

## Report to NHS Somerset Integrated Care Board on 1 December 2022

<b>Title: NHS SOMERSET QUALITY, SAFETY AND PERFORMANCE EXCEPTIONS REPORT April 2022 – 30 September 2022</b>	<b>1</b>	<b>Enclosure I</b>
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Version Number / Status:	1
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### Summary and Purpose of Paper

Following discussion at the Finance Committee meeting held on 21 September 2022, the enclosed paper provides a summary of escalation issues for quality and performance against the constitutional and other standards, for the period 1 April 2021 to 30 September 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 ICB is asked to discuss the performance position for the period 1 April 2022 to 30 September 2022.

### Impact Assessments – key issues identified

<b>Equality</b>	Equality and diversity are at the heart of Somerset Clinical Commissioning Group's work, giving due regard to eliminate discrimination, harassment, and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, in its functions including performance management.
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<b>Quality</b>	Decisions regarding improvements against the performance standards are made to deliver regarding the best possible value for service users.			
<b>Safeguarding</b>	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.			
<b>Privacy</b>	No issues identified.			
<b>Engagement</b>	All discussions regarding performance improvement have been detailed in the enclosed report.			
<b>Financial / Resource</b>	ICB allocation as at 31 July 2022 £855,666,000			
<b>Governance or Legal</b>	Financial duties of NHS Somerset not to exceed its cash limit and comply with relevant accounting standards.			
<b>Sustainability</b>	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.			
<b>Risk Description</b>	NHS Somerset must ensure it delivers financial and performance targets.			
<b>Risk Rating</b>	Consequence	Likelihood	RAG Rating	Risk ID
	2	4	8	19

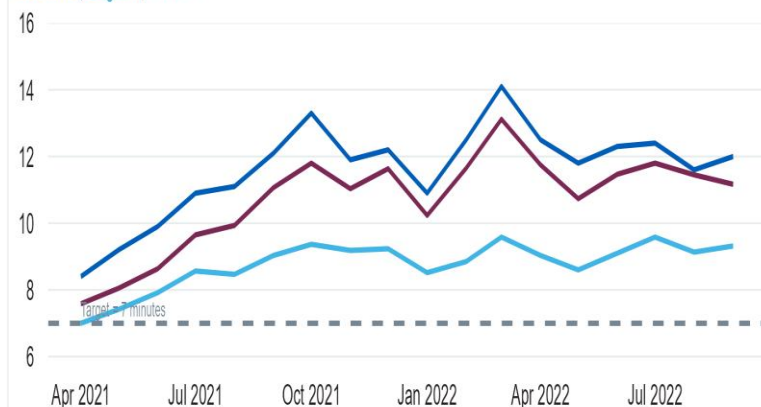
# Exception Report

## September 2022

# Board Exception Report – Urgent Care

Ambulance mean response times CAT 1 (Mins)

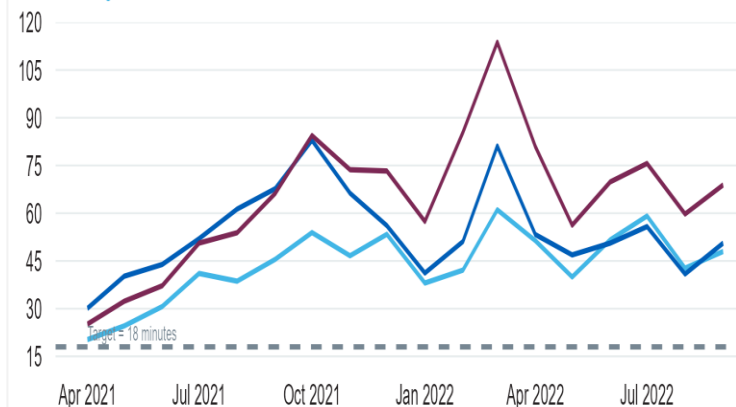
Somerset, England, SWAST



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

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/>

Percentage of NHS111 calls abandoned

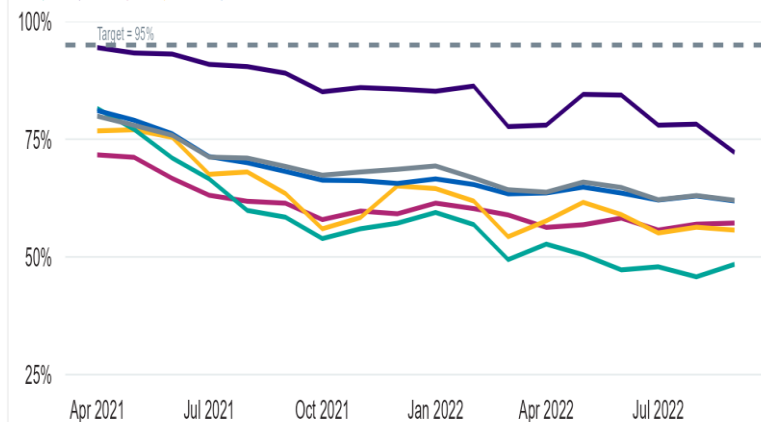
Somerset, National



Devon Doctors

A&E 4 Hour Performance

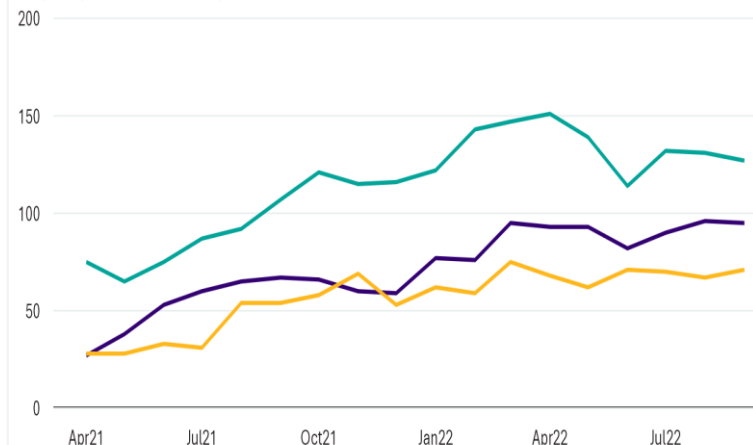
SFT, YDH, UHBW, RUH, National, South West



NHSE: A&E Attendances and Emergency Admissions

No Right to Reside

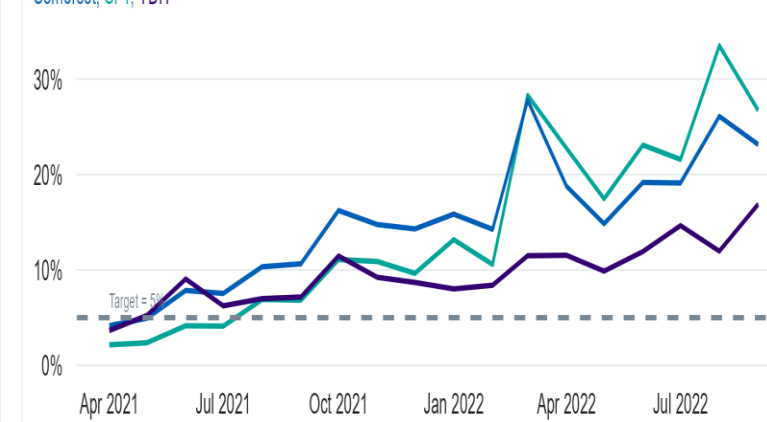
SFT (Acute), YDH, SFT (Community)



Data source: NRTR, updated on 04 November 2022

Percentage of Ambulance Handovers over 30 minutes

Somerset, SFT, YDH



SWAST

# Board Exception Report – Urgent Care

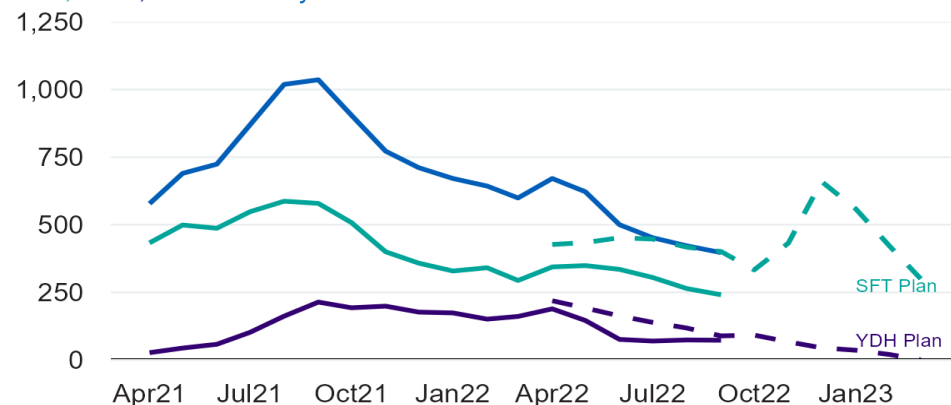
**Urgent Care Challenges:** The Somerset urgent care service continues to experience extreme pressure, which is being seen through all routes of delivery. During 2022/23 there has been an increase in the proportion of patients facing delays leaving hospital because they are waiting for support to become available from health and social care services outside of hospital. This picture continues to be seen in September and is having a consequential impact on a number of urgent care metrics including an increase in ambulance handover delays (which is impacting upon ambulance response times), a decline in A&E 4-hour performance and patients spending 12 hours in the A&E Department, an increase in bed occupancy with reliance on an increased volume of escalation beds and patients experiencing a longer length of stay in hospital including those over 21 days. There is a heightened risk of elective cancellations as a result of the bed pressures.

