional Commissioning Team to support a resolution to this: next meeting scheduled 16 September.

Average time to answer calls (seconds)



Percentage of calls abandoned



How do we compare (Average speed to answer call July 2022)

- Somerset 111 average: 763 seconds
- National average: 395 Seconds
- South West average: 366 seconds

How do we compare (Call Abandonment July 2022)

- Somerset 111 average: 32.1%
- National average: 16.3%
- South West average: 18.5%

Integrated Urgent Care Service: Clinical Staffing

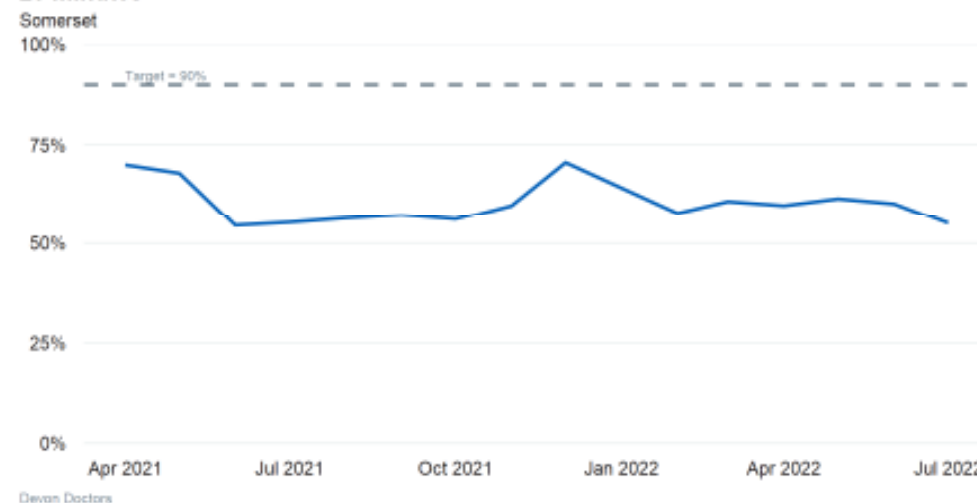
Performance

- Somerset Integrated Urgent Care Service (IUCS) continues to meet ongoing rota fill challenges. Twice weekly meetings with Meddcare Somerset (trading name for Devon Doctors) provides assurance on rota fill alongside mitigations for covering any gaps.
- Provisional national data shows that triage performance remains consistent compared to previous months. In July 2022 55.0% of patients offered a call back by a clinician within 20 mins (immediately – KPI5a) compared to 30.0% nationally. Call back within a specified timeframe over 20 mins (KPI5b) is reported at 40.8%.
- Staffing levels continues to be impacted by staff absence be it through sickness and annual leave. In addition other organisations are offering better shift incentives within their services further impacting staff booking onto rota slots.

Actions

- As noted overleaf, a performance improvement plan is being discussed with the service provider the metrics and improvement trajectories of which includes recruitment / attrition alongside staff behaviour (planned vs unplanned absence). Meddcare Somerset continues with clinical resourcing and recruitment work for the other elements of Somerset IUCS. The latest quarterly updates on recruitment was received via the Monthly Contract Review Meeting on 28 July.
- Meddcare Somerset has had a proposal agreed by NHS Somerset for additional investment to support a Summer Incentive Scheme. The scheme runs throughout August until 30 September 2022 and is being monitored in terms of finances on an 'open book' basis alongside rota and performance metrics so that outcomes and wider system impact can be ascertained. Early indications are that levels of rota fill has improved since incentives began 4 August with better clinical cover across all elements of the Somerset IUCS both in terms of face-to-face (home visits and treatment centres) and triage.
- NHS Somerset has requested Meddcare Somerset undertakes a deep dive of triage and visit volumes to better understand where challenges lie within the 'Out of Hours' element of IUCS alongside identifying improvement opportunities. Because clinicians undertake all elements, both triage and visits, when on shift there is the need to better understand when activity comes in coupled with face-to-face demand and rota fill to further understand how and where improvements can be made, in particular those requiring routine triage (KPI5b) The ICB expects a further update on this work via it's Monthly Data Meeting; next scheduled 2 September 2022.

Percentage of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes



KPI5a - How do we compare (July 2022)

- National average is 30.0%
- South West average 43.6%
- Somerset Average: 55.0%

Integrated Urgent Care Providers: Patients treated at home or in treatment centres

Performance – Based on Provisional data provided by Meddcare (trading name for Devon Doctors) for July 2022

Proportion of patients receiving a face-to-face consultation within their home residence within the specified timeframe (KPI 17)

- 76.7% of patients received a face-to-face consultation at their home residence within the specified timeframe against the 95% target.

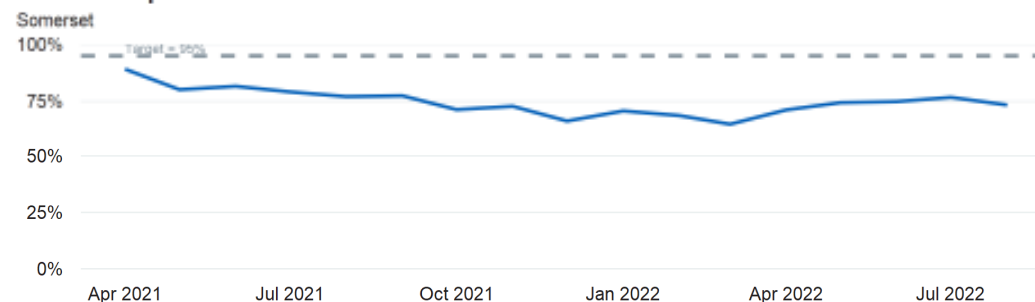
Proportion of patients receiving a face-to-face consultation in a Treatment Centre within the specified timeframe (KPI 18)

- 86.4% of patients received a face-to-face consultation in an IUC Treatment Centre within the specified timeframe against the 95% target.

Actions

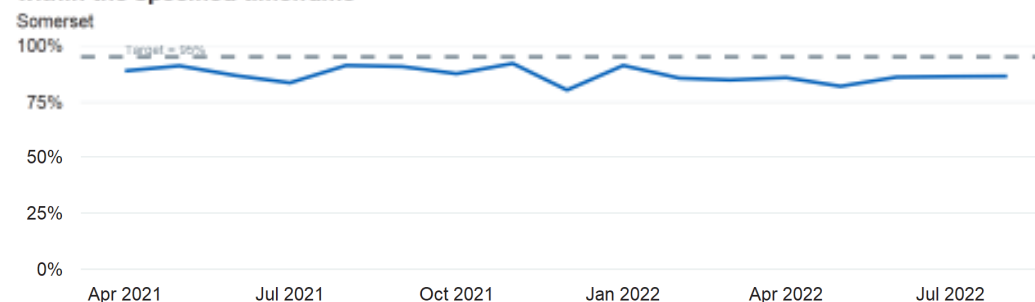
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Percentage of patients receiving a face-to-face consultation within their home residence within the specified timeframe



Devon Doctors

Percentage of patients receiving a face-to-face consultation in an IUC Treatment Centre within the specified timeframe



Devon Doctors

How do we compare (June 2022) face-to-face consultation at home

- National average: 80.6%
- South West average: 79.6%
- Somerset Average: 76.7%

How do we compare (June 2022) face-to-face consultation at IUC Centre

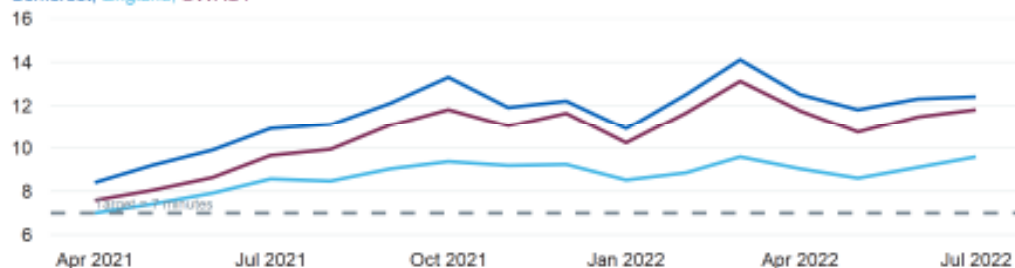
- National average: 82%
- South West average: 85.2%
- Somerset Average: 86.4%

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Urgent Care											
Ambulance mean response times CAT 1 (Mins)	Somerset ICB	≤7	11.90	12.20	10.90	12.50	14.10	12.50	11.80	12.30	12.40
Ambulance mean response times CAT 1 90th Centile (Mins)		≤15	21.90	22.50	19.80	22.90	25.10	23.50	21.90	22.80	21.90
Ambulance mean response times CAT 2 (Mins)		≤18	66.30	54.10	41.20	51.10	81.10	53.30	46.90	50.60	55.80
Ambulance mean response times CAT 2 90th Centile (Mins)		≤40	157.60	119.10	87.00	108.70	172.60	107.50	97.70	107.70	116.70
% Ambulance Handovers over 15 minutes	Somerset ICB	≤35%	43.5%	41.7%	44.7%	41.4%	56.5%	49.6%	45.5%	51.3%	54.0%
	SFT (Trust-wide)		41.9%	38.6%	42.9%	40.3%	58.0%	48.7%	44.5%	51.5%	51.8%
	YDH (Trust-wide)		35.0%	33.9%	34.9%	29.6%	42.0%	39.7%	37.4%	42.0%	47.6%
% Ambulance Handovers over 30 minutes	Somerset ICB	≤5%	14.75%	14.30%	15.88%	14.26%	27.88%	24.21%	18.93%	22.43%	24.71%
	SFT (Trust-wide)		10.89%	9.85%	13.18%	10.37%	28.37%	22.78%	17.46%	23.09%	21.60%
	YDH (Trust-wide)		9.23%	8.89%	8.02%	8.40%	11.52%	11.55%	9.89%	11.94%	14.88%
% Ambulance Handovers over 60 minutes	Somerset ICB	0%	4.98%	4.15%	5.26%	4.71%	12.98%	12.74%	8.38%	9.90%	10.05%
	SFT (Trust-wide)		2.38%	0.91%	3.08%	2.18%	12.42%	12.46%	6.76%	9.88%	8.44%
	YDH (Trust-wide)		0.92%	0.94%	1.10%	1.04%	1.76%	0.98%	2.31%	2.56%	2.54%
Lost Hours >15 Minutes	Somerset ICB	N/A	608	589	675	513	1,290	1,301	865	1,082	1,198
	SFT (Trust-wide)		211	173	264	191	643	651	416	587	489
	YDH (Trust-wide)		91	86	91	72	104	97	104	118	141

Ambulance Mean Response Times CAT 1 and CAT2 (Mins)

Ambulance mean response times CAT 1 (Mins)

Somerset, England, SWAST



SWAST M032 and <https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/>

How do we compare

Somerset: Mean – 12.4 minutes, 90th Percentile – 21.9 minutes

SWAST: Mean – 11.8 minutes, 90th Percentile – 21.3 minutes

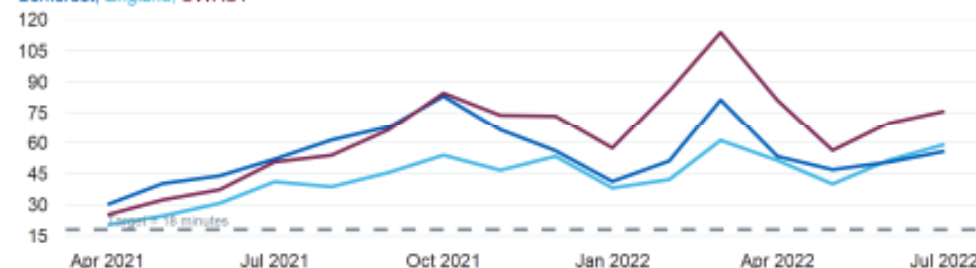
England: Mean – 9.6 minutes, 90th Percentile – 16.92 minutes

Performance

- The ambulance response times Somerset continue not to be met; the Category 1 mean response time in July 2022 was 12.4 minutes against the 7 minute standard (0.1 minute deterioration upon previous month) and Category 2, 55.8 minutes against the 18 minute standard (5.2 minute deterioration upon the previous month). Ambulance Response Times performance in Somerset for Cat 1 during July 2022 was worse than the SWAST and National average. For Cat 2 response times Somersets performance saw a significant improvement on the overall SWAST position of 75.6 mins, and was in line with the national average.
- Ambulance demand has been variable over the past 14 months; Ambulance demand for Somerset in July 2022 was 4.39% above 2019/20 levels. During 21/22 ambulance incidents increased by 4.7% and this increase most significantly occurred during the period May 2021 to August 2021 where demand increased by 16.1%.
- There are a number of factors impacting upon Ambulance Response Time performance including staff sickness and covid related isolation and a strong relationship between ambulance handover delays which is significantly impacting upon available resources.

Ambulance mean response times CAT 2 (Mins)

Somerset, England, SWAST



SWAST M032 and <https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/>

How do we compare

Somerset: Mean – 55.8 minutes, 90th Percentile – 116.7 minutes

SWAST: Mean – 75.6 minutes, 90th Percentile – 171.3 minutes

England: Mean – 59.12 minutes, 90th Percentile – 131.8 minutes

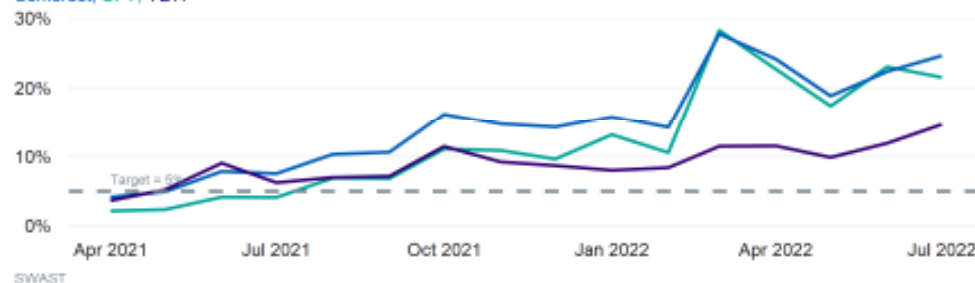
Actions

- SWAST's 2022/23 Trust plan includes 10 key programmes of work: optimal call handling, right clinical model, increased frontline resourcing, performance and safety management, system approach, infrastructure improvements, workforce improvements, risk management, strategic planning communication and engagement
- Somerset ICB has developed an Ambulance Handover Improvement Plan with the support of NHSEII, SWAST and Dorset ICB (the lead Commissioner) and proposed actions to improve ambulance handover performance and in turn response times include:
 - Somerset Ambulance Doctor Car
 - Category 3 and 4 calls validated within 111
 - Rapid Assessment Triage
 - Hospital and Liaison Officer (HALO)
 - Acute Hospital Escalation Plans
 - Virtual Wards
 - Dedicated porter for ED 0900-0200 (YDH)
 - Review of Nurse Roles (YDH)
- As part of the Commissioner/SWAST Monthly Contract meetings called the Finance Information System Group Meetings (FISC) Somerset ICB and the other 6 systems are monitoring their Ambulance Response Times.
- From a Patient and Safety perspective Ambulance Response Times are being monitored through PALS, complaints, incidents and soft intelligence from other colleagues within the system e.g. Primary Care
- Ambulance Response Times for Somerset are also monitored through the A&E Delivery Board, Urgent Operational Group and the Quality Committee.