- **NHS 111:** Whilst NHS111 call answering within 60 seconds and call abandonment has improved in September although performance remains challenged 49.7% against the national average of 62.0%. The related average speed to answer was 363 seconds (compared to 196 seconds nationally) and as a consequence the proportion of abandoned calls was 13.1% (against an average of 8.6%). This is leading to poor patient experience and patients re-calling the service or accessing care through alternative routes
- **Category 1 and 2 Ambulance Response Times:** Category 1 mean response time also remains challenged with performance in September 2022 of 12.0 minutes against the 7 minute standard. Category 2 ambulance calls are those that are classed as an emergency or a potentially serious condition that may require rapid assessment, urgent on-scene intervention and/or urgent transport and performance. There has been a 2.4% increase in category 2 ambulance calls compared to August. Category 2 ambulance response performance in September 2022 was 50.6 minutes (against the 18 minute standard) which is a 9.7 minute deterioration upon the previous month. This is compared to the overall SWAST performance of 68.9 minutes and national average of 49.0 minutes.
- **Ambulance Handovers:** Ambulance handover delays occur when a hospital is under pressure; The main factor in September 2022 was the high volume of patients in hospital who had no criteria to reside and this is having an impact upon the flow through the A&E Department due to bed constraints within the hospital. As a consequence there were 850 lost hours which although is an improvement on the previous 2 months remain higher than trajectory. Whilst Somerset ICB is seeing a very challenged position we remain the best performing System and made up just 2.28% of SWAST's overall lost hours (37,251 hours) in September 2022.
- **Bed Occupancy and No Criteria To Reside:** In September 2022 the combined bed occupancy across both Somerset and Yeovil FTs was 94.4% and whilst this is a small improvement upon the previous month there continues to be a requirement to open an increased volume of escalation beds (84 per day) to accommodate the in-patient demand. The most significant impact on beds is the number of patients who are fit to be discharged and the most predominant reasons are patients awaiting packages of care or awaiting beds in Care Homes for additional out of hospital care. As a consequence in September 2022 23.03% of occupied beds in an Acute Hospital were with patients with No Criteria to Reside (which equates to an average of 223 patients per day) and 38.4% of occupied beds in a community hospital (which equates to an average of 71 patients per day)

# Board Exception Report – Elective Care

## Number of Patients Waiting >78 Weeks

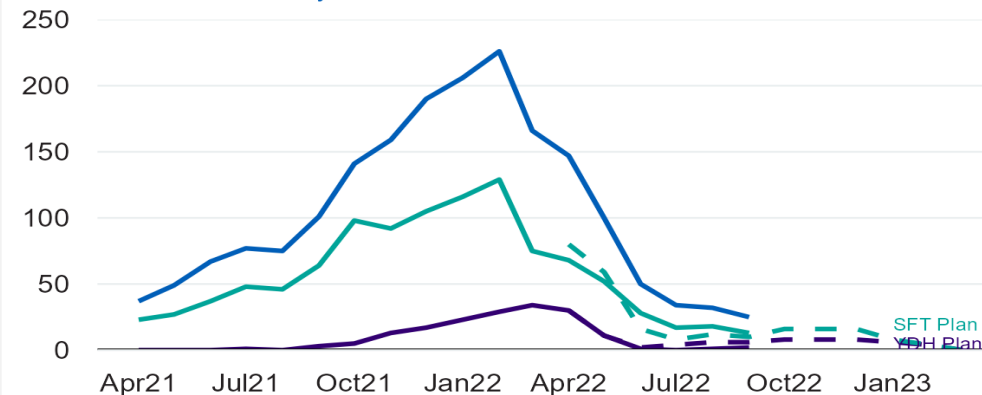
SFT, YDH, Somerset System



Source: Referral to Treatment MDS, updated on Monday 31 October 2022

## Number of Patients Waiting >104 Weeks

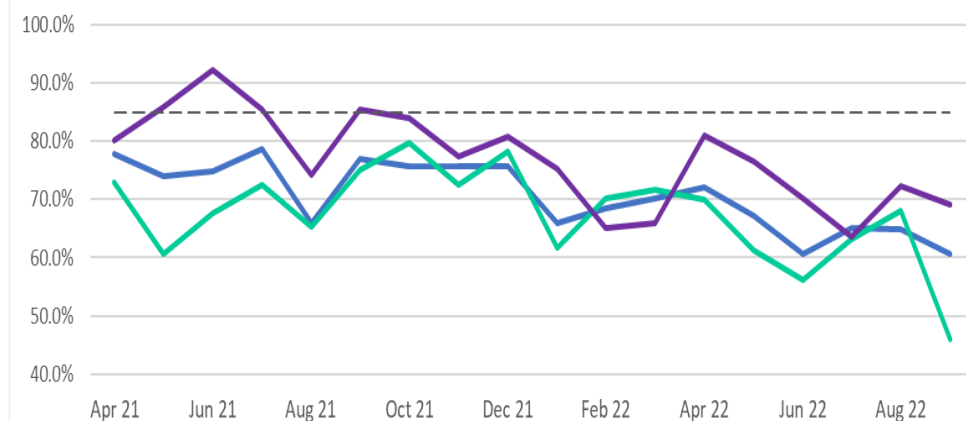
SFT, YDH, Somerset System



Source: Referral to Treatment MDS, updated on Monday 31 October 2022

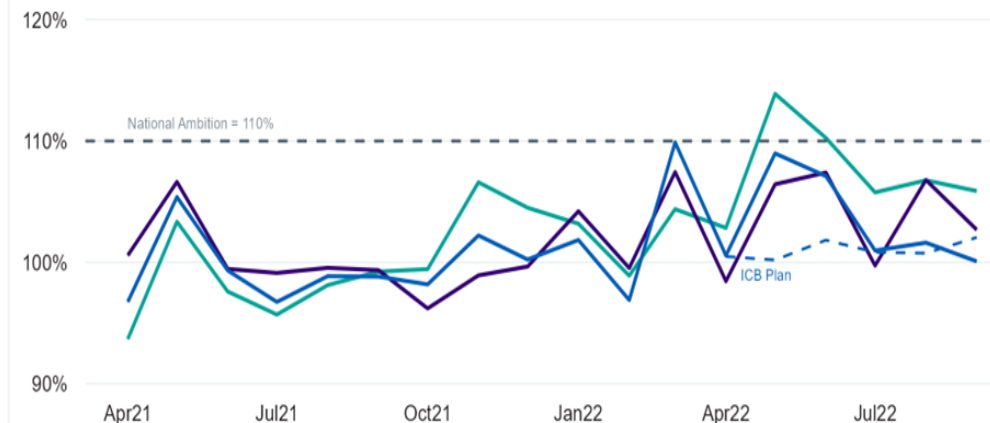
## Cancer first definitive treatment within 62 days, following GP referral

SFT, YDH, Somerset System



## Elective Restoration (Outpatients and Inpatients Combined)

SFT, YDH, Somerset System



Data source: SUS Friday 04 November 2022

# Board Exception Report – Elective Care

**Elective Care Challenges:** There continues to be delays in elective treatment in Somerset across diagnostic, cancer and RTT pathways; however we are seeing an improving position in RTT and diagnostic very long waits. A revised long waits trajectory has been submitted to NHSE which demonstrates a 129 reduction in the volume of >78 waits by March 2023 from 429 to 300 and re-profiling of the cancer 62-day backlog with achievement of the national ambition (returning to pre-covid backlog size) by March 2023.

**104 & 78 week waiters** – The number of Patients waiting 104 weeks continues to reduce and currently at the end of October on a trust wide basis there were 12 breaches, 9 of which were down to Complexity breaches. For those waiting >78 weeks, whilst a reduction can be seen there is an expectation that this will start to increase due to the increased patient cohort reaching this waiting time. Actions are in place to continue to reduce the number of patients waiting > 78 weeks and those that are at risk of waiting this length of time.

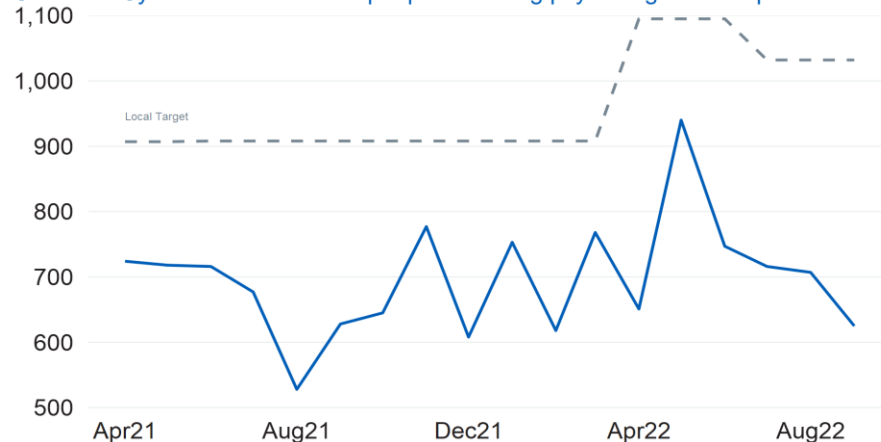
**Cancer** - There has been further decline in Cancer waiting time performance in 2 week suspected cancer, which is having an impact on 28 day faster diagnosis and 62 day first definitive treatment pathway referral demand has returned to pre-pandemic levels The key driver is the significant workforce 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.

**Diagnostics** - The diagnostic modalities with the longest waits are: Echocardiography, Audiology, Endoscopy and Non-Obstetric Ultrasound. On a trust wide basis, the backlog for diagnostic long waits (>26 weeks) is reducing with the largest backlog in Echocardiography having reduced considerably (as a result of ongoing recruitment drive, shared use capacity across the system, including the independent sector) at the end of October 2022. September has seen a reduction in the >6 week waiting list for non-obstetric ultrasound at YDH, however SFT has seen an increase of >6 week waiters in September due to increase in demand for this service and insufficient sonographer capacity due to workforce challenges.

# Board Exception Report – Mental Health

## IAPT Access

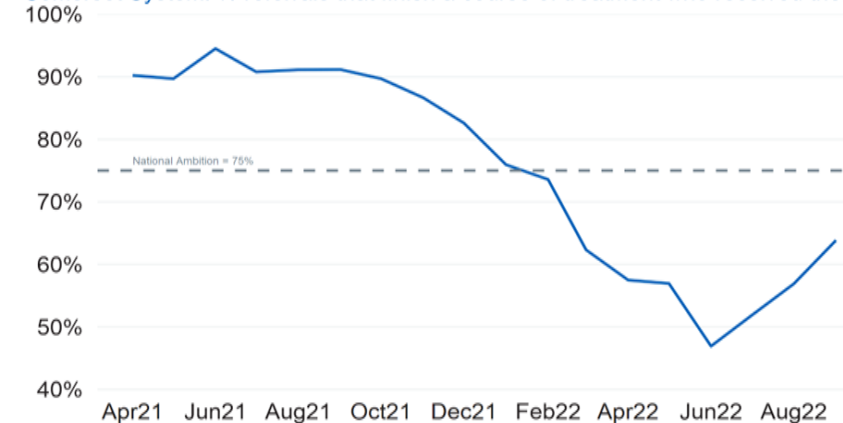
Somerset System: the number of people receiving psychological therapies



Source: Referral to Treatment MDS, updated on Friday 04 November 2022

## IAPT 6 week wait standard

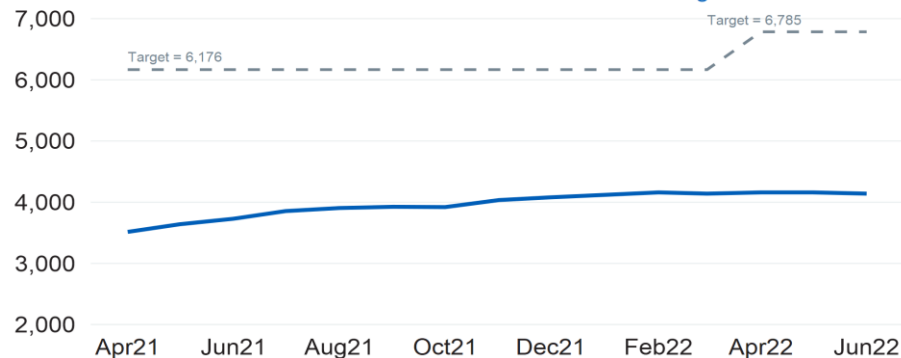
Somerset System: % referrals that finish a course of treatment who received their first appointment within 6 weeks



Source: Referral to Treatment MDS, updated on Friday 04 November 2022

## Children & Young People Mental Health Access Number of 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 12 October 2022

## CYPMH Access

Provider	Actual National Data April 21 - March 22 Rolling 12 Months		Trajectory for 2022/23	
	Number	Percentage	Number	Percentage
Somerset NHS Foundation Trust	2890	63.1%	3171	47%
Young Somerset	780	17.0%	3080	45%
Kooth	704	15.4%	815	12%
2BU	125	2.7%	150	2%
The Space	80	1.7%	84	1%
<b>2022/23 Plan Trajectory</b>	<b>4579</b>	<b>100.0%</b>	<b>7300</b>	<b>110%</b>



# Board Exception Report – Mental Health

- **IAPT (Improved Access to Psychological Therapies):** The number of people accessing treatment for the year to date to September 2022 using local unvalidated data is 4,390 against the target for 2022/23 of 14,003 (31.4% 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 September, January and March.
- **6 Week wait standard:** Unvalidated data shows improvement month on month to 56.9% in August and 63.8% in September, up from 46.9% in June. Recovery of performance is expected by Q4.
- Performance is behind plan and work is focussed on increasing capacity of the service across all areas, with additional trainees and recruiting to qualified positions (administration, therapists and assessment workers). The use of online support is being made available mainly to address long waiters. The Long Term Condition expansion programme (primarily focusing on patients who diagnosed with Musculoskeletal conditions and experiencing symptoms of depression, anxiety and/or stress) has been re-started which will generate additional referrals to meet the needs of patients and reach the target. Effective management of drop outs and DNAs are contributing to the improving performance of the 6ww list. New website to support the streamlining of assessments has been launched in September. Refocus on group therapies. Management restructure being developed.
- **Children and Young People's Mental Health Access:** The latest national position shows that on a rolling 12 month basis to June 2022 Somerset delivered 4,140 contacts against the ambition for 2022/23 of 6,785 (61% of target). Additional investment has been made into Kooth, Young Somerset and Somerset Foundation Trust services for 2022/23, which will increase the capacity of services to meet the need of patients. Additional investment has been made available to develop a pilot between CAMHS and Somerset and Wessex Eating Disorder Association (SWEDA) to support CYP with eating disorders. Service development plans are in place for Somerset's MHSTs (Mental Health Support Teams). Recruitment is now at capacity and we expect to see a significant increase in activity in January 2023.
- **PHSMI (Physical Health check for patients with Serious Mental Illness) :** A cross system working group was established to determine how to increase the number, quality and consistency of PHSMI checks, as well as working through data quality issues. This has resulted in significant improvement in reported performance between quarters. The digital team has implemented a new data extraction using EMIS Search and Report, which utilises new codes. The Q2 submission has been completed at the end of October via the new system and performance is 41.6% (nationally published data).

# Board Exception Report – Quality

- **Care Homes:** Residents from the closed care homes owned by Almondsbury Care have been resettled into alternative care homes. The learning following the recent closure of three care homes in Somerset has identified the following early warnings: recent acquisition of a care home by another organisation and the high turnover of care home managers & high use of agency. In total this amounts to 127 care home beds which has impacted on hospital discharges. Similar issues have arisen in homes owned by the same provider have been experienced in Cornwall, this has been escalated nationally.
- **Burnham and Berrow Medical Centre:** After a CQC inspection on 28 July and 1 August, conditions of registration notices were issued. The ICB has continued to support the practice, including the setting up of a Patient Support Telephone Line. The practice is being supported by Symphony Healthcare Services (SHS) and the ICB. The full CQC report was published on 2nd November 2022.

**Ophthalmology services are experiencing increasing pressures on follow-up appointment.** The quality team is working closely with both Trusts and will provide further details on a recovery plan in the coming weeks.

- There has been an increase in **dermatology** 2 weeks waits, following the recent retirement of a consultant dermatologist in Bristol. A trial involving a Somerset GP with an extended role in dermatology is triaging dermatology referrals and this is beginning to have a positive impact with possible cancer referrals being passed on for consultant review.
- The work following the **thematic review of non-accidental injuries of babies in the community** is ongoing with a recent system Risk Summit being held to further test the impact of actions taken.

# Integrated Board Assurance Report

## Reporting to September 2022

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
CQC Rating	SFT	-	Good										
	YDH	-	Requires Improvement										
Patient experience of GP services	Somerset ICB	-	Current 2021 Survey 84-88% GOOD										
% Absence rate YDH and SFT	YDH	≤3.5%	3.86%	3.78%	3.93%	4.12%	3.55%	4.50%	4.50%	4.60%	4.76%	4.72%	4.72%
	SFT	≤4%	4.89%	5.00%	5.10%	5.30%	5.50%	5.70%	5.80%	5.90%	6.00%	6.00%	6.00%
% of all staff completed all mandatory training	YDH	≥85%	86.12%	85.98%	86.55%	89.48%	88.69%	87.25%	88.01%	87.20%	86.33%	87.04%	86.81%
	SFT	≥90%	91.90%	92.02%	92.00%	91.84%	92.12%	92.00%	92.40%	92.50%	92.40%	93.00%	92.90%
Rate of slips, trips and falls (irrespective of grade) per 1000 beds	YDH	0	7.22	8.86	8.48	7.96	9.42	9.20	6.95	5.17	6.10	7.59	6.63
	SFT	0	9.04	8.92	8.64	7.45	9.63	8.61	6.39	7.43	7.71	7.96	7.30
% 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%	60.70%	54.00%
	SFT-Acute		90.94%	86.44%	83.95%	90.59%	85.14%	90.06%	85.34%	83.24%	79.12%	80.70%	80.10%
	SFT-Community		89.16%	86.75%	87.58%	87.77%	81.40%	84.83%	85.33%	86.36%	86.61%	89.61%	82.86%
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	0.87	0.87	0.83
	SFT -Acute		0.22	0.48	0.63	0.51	0.56	0.37	0.78	0.27	-	-	-
	SFT - Community		0.71	1.02	0.49	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