Ambulance Handover Performance

Percentage of Ambulance Handovers over 30 minutes

Somerset, SFT, YDH



How do we compare (standard: >30 minutes – 5%, >15 minutes lost hours)

Somerset: >30 Minutes – 24.7%, Lost Hours (>15 Minutes): 1198

SWAST: >30 Minutes – 48.1%, Lost Hours (>15 Minutes): 36647

Total number of calls to SWAST

Somerset



Performance

- Ambulance arrivals to hospital across the Somerset population have reduced by 4.0% and at SFT has reduced by 2.9% however YDH FT has increased by 1.4% when comparing the cumulative period April to July 2022 to the same period of 2019/20
- The proportion of ambulance arrivals not handed over to the care of the hospital within 30 minutes in July 2022 was 24.7% (946 patients) which was a worsening position of 2.29% upon the previous month, in comparison to 48.1% across the whole SWAST footprint. In July 10.95% of all arrivals was handed over an hour (419 patients), 1% decline over the previous month of June. In July 2022 the number of lost hours was 1198 in Somerset and was 3.2% of SWAST overall lost hours of 36,647.
- SFT and YDH FT ambulance handover breaches equate to 52.5% of the total of Somerset's breaches. This means that the remaining 47.5% are occurring at border hospitals, namely Royal United Hospital and Weston Hospital resulting in Somerset crews being delayed at out of county hospitals

Actions

- SWAST (and SWAST's Lead Commissioner) are working with system partners to increase the focus upon ambulance handover performance and to develop plans which significantly reduce handover delays
- Focus of the plans are to maximise every opportunity to avoid patients attending A&E, and to ensure efficient and effective processes are in place when patients do attend
- Somerset have stood up a working group collaborating with SWAST and both SFT and YDH FT to look at an Ambulance Handover Trajectory Improvement Plan to achieve the National Standards
- Other actions outlined on previous slides but further actions include:
 - Direct admissions to Emergency Assessment Unit (YDH)
 - Direct SWAST admission to Same Day Emergency Care (SDEC) (YDH)
- Efficacy of actions monitored through the FISC as per previous slide

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Urgent Care											
Number of A&E Attendance	Somerset ICB	N/A	22,463	21,344	20,998	20,376	23,544	22,990	24,569	24,338	24,942
4 hour performance	Somerset ICB	≥95%	66.06%	66.73%	67.10%	66.05%	59.02%	60.24%	62.68%	61.25%	58.12%
	SFT		55.98%	57.16%	57.96%	56.87%	49.43%	52.72%	50.47%	47.25%	47.90%
	YDH		86.01%	85.65%	85.12%	86.28%	77.68%	77.99%	84.52%	84.37%	77.98%
Number of 4 Hour Breaches	Somerset ICB		7,624	7,101	6,909	6,917	9,649	8,903	9,169	9,431	10,445
	SFT		2,870	2,670	2,483	2,458	3,351	3,004	3,482	3,636	3,695
	YDH		693	657	721	639	1,171	1,103	853	878	1,283
12 Hour trolley Breaches	Somerset ICB	0	43	27	118	85	179	179	56	44	66
	SFT		43	27	118	85	179	179	56	44	66
	YDH		0	0	0	0	0	0	0	0	0
% patients admitted from A&E	Somerset ICB	N/A	19.72%	20.96%	20.31%	18.17%	16.83%	17.41%	17.08%	16.28%	15.86%
	SFT		12.59%	13.32%	12.39%	10.60%	9.73%	9.63%	8.25%	7.00%	7.47%
	YDH		29.75%	31.56%	31.49%	28.35%	25.97%	25.60%	26.53%	26.70%	24.02%
Proportion of ED patients who turn up unheralded (self Presentation)	Somerset ICB	N/A	68.56%	66.57%	66.54%	68.52%	72.99%	72.81%	72.08%	71.77%	73.09%
	SFT		65.63%	62.95%	62.62%	65.11%	69.37%	69.40%	69.02%	68.47%	69.13%
	YDH		74.90%	73.97%	73.29%	75.43%	79.42%	78.62%	78.51%	78.92%	79.80%
Average LOS	Somerset ICB	N/A	7.1	6.6	7.0	7.1	6.7	7.5	7.2	7.1	6.8

Accident & Emergency

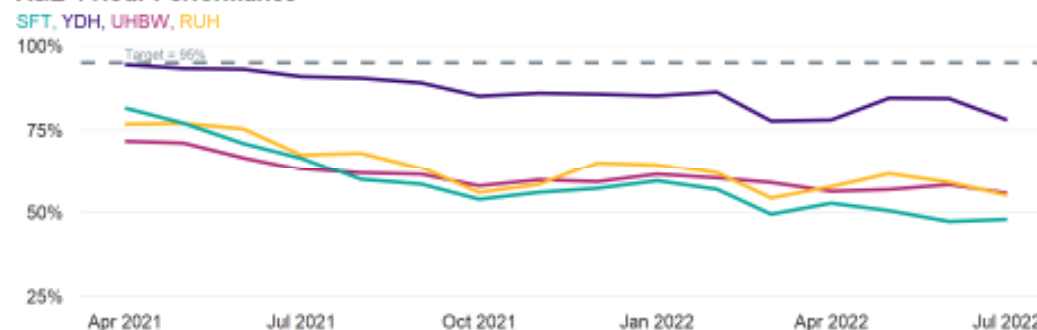
Performance

- In July 2022 A&E 4-hour performance at SFT has shown a slight improvement of 0.65% at 47.9%, however YDH's performance has declined by 6% to 78% similar trend to our border hospitals. Despite this YDH is both above the national and South West average of 62%.
- When comparing the cumulative period April-July 2022 to the same period of 2019 overall A&E demand (for the aforementioned Providers above) has increased by 2.7%, with SFT seeing a 4.9% and YDH FT 9.9% ,Royal United Hospital Bath 3.2% increase, however Weston Hospital is seeing a -9.1% reduction in demand.
- The delivery of the 4-hour performance standard has been impacted by a number of factors including increased patient acuity, ambulance handover delays, patient flow issues due to operational pressures across the hospital
- In July 2022 there were 66 12-hour trolley breaches at SFT (compared to 44 in June 2022) and zero at YDH FT (compared to 1 in April 2022)

Actions

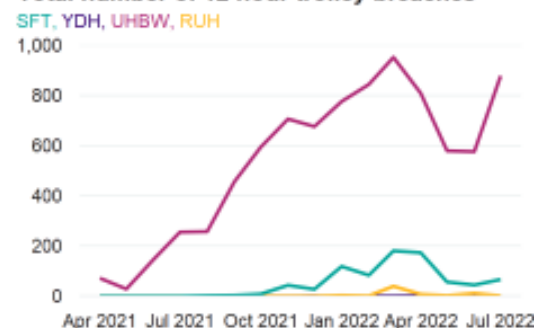
- Actions to support patient flow:
 - Work continues with Intermediate Care to support an increase in domiciliary care and bedded capacity to deliver an essential reduction in the volume of patients with No Criteria to reside over the winter period
 - Implementation of schemes to avoid admission and reduce hospital lengths of stay (including increasing virtual ward capacity, same day emergency care, enhanced urgent crisis response including new falls service and strengthening the workforce including recruitment of discharge facilitators)

A&E 4 Hour Performance



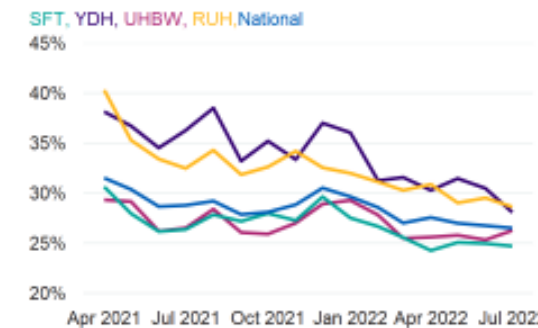
NHSE: A&E Attendances and Emergency Admissions

Total number of 12 hour trolley breaches



NHSE: A&E Attendances and Emergency Admissions

Patients admitted from A&E



NHSE: A&E Attendances and Emergency Admissions

How do we compare (July 2022 – 12 Hr trolley waits per 100,000 attendances)

- Somerset:** 4 hour % - 61.46%, 12 Hour Trolley waits - 511, % patients admitted via A&E – 26%
- National:** 4 hour % - 62%, 12 Hour Trolley waits – 2117, % patients admitted via A&E – 26%
- South West:** 4 hour % - 62%, 12 Hour Trolley waits – 3245, % admissions via A&E – 28%

Emergency Admissions

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Urgent Care											
Number of 0 LOS	Somerset ICB	N/A	1,874	1,785	1,755	1,657	1,902	1,641	1,976	1,782	1,714
Number of Non 0 LOS	Somerset ICB	N/A	3,520	3,692	3,190	3,038	3,255	2,955	3,534	3,508	3,679
Emergency readmissions within 7 days	Somerset ICB	N/A	372	362	324	315	356	299	429	358	387
Emergency readmissions within 30 days	Somerset ICB	N/A	760	773	665	681	781	700	850	761	802
Average LOS	Somerset ICB	N/A	7.1	6.6	7.0	7.1	6.7	7.5	7.2	7.1	6.8
	SFT		7.3	7.5	8.4	8.6	7.6	8.6	8.1	8.0	7.0
	YDH		6.7	5.6	5.7	5.7	5.6	6.4	6.2	5.9	6.0
Reducing Length of Stay for Patients in Hospital >21 Days	Somerset ICB	N/A	157	169	169	198	223	240	215	182	196
	SFT		110	113	113	139	135	152	134	113	124
	YDH		47	56	56	59	87	88	81	69	72
No Criteria to Reside (Daily Average)	Somerset System (Acute only)	≤77	182	177	201	201	241	281	225	213	248
	SFT (Acute)	≤83	115	116	127	125	149	182	127	121	157
	YDH	≤26	68	60	74	76	92	99	98	92	91
G&A Bed Occupancy	Somerset ICB	-	95.8%	94.3%	95.8%	95.6%	95.5%	95.0%	96.3%	94.1%	94.9%
	SFT	≤95%	95.6%	94.0%	95.9%	94.9%	95.7%	94.8%	97.4%	94.8%	94.9%
	YDH		95.7%	94.8%	95.7%	96.8%	95.2%	95.4%	94.4%	92.7%	94.9%
Discharge pathway	Somerset ICB	All Pathways	3,167	3,245	2,779	2,751	3,090	2,827	3,329	3,150	2,715
		Pathway 0 ≥87%	82.1%	84.1%	82.5%	82.2%	85.4%	83.0%	83.9%	84.9%	84.4%
		Pathway 1 ≤7%	7.4%	6.6%	9.5%	7.8%	7.1%	6.7%	6.6%	6.1%	6.7%
		Pathway 2 ≤4%	6.6%	8.1%	5.3%	6.7%	4.9%	6.5%	6.2%	5.3%	4.8%
		Pathway 3 ≤2%	5.9%	3.3%	2.9%	3.5%	2.7%	3.7%	3.4%	3.7%	4.1%

Emergency Admissions

Performance

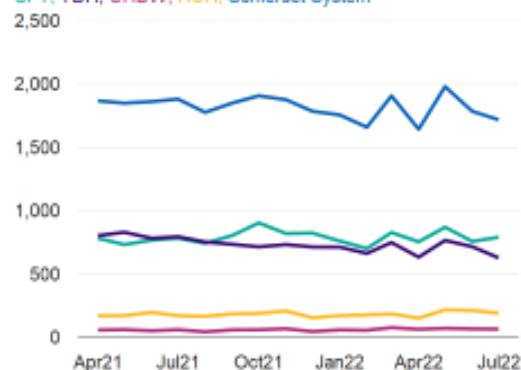
- The number of Somerset patients admitted to hospital as an emergency has reduced by 11% (-14% zero and -9% non-zero length of stay admissions) when comparing the period April to July 2022 to the same period in 2019/20. With the exception of YDH (who have seen an increase of 4% (+4% zero and +3% non-zero length of stay admissions)) all local Providers have seen a reduction in admissions and this is a pattern seen across the Region and Nationally
- Average Length in Somerset was 6.8 days in July, 4.2 days longer than in the same month in 2019 but lowest in the last 7 months.
- Whilst there has been an overall reduction in non-elective admissions bed occupancy has remained consistently above 95% due to an increase in the average length of stay as a consequence of the high volume of patients staying in hospital greater than 7, 14 and 21 days
- The overall increase length of stay is due to the combination of patient acuity and the high level of patients with no criteria to reside due to domiciliary capacity challenges and a shortfall in bedded care packages
- Emergency re-admissions have increased in July 2022 compared to June (≤ 7 days +8% and ≤ 30 days 5.4%) and comparing to July 2019/20: re-admissions within 7 days and 30 days has increased by 3.5% and 47.4%

Actions

- Work continues with Intermediate Care to support an increase in domiciliary care and bedded capacity to deliver an essential reduction in the volume of patients with No Criteria to reside over the winter period
- NHS England launched a '100-day discharge challenge' to focus on opportunities to improve discharge processes, with an aim to release capacity within acute providers. The aim of the 100-day challenge is to improve the current position by 30 September 2022. Regional clinical and operational input has been provided for each system. The National Health and Social Care Discharge Taskforce has identified ten best practice initiatives that it hopes will be adopted across the NHS, as part of the '100-day challenge'. Two focus groups have been initiated within Somerset to focus on the acute and community aspects of these initiatives and a workplan has been created to track progress against key actions identified to improve the position. This work plan is monitored through the Weekly System Operational Oversight Group meeting.
- Through a Demand and Capacity Submission to NHS England, with the aim of mitigating any bed deficits across Winter, additional schemes have also be implemented to support discharge, this includes additional bedded provision within intermediate care, care pods, additional transport, extension to discharge lounges and discharge facilitators. It is hoped that these schemes, along with the focussed work being undertaken within the 100 day discharge challenge will both improve flow and discharges therefore reducing the number of patients no longer meeting criteria to reside but remaining in hospital.
- Implementation of schemes to avoid admission and reduce hospital lengths of stay (including increasing virtual ward capacity, same day emergency care, enhanced urgent crisis response including new falls service and strengthening the workforce including recruitment of discharge facilitators)

Non-Elective 0 LoS Activity

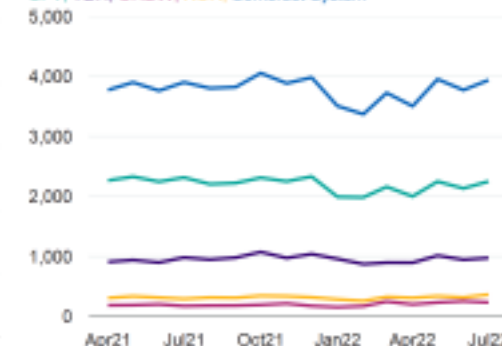
SFT, YDH, UHBW, RUH, Somerset System



Data source: SUS, updated on 05 September 2022

Non-Elective 1+ LoS Activity

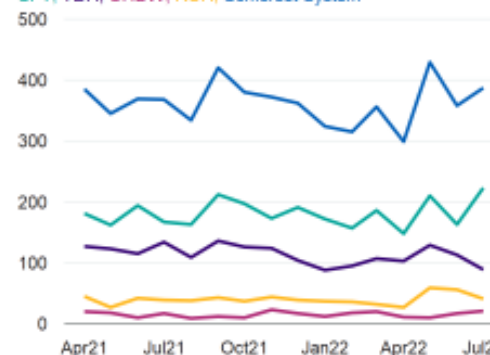
SFT, YDH, UHBW, RUH, Somerset System



Data source: SUS, updated on 05 September 2022

Readmissions <= 7 days Activity

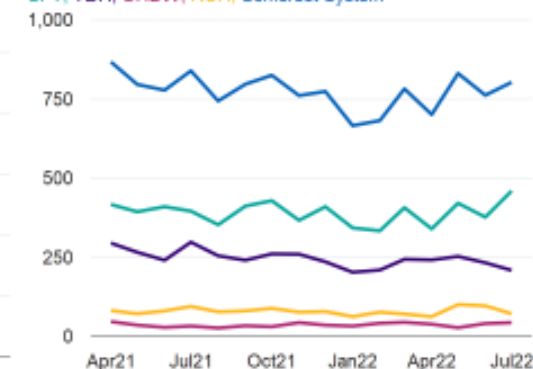
SFT, YDH, UHBW, RUH, Somerset System



Data source: SUS, updated on 05 September 2022

Readmissions <= 30 days Activity

SFT, YDH, UHBW, RUH, Somerset System



Data source: SUS, updated on 05 September 2022

Discharges and No Criteria to Reside

Performance

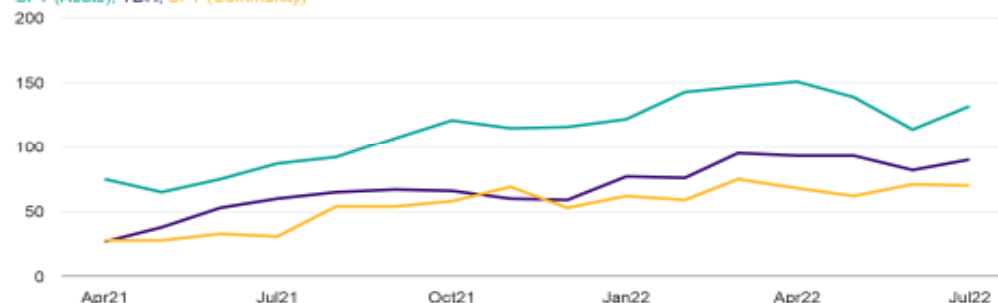
- The average length of stay increased in 2021/22 and has been sustained in Q1 of 2022/23 due to the high volume of patients residing in hospital with no criteria to reside. Across Somerset and YDH FTs the average number of patients per day whose in-patient exceeded 21 days in July was 196 (an increase of 14 when compared to the previous month) but an increase of 95 when compared to 101 patients in July 2021. The increase in long stay patients is underpinned by the high level of patients residing in an acute hospital bed who not meet the criteria to reside (27% of patients as at the end of July had no criteria to reside. (Somerset System: 292 with 157 at SFT (26.6% of beds) and 91 at YDH FT (26.8% of beds)). Whilst the volume of lost beds remain high, the latest week (25/8/22) shows a reduction to 218
- In July 2022 88.0% of the patients with no criteria to reside were discharged on Pathway 0 (returning to their usual place of residence with no packages of care) and 6.5% were discharged with either a domiciliary care package (3.2%) or discharged to a bedded facility (3.3%). The proportion of Pathway 0 discharges is expected to increase once the current no criteria to reside backlog is cleared

Actions

- Plans are being developed to improve and speed up the discharge pathway within the Acute Hospital setting and to support discharge flow additional external bedded capacity will be stood up. These short term care home beds will incrementally increase weekly from early November (to a maximum of 109 beds) to support hospital discharge and virtual wards beds will be stood up and phased in over the winter to a maximum of 246 by March 2023. Plans also include increasing Domiciliary Care with an additional 1,000 hours of care being stood up to support discharge out of care homes
- Implementation of schemes to avoid admission and reduce hospital lengths of stay (including increasing external bedded and virtual ward capacity, same day emergency care, enhanced urgent crisis response including new falls service and strengthening the workforce including recruitment of discharge facilitators) are expected to reduce the number of patients in hospital with no criteria to reside
- Somerset System partners are working collaboratively upon delivery of the aforementioned actions and an improvement trajectory is being developed in order to track progress

No Right to Reside

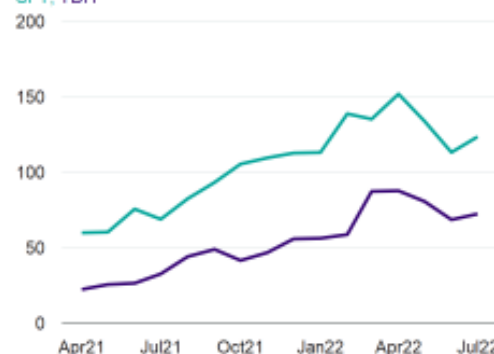
SFT (Acute), YDH, SFT (Community)