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Klebsiella - Overall	Somerset ICB	≤23	10	17	10	10	11	13	10	11	11	15	17
Pseudomonas Aeruginosa - Overall	Somerset ICB	≤12	5	2	2	6	4	2	3	5	2	5	5
MRSA - Overall	Somerset ICB	0	1	2	1	0	2	0	0	0	1	0	1
C Diff - Somerset Overall	Somerset ICB	≤41	8	18	13	10	9	12	10	6	12	20	12
E Coli - Somerset Overall	Somerset ICB	≤73	29	39	39	36	35	35	46	39	54	43	49
% of adult patients having a VTE assessment within 24 hours of admission	YDH	≥95%	95.70%	94.84%	95.24%	95.06%	94.62%	96.60%	95.49%	94.31%	94.80%	95.58%	94.20%
	SFT - Acute		91.61%	93.09%	91.73%	86.38%	90.41%	88.37%	88.68%	93.17%	92.94%	92.09%	92.12%
	SFT - Community		97.24%	98.97%	97.09%	98.88%	97.44%	99.44%	98.77%	68.50%	97.90%	97.16%	98.03%
CHC 28 Day Quality Premium	Somerset ICB	≥80%	88.10%	82.10%	70.30%	89.40%	77.40%	86.20%	87.10%	97.10%	85.71%	91.66%	93.75%
CHC Deferred Assessment Caseload		0	0	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%	86%	74%
Number of Fast Track Discounted Referrals		N/A	17	49	27	28	41	30	32	26	28	32	27
Percentage of children who received an Initial Health Assessments within 20 working days	Somerset ICB	≥90%	58.3%	76.5%	66.7%	66.7%	86.67%	93.33%	92.31%	59.26%	41.94%	27.27%	40.00%
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%	58.18%	54.92%	58.85%	57.62%	58.90%
Percentage of children aged 4 plus who have been Looked After for more than one year that had an SDQ score recorded			83.13%	86.15%	84.26%	85.49%	85.45%	83.94%	82.63%	81.63%	79.76%	77.40%	79.20%
Total number of Serious Incidents/ Never Events	SFT - Acute	-	4	0	1	0	0	1	2	1	2	1	-
	SFT - Community & Mental health	-	1	2	0	1	3	2	-	2	7	-	-
	YDH	-	0	0	0	0	0	-	-	0	-	0	1
Total number of Complaints received	SFT	-	38	24	28	0	0	31	40	44	47	49	47
	YDH	-	5	4	2	3	8	1	7	5	10	7	6
Total number of PALS contacts	SFT	-	231	238	239	231	223	245	210	219	184	187	185
	YDH	-	48	39	42	33	49	33	32	30	32	33	38
Mortality - HSMR	SFT	<100	117.4	140.4	136.6	118.5	121.5	161.1	80.9	128.3	126.3	-	-
	YDH		93.0	92.1	100.0	110.5	99.1	89.7	95.1	73.3	80.6	-	-
Mortality - SHMI	SFT		99.9	108.4	116.8	103.4	116.9	120.0	116.7	110.3	-	-	-
	YDH		85.4	107.0	90.4	113.3	99.0	88.2	106.8	82.0	-	-	-

# 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.

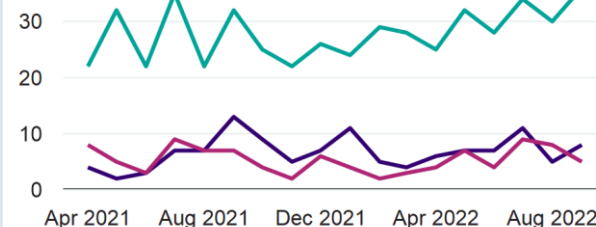
## Actions

NHSE IPC and C diff collaborative project presented regionally and the second stage of the Quality Improvement work has commenced with a 6 month pilot at Somerset FT/YDH to shift from post infection reviews to quality improvement through workstreams identified from themes and trends. Quality improvement work continues within UTI's and E coli cross county multiple agency working. MRSA table top discussion took place with actions identified and assigned and a further meeting is planned.

Other QI improvement Scabies whole home treatment pathway identified with the ICB drugs and ethics committee agreeing to Ivermectin as the 2<sup>nd</sup> line treatment for outbreaks. TB workstream has commenced with a whole system review to establish a referral pathway to support Primary Care to access advice/treatment for TB/respiratory patients. Invited by NHSE to participate with development of GP tool kit and a working group to identify actions/project to discuss the reduction of MSSA across the South West region.

### Count of E Coli

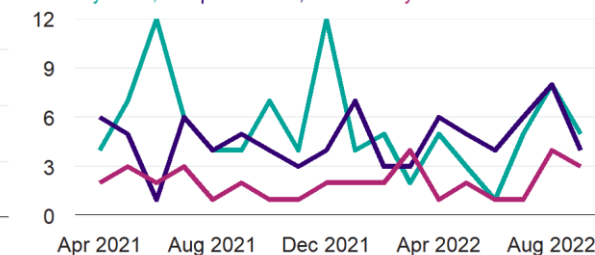
Primary Care, Hospital Onset, Community Onset



Data source: IPC Team, updated on Tuesday 01 November 2022

### Count of C Diffs

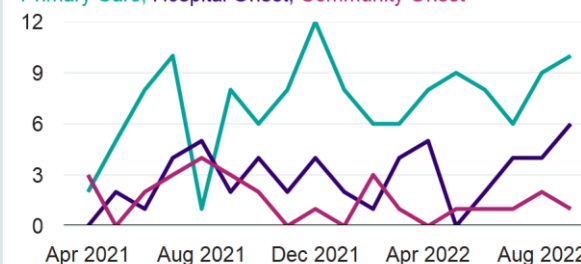
Primary Care, Hospital Onset, Community Onset



Data source: IPC Team, updated on Tuesday 01 November 2022

### Count of Klebsiella

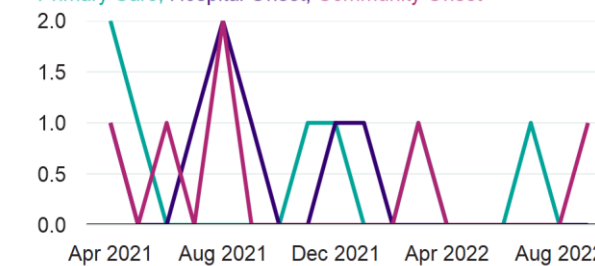
Primary Care, Hospital Onset, Community Onset



Data source: IPC Team, updated on Tuesday 01 November 2022

### Count of MRSA

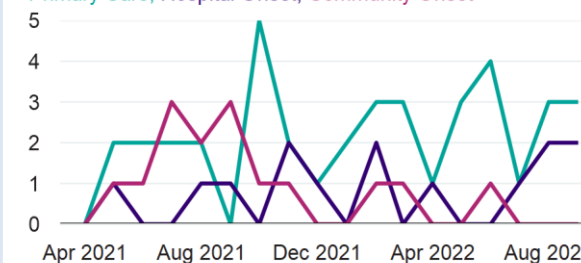
Primary Care, Hospital Onset, Community Onset



Data source: IPC Team, updated on Tuesday 01 November 2022

### Count of Pseudomonas

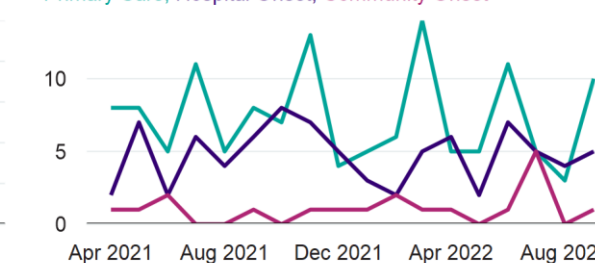
Primary Care, Hospital Onset, Community Onset



Data source: IPC Team, updated on Tuesday 01 November 2022

### Count of MSSA

Primary Care, Hospital Onset, Community Onset



Data source: IPC Team, updated on Tuesday 01 November 2022



# Quality Reporting – Pressure Ulcers, Falls and Nutritional Screening

## Performance

### Pressure Ulcers:

**Somerset FT:** Pressure care deteriorated in July (latest validated data available) compared to June. A total of 19 cases were recorded (acute setting), the highest since April 2021. Performance is impacted by staff shortages and dependency on agency staff. Reduced knowledge/skills in skin integrity management, increased acuity of patients, high demand for use of escalation beds across inpatient areas.

**YDH FT:** rates of Pressure Ulcers is static since June. The steady performance 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

**Somerset FT:** The number of falls have decreased compared to the previous reported period of July

**YDH FT:** Falls rate has been increasing overall since July.

### Nutritional Screening

**Somerset FT -** Nutritional screening assessments have improved this month in the acute setting (not achieved the 90% standard) and declined in the community settings.

**YDH FT -** Nutritional screening remains below the 90% standard, and has been deteriorating since May from 70% to 54% in September

## Actions

**Pressure Ulcers:** Action plans have been developed for areas with high incidence.

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. Clinical /patient facing staff prioritise Pressure Ulcer Prevention and Management eLearning. Addition education provision requires increased tissue viability nursing resources – a business case in under development.

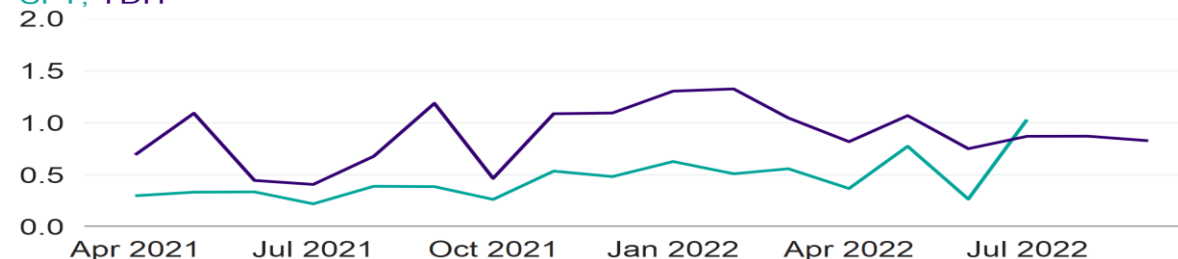
On-going pressure ulcer awareness and prevention training is taking place fortnightly and is being given to new HCA's

**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

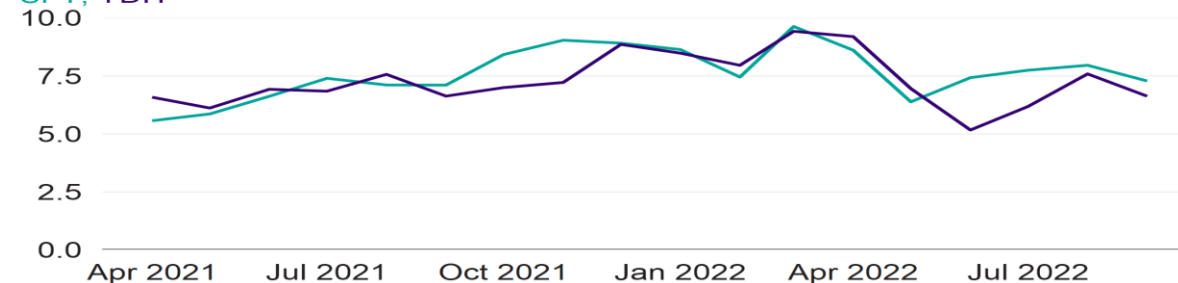
SFT, YDH



Source: Quality Scorecard, updated on Friday 04 November 2022

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

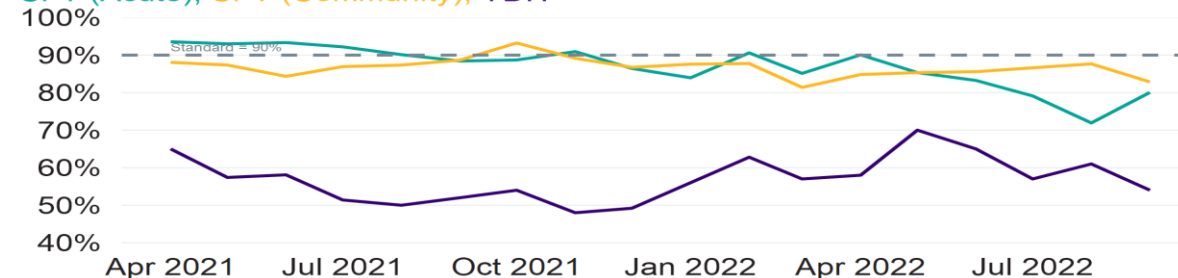
SFT, YDH



Source: Quality Scorecard, updated on Friday 04 November 2022

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

SFT (Acute), SFT (Community), YDH



Source: Quality Scorecard, updated on Friday 04 November 2022

# Quality Reporting – Workforce and Mandatory Training

## Performance

- **Workforce**
  - Sickness and absence levels at Somerset FT is static at 6% in the last 3 months on a rolling 12 month basis, however the monthly rate of sickness has reduced from 6.6% in July to 4.9% in September, and has been the lowest since August 2021.
- **Mandatory Training**
  - **Somerset FT** - Mandatory training continues to improve to 92.8% 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 86-88%. 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.

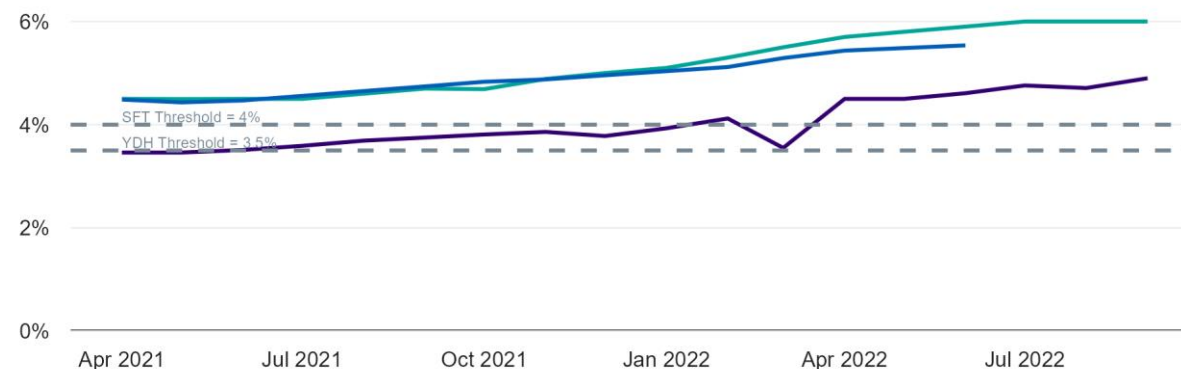
## Actions

### Focus of improvement work

- Directorates at Somerset FT 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

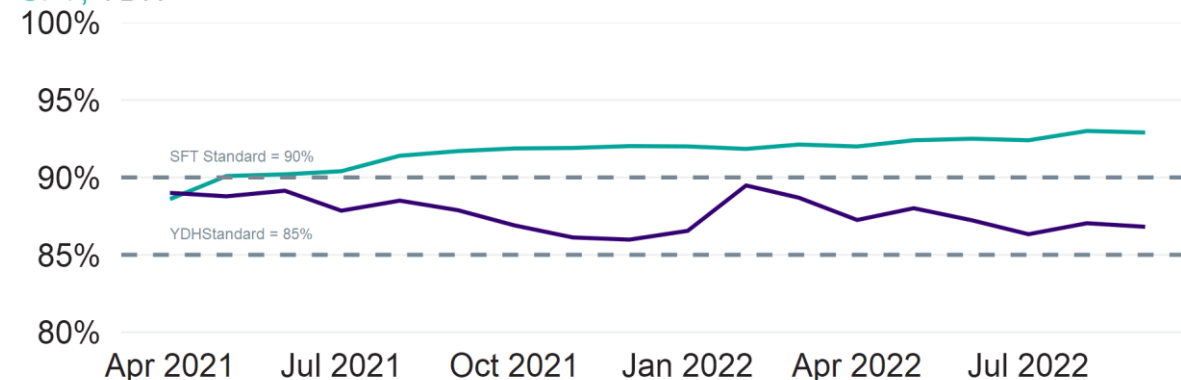
SFT, YDH, National (Acutes),



Source: Quality Scorecard, updated on Friday 04 November 2022

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

SFT, YDH



Source: Quality Scorecard, updated on Friday 04 November 2022



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

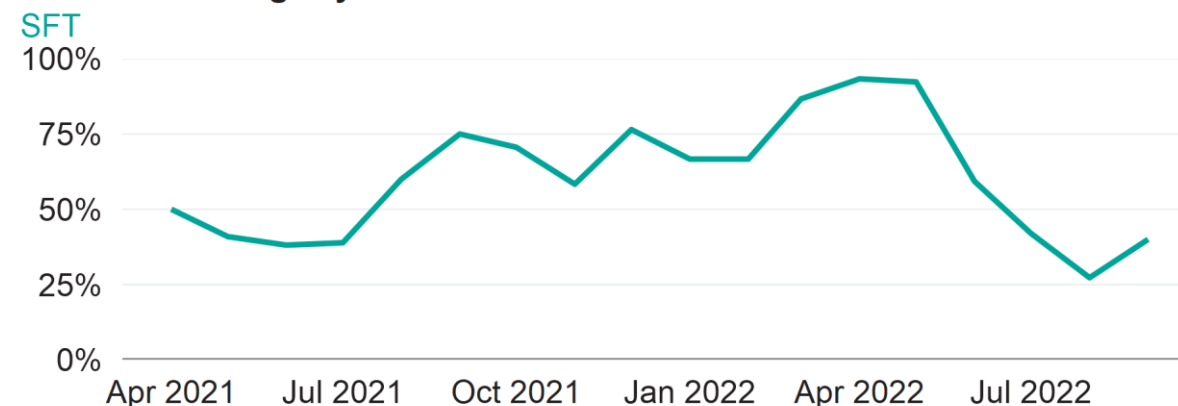
## Performance

- Performance for Initial Health Assessments has declined over June-August period 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. September performance shows improvement as a result of additional appointments put in place.
- Performance for dental checks have been declining since January this year and access for looked after children and care leavers continues to be an issue in Somerset. Performance shows incremental improvement compared to August (+1.2%)

## Actions

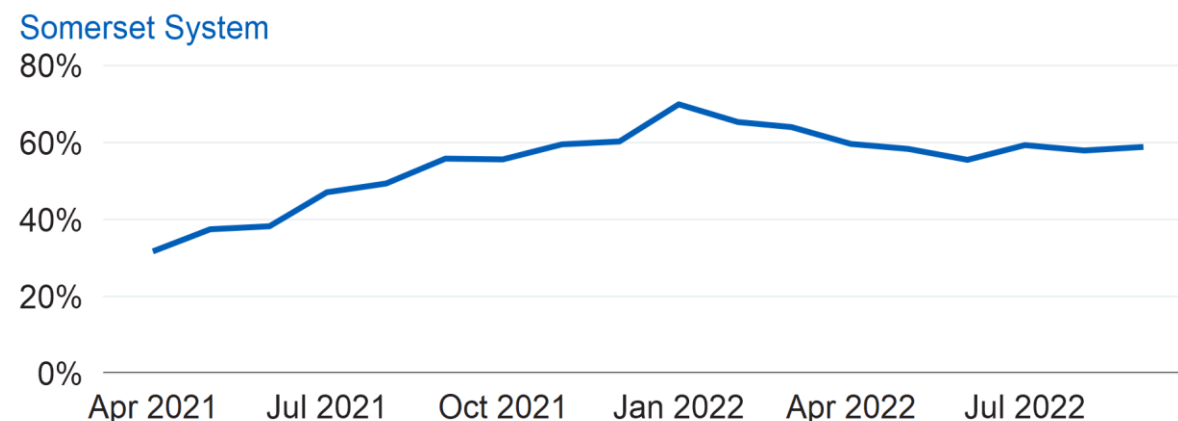
- IHAs: 7 additional health assessment appointments have been already provided to help address the backlog in early September and a further 12 appointments offered, however improvement may not be seen until October or November.
- Dental: the South West Dental Reform Programme is continuing to roll out across the South West with a focus on under 18s. Unfortunately Somerset has not been chosen as one of the early implementers. 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. The Local Authority has paid for CLA and Care Leavers to access private dental treatment when there have been no other alternatives.