Data source: NRT, updated on 05 September 2022

>21 Day Length of Stays

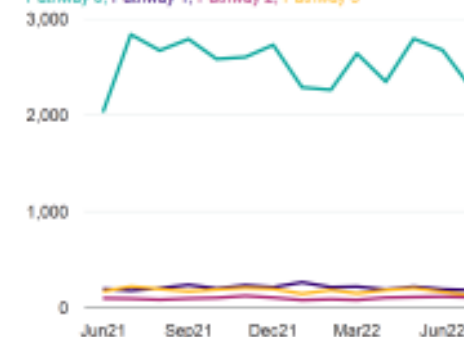
SFT, YDH



Data source: Long Stay report, updated on 05 September 2022

Discharge Pathways

Pathway 0, Pathway 1, Pathway 2, Pathway 3



Data source: Pathways Return, updated on 05 September 2022

How do we compare (Absolute and rate per 100,000 population) – July 2022

- Somerset:** 221, rate per 100,000 population – 35.1
- South West:** 1920, rate per 100,000 population – 31.5

Primary Care

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Primary Care											
GP Consultations - All	Somerset ICB	-	305,468	246,848	246,162	241,483	280,466	229,796	285,205	263,630	272,565
GP Consultations - Face-to-Face		-	174,582	133,594	129,994	129,257	151,232	124,061	147,171	136,905	140,260
GP Consultations - Virtual		-	98,598	86,711	90,000	85,935	98,452	79,927	91,752	86,483	87,938
GP Consultations - Unknown		-	32,288	26,543	26,168	26,291	30,782	25,808	46,282	42,242	44,367
GP Consultations - % Face-to-Face	Somerset ICB	-	57%	54%	53%	54%	54%	54%	52%	52%	51%
GP Consultations-% Unknown		-	11%	11%	11%	11%	11%	11%	16%	16%	16%
GP Consultations - % Virtual		-	32%	35%	37%	36%	35%	35%	32%	33%	32%
Antimicrobial Stewardship - Co-amoxiclav Cephalosporins & Quinolones % of all Antibiotics	Somerset ICB	<10%		4.8%			4.6%			4.6%	
Antimicrobial Stewardship: Antibacterial Items per STAR PU	Somerset ICB	≤0.871		0.738			0.760			0.783	

Primary Care Access

Performance

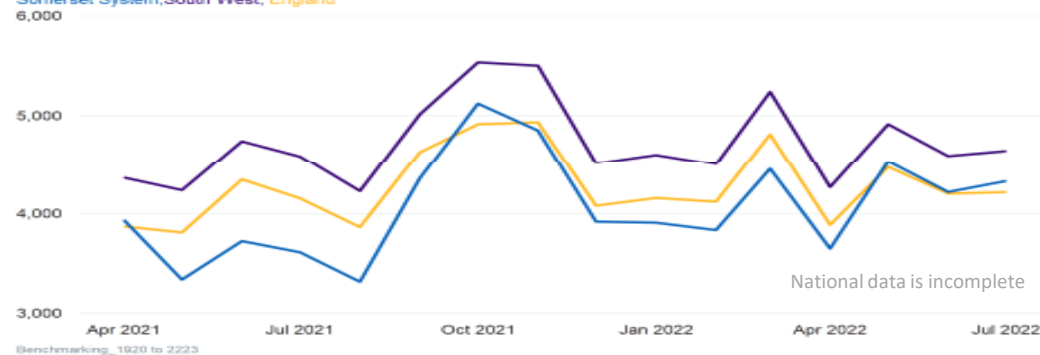
- **Demographic:** The GP registered population of Somerset is significantly older and has a higher level of healthcare need than the national distribution
- **CQC ratings:** There are no practices rated 'Inadequate' across Somerset ICB. Frome Medical Practice moved to 'Good' from 'Requires Improvement' which leaves only Burnham & Berrow Medical Centre in that CQC category.
- **Patient experience:** Somerset ICB is performing better than the national position in respect of overall patient satisfaction with GP services.
- **Consultations:** In July 2022 Somerset seen 4326 consultations per 10,000 population (+2.6% compared to June), slightly higher than the national average and 6.8% below the South West average.
- **Primary Care Pressures:** Primary Care services have continued to experience considerable operational challenges in July 2022 with approximately half of the GP practices reporting their OPEL status as OPEL 3 (Operational Pressures Escalation Levels).

Actions

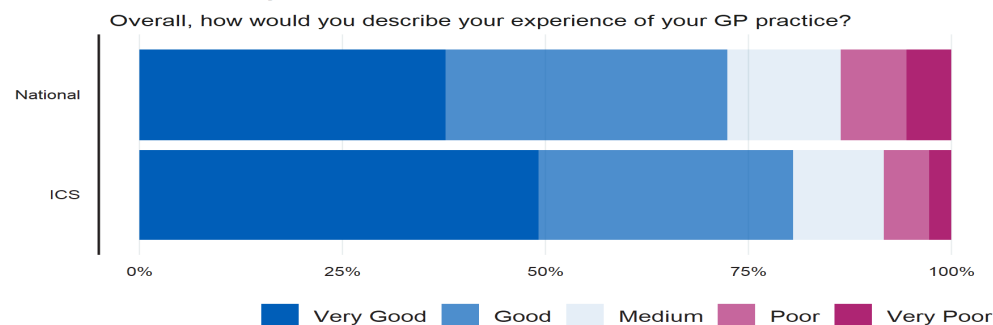
- A comprehensive approach to access improvement is part of the work programme of the primary care team. This includes referring practices to both local and national sources of support, including the Access Improvement Programme. We are unable to compare the volume of Primary Care (face to face and Virtual) consultations to previous periods due to NHS Digital not consistently including all Somerset Practices within the GP appointment National Dataset. Somerset ICB has a GP data group in place which is reviewing online consultation data discrepancies and following up with NHSEII and NHS Digital in order to understand the reporting criteria being applied. Alternate methods of reporting are being explored to enable us to be able to accurately assess Primary Care demand.

Consultations Per 100,000 Population

Somerset System, South West, England



2022 GP Patient Survey Results



Data sourced via The GP Patient Survey: CCG report (2022 publication)

How do we compare (consultations/10,000 population):

- Somerset: 4326 (July 22)
- National: 4214 (July 22)
- South West: 4642 (July 22)

Primary Care Access

Performance

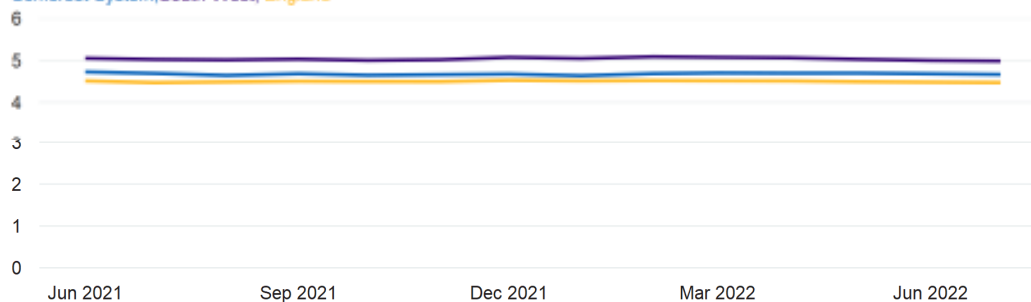
- **FTE (Full time equivalent) GPs per 10,000 population** in July remained the same at 4.7, better than the national average and slightly below the South West average
- **DPC (Direct Patient Care) staff per 10,000 population** in June was at 3.4, in July dropped to 3.3 but still above the National and slightly below the South West average. The Long Term Plan called for the establishment of multidisciplinary teams to deliver care at neighbourhood level, The Additional Roles Reimbursement Scheme (ARRS) was set up to provide funding for Primary Care Networks (PCNs) to recruit more staff to specific direct patient care roles to help deliver these objectives.
- **Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from general practice** was at 1,204
- **Number of NHS111 referrals to the CPCS service** was at 264 in July. They were made for prescription medication and for minor illness.

Actions

- Review approach to primary care workforce in light of the Fuller stocktake and as a key part of our new primary care strategy.
- Continue to further develop community pharmacy provision as a key part of the overall primary care offer, noting that Somerset is a leading system nationally on CPCS implementation.

GPs: FTE per 10,000 population

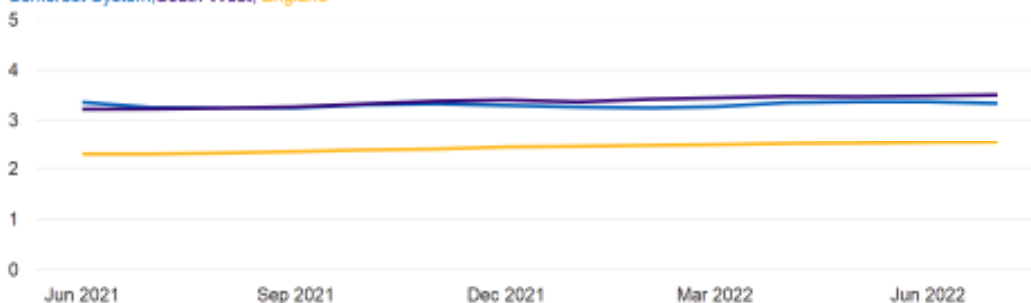
Somerset System, South West, England



Benchmarking: 1920 to 2223

DCPs: FTE per 10,000 population

Somerset System, South West, England



Benchmarking: 1920 to 2223

How do we compare (FTEGPs/10,000 population):

- Somerset: 4.7
- National: 4.5
- South West: 5.0

How do we compare (DCPFTE/10,000 population):

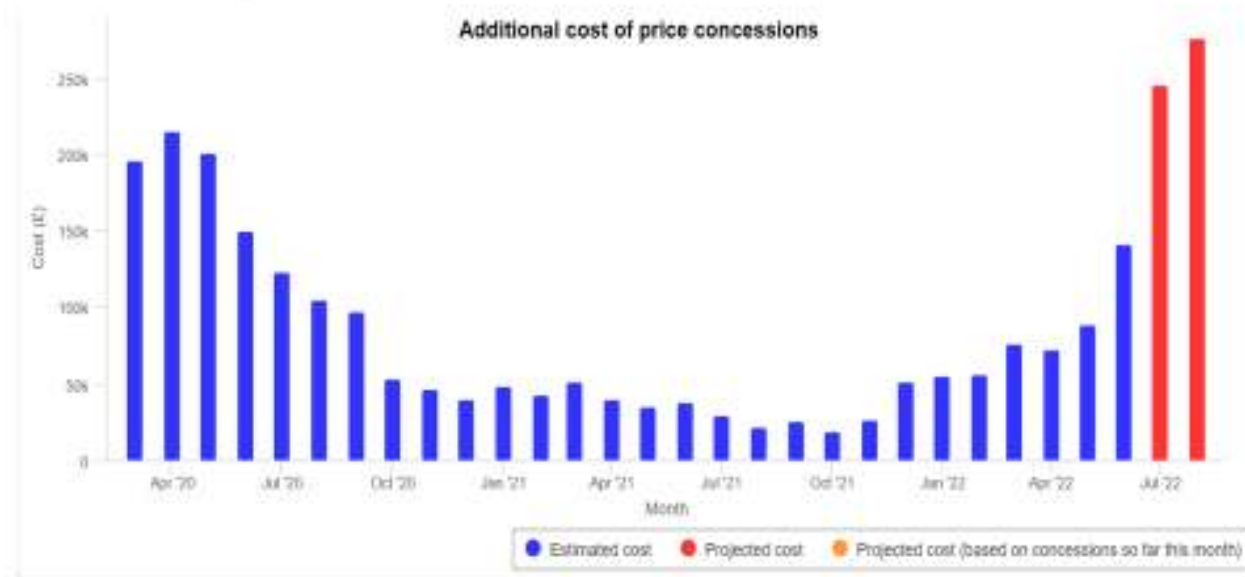
- Somerset: 3.3
- National: 2.5
- South West: 3.5

Impact of price concessions on NHS Somerset CCG

Price concessions are a short term agreement by the NHS to pay for more expensive versions of a generic medicine because pharmacists are unable to obtain the generic at its usual price. This dashboard tracks the additional costs these concessions create.

Standard prices are updated monthly from [NHS BSA](#), concession data is updated daily from [PSNC](#).

Over the last 12 months we estimate that price concessions have cost NHS Somerset CCG an additional **£1,108,300** (of which **£823,610** is in the current financial year)



Supply shortages of generic medicines have rapidly grown over the last few months. This has had a number of knock on effects;

A significant increase in the costs of medicines over and above that budgeted

Additional workload for Community Pharmacies and GP practices in sourcing replacement medication

Clinical risk for some patients who have missed doses of medication because of the shortages.

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Elective Care											
Overall Number of Incomplete Pathways	Somerset ICB	-	49,611	49,313	49,728	50,472	51,306	52,137	53,135	54,399	54,479
>52 Weeks Wait *	Somerset ICB	0 by Mar25	2,726	2,653	2,635	2,594	2,638	2,828	2,807	2,892	2,893
>65 Week waits *	Somerset ICB	0 by Mar24	1,317	1,342	1,412	1,425	1,337	1,368	1,280	1,198	1,190
>78 weeks wait *	Somerset ICB	0 by Mar23	772	711	761	643	599	671	622	500	452
>104 Weeks wait *	Somerset ICB	0 by Jun23	145	171	188	201	159	141	98	49	32
Elective (Restoration)	Somerset ICB	≥110%	92.83%	92.98%	90.53%	82.78%	95.40%	96.19%	104.98%	98.54%	99.18%
Day Case (Restoration)	Somerset ICB	≥110%	98.81%	97.76%	94.77%	88.91%	100.78%	101.04%	109.76%	100.32%	100.49%
Inpatient (Restoration)	Somerset ICB	≥110%	58.83%	64.57%	63.00%	49.87%	66.53%	70.81%	79.16%	88.75%	91.42%
First Outpatient Appointments (Restoration)	Somerset ICB	≥110%	108.16%	105.05%	108.66%	102.53%	138.53%	108.43%	117.93%	117.47%	107.13%
Follow Up Outpatient appointment (Restoration)	Somerset ICB	≥110%	101.33%	99.35%	100.92%	97.56%	125.48%	99.76%	107.65%	107.55%	102.72%
Clock Starts (Recovery %)	Somerset ICB	N/A	94.2%	90.7%	99.7%	91.9%	90.7%	92.3%	100.7%	99.8%	97.3%
Clock Stops - Non-Admitted (Recovery %)	Somerset ICB	≥110%	106.8%	101.7%	100.8%	105.4%	95.4%	98.9%	108.9%	102.6%	102.3%
Clock Stops - Admitted (Recovery %)	Somerset ICB	≥110%	78.8%	78.8%	78.8%	78.8%	78.8%	78.8%	78.8%	78.8%	78.8%
Number of Cancellations	Somerset ICB	0	347	240	495	466	319	155	133	216	316

*Long waits: Somerset ICB will be assessing against the operational plan from the next reporting cycle

Long Waits: >78 and >104 Week Waits

Performance

- 104 Week Waits:** In July there were 32 patients waiting in this long wait patient cohort, which is a 35% (-17) reduction compared to June with 16 from Somerset FT and 16 patients from other smaller (including border) hospitals. Looking ahead to September 2022 on a Trust-wide basis (as at week ending 11/9/22) SFT FT has 21 and YDH FT 1 patient at risk of waiting in excess of 104 weeks (due to a combination of patient choice, complexity or capacity)
- 78 Week Waits:** The Somerset System is expecting to have 423 patients waiting in excess of 78 weeks as at the end of March 2023 and therefore not meeting the national ambition of zero. The reason for non-delivery is due to a combination of referral demand recovering to near pre-pandemic levels alongside a reduced level of treatments taking place over the last 6 months thus resulting in an increased cohort of patients reaching 78 weeks from early winter. In July 2022 there were 452 patients in excess of 78 weeks which is a reduction of 48 patients upon the previous month; 375 of these patients are from Somerset and Yeovil Hospitals, and 77 patients from smaller (including border) hospitals
- The specialties with the greatest backlog are Trauma and Orthopaedics, ENT and Surgical Specialities
- There continues to be significant operational pressures due to increased non-elective demand, patients staying longer due to increased acuity and higher levels of patients with no criteria to reside which has impacted upon elective flows (regrettably including (albeit at a much reduced level) patient cancellations)

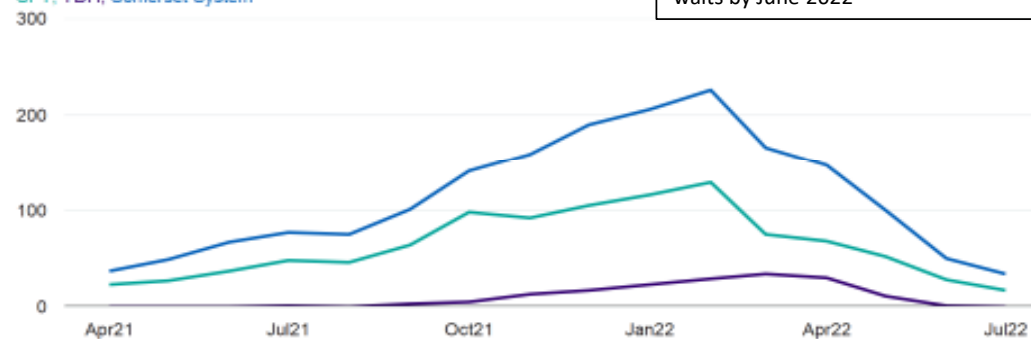
Actions

There is a active programme of system-wide actions to support reduction in the backlog and longer term recovery which include:

- Shared use of capacity across the system and maximising use of Independent Sector capacity
- Programmes of work to support the re-routing demand
- Physical capacity expansion during 2022/23 including ringfenced elective beds
- Optimising for Surgery (e.g. My Planned Care, Peri-Operative Pathways and Safety-netting)
- Theatre productivity programme (e.g. STEP, GIRFT HVLC pathways and Theatre Workforce Strategy)