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



Source: Quality Scorecard, updated on Friday 04 November 2022

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



Source: Quality Scorecard, updated on Friday 04 November 2022

# The transition from Care Programme Approach to Dialogue+ in Somerset

## Performance

### Care Programme Approach (CPA)

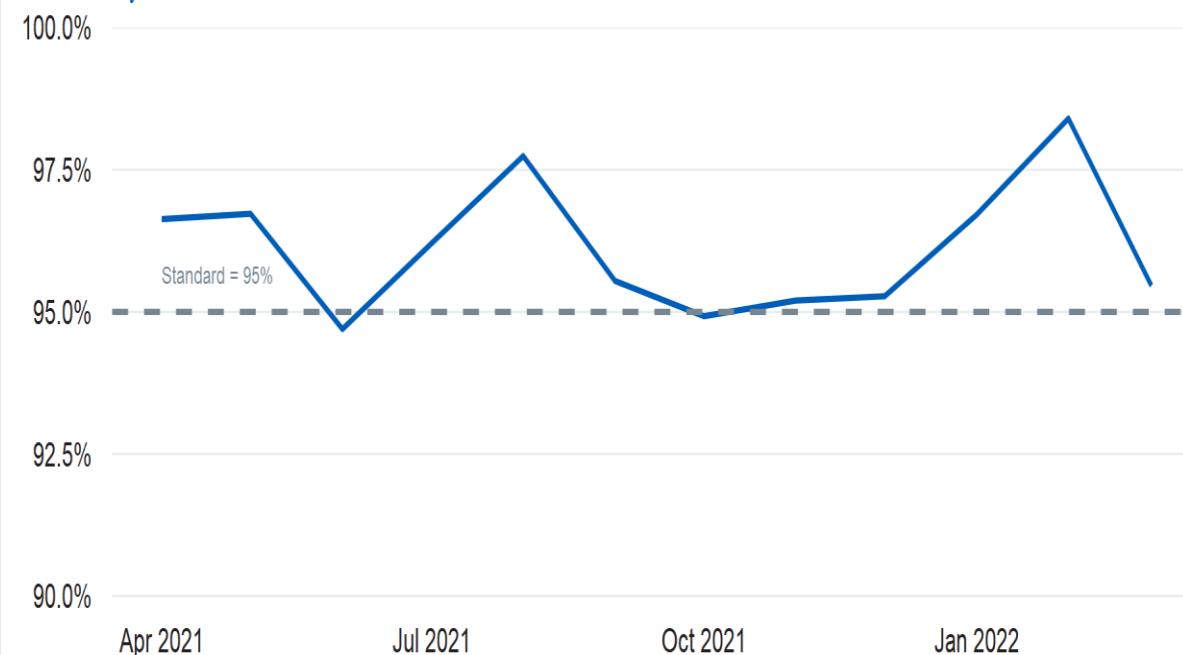
- From 1 April 2022 all Somerset FT mental health services moved to a new care planning system, with CPA being replaced with DIALOG+ which is where all care plans will be recorded going forward. DIALOG+ requires all clients open to the service to have an appropriate care plan that must be at least reviewed annually.
- 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.

## Actions

- The move from CPA has been instigated by NHSE and as a result all fields relating to this CPA process within the national datasets have been retired.
- During this implementation phase, whilst services/teams proactively update each record and the new agreed reporting standard is being worked up, we have no available data. We are in conversation with Somerset FT to find out what is being reported and where. Somerset FT has indicated that they plan to monitor:
  - Minimum annual review of risk screen – not part of D+ but an important quality indicator that then needs addressing in D+
  - Minimum annual review of D+
- The Trust is also developing audit criteria that relate to the standard / quality of D+ to be completed.
- In addition NHSE have agreed to commission an external evaluation of move from CPA to D+ / key workers / meaningful interventions

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

Somerset System



Source: Quality Scorecard, updated on Tuesday 30 August 2022

## Performance

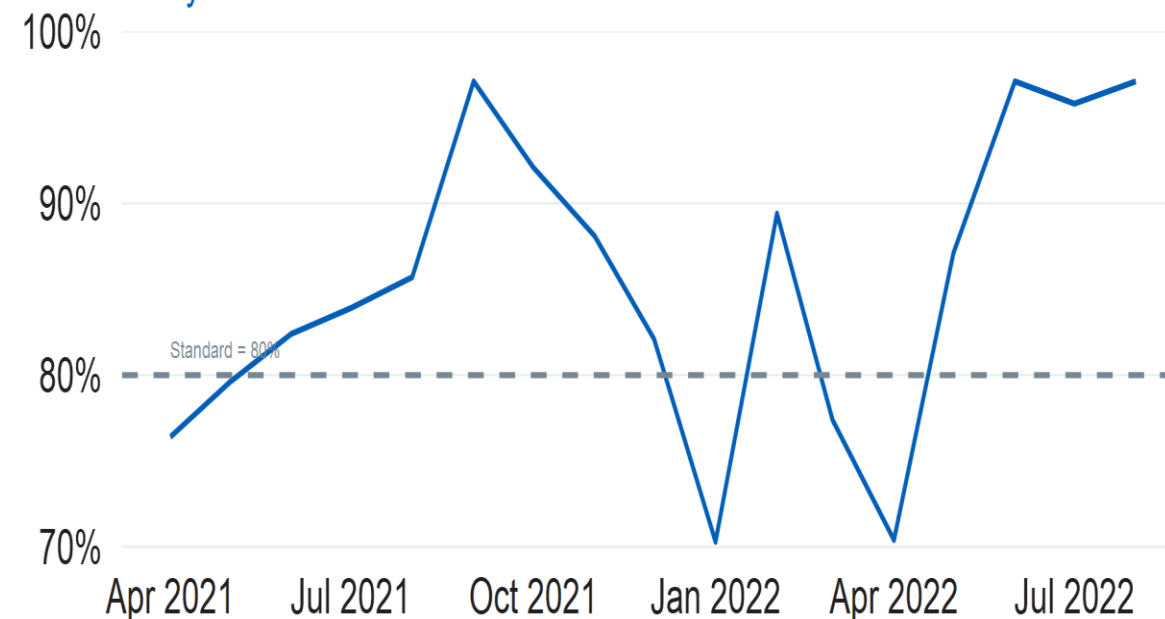
- **Background:** The focus of NHS England's CHC Assurance during 2021/22 will be on the system recovery and recovering performance on the following standards/KPIs:
  - 28 Day Standard - =>80% of Referrals are concluded within 28 Days;
  - 28 Day Backlog – Ensuring there are no referrals breaching 28 days by more than 12 weeks
- **28 Day Standard:** Monthly performance attainment for September 2022 was recorded at 93.8%, above the National NHSE 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 September 2022 was recorded at 74%.

## CHC Updates

- Successfully achieving the required performance attainment for Q2 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 Friday 04 November 2022

# System Resilience (System Control Centre)

## Performance

- Somerset ICS have established a 'System Resilience Team' to co-ordinate the approach for winter; this Team will focus upon all aspects of operational delivery and ensure that risk is appropriately managed and balanced across all parts of the System
- The main focus is upon:
  - System wide reporting (across a range of health and social care metrics) is being enhanced to include real-time reporting to enable the early identification of system pressures which lead to the agreement of remedial actions to prevent system escalation
  - Robust monitoring of the various winter action plans to ensure delivery and to assess the impact
- Six key metrics have been defined by NHS England to monitor the provision of safe and effective urgent and emergency care through the new Board Assurance Framework:
  - NHS 111 Call Abandonment and performance in September 2022 was 13.1%
  - Mean 999 Call Answering Times and overall SWAST performance in September 2022 was 56 seconds
  - Category 2 Ambulance Response Times and performance in September 2022 was 50.6 minutes
  - Ambulance Handover Lost Hours and performance in September 2022 was 850 lost hours
  - General and Acute Bed Occupancy and performance in September 2022 was 94.4%
  - Percentage of Acute Beds Occupied By Patients With No Criteria To Reside and performance as at week ending 2 October 2022 was 23.03%
- In addition to the aforementioned metrics the System Control Room guidance also requires oversight upon the following metrics:
  - A&E 4-hour Performance(
  - >12 Hours In A&E
  - Ambulance Response Time (90<sup>th</sup> Percentile)
  - Bed Occupancy measures (including those beds occupied with patients with Covid-19)
  - Escalation beds open
  - Workforce measures (including absence and sickness rates)

# Somerset Integrated Urgent Care – NHS 111

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-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	383.5	371.9	548.6	781.9	805.6	386.6
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%	67.0%	76.2%
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%	44.8%	47.2%	40.8%	62.2%	64.4%
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%	67.7%	68.0%
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%	33.2%	20.6%
Number of calls received		NA	15,426	18,676	15,462	13,783	15,602	16,560	18,115	19,521	19,167	17,444	16,034
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%	30%	34%
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%	73%	73%
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%	86%	85%

# Integrated Urgent Care Service: NHS 111 Calls

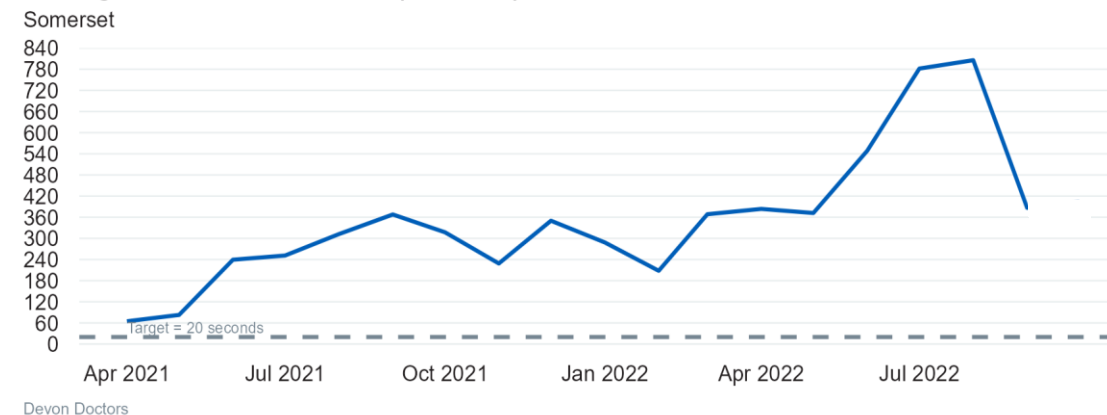
## Performance

- Practice Plus Group (PPG) reports that Somerset 111 achieved its best month's performance in September 2022 since February 2022. PPG reports calls answered within 60 seconds in Somerset at 49.7% (vs national average of 62%) an increase of +32.66% since August. Abandonment rate (KPI1) was at 13.1% in September (vs national average of 8.6%),. This is an improvement from August of +16.42%.
- The improved performance is due to the impact of a number of improvements (chiefly concerning non-clinical and clinical recruitment / attrition) alongside additional resilience measures now in place to support sustained improved 111 performance over the coming months.
- There were 17 episodes of national contingency activations across all 111 providers for September, totalling 183 hours. This was a 113% increase on August. PPG activated national contingency on one occasion due to a fire alarm that required site evacuation. The general theme for national contingency during September related to a mix of provider technical and clinical safety issues, with a few instances of planned engineering works.
- Provisional national data shows that the average speed to answer performance in September 2022 was at 363 seconds in comparison to the national average of 196 seconds against the 60 seconds standard. The call abandonment rate in September has decreased from August by 13.4% to 19.6% compared to a national average of 8.6%, against the 5% standard

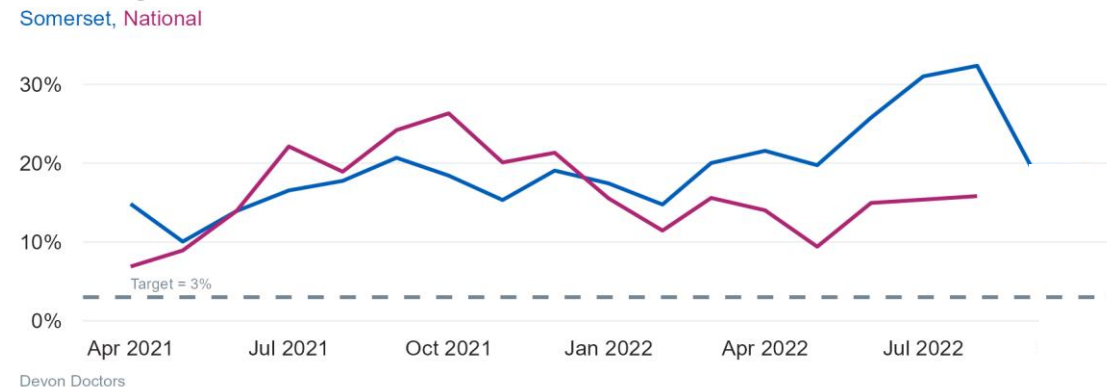
## Action

- Meddcare, as IUC provider, and PPG have an agreed Remedial Action Plan with weekly updates provided to NHS Somerset. This plan focuses on a number of 111 call answering and staff-related metrics to monitor a sustained 111 performance improvement against trajectory. This plan is designed to support Somerset 111 call answering in its entirety across both PPG and Meddcare, both of which have been seeing challenges in staffing and call answering performance.
- Both providers remain under trajectory for both non-clinical and clinical 111 staff, with PPG bolstering clinical staff through agency. Both remain under trajectory on average speed to answer (KPI2). Meddcare Somerset notes recruitment of call handlers during October / November 2022 and envisages an improvement in their performance once they are in post and on calls during early November.
- 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: the increased activity impacts on Meddcare Somerset's call answering performance. NHS Somerset continues to facilitate discussions with NHSE Regional Commissioning Team to support a resolution to this. Follow-up call to 16 September discussion is to be scheduled: date to be advised

## Average time to answer calls (seconds)



## Percentage of calls abandoned



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

- Somerset 111 average: 363 seconds
- National average: 196 Seconds
- South West average: 199 seconds

### How do we compare (Call Abandonment Sept 2022)

- Somerset 111 average: 19.6%
- National average: 8.6%
- South West average: 11.6%



# Integrated Urgent Care Service: Clinical Staffing

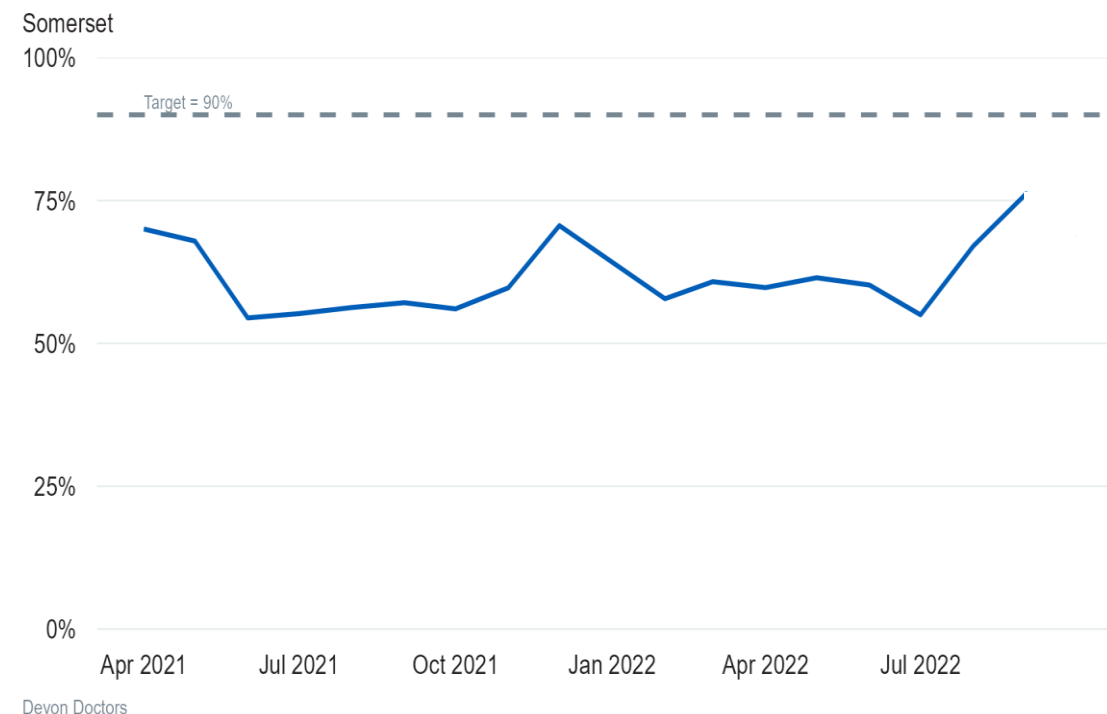
## Performance

- 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 September 2022 76.3% of patients offered a call back by a clinician within 20 mins (immediately – KPI5a) compared to 43.5% nationally. From provisional data provided by Meddcare Somerset, call backs within a specified timeframe over 20 mins (KPI5b) is reported at 64.4%.

## Action

- As noted overleaf, a performance improvement plan is agreed with the service providers, the metrics and improvement trajectories include recruitment / attrition alongside staff unplanned absence. Meddcare Somerset continues with clinical resourcing and recruitment work for the other elements of Somerset IUCS
- Improved staffing levels have been supported by NHS Somerset during August and September 2022 through additional investment for a Summer incentive scheme. Through this additional funding the clinical rota has seen reduced gaps in treatment centre coverage during both weekdays and weekends, throughout August and September, alongside improved overnight clinical cover. KPI performance for both treatment centre and home visits has remained consistent with previous months though treatment centre activity did increase during the same period. This was, in parts, due to the effects of the Adastra outage necessitating patients to attend an appointment to collect a prescription due to the electronic service being off-line. The number of cases handed back into primary care each weekday morning also decreased, indicating the service was dealing with more of its patients reducing pressure on in-hours services.

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 (Sept 2022)

- National average is 43.5%
- South West average 55.1%
- Somerset Average: 76.3%

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

## Performance

Based on Provisional data provided by Meddcare for September 2022

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

- 73.5% of patients received a face-to-face consultation at their home residence within the specified timeframe against the 95% target.