Number of Patients Waiting >104 Weeks

SFT, YDH, Somerset System

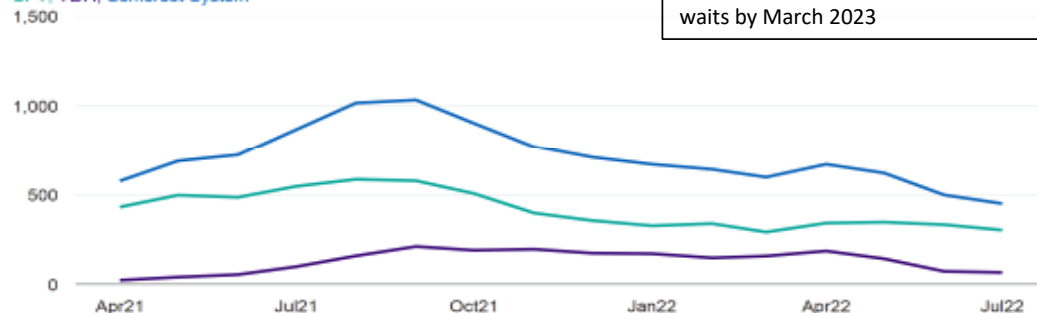


National Ambition for zero >104 week waits by June 2022

Source: Referral to Treatment MDS, updated on Tuesday 30 August 2022

Number of Patients Waiting >78 Weeks

SFT, YDH, Somerset System



National Ambition for zero >78 week waits by March 2023

Source: Referral to Treatment MDS, updated on Tuesday 30 August 2022

How do we compare – Rates Per 100,000 Population (July 2022 – latest published performance)

- Somerset:** 78 Week Waits 71.7, 104 Week Waits: 5.1
- National:** 78 Week Waits 77.6, 104 Week Waits: 4.2
- South West:** 78 Week Waits 100.6, 104 Week Waits: 15.6

Elective Restoration

Performance

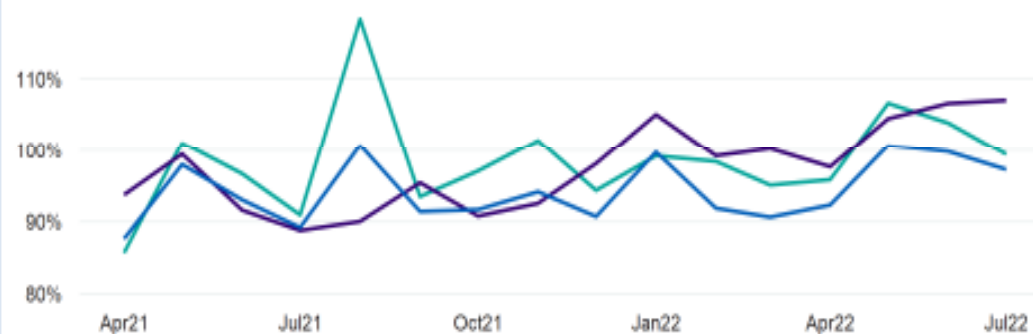
- The national ambition is for elective activity (in-patient and outpatients combined) to recover to 110% of pre-pandemic (activity, with follow up out-patients not expected to exceed 85% of 19/20 levels) and 104% (costed activity) levels during 2022/23 in order to reduce the level of backlog
- There continues to be significant operational pressures due to increased non-elective demand, patients staying longer due to increased acuity and higher levels of patients with no criteria to reside as well as a recent upsurge in covid-19 cases with all factors impacting upon elective flows (when compared to the pre-pandemic period)
- **RTT Clock Starts:** Referral demand has returned to pre-pandemic levels with a stepped increase in referral demand during 2022/23. During July 2022 RTT referrals were 97.3% of the level received in July 2019 and a daily rate of 659 referrals per day (and during 2022/23, 97.6% of 2019/20 levels with an average of 673 referrals per day). This has resulted in the overall waiting list size increasing by 4.5% since April 2022 to 54,479 (or +2342 patients) reaching its highest point
- **Elective Recovery:** During the cumulative period April to July 2022 on an activity basis elective recovery (in-patient and out-patient combined) was 106.5% of 19/20 levels and the breakdown by elective pathway was: first out-patient attendances 112.8%, follow up out-patient attendances 104.5%, Day Case 103.0% and 82.5% Overnight In-Patients
- **RTT Clock Stops:** During the cumulative period April to June 2022 overall there were 102.7% RTT clock stops relative to the same period of 2019/20, with admitted clock stop activity of 97.3% and non-admitted clock stop activity of 104.8%

Actions

- There is a active programme of system-wide actions to support reduction in the backlog and longer term recovery (please see actions described on slide 27)

Clock Starts Restoration

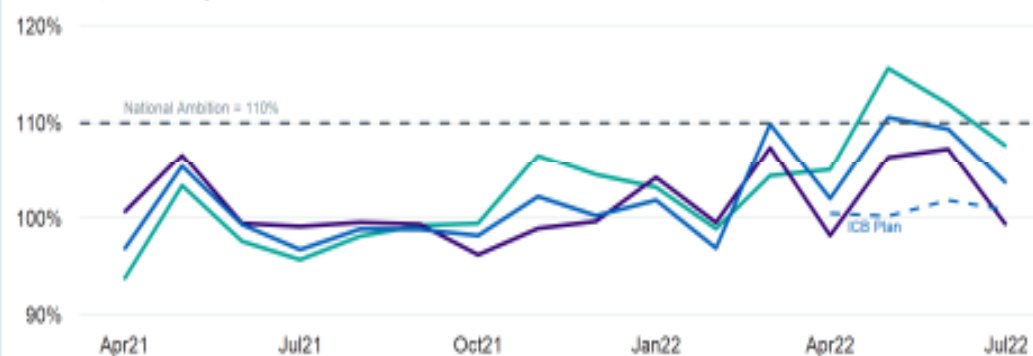
SFT, YDH, Somerset System



Data source: Bed Occupancy return, updated on Tuesday 30 August 2022

Elective Restoration (Outpatients and Inpatients Combined)

SFT, YDH, Somerset System



Data source: SUS Tuesday 30 August 2022

Outpatient Transformation

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
% of Out Patient Appointments Transferred/Discharged to Patient Initiated Follow Up (PIFU)	Somerset ICB	≥5%	5.99%	5.87%	5.78%	5.94%	6.02%	5.86%	6.37%	6.36%	5.65%
	SFT (Trust-wide)	≥5%	4.16%	4.10%	4.21%	3.99%	3.97%	4.17%	4.38%	4.37%	4.16%
	YDH (Trust-wide)	≥5%	9.85%	9.32%	9.01%	9.78%	9.91%	9.25%	9.18%	8.56%	8.50%
Advice and guidance Utilisation (Rate per 100 1st Out Patients) (EROC)	Somerset ICB	≥16	27.6	28.2	27.0	28.9	30.1	29.9	35.2	29.0	29.6
	SFT	≥16	23.7	25.0	23.5	26.1	26.6	25.2	33.3	25.9	27.0
	YDH	≥16	1.6	1.7	1.7	1.7	2.4	1.3	1.5	0.8	1.0
Virtual Consultations	Somerset ICB	≥25%	22.5%	22.4%	20.8%	21.6%	20.3%	18.8%	18.0%	18.7%	18.1%
	SFT		22.1%	20.6%	20.6%	20.6%	21.4%	20.2%	21.2%	21.1%	20.9%
	YDH		17.7%	16.4%	16.4%	16.2%	16.4%	14.1%	16.5%	14.6%	14.8%
	Other providers		22.5%	22.4%	20.8%	21.6%	20.3%	18.8%	18.0%	18.7%	18.1%

Out Patient Transformation

Performance

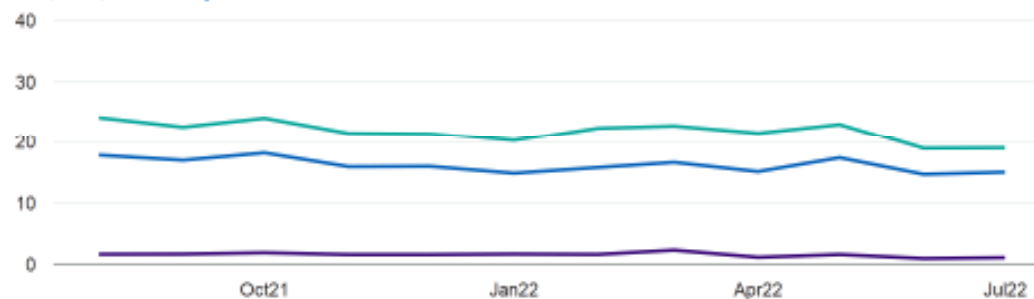
- **Advice and Guidance:** In July 2022 of 6921 referral requests received Somerset ICS diverted 1329 of these via Advice and Guidance or Referral Assessment Services which equates to a diversion rate of 19.2 and an Advice and Guidance utilisation rate of 15.0 per 100 first Out Patient attendances. The volume of diverted referrals and utilisation is expected to increase upon the implementation of an Advice First solution
- **Patient Initiated Follow Up:** In July 2022 3521 patients in Somerset were moved to a PIFU pathway as an outcome of their out-patient attendance (or 5.6% of all out-patient attendances). Somerset is the 3rd highest performing ICS nationally (and the 2nd highest performer in the South West behind Gloucestershire ICS)
- **Virtual Consultations:** The national requirement is for 25% of out-patient attendances to occur virtually and during the cumulative period April to July 2022 the proportion of patients who attended their appointment virtually was 18.7%
- **Out-Patient Follow Up Appointments:** Follow up out-patients are expected to reduce by 25% when compared to 2019/20 by March 2023; during the cumulative period April to July 2022 the volume of out-patient follow up attendances relative to 2019/20 was 104.5%. A key reason for a higher level of out-patients follow up appointments is due to the clearance of follow-up and non-admitted long wait backlogs and linked part of the 78-week wait clearance programme

Actions

- **Advice and Guidance:** System discussions continue in respect of a technical solution to deliver an Advice First approach. It is intended that all routine GP referrals will go through this route and a further update will be provided once the system optional appraisal concludes
- **Patient Initiated Follow Up:** Whilst Somerset is performing well in comparison to Regional peers and against the National average, monitoring takes at a specialty level to identify if there are opportunities to improve the PIFU take-up rate best practice is shared
- **Virtual Consultations:** The Providers continue to Virtual Consultations at a specialty level to identify if there are opportunities to improve the level of non face-to-face consultations

Advice & Guidance rate per 100 1st Outpatients

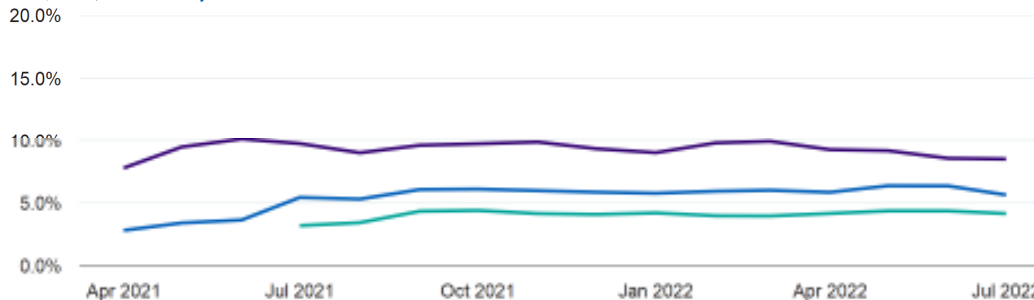
SFT, YDH, Somerset System



Data source: Bed Occupancy return, updated on Friday 02 September 2022

PIFU

SFT, YDH, Somerset System



Data source: Bed Occupancy return, updated on Friday 02 September 2022

How do we compare

- **Somerset:** Diversion: 16.3%, RAS: 22.3%, All Diversion: 19.2%, PIFU: 5.6% (moved to PIFU)
- **National:** Diversion: 32.8%, RAS: 11.6%, All Diversion: 18.1%, PIFU: 0.9% (moved to PIFU)
- **South West:** Diversion: 33.7%, RAS: 13.0%, All Diversion: 18.7%, PIFU: 2.4%

Health Inequalities – Data Programme

- The Somerset System has established a Health Inequalities Data Group to understand patterns of access to healthcare, to use healthcare data to influence patient management and to join up data across health and social care to help address health inequalities
- Detailed analysis has taken place and where there are potential areas of inequality subsequent deep dives upon any areas of exception have taken place
- Current areas of focus are upon:
 - patient engagement (with a specific focus upon DNA's) - 3 *Tests of Change* will run for a period of 3-6 months to establish if these interventions have led to a change in DNA rates
 - cancer detailed analysis and deep dive focusing upon access by tumour site and stage of presentation (and by deprivation and ethnicity)
 - core20plus5 - this approach enables the biggest impact on avoidable mortality in these populations and contributes to an overall narrowing of the health inequalities gap. The 'five' clinical areas of focus are:
 - Maternity
 - Severe Mental Illness
 - Chronic Obstructive Respiratory Disease (COPD)
 - Early Cancer Diagnosis
 - Hypertension Case-Finding
 - Somerset is a Wave 2 site for Core20Plus and secured funding to provide a community based approach to support people with COPD in Bridgwater (one of our most deprived areas. Advert for Programme Co-ordinator due to go out end of August 2022 and will work with community champions. This project is a collaboration with the ICB and VCSE



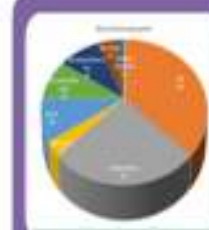
Understanding existing patterns in how patients are accessing healthcare

- Starting with social deprivation as a case-study, asking targeted questions of the Somerset healthcare data to understand why differences in healthcare access exist
- Using this data to inform potential design solutions and target interventions



Using existing healthcare data to influence individual patient management

- Creating risk factors for individual patients
- Using these risk factors to reduce health inequalities and improve outcomes by positive interventions



Joining-up system healthcare data to help address inequalities

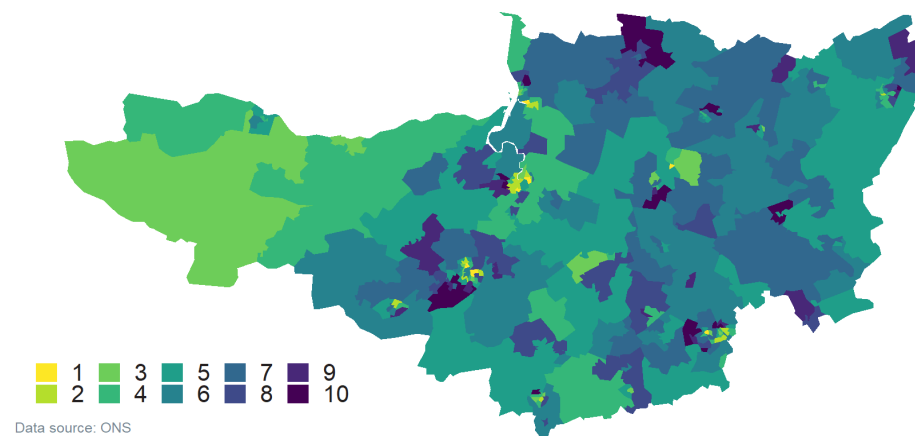
- Creating a dashboard of primary, secondary and other holders of healthcare data
- Using this dashboard to enable questions of inequality to be answered more quickly
- Establishing links between data-sets to support individual patient management in real-time

Health Inequalities – Somerset Population

- There are seven main types of deprivation considered in the Index of Multiple Deprivation (income, employment, education, health, crime, access to housing and services, and living environment) and these are combined to form the overall measure of multiple deprivation as shown in the map and the chart for Somerset.
- The most deprived areas of the population is decile 1 and the least deprived is decile 10.
- The ICB is due to consult on its draft Maternity Equity and Equality Strategy and Plan during September 2022. This document has been co-produced with Maternity Voices Partnership and Somerset Diverse Communities.

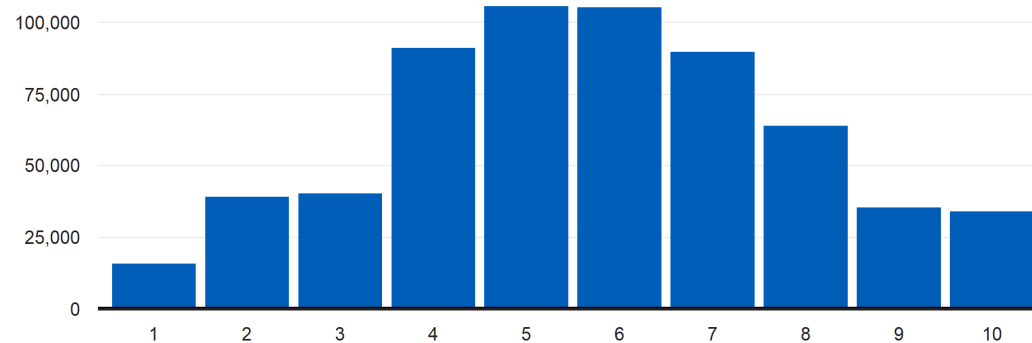
Index of Multiple Deprivation Decile by LSOA

Somerset (1 = Most Deprived, 10 = Least Deprived)



Index of Multiple Deprivation Decile by LSOA

Somerset GP Population (1 = Most Deprived, 10 = Least Deprived)



Health Inequalities – Number of Incomplete Pathways Compared To Population By Deprivation (Somerset System)

- The overall waiting lists have increased and patients are waiting longer for treatment since the onset of the covid-19 pandemic
- 15.4% of residents in Somerset live in the most deprived areas (deciles 1-3) compared to 16.4% of patients on a waiting list awaiting their first definitive treatment are from the most deprived areas
- 21.5% of residents in Somerset live in the least deprived areas (deciles 8-10) compared to 21.6% of patients on a waiting list awaiting their first definitive treatment are from the least deprived areas

Open Pathways - Deprivation

Snapshot taken on 21 August 2022 of Open Pathways for Somerset providers, split by deprivation

IMDDecile	Population	Population%	OpenPathways	OpenPathways%
1	15,978	2.6%	1,313	2.8%
2	39,141	6.3%	2,977	6.3%
3	40,263	6.5%	3,476	7.3%
4	91,122	14.7%	6,730	14.2%
5	105,560	17.0%	8,501	18.0%
6	105,200	16.9%	8,101	17.1%
7	89,687	14.4%	6,012	12.7%
8	64,224	10.3%	5,159	10.9%
9	35,346	5.7%	2,762	5.8%
10	34,161	5.5%	2,291	4.8%

Data source: Referral to Treatment MDS, updated on Tuesday 30 August 2022

Health Inequalities – RTT Incomplete Pathways by Deprivation (Somerset System)

- Of the overall number of patients on the waiting list awaiting treatment the proportion in deciles 1-3 (most deprived) is 16.4% of overall waiting list, with the least deprived (deciles 8-10) making up 21.6% of the overall waiting list
 - 78 Weeks (424 patients): of the patients waiting in excess of 78 weeks, 17.7% are from the most deprived areas of Somerset (deciles 1-3) and 17.9% from the least deprived areas of Somerset (deciles 8-10)
 - 104 Weeks (21 patients): of the patients waiting in excess of 104 weeks, 23.8% are from the most deprived areas of Somerset (deciles 1-3) and 19.0% from the least deprived areas of Somerset (deciles 8-10)
- There are 2 specific elective projects currently underway DNAs and cancer access (including stage of presentation) and findings will be shared in future updates once improvement actions have been piloted

Open Pathways - Deprivation

Snapshot taken on 21 August 2022 of Open Pathways for Somerset providers, split by deprivation

IMDDecile	Total	78+	78+%	104+	104+%
1	1,313	18	1.4%	2	0.2%
2	2,977	27	0.9%	2	0.1%
3	3,476	30	0.9%	1	0.0%
4	6,730	61	0.9%	2	0.0%
5	8,501	86	1.0%	5	0.1%
6	8,101	74	0.9%	4	0.0%
7	6,012	52	0.9%	1	0.0%
8	5,159	43	0.8%	4	0.1%
9	2,762	19	0.7%	0	0.0%
10	2,291	14	0.6%	0	0.0%

Data source: Referral to Treatment MDS, updated on Tuesday 30 August 2022

Health Inequalities – Number of Incomplete Pathways By Ethnicity (Somerset System)

- In the Somerset System of the overall number of patients on the waiting list awaiting treatment the proportion of patients who are from Black, Asian and other minority groups makes up 0.9% of the waiting list with White making up 67.7% and Not Stated or Unknown making up 31.4%
- A key focus of the System Performance and Activity Group will be upon the RTTMDs ethnicity data quality and data completeness and an action plan will be developed to specifically address the 'unknown' patient cohort
- 78 Week Waits: 1.4% (6 patients) who identify as Black, Asian or other minority groups are waiting in excess of 78 weeks for their first definitive treatment, 74.2% identify as white and 24.4% either Not Stated or Unknown
- 104 Week Waits: there are no patients who identify as Black, Asian or other minority groups who are waiting in excess of 104 weeks for their first definitive treatment, 85.7% who identify as white and 14.3% either Not Stated or Unknown
- The median waiting time for patients who identify as Black, Asian or from Other Minority Groups is collectively 12.2 weeks, 12 weeks for patients who identify as White, and 11.5 weeks and those for whom the ethnicity status is either Not Stated or Unknown

Open Pathways - Ethnicity

Snapshot taken on 21 August 2022 of Open Pathways for Somerset providers, split by ethnicity

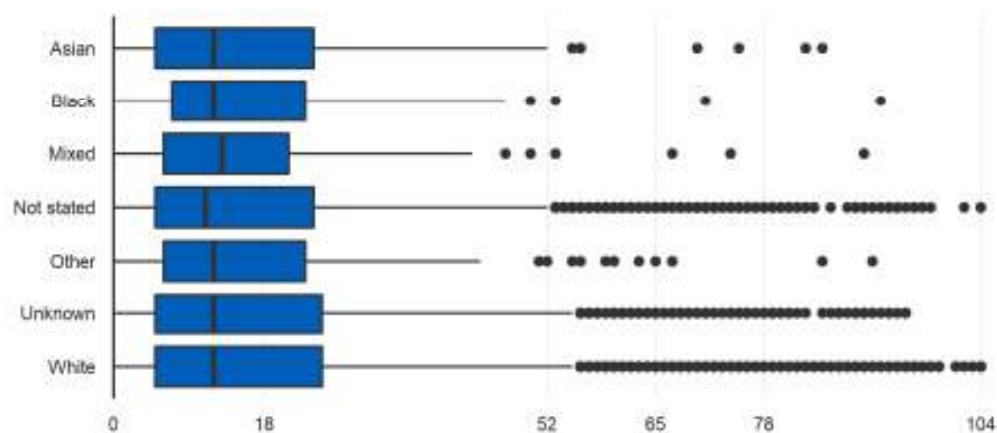
Ethnicity	Total	78+	78+%	104+	104+%
Asian	149	2	1.3%	0	0.0%
Black	48	1	2.1%	0	0.0%
Mixed	99	1	1.0%	0	0.0%
Not stated	9,385	66	0.7%	3	0.0%
Other	151	2	1.3%	0	0.0%
Unknown	5,500	38	0.7%	0	0.0%
White	32,073	316	1.0%	18	0.1%

Data source: Referral to Treatment MDS, updated on Tuesday 30 August 2022

Health Inequalities – Somerset Incomplete Pathways by Ethnicity (Somerset System)

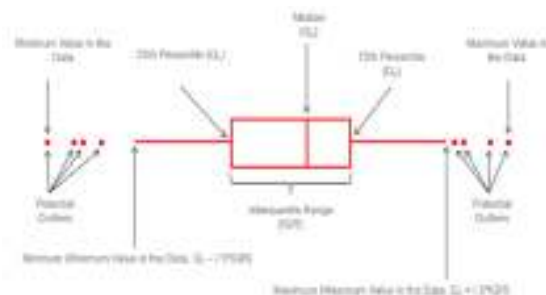
Open Pathways - Ethnicity

Snapshot taken on 21 August 2022 of Open Pathways for Somerset providers, split by ethnicity



Data source: Referral to Treatment MDS, updated on Tuesday 30 August 2022

How to interpret the Open Pathways by Ethnicity Chart



Median Wait Time - Ethnicity

Snapshot taken on 21 August 2022 of Open Pathways for Somerset providers, split by Ethnicity

Ethnicity	MedianWait
Asian	12
Black	12
Mixed	13
Not stated	11
Other	12
Unknown	12
White	12

Data source: Referral to Treatment MDS

Updated on Tuesday 30 August 2022

Diagnostics

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Overall number of patients awaiting a diagnostic test or procedure	Somerset ICB	N/A	13,008	12,000	12,630	12,851	12,886	12,743	12,961	13,257	12,772
	SFT		7,198	6,368	6,326	6,807	7,262	7,156	7,134	6,934	6,602
	YDH		2,507	2,258	2,882	2,713	2,581	2,765	3,202	3,238	3,179
	Other NHS		3,281	3,345	3,385	3,303	3,005	2,784	2,579	3,050	2,966
Number of patients waiting >6 weeks for a diagnostic test or procedure	Somerset ICB	N/A	4,309	4,441	4,270	3,652	3,623	3,891	3,724	3,685	3,755
	SFT		2,515	2,339	2,119	1,848	2,033	2,178	1,917	1,766	1,496
	YDH		497	644	647	549	406	539	713	779	1,066
	Other NHS		1,296	1,453	1,497	1,249	1,178	1,169	1,081	1,131	1,162
% of patients waiting <6 weeks for a diagnostic test or procedure	Somerset ICB	75% by Mar23	66.9%	63.0%	66.2%	71.6%	71.9%	69.5%	71.5%	72.2%	70.8%
	SFT		65.1%	63.3%	66.5%	72.9%	72.0%	69.6%	73.1%	74.5%	77.3%
	YDH		80.2%	71.5%	77.6%	79.8%	84.3%	80.5%	77.7%	75.9%	66.5%
	Other NHS	0%	81.5%	76.9%	72.6%	77.4%	75.4%	70.3%	74.9%	75.5%	66.7%
Number of diagnostic tests or procedures undertaken (Recovery for selected diagnostic tests) MRI, CT, Ultrasound, Colonoscopy, Gastroscopy, Flexi Sigmoidoscopy and Echocardiography	Somerset ICB	≥120%	101.1%	99.8%	109.4%	103.3%	140.8%	109.7%	110.8%	111.9%	112.5%
	SFT		96.7%	104.8%	110.7%	104.1%	141.2%	110.2%	110.2%	112.8%	114.6%
	YDH		92.7%	104.1%	114.7%	150.4%	116.0%	115.4%	108.4%	103.4%	0.0%
	Other NHS		123.6%	122.9%	119.8%	118.3%	166.6%	111.6%	127.9%	145.5%	118.2%

Diagnostic Waiting Lists

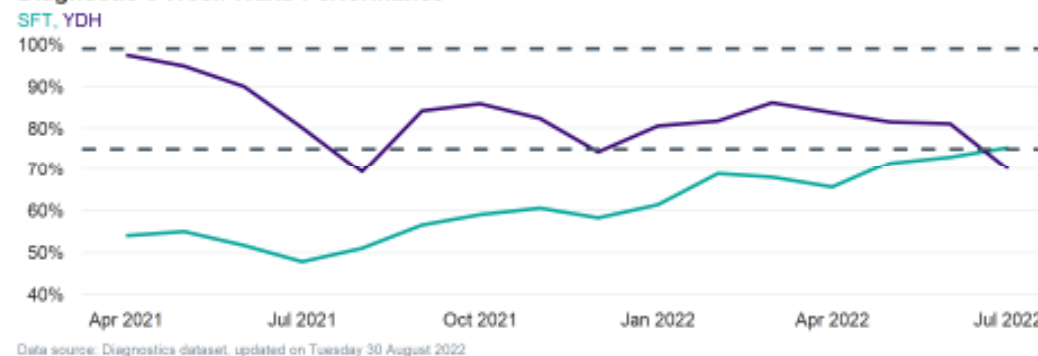
Performance

- **Diagnostic Activity Recovery:** During the cumulative period April to July 2022, the level of diagnostic activity was 111.2% of the same relative period in 2019/20 (with unscheduled 130.05 and Waiting List 103.6%) against the 120% ambition
- **Diagnostic Waiting List:** In July when compared to the previous month the overall number of patients awaiting a diagnostic test or procedure reduced by 485 to 12,772. On this same basis whilst the >6 week backlog has marginally increased by 50 patients to 3,735 the volume of patients waiting in excess of 13 weeks has reduced by 333 to 1,323. The reduction in the overall size of waiting list size coupled with the small increase in >6 week backlog has led to a slight decline in the <6 week performance to 70.8% against the 99% national and 75% Regional improvement standard. As at the end of July the number of patients waiting in excess of 26 weeks at Somerset and Yeovil hospitals was 70 against a plan of 269 and significant progress continues to be made to reduce the backlog to zero
- The diagnostic modalities with the longest waits are: Echocardiography (31.3% of backlog), Audiology (12.3% of backlog), Endoscopy (15.5% of backlog) and non-obstetric ultrasound (22.5% of backlog) resulting in 6 weeks performance in Echocardiography of 38.0%, Audiology 58.3%, Endoscopy 70.4% and non-obstetric ultrasound 80.2%. The key challenges relate to national workforce shortfalls and sickness.
- Whilst Non-Obstetric Ultrasound is above the 75% recovery stand, performance has significantly dropped at YDH FT, with the backlog increasing from 144 in June to 485 in July due to workforce challenges impacting upon capacity

Actions

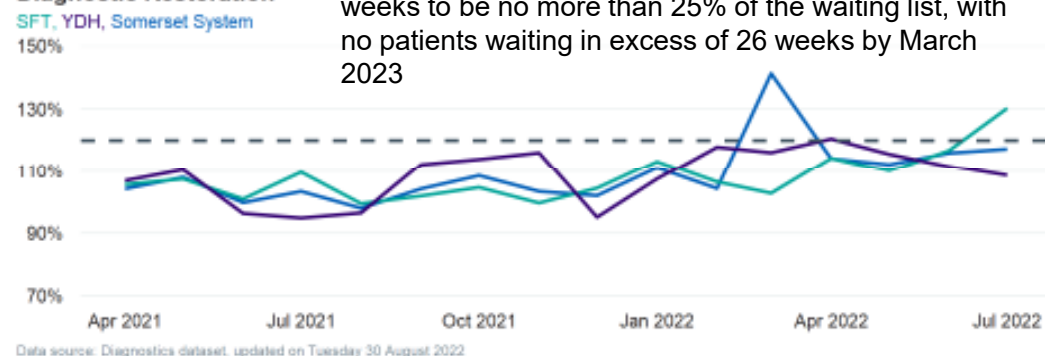
- **Echocardiography and Audiology:** Echo recruitment will take place in the coming months and capacity has been further strengthened by a insourcing company and at Rutherfords Diagnostic Centre. Diagnostic performance is expected to recover to in excess of 90% by early winter 2022. In respect of Audiology additional outsourcing capacity will support the service to reduce the backlog to expected levels by December 2022
- **Endoscopy:** Significant increase in cancer demand impacting upon elective activity. Third endoscopy room at Bridgwater from end of August, scheduling additional insourcing lists, additional trollies purchased to increase throughput, increasing nurse endoscopic resource (YDH) from September and work upon the cancer colorectal pathway underway
- **Non-obstetric Ultrasound:** Additional waiting list initiative sessions have been established in August and September. Four locum sessions have been arranged in September. A site for a third room, close to the two existing rooms is being sought.

Diagnostic 6 Week Waits Performance



The national ambition is for diagnostic activity to recover to 120% of pre-pandemic (levels during 2022/23 and for the numbers of patients exceeding 6 weeks to be no more than 25% of the waiting list, with no patients waiting in excess of 26 weeks by March 2023

Diagnostic Restoration



How do we compare (July 2022 – latest national published performance)

Somerset: rate of >6 Weeks per 100,000 population is 592.8 and 6 week performance of 70.76%
National: rate of >6 Weeks per 100,000 population is 694.6 and 6 week performance of 72.1%
South West: rate of >6 Weeks per 100,000 population is 502.8 and 6 week performance of 80.9%

Cancer

Description	Provider/Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Cancer											
2 Week Referrals following Urgent GP Referral for Suspected Cancer (Restoration)	Somerset ICB	≥100%	109.1%	96.6%	107.6%	99.7%	116.3%	99.0%	102.4%	99.9%	99.3%
	SFT		121.7%	100.3%	97.3%	97.6%	113.3%	98.8%	99.3%	95.3%	101.4%
	YCH		103.4%	97.2%	123.4%	113.2%	132.9%	104.3%	108.8%	108.4%	112.7%
Percentage of Referrals following Urgent GP Referral for Suspected Cancer seen within 2 weeks	Somerset ICB	≥93%	73.6%	70.2%	65.7%	73.4%	67.8%	66.4%	69.2%	65.3%	65.4%
	SFT		64.7%	75.7%	65.8%	65.3%	63.6%	61.7%	67.6%	54.9%	63.2%
	YCH		65.9%	66.3%	69.7%	62.5%	78.0%	70.0%	70.3%	56.4%	51.4%
	Other NHS		65.7%	100.0%	100.0%	100.0%	100.0%	100.0%	66.6%	100.0%	99.0%
31 Day First Definitive Treatment (Restoration)	Somerset ICB	≥100%	91.7%	91.0%	111.7%	96.7%	96.3%	95.6%	115.6%	103.0%	101.7%
	SFT		99.0%	94.2%	124.3%	102.3%	73.4%	102.1%	109.6%	115.4%	107.6%
	YCH		83.6%	83.6%	102.6%	108.7%	116.0%	107.6%	128.6%	96.0%	120.9%
1% of First Definitive Treatment Undertaken within 21 Days	Somerset ICB	≥95%	93.4%	93.9%	95.17%	95.80%	90.6%	93.6%	92.70%	89.88%	93.43%
	SFT		94.5%	95.93%	90.70%	95.36%	96.45%	96.06%	96.68%	93.76%	97.16%
	YCH		97.6%	98.1%	98.97%	100.00%	98.68%	96.9%	99.9%	91.5%	91.67%
	Other NHS		93.4%	93.9%	95.17%	95.80%	90.6%	93.6%	92.70%	89.88%	93.43%
62 Day First Definitive Treatment Following GP Referral for Suspected Cancer (Backlog)	Somerset ICB	≤165	137	173	189	163	148	187	229	177	189
	SFT	≤116	68	100	99	70	31	109	110	106	112
	YCH	≤90	71	73	80	83	67	62	118	71	77
62 Day First Definitive Treatment Following GP Referral for Suspected Cancer (Restoration)	Somerset ICB	≥100%	105.1%	85.6%	112.9%	95.6%	61.6%	60.0%	101.5%	107.4%	104.2%
	SFT		100.7%	80.0%	135.6%	79.7%	69.2%	60.5%	115.6%	117.6%	90.2%
	YCH		107.4%	62.0%	102.5%	100.6%	114.3%	97.5%	103.5%	113.3%	125.0%
1% of Patients with Diagnosed Cancer Receiving First Definitive Treatment Following GP Referral for Suspected Cancer within 62 Days	Somerset ICB	≥65%	75.69%	75.65%	65.99%	69.42%	70.16%	72.85%	67.23%	60.59%	65.13%
	SFT		72.41%	79.16%	61.72%	70.24%	71.60%	69.93%	61.22%	56.12%	63.16%
	YCH		77.38%	80.82%	79.28%	65.00%	65.91%	81.01%	76.58%	70.19%	63.86%
	Other NHS		75.69%	75.65%	65.99%	69.42%	70.16%	72.85%	67.23%	60.59%	65.13%
Cancer 29 days wait (faster diagnosis standard)	Somerset ICB	≥75%	77.03%	75.43%	70.46%	75.98%	75.22%	74.07%	69.27%	65.86%	67.22%
	SFT		75.09%	76.31%	70.28%	61.02%	75.04%	73.18%	68.01%	55.00%	62.43%
	YCH		79.50%	79.64%	72.23%	77.16%	74.72%	75.15%	69.78%	75.44%	73.25%

Suspected Cancer Referrals

Performance

- The percentage of patients seen within 2 week of referral by their GP for a suspected cancer was 55.48% in July 2022 which is significantly behind the 93% national standard and below the national average of 73.35 (June)%
- Suspected cancer referral demand has returned to pre-pandemic levels; during the cumulative period April to July 2022 suspected cancer referrals were 97% of referrals compared to the relative period of 2019/20. However there has been exceptional growth for suspected gynaecological (126.7% of 19/20) and suspected lower gastrointestinal cancers, expected to be linked with the high profile celebrity deaths (Sarah Harding and Dame Deborah James)
- The tumour sites with the largest 2 week wait backlogs are suspected skin cancer, suspected breast cancer and suspected lower gastrointestinal cancer and make up 81.0% of the overall backlog. The key drivers is the significant workforce challenge in the breast service at SFT impacting upon capacity (2 clinic per week shortfall), shortfall in colonoscopy capacity to meet the significant increase in demand and capacity challenges within the skin cancer service at both YDH FT and University Hospital Bristol and Weston FT

Actions

- Skin:** A System wide Dermatology Project is underway in respect of the longer term service provision. Shorter terms actions to increase capacity include expanding capacity at YDH FT via insourcing (discussions are still underway) and funding an additional Locum at University Hospitals Bristol and Weston for a period of 2 months when the lead consultant goes on sabbatical leave
- Breast:** GP's have been recruited to run 2 week wait clinics with the impact due to be seen in September/October and a Nurse Practitioner has been appointed. Evening clinics have been set up to run every Thursday with the initial aim to get initial waits down to 28 days, enabling the 28 Faster Diagnosis Standard to be met
- Lower Gastrointestinal:** SFT is increasing capacity by opening a third room at Bridgwater Hospital with a new Registrar supporting, additional recovery trolleys have been purchased to enable colonoscopy lists to be run in parallel and additional Locum is being sought

Suspected Cancer Referrals Seen Within 2 Weeks

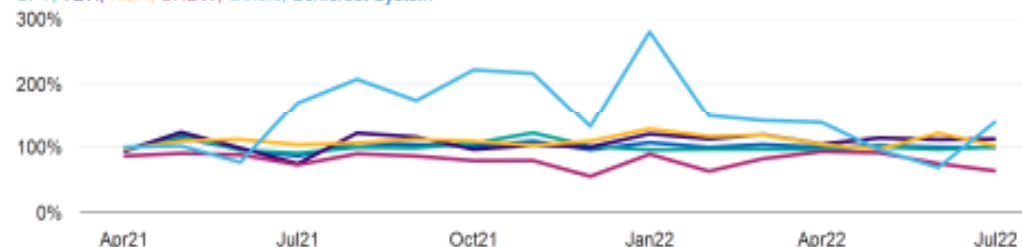
SFT, YDH, Somerset System



Data source: Cancer return, updated on Thursday 08 September 2022

Cancer 2ww restoration

SFT, YDH, RUH, UHBW, Others, Somerset System



Data source: Cancer return, updated on Thursday 08 September 2022

How do we compare (July 2022)

- Somerset Performance:** 55.48% (Trust - SFT: 63.29% YDH FT: 51.41%)
- National Performance:** 77.82%
- South West Performance:** 68.0%

Faster Diagnosis & 62 Day Cancer Pathway

Performance

- In July 2022 the percentage of cancer patients diagnosed within 28 days (Faster Diagnosis Standard) was 67.2% (a 1.3% improvement on the previous month) against the 75% standard and underpinned by challenges at SFT and the proportion who received their first treatment within 62 days following their GP referral was 65.13% (+4.54% improvement on June) against the 85% standard
- There tumour sites which are impacting not only on the 28 Day but also the 62 Day First Definitive Standards are breast, lower gastrointestinal and Gynaecological cancers and the key drivers is the significant workforce challenge in the breast service at SFT impacting upon capacity, shortfall in colonoscopy capacity to meet the significant increase in demand and capacity challenges within the skin cancer service at both YDH FT and University Hospital Bristol and Weston FT
- As at week ending 11 September 2022 (latest position) the overall number of patients on the Cancer 62 Day Patient Tracking List awaiting diagnosis (or those diagnosed with cancer, awaiting treatment) was 146 at SFT (against a plan of 88 for September) and 108 at YDH FT (against a plan of 83)

Actions

- Breast:** additional recruitment (including Locum film reader), evening 'Super' clinics, YDH FT support SFT with capacity wherever possible
- Lower Gastrointestinal:** additional capacity secured, and further work being undertaken with the colorectal (nursing) triaging teams to ensure that this step in the pathway is as efficient as possible
- Gynaecology:** Improvement group being established for Gynecology to review how the start of the pathway can be streamlined
- MDT Coordinator vacancies:** 2 MDT coordinators are in training with 1 due to go live early September and the second in mid September. In addition, a Super Tracker has been appointed who will take up their role in late September.
- Cancer transformation actions are focused on early diagnosis improvements, implementation of the faster diagnosis standards and delivering personalised care and support for cancer survivors. There are also links to the overall health inequalities work of which cancer forms a part.

28-Day Faster Diagnosis Standard

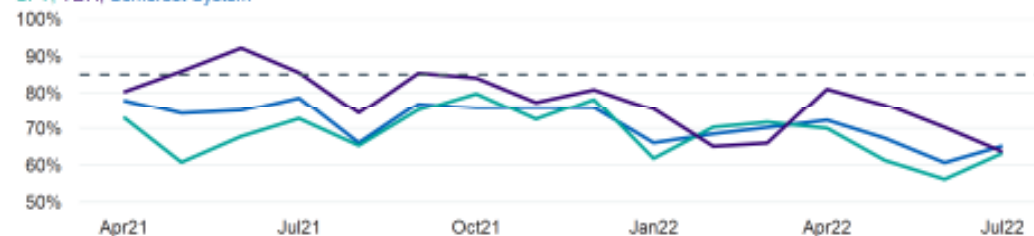
SFT, YDH, Somerset System



Data source: Cancer return, updated on Thursday 08 September 2022

Cancer First Definitive Treatment Within 62 Days, Following GP Referral

SFT, YDH, Somerset System



Data source: Cancer return, updated on Thursday 08 September 2022

How do we compare – Faster Diagnosis Standard (75% Standard)

- Somerset Performance:** 65.9% (Trust: SFT: 56.8%, YDH FT: 75.4%)
- National Performance:** 70.4%
- South West Performance:** 71.4%

How do we compare – 62 Day First Definitive Treatment, Following GP Referral (85% Standard)

- Somerset Performance:** 60.6% (Trust: SFT: 56.0%, YDH FT: 56.8%)
- National Performance:** 59.8%
- South West Performance:** 62.8%

IAPT

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Access to IAPT Services <small>Local unvalidated data</small>	SFT	-	777	608	753	617	768	651	940	747	716
IAPT Recovery % <small>Local unvalidated data</small>	SFT	≥50%	60.8%	61.4%	63.5%	58.4%	55.7%	66.7%	63.7%	62.0%	58.1%
IAPT Waiting times - 6 Weeks <small>Local unvalidated data</small>	SFT	≥75%	86.7%	82.6%	75.9%	73.6%	62.3%	57.5%	57.0%	46.9%	51.8%
IAPT Waiting times - 18 Weeks <small>Local unvalidated data</small>	SFT	≥95%	99.7%	97.1%	98.7%	98.9%	97.9%	97.9%	98.4%	98.2%	98.5%
IAPT 1st to 2nd treatment >90 days (%) <small>National data</small>	SFT	≤10%	27.00%	25.00%	34.38%	27.54%	25.00%	18.00%	23.00%	-	-

‘-’ no data available for month

Access to IAPT Services

Performance:

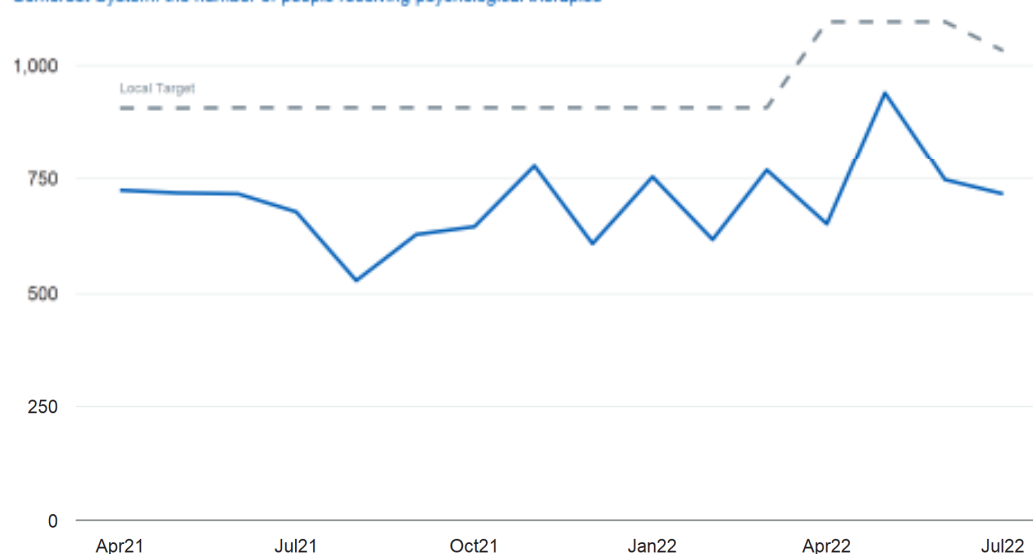
- The number of people accessing treatment for the year to date to July 2022 using local unvalidated data is 3,054 against the target for 2022/23 of 14,003 (21.8% delivered). However, a greater proportion of the new activity will be delivered in the latter part of the year as we take more trainees in the September, January and March university intakes.
- Performance for the period currently performing behind plan due to high rates of maternity leave and long term sickness absence, alongside a spike in referrals in Quarter 4, particularly for high intensity therapies (for which a patient will receive a longer course of therapy), which has affected the overall capacity of the service.
- The service currently has a higher level of vacancies than at any time in the past six years
- The COVID period affected the progress of the Long Term Conditions (LTC) offer and expansion into new specialties due to operational pressure in hospital settings as well as restrictions on the ability to co-locate services.

Actions:

- The LTC expansion programme has been re-started which will generate additional referrals. Current areas for expansion are respiratory, diabetes and cardiology. This includes engagement with community hospitals.
- Growing the IAPT service workforce by taking additional trainees in 2022/23, taking advantage of the Health Education England offer of one off funding for additional trainees
- Internal work underway to reduce drop outs and DNAs to use existing capacity more efficiently.
- Use of SilverCloud and Xyla for additional capacity.
- Proactive outreach for hard to reach groups including rural communities, as well as a piece of work relating to anti-depressant prescribing rates
- The service is investigating a potential data issue relating to Long Term Conditions

IAPT Access

Somerset System: the number of people receiving psychological therapies



Source: Referral to Treatment MDS, updated on Tuesday 30 August 2022

How do we compare (comparison using a rate per 1,000 GP Registered population – national data)

- Somerset performance: 1.5 (May 2022)
- National rate: 1.8 (May 2022)
- South West rate: 1.7 (May 2022)

IAPT – Improving Access to Psychological Therapies Waiting Times

Performance:

- **6 week wait standard:** There has been a deterioration in performance overall against the 6 week wait standard since February 2022, though a slight improvement between June and July 2022, with local unvalidated performance rising from 46.9% in June to 51.8% in July 2022 against the 75% national standard. This is because of capacity issues within the service, alongside responding to a short term surge in demand. We continue to achieve the 95% standard for 18 week waits.
- There are also specific issues in one locality (Chard) due to patient choice, with individuals requesting female therapists and specific types of high intensity treatment which are less widely available, and this is affecting the waiting times in that area.
- **IAPT Second Stage Waits:** There has been an increase in the waiting times between first and second treatment, with performance in May 2022 of 23.0% against a target of 10% of patients waiting over 90 days between their first and second treatment. This is because of capacity issues within the service as well as internal issues regarding management of cancellations and DNAs.

Actions:

- Increasing capacity of the service across all areas, with additional trainees and recruiting to qualified positions (administration, therapists and assessment workers) which is improving throughput.
- Internal work is underway to better improve the processes of managing cancellations and DNAs
- The service is converting a Step 3 (High Intensity Cognitive Behavioural Therapy) vacancy into an Assessment Worker role, to help move more people into treatment within six weeks.
- New website to support the streamlining of assessments, as well the full complement of administrative staff which will hasten the process, expected to go live in September.
- Improvement in internal processes for managing demand
- Improving the intervening offer, between assessment and first appointment, so patients entering treatment are more “activated” and receptive to the treatment offer.

IAPT 6 week wait standard

Somer
set System: % referrals that finish a course of treatment who received their first treatment within 6 weeks



Source: Referral to Treatment MDS, updated on Tuesday 30 August 2022

IAPT second stage waits

Somer
set System: % of patients waiting >90 days between their first and second treatment



Source: Referral to Treatment MDS, updated on Wednesday 14 September 2022

How do we compare

6 week wait standard (75% National Ambition)

- Somer
set performance: 58% (May 2022)
- National average: 89% (May 2022)
- South West average: 90% (May 2022)

How do we compare

IAPT 1st to 2nd treatment >90 days (10% National Ambition)

- Somer
set performance: 23% (May 2022)
- National average: 24% (May 2022)
- South West average: 22% (May 2022)

Children and Young People

Metrics	Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Children and Young People National data	Access to Children and Young People's Mental Health Services - 1 contact (rolling 12 months)	Somerset ICB	6366	3,885	4,050	4,075	4,115	4,140	4,160	4,160	-	-
	% of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral (rolling 12 months)	SFT	≥95%	64.15%	69.72%	73.83%	75.20%	75.20%	75.00%	75.00%	79.00%	-
	% of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral (rolling 12 months)	SFT	≥95%	84.62%	85.71%	88.33%	81.80%	83.90%	86.20%	85.20%	83.30%	-
	Number of patients under 18 on adult ward	SFT	-	0	0	0	2	0	0	0	0	0
Perinatal Access National data	Women Accessing Specialist Community Perinatal Mental Health Services (rolling 12 months)	Somerset ICB	-	350	340	320	435	440	435	440	425	-

'-' no data available for month

Access to Children and Young People's Mental Health Services

Performance:

Rolling Target : For the first quarter of 2022/2023 we have delivered 6872 contacts (local unvalidated 12 month figure) this still shows Somerset as performing under target for CYP Access but it shows a steady increase. The Mental Health Services Data Set (MHSDS – national data) shows 4160 to May . Ongoing work is taking place that will reconcile this discrepancy and possible double counting of data whilst establishing a more reliable data collection by the end of April 2023.

Reducing burden on CAMHS : The national team (NHSE, MHST's Leadership Team) are interested in the ability of the Mental Health Support Team to reduce the use of the Children and Adolescent Mental Health Services (CAMHS) provision. We have some initial, promising data that suggests a slow but steady improvement from the CAMHS figures of Feb 2022 (3114), the data shows desirable, continued decline.

Increasing Face to Face contacts : The national NHSEI ambition is to return to 60 (face to face):40 (online/telephone contact) – KOOTH (on line provider) has delivered 2446 contacts (which equates to 35% : 65% split, thus the Somerset system exceeds the target.

Actions:

Investment : Recent, additional investment across a number of providers will improve our access targets – we expect to see positive change over the next quarter (2nd). A number of recent provider challenge sessions have set out more robust access trajectory targets for this year (2022-23). Providers are now planning for and working towards the same.

Retention and recruitment : We are engaged in ongoing re-recruitment programs , which have been successful. We expect to increase access and improve performance as a result. We have also recalibrated some roles and activity for some elements of the workforce (supervisory roles - band 6's) which will positively impact upon our access targets. We are also working with partners to provide an attractive career development offer which will improve retention and recruitment.

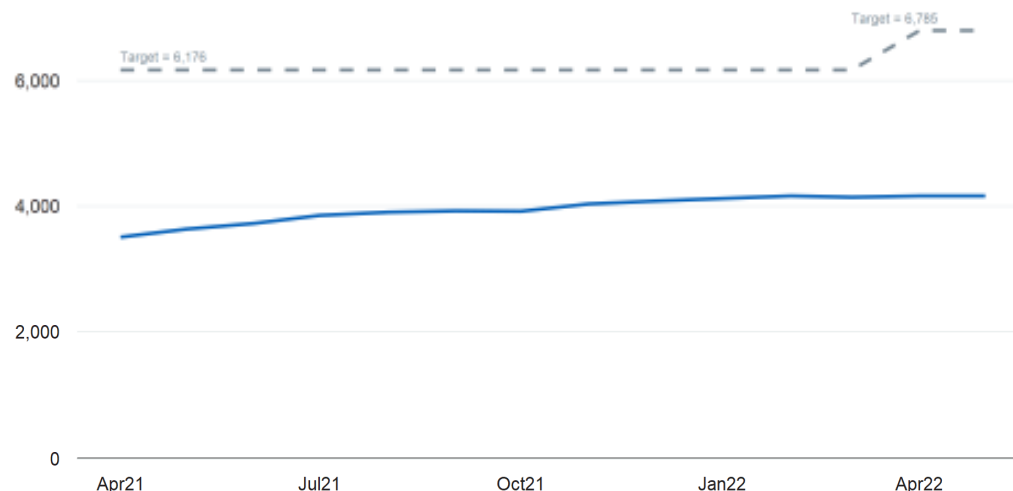
Data Collect : Young Somerset continue to work on their data collect issues and we are confident that this will provide accuracy and increased activity as part of the Somerset rolling target.

We are also working on developing a more reliable understanding of those CYP who present with a primary need for intervention / services but whose secondary need is for a well-being / mental health response which is not currently recorded as such by our partners.

MHST's / SFT Re-alignment : Opportunities exist to learn from other systems which would enable us to challenge ourselves by considering other proven service delivery options – planning discussions are set for Sept 2022 – we expect these efficiencies to improve access.

Children & Young People Mental Health Access Number of CYP Who Have At Least One Contact

Somerset System: Number of CYP aged under 18 supported through NHS funded mental health with at least one contact on a 12 month rolling basis



Source: Referral to Treatment MDS, updated on Wednesday 07 September 2022

How do we compare (comparison using a rate per 1,000 GP Registered population for under 18s)

- Somerset performance: 7.0 (May 2022)
- National average: 11.2 (May 2022)
- South West average: 8.4 (May 2022)

CYP Eating Disorder Services

Performance:

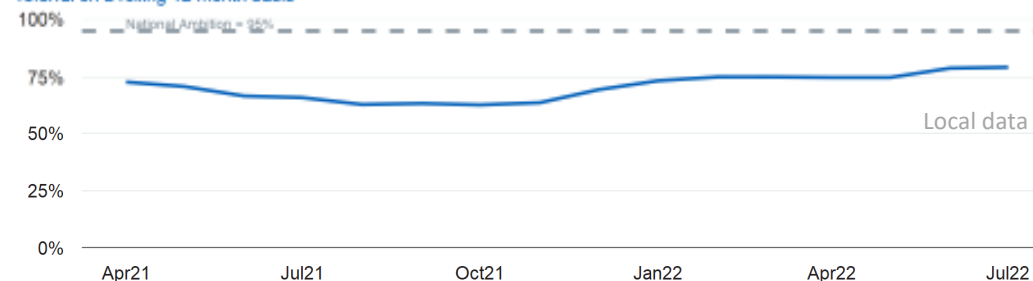
- Somerset are currently performing behind the 95% standard on both urgent (1 week wait) and routine (4 week wait) for CYP Eating Disorder services. However, we are seeing a continuing upward trend in performance for 4ww and static performance for 1ww.
- This is because there are very small numbers of patients accessing each service meaning that one breach could cause performance to dip below standard. In June 2022, there have been 5 breaches on a rolling 12 month basis; for routine cases, there have been 19 breaches over the same period.
- There has also been a significant increase in acuity over the COVID period, increasing the length of time someone accesses the service and therefore impacting capacity, as well as an increase in demand more generally. Patient choice is also affecting waiting times to first treatment.
- Urgent cases are being prioritised for treatment.

Actions:

- New wider model of care in development including holistic crisis support
- Step-up, step-down model in development as a partnership between Somerset Foundation Trust and the Somerset and Wessex Eating disorder Association
- Additional funding agreed as part of the 2022/23 planning round to include Cognitive Behavioural Therapies in eating disorders, increasing the overall capacity of the service as well as more holistic support which is designed to increase the sustainability of recovery.

Children and Young People accessing Routine Eating Disorder Services

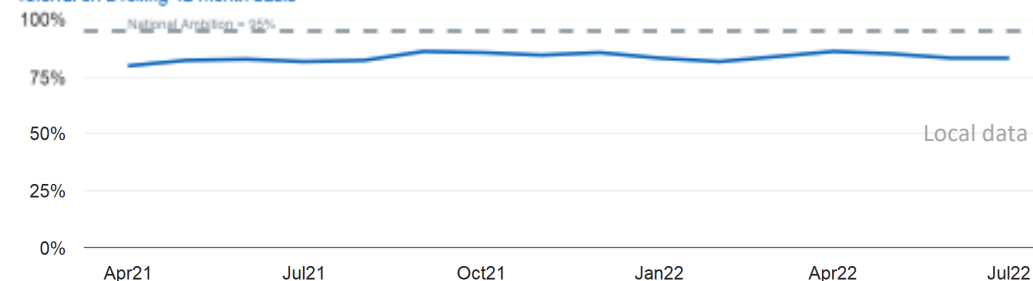
Somerset System: % of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral on a rolling 12 month basis



Source: Referral to Treatment MDS, updated on Tuesday 30 August 2022

Children and Young People accessing Urgent Eating Disorder Services

Somerset System: % of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral on a rolling 12 month basis



Source: Referral to Treatment MDS, updated on Tuesday 30 August 2022

How do we compare

- Somerset performance Routine: 76.3%; Urgent: 81.3% (Q4 21/22)
- National average is Routine: 64.1%; Urgent: 61.9% (Q4 21/22)
- South West average Routine: 59.4%; Urgent: 41.9% (Q4 21/22)

Women Accessing Specialist Community Perinatal Mental Health and Maternal Mental Health Services

Performance:

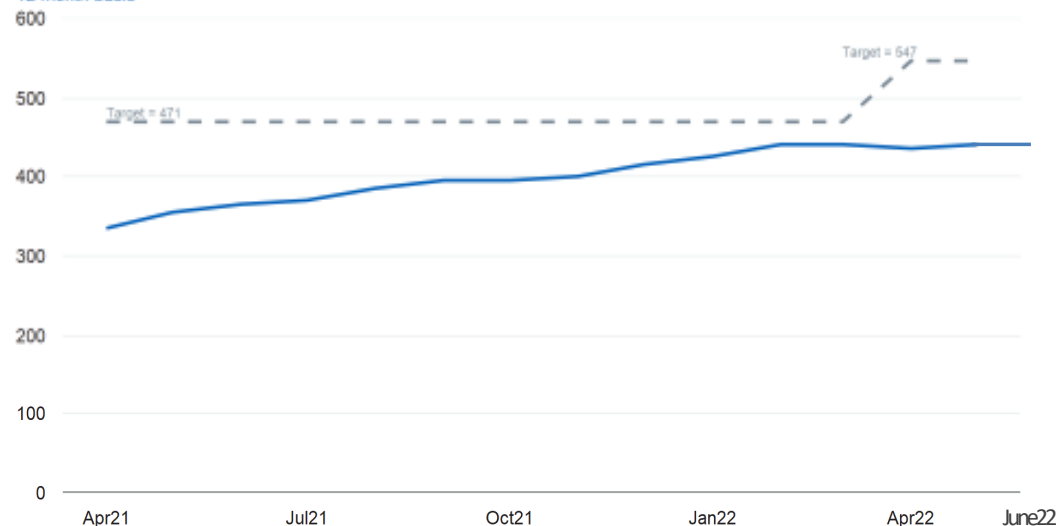
- National reporting is showing an under-performance against the national target, 425 women accessing the services in the 12 month period to June (latest data) against an ambition of 547 (77.7% of target)
- This is due to a Somerset Foundation Trust data issue in 2021/22 that has since been resolved. However, because we have only been able to retrospectively amend the data partially, the Somerset national data continues to be under reported
- Local (unvalidated) data shows the 12-month actual performance (number of women accessing perinatal MH services in the last 12 months as a % of ONS 2016 Births) to be 9.3% as at 31 July 2022, against a 10% national target. The national data (7.8%) is understated and do not reflect the inclusion of video conference calls pre October 2021, this should be included and performance aligned from October 2022.

Actions:

- Identification of data issue, this has been resolved for latest reporting periods
- Investment and expansion in 2022/23 is planned for the Perinatal and Maternal MH Service (PMMHS)
- Recruitment is ongoing and the service has been successful in appointing to some vacancies
- Uptake of training is ongoing for existing and new staff within the PMMHS.

Perinatal Mental Health Access

Somerset System: Number of women accessing specialist community Perinatal MH services in the reporting period on a rolling 12 month basis



Source: Referral to Treatment MDS, updated on Wednesday 07 September 2022

How do we compare (comparison using calculation of ONS 2016 birth rates)

- Somerset performance: 7.8% (June 2022)
- National average: 6.7% (June 2022)
- South West average: 6.7% (June 2022)

Mental Health

Metrics	Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Mental Health National data	First Episode Psychosis treatment with NICE recommended package of care within two weeks of referral	Somerset ICB	≥56%	69.60%	70.80%	76.90%	82.40%	64.00%	63.60%	66.70%	-	-
	People with severe mental illness receiving a full annual physical health check and follow up interventions	Somerset ICB	-		0.4%			0.32%			42.00%	
	Access to Individual Placement and Support Services (cumulative financial year to date)	Somerset ICB	-	345	370	395	430	465	100	140	-	-
	Number of people who receive two or more contacts from NHSE or NHS Commissioned Services for Adults and Older Adults with Severe Mental illnesses (rolling 12 months)	Somerset ICB	7669	7,370	7,190	6,980	6,745	6,475	-	-	-	-
	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Somerset ICB	0	195	205	210	165	70	40	55	-	-
		SFT	0	100	105	90	50	50	40	55	-	-
	Adult mental health inpatients receiving a follow up within 72hrs of discharge	Somerset ICB	≥80%	77.00%	84.00%	93.00%	64.00%	77.00%	69.00%	73.00%	-	-
	Mental Health Services Dataset - Data Quality Maturity Index Score	SFT	≥80%	96.0	96.0	97.0	97.0	96.0	-	-	-	-
	Estimated Diagnosis rate for people with dementia	Somerset ICB	≥66.7%	53.49%	53.34%	53.20%	53.60%	53.60%	53.40%	53.30%	53.30%	52.70%

'-' no data available for month

People with Severe Mental Illness Receiving a Full Annual Physical Health Check and Follow up interventions

Performance:

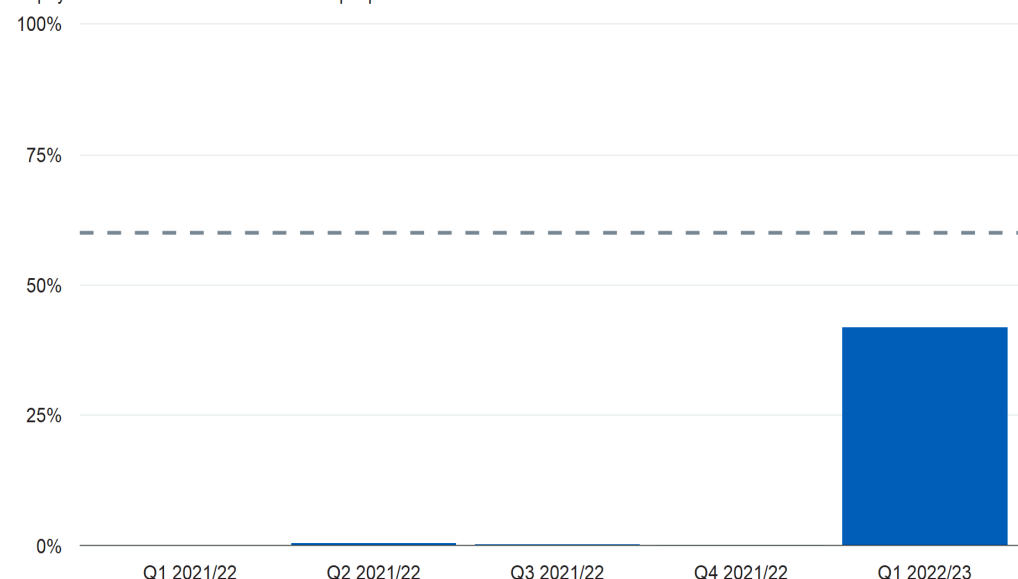
- There has been a significant improvement in reported performance between quarters. Performance for Q1 is now showing at 42% (1359 checks delivered) (noting that some practice data is missing (9 practices, so actual performance is likely higher)), up from 0.3% (14 checks delivered) in Q4. This improvement has been driven by a one-off data request to practices.
- Somerset have commissioned a multi-agency model which has the broadest possible reach for people with Serious Mental Illness (SMI): the bulk of checks are delivered by primary care, with some health checks delivered in secondary care (including anyone on the Early Intervention of Psychosis (EIP) caseload and anyone with an inpatient admission) and additional community support under the Open Mental Health model.

Actions:

- The digital team are working to implement a new extraction approach using EMIS Search and Report which will utilise the new codes. We are currently working through the information governance requirements. This will enable us to run more regular extracts of data and target support more promptly. This is planned for the October (Quarter 2) data collection, which will ensure that all practices are included.
- Data facilitators within the digital team undertaking work with practices to support counting and coding.
- Suite of new communications tools, including questionnaire, leaflet, telephone line and online resources, as well as outreach programme delivered by VCSE partners
- Work with VCSE partners to increase the quality of the checks through training for practitioners, which has been designed and delivered by people with lived experience

Physical Health Checks for People with serious mental illness

% physical health checks undertaken for people with serious mental illness



Source: SMI dataset, updated on Tuesday 30 August 2022

How do we compare

- Somerset performance: 42% (Quarter 1 2022/23)
- National average: 43.5% (Quarter 1 2022/23)
- South West average: 32.6% (Quarter 1 2022/23))

Dementia

Performance:

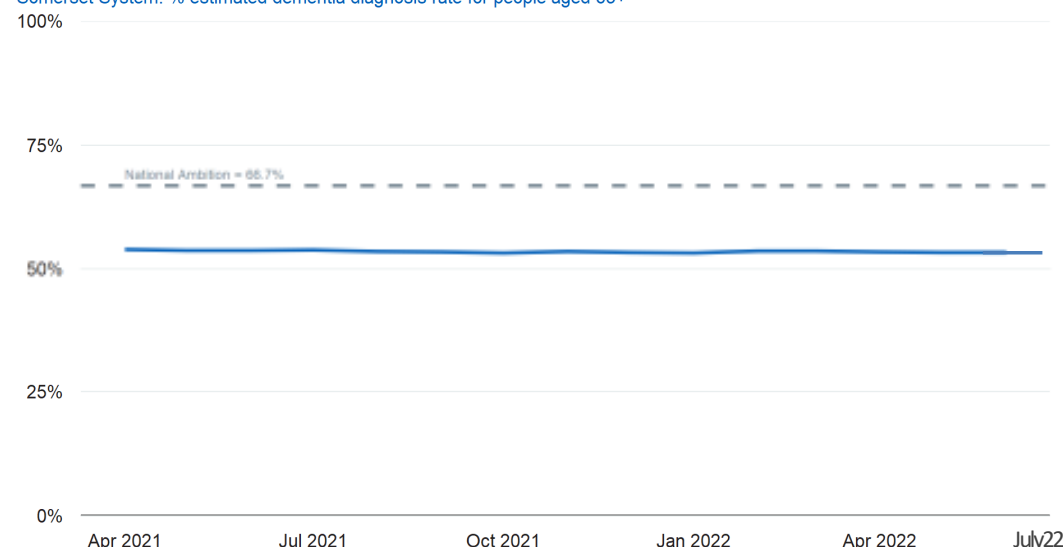
- Dementia diagnosis rate (DDR) have remained static at circa 53%, with performance in July 2022 of 52.7% against the 66.7% national target.
- Somerset, like many other areas across the country and in the South West, has not achieved the national target in a number of years, though performance has deteriorated significantly over the COVID period. This is partly because of the lack of post-diagnostic support available, and during the COVID period, diagnoses have decreased because of the vulnerability of this cohort.

Actions:

- In 2022/23 investment was approved by the system via submission of a business case, authored by the Dementia Operational Oversight Group (DOOG), to the ICS. The new service is being coproduced with people with dementia and their carers and a VCSE Collaboration Group has been formed to deliver key elements of the service. To date, a localised dementia support line has been implemented (as set out in the NHS Long Term Plan) and we have doubled the number of Dementia Support Workers in the county
- Capacity has increased within the Memory Assessment Service (MAS), including care home liaison posts. Further work around coding is beginning across the county to clear up coding issues that are affecting our DDR
- We have bid for, and received, funding from NHSEI to implement the DiADeM tool in Somerset as a one year pilot which should also improve our DDR

Dementia Diagnosis Rate

Somerset System: % estimated dementia diagnosis rate for people aged 65+



Source: Referral to Treatment MDS, updated on Thursday 11 August 2022

How do we compare

- Somerset performance: 52.7% (July 2022), one of worst performing ICBs nationally
- National average: 62% (July 2022)
- South West average: 57.4% (July 2022)

Learning Disabilities

Description	Provider	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Number of adults in inpatient care with a learning disability and/or autism - Care	Somerset System			9			8	6	7	7	7
Number of adults in inpatient care with a learning disability and/or autism - Care commissioned by INHS England or via a Provider Collaborative	Somerset System			6			6	6	6	6	6
Number of children (aged under 18) in inpatient care with a learning disability and/or autism - Care commissioned by NHS England or via a provider collaborative	Somerset System			0			0	0	0	0	0
LD Annual Health Checks (quarterly actuals)	Somerset System			19.74%			35.75%			9.70%	
LD Annual Health Checks (cumulative annual)	Somerset System	75% (cumulative)					77.00%				

Learning Disability and/or Autism Inpatients

Performance:

- The March 2022 target for the number of Somerset patients with a learning disability and/or autism in specialist learning disability or autism hospital placements (including mental health inpatient units) was not achieved, see table for patient numbers.
- The numbers of patients in July remain unchanged.
- Somerset compares favourably both regionally and nationally, with consistently low use of inpatient services for people with a learning disability and/or autism. The targets for 22/23 meet the requirements of the NHS Long Term Plan.
- Learning disability health checks: Over the course of 2021/22 2385 checks were carried out against a register size of 3105 which equates to 77%, above target. As expected the majority of health checks were achieved in the final quarter (1,121 health checks). This also put us in a good position to achieve the planned ambition for next year (a target of 2,380 health checks for 2022/23)
-

Actions:

- Discharge planning is ongoing.

	Actual March 2022	Target March 2022	Actual April 2022	Actual May 2022	Actual June 2022	Actual July 2022	Target March 2023
Adults non-secure (ICB)	8	3	6	7	7	7	5
Adults secure (NHSEI)	6	5	6	6	6	6	5
CYP (NHSEI)	0	1	0	0	0	0	1
Total	14	9	12	13	13	13	11

Learning Disability Mortality Reviews

Performance:

- Six notifications were received in July, one of which was immediately put on hold with a Safeguarding query.
- Two others were allocated in mid-July and two more in early August. The remaining case required further determination of various details to ensure validity and was allocated in late August.
- Three reviews were completed in July, within the KPI. One further long-standing case was closed at the end of July, following the Coroner's report. The final case closed in July was one that had been considered out of scope.

July Focus – LeDeR reviews of autistic people

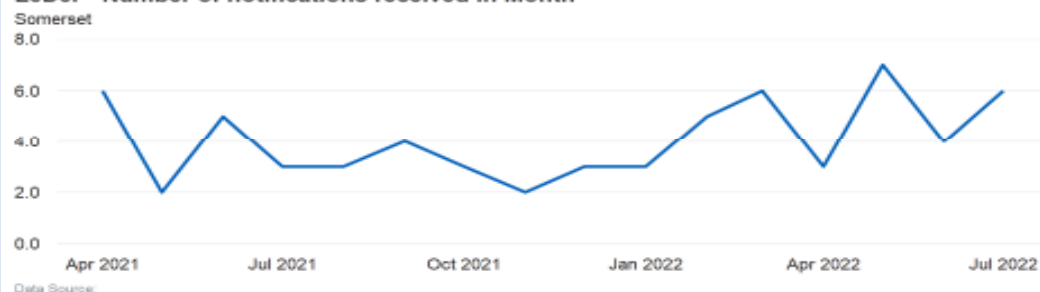
As determined by the National LeDeR Policy the deaths of autistic people are now reviewed as part of the LeDeR programme. This was introduced in February last year, however as yet we have not received any notifications related to the death of an autistic person, other than for those who also had a diagnosis of a learning disability. This seems to be in keeping with the pattern across the SW region where notifications related to autistic people have been very low.

I am using the term 'autistic people' as that is the term used in the LeDeR policy however, it should be noted that a range of differing terminology is used and that not all people with a diagnosis of autism will identify with this term.

Actions:

- LeDeR LAC to link with Autism Service in Somerset to raise awareness of inclusion of autistic people in the LeDeR process.
- LeDeR LAC to present at Carers Strategic Partnership Board and write a piece for Carers' Newsletter highlighting the inclusion of autistic people.

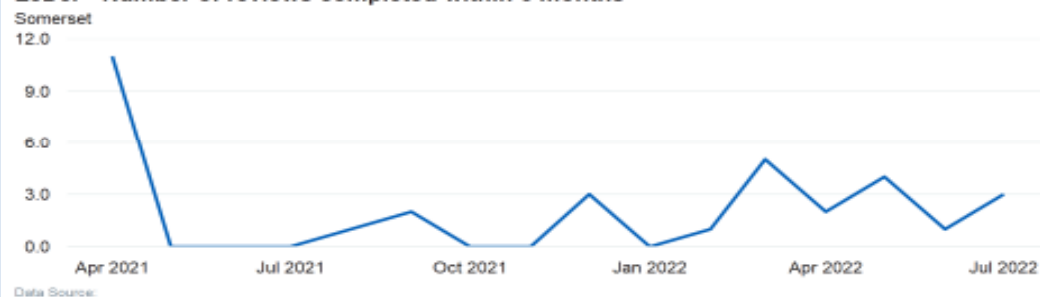
LeDer - Number of notifications received in Month



LeDer - Number of reviews allocated within 3 months



LeDer - Number of reviews completed within 6 months



Maternity

Measures	Description	Provider/Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Women and Childrens												
Maternity	% of women smoking at time of delivery	Somerset ICB	≤10%	8.36%	12.11%	10.24%	10.65%	9.71%	9.60%	12.90%	11.40%	10.60%
		SFT		8.43%	12.76%	9.25%	10.48%	11.44%	9.60%	13.90%	10.70%	10.20%
		VDH		8.96%	10.75%	12.36%	11.90%	6.14%	9.70%	10.40%	13.00%	12.30%
	% of preterm births	Somerset ICB	≤8%	7.99%	5.60%	6.72%	6.54%	4.43%	6.50%	9.30%	7.10%	6.00%
		SFT		7.92%	6.12%	6.44%	5.96%	4.07%	9.20%	10.20%	6.10%	6.20%
		VDH		6.96%	4.46%	5.35%	6.14%	5.22%	6.70%	7.40%	9.60%	5.60%
	% women on continuity of care pathway	Somerset ICB	≥35%	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
		SFT		Not yet avail	Not yet avail	Not yet avail	Not yet avail	Not yet avail	Not yet avail	Not yet avail	Not yet avail	0
		VDH		45.54%	38.10%	43.86%	44.09%	49.61%	27.37%	40.68%	39.82%	45.63%
	Number of stillbirths per 1000 live births (50.22a)	Somerset ICB	0	5.51	2.89	2.91	3.12	5.57	0.00	0.00	2.95	5.47
		SFT		3.77	4.06	4.22	4.27	6.19	0.00	0.00	4.09	3.66
		VDH		10.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.43
	Number of neonatal deaths per 1000 live births (50.23a)	Somerset ICB	0	2.77	0.00	5.63	0.00	0.00	0.00	0.00	0.00	2.73
		SFT		3.79	0.00	8.47	0.00	0.00	0.00	0.00	0.00	3.66
		VDH		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	3rd and 4th degree tears (assisted births)	Somerset ICB	≤7%	13.34%	2.86%	9.52%	5.26%	20.51%	6.06%	11.63%	10.87%	13.46%
		SFT		13%	4%	12%	7%	17%	11%	18%	12%	15%
		VDH		0.00%	0.00%	6.25%	0.00%	30.00%	0.00%	16.67%	9.33%	9.09%
	Percentage of admissions to SCUBU at term	Somerset ICB	≤5%	3.01%	5.65%	5.43%	4.68%	7.67%	6.15%	4.56%	3.82%	3.50%
		SFT		2.5%	6.1%	4.6%	4.1%	6.6%	5.3%	5.2%	3.5%	4.1%
		VDH		4.49%	4.67%	7.22%	6.33%	10.09%	6.16%	3.00%	4.71%	2.00%

Ockenden Update

Performance

- In 2017 Donna Ockenden was asked to review Maternity Services in the Shrewsbury and Telford Hospital Trust by the Secretary of State. The final report published on 30 March 2022 identified 15 essential actions with a series of further recommendations for trusts to review and to develop an action plan for compliance where needed. NHSEI continue to review the actions needed in relation to the final Ockenden Report and we await further requirements.
- SFT and YDH FT are developing action plans and compliance is monitored by the Local Maternity and Neonatal System (LMNS). Somerset ICB Quality and Safety team together with NHSEI provide oversight for assurance of the submitted evidence and compliance and initial feedback from NHSEI has been positive.
- A report into the findings of The Kirkup (East Kent) investigation is expected during autumn 2022. NHSEI plan to collate the actions from Ockenden part 2 and the Kirkup report into one overarching list of recommendations for action.
- It is the expectation that delivery of the safety recommendations that are included in the Long Term Plan, the Saving Babies Lives' Care Bundle Version 2 (plans by NHS England to make maternity care safer and more personal) and implementation of the Ockenden Review recommendations will lead to an improvement in maternity care (and as measured through the maternity performance indicators).
- Performance against these maternity frameworks and reviews are monitored closely across the ICS via the LMNS board and by NHSEI both regionally and nationally. Performance has been challenging throughout the pandemic due to infection with Covid-19 being linked to higher rates of preterm birth and stillbirth but the risk is mitigated by increasing rates of vaccination in pregnant people.

Number of neonatal deaths per 1000 live births (S023a)



Data source: Maternity dataset, updated on Wednesday 07 September 2022

Number of Pre Term births per 1000 live births



Data source: Maternity dataset, updated on Wednesday 07 September 2022

• Ockenden Actions (from first report)

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

• Ockenden Additional Actions (final report)

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

Performance and Actions

- Smoking at time of delivery in April to July 2022 compared to same period in 2019 shows a slight increase of 0.7%, from 10.5% to 11.2%. Performance in the month of July 2022 was at 10.8%. Work continues on improving performance as part of the Long Term Plan Treating Tobacco Dependency programme working jointly with our public health colleagues.
- 3rd and 4th degree tears for assisted births: OASI (obstetric anal sphincter injuries) Care Bundle training in place to improve outcomes, as well as further training on episiotomies.
- Both trusts have implemented the PeriPrem Care Bundle to improve the outcomes for premature babies. Compliance continues to improve, with YDH identified as having particular success in implementation and development of a strong perinatal team culture
- The Maternal Mental Health Service launched on 01 April 2022 to support women with baby loss, birth trauma and fear of giving birth. The MMHS has received referrals since inception in January (41 in total) and during the YTD period to July there were 23 referrals into the service, there is an open caseload of 28 as at end of July. Recruitment into the team and staff training is ongoing.
- Continuity of Carer planning document submitted to NHSEI in June 2022
- A Maternity Equity Strategy to be published during 2022/23 with analysis completed and submitted to NHSEI

ICB work plan

- Focus on recruitment and retention
- 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 improve cross border transfers
- A Maternity Equity Strategy to be published during 2022/23
- Work with the Neonatal Operational Delivery Network to implement the recommendations of the Neonatal Critical Care Review
- Development of a maternity digital strategy to support the alignment of digital systems

% of women smoking at time of delivery



Data source: Maternity dataset, updated on Wednesday 07 September 2022

Quality Assurance via the LMNS Safety and Governance Forum

Review of the following:

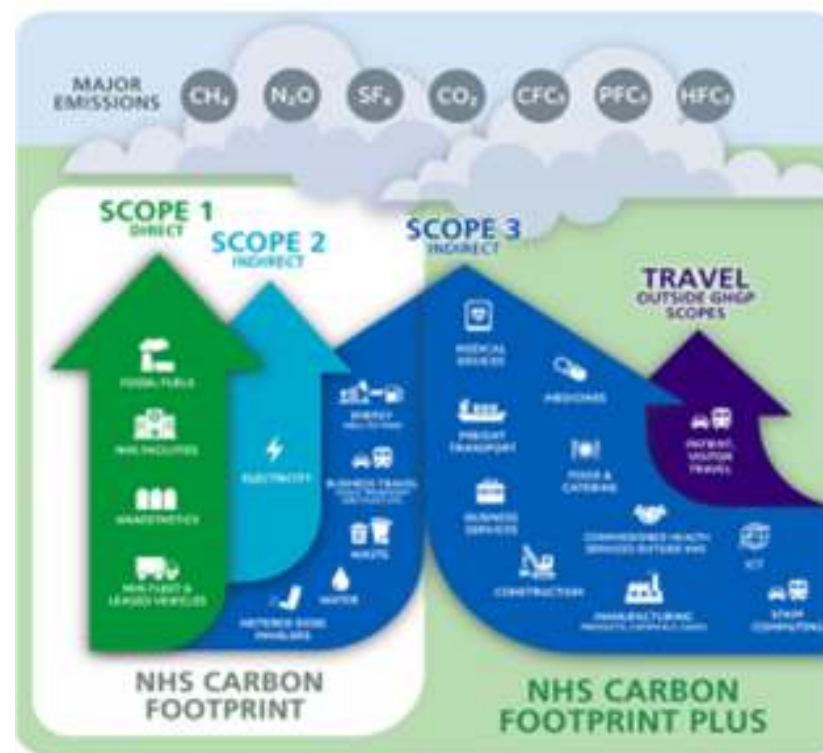
- Trust Ockenden action trackers
- Compliance with Saving Babies Lives v2 & PeriPrem
- Dashboards and KPIs
- All serious incidents, identifying themes, sharing learning and best practice and monitoring of identified actions.
- Joint safety group with Dorset for external peer review of serious incidents
- LMNS risk register
- Safeguarding concerns

Performance

- The NHS has set out two overarching targets for carbon emissions: net zero carbon emissions by 2040 for emissions under the direct control of the NHS; and net zero carbon footprint plus (which includes the supply chain) by 2045.
- Somerset Integrated Care System (ICS) has committed to achieving the national NHS target of net zero by 2040 and contributing to the ambition of making Somerset a carbon neutral County by 2030.
- In 2019/20 Somerset had a carbon footprint of 43,150 tonnes of CO₂ emissions and a carbon plus footprint of 221,310; a baseline dataset and associated benchmarking are being established to assess against this initial Somerset position.

Actions

- A Somerset ICS Green Plan 2022-2025 has been developed which includes core work elements around sustainable healthcare, public health and wellbeing, estates and facilities, travel and transport, supply chain and procurement, adaptation and offsetting and digital transformation.
- An Action Plan has been developed, which outlines the targets from the Green Plan and the initial actions required to meet those ambitions, as well as indicators which will help monitor progress.
- The Hospital Foundation Trusts in Somerset have developed a joint green plan setting out how they will meet national NHS targets.
- Somerset ICB has led the way on prescribing Easyhaler®, the first certified carbon neutral inhaler
- Frome Medical Practice and Primary Care Network (PCN) has received a National Award for Sustainability from the Royal College of General Practitioners (RCGP) three years running.
- A ICB Sustainability Group has been established with key members from across the organisation; this will link into the ICS Sustainability Steering Group (once established) and this group will be responsible for developing a detailed implementation plan.



- The infographic above, describes the sources of carbon emissions within the NHS, from both direct emissions (those owned or directly controlled on site) and indirect emissions (from the purchasing of energy or those that occur from producing and transporting goods, including the full supply chain)
- Sourced from "Delivering a Net Zero National Health Service"

Glossary

A&E	Accident and Emergency, also called Emergency Department
AHT	Average Handling Time
ART	Ambulance Response Time
BAU	Business as usual
BCF	Better Care Fund
BHT	Buckinghamshire Healthcare NHS Trust
CAMHS	Child Adolescent Mental Health Service
CCG	Clinical Commissioning Group
ICB	Integrated Care Board
C.Diff	Clostridium Difficile
CEI	Chief Executive Officer
CEPN	Community Education Provider Network
CES	Community Enhanced Service commissioned by ICBs
CHC	Continuing Health Care
CLA	Children Looked After
COPD	chronic obstructive pulmonary disease
CPA	Care Programme approach
CQC	Care Quality Commission
CQC	Care Quality Commission
CQRS	Calculating Quality Reporting Service
CQUIN	Commissioning Quality & Innovation Public Engagement
CRHTT	Crisis Response Home Treatment Service
CRR	Corporate Risk Register
CSU	Commissioning Support Unit
CYP	Children and Young People
DES	Direct Enhanced Service
DNA	Do not Attend
DTOC	Delayed Transfer of Care

ECDB	Elective Care Delivery Board
E.Coli	Escherichia coli
ED	Eating Disorder
ED	Emergency Department
EIA	Equality Impact Assessment
EIP	Early Intervention in Psychosis
ENT	Ear, Nose and Throat
ENT	Ear, Nose and Throat
EPRR	Emergency Preparedness, Response and Resilience
ERF	Elective Recovery Fund
ETTF	Estate and Technology Transformation Fund
FIT	Faecal Immunochemical Testing
GI	Gastrointestinal
GIRTF	Getting it Right Frist Time
H1	First half of the Financial Year
H2	Second half of the Financial Year
HALO	Hospital and Liaison Officer
HVLC	High Volume Low Complexity
HWB	Health and Well-being Board
IAPT	Improved Access to Psychological Therapies
IBAR	Integrated Board Assurance Report
ICB	Integrated Care Board
ICB	Integrated Care Board
ICC	Incident Control Centre
ICS	Integrated Care System
IFR	Individual Funding Request
IHA	Initial Health Assessment
IIF	Investment and Impact Fund
IM&T	Information Management and Technology
IMD	Index of Multiple Deprivation
IPC	Infection Prevention and Control
IQPR	Integrated Quality and Performance Report
IUCS	Integrated Urgent Care Service
JCVI	Joint Committee for Vaccinations and Immunisation
KPI	Key performance Indicator

Glossary

LD	Learning Difficulty
LeDeR	Learning Disability Mortality Review
LMNS	Local Maternity and Neonatal System
LSOA	Lower Super Output Area
LTC	Long Term Conditions
LTC	Long Term Conditions
MAS	Memory Assessment Service
MCRM	Monthly Contract Review Meeting
MDIs	Metered Dose Inhalers
MH	Mental Health
MHST	Mental Health Support Team
MRSA	Methicillin-resistant Staphylococcus Aureus
MSSA	Methicillin-Susceptible Staphylococcus Aureus
MSK	Musculoskeletal
NCTR	No Criteria to Reside
NE	Non-Elective
NHS FT	NHS Foundation Trust
NHSEII	NHS England and Improvement
OOH	Out of Hours
OPEL	Operational Performance Escalation Level
ORCP	Operational Resilience & Capacity Planning
PCCC	Primary Care Commissioning Committee
PCCOG	Primary Care Commissioning Operational Group
PCN	Primary Care Network
PLDS	Patient Level Data Set
POD	Point of Delivery – area of acute care activity of similar type (e.g. Inpatient or Outpatient)
PPE	Personal Protective Equipment
PPG	Practice Plus Group
PU	Pressure Ulcers
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Prevention and Productivity
RCGP	Royal College of General Practitioners

ROC	Regional Operations Centre
RRAT	Rapid Response and Treatment Service (for care homes)
RTT	Referral to Treatment Time
RUH	Royal United Hospital
RVOC	Regional Vaccination Operations Centre
SDIP	Service Development Improvement Plan
SDQ	Strengths and Difficulties Questionnaire
SLAM	Service Level Agreement Monitoring – i.e., contract monitoring information
SMI	Serious Mental Illness
SFT	Somerset Foundation Trust
SVOC	System Vaccination Operations Centre
SWAG	Somerset Wiltshire, Avon and Gloucestershire Cancer Alliance
SWASFT	Southwest Ambulance Service Foundation Trust
TCP	Transforming Care Partnership (for Learning Disability patients and carers)
TIF	Targeted Investment Fund
ToR	Terms of Reference
UEC	Urgent and Emergency Care
UEC	Urgent and Emergency Care
UHBW	University Hospital Bristol and Weston
VBAC	Vaginal birth after caesarean
VCSE	Voluntary, Community and Social Enterprise
YDH	Yeovil District Hospital Foundation Trust
YTD	Year-to-date (1 April-end of reported month)
2WW	Two week wait