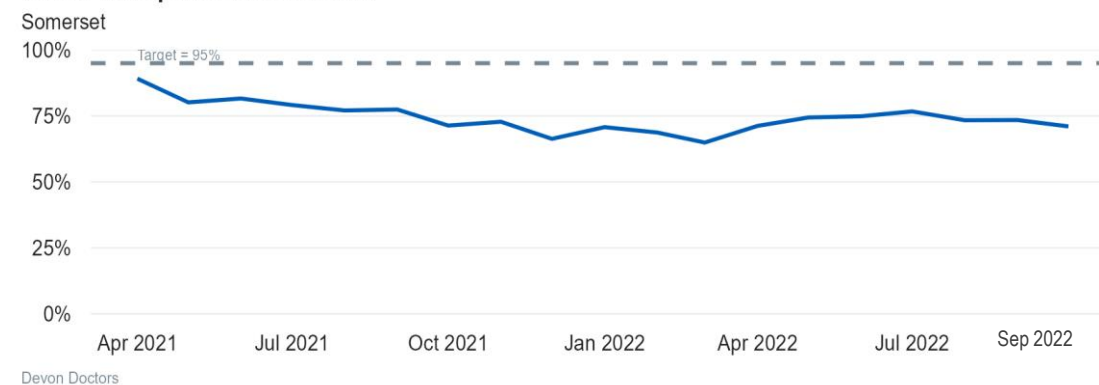
### Proportion of patients receiving a face-to-face consultation in a Treatment Centre within the specified timeframe (KPI 18)

- 85.2% of patients received a face-to-face consultation in an IUC Treatment Centre within the specified timeframe against the 95% target.

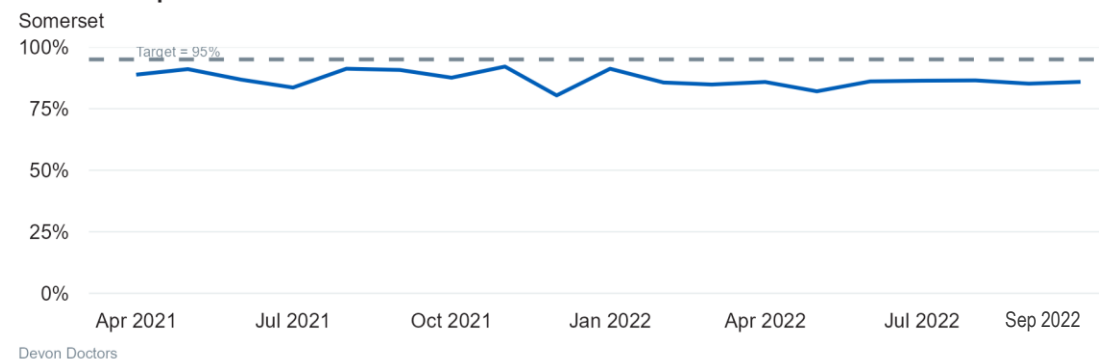
## Action

- As noted earlier, a performance improvement plan is agreed with the service providers, 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.
- Improved staffing levels have been supported by NHS Somerset during August and September 2022 through additional investment for a Summer incentive scheme. Through this additional funding the clinical rota has seen reduced gaps in treatment centre coverage during both weekdays and weekends, throughout August and September, alongside improved overnight clinical cover. KPI performance for both treatment centre and home visits has remained consistent with previous months though treatment centre activity did increase during the same period. This was, in parts, due to the effects of the Adastra outage necessitating patients to attend an appointment to collect a prescription due to the electronic service being off-line. The number of cases handed back into primary care each weekday morning also decreased, indicating the service was dealing with more of its patients whilst reducing pressure on in-hours services.

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



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



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

- National average: 73.5%
- South West average: 80.7%
- Somerset Average: 73.3%

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

- National average: 69.4%
- South West average: 82.4%
- Somerset Average: 85.2%



Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-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	11.60	12.00
Ambulance mean response times CAT 1 90th Centile (Mins)		≤15	21.90	22.30	19.80	22.90	25.10	23.50	21.90	22.80	21.90	20.70	21.70
Ambulance mean response times CAT 2 (Mins)		≤18	66.30	56.10	41.20	51.10	81.10	53.30	46.90	50.60	55.80	40.90	50.60
Ambulance mean response times CAT 2 90th Centile (Mins)		≤40	137.60	119.10	87.00	106.70	172.60	107.50	97.70	107.70	116.70	81.90	103.20
% Ambulance Handovers over 15 minutes	Somerset ICB	≤35%	43.5%	41.7%	44.7%	41.4%	56.5%	45.5%	46.5%	48.1%	50.0%	55.7%	55.5%
	SFT (Trust-wide)		41.9%	38.6%	42.9%	40.3%	58.0%	48.7%	44.5%	51.5%	51.3%	60.6%	56.0%
	YDH (Trust-wide)		35.0%	33.9%	34.9%	29.6%	42.0%	39.7%	37.4%	42.0%	47.6%	46.4%	54.6%
% Ambulance Handovers over 30 minutes	Somerset ICB	≤5%	14.75%	14.30%	15.86%	14.26%	27.88%	18.79%	16.98%	19.18%	19.13%	26.15%	23.17%
	SFT (Trust-wide)		10.89%	9.65%	13.18%	10.57%	28.37%	22.78%	17.46%	23.09%	21.60%	33.54%	26.73%
	YDH (Trust-wide)		9.23%	8.69%	8.02%	8.40%	11.52%	11.55%	9.89%	11.94%	14.66%	12.01%	16.91%
% Ambulance Handovers over 60 minutes	Somerset ICB	0%	4.98%	4.15%	5.26%	4.71%	12.98%	8.39%	5.23%	7.31%	6.34%	11.28%	7.75%
	SFT (Trust-wide)		2.36%	0.91%	3.08%	2.18%	12.42%	12.46%	6.76%	9.88%	8.44%	16.27%	10.83%
	YDH (Trust-wide)		0.92%	0.94%	1.16%	1.04%	1.76%	0.98%	2.31%	2.56%	2.54%	1.75%	2.35%
Lost Hours >15 Minutes	SFT (Trust-wide)	N/A	211	173	264	191	643	651	416	587	489	921	694
	YDH (Trust-wide)		91	86	91	72	104	97	104	118	141	122	157

# Ambulance Mean Response Times: Categories 1 and 2

## Performance

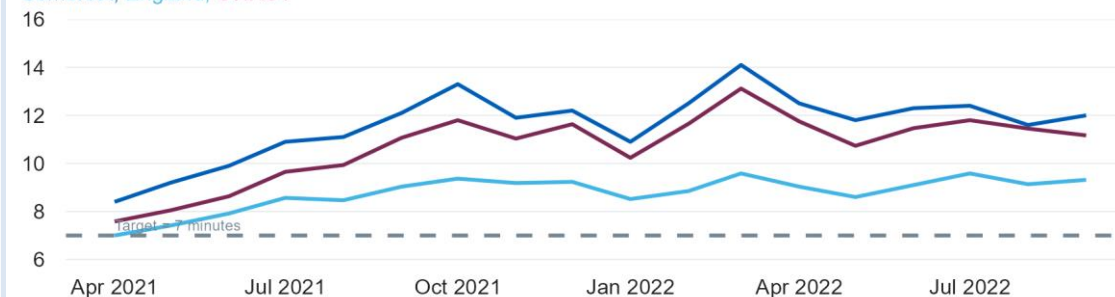
- The ambulance response times' standard continue not to be met; the Category 1 mean response time in September 2022 was 12 minutes against the 7 minute standard (0.4 minute improvement upon previous month) and Category 2, 50.6 minutes against the 18 minute standard (9.7 minute deterioration upon the previous month). Ambulance Response Times performance in Somerset for Cat 1 during September 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 68.9 mins, and was in line with the national average.
- Ambulance demand in Somerset has been variable over the past 14 months; Ambulance demand for September 2022 was -2.01% below 2019/20 levels and with 111 less incidents compared to August.
- 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.

## Action

- 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
- As part of the Commissioner/SWAST Monthly Contract meetings 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 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

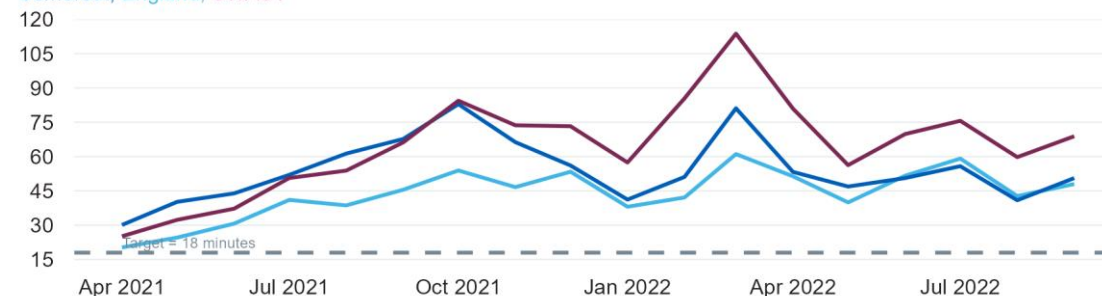
**Somerset:** Mean – 12.0 minutes, 90<sup>th</sup> Percentile – 21.7 minutes

**SWAST:** Mean – 11.2 minutes, 90<sup>th</sup> Percentile – 20.5 minutes

**England:** Mean – 9.32 minutes, 90<sup>th</sup> Percentile – 16.63 minutes

### 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 – 50.6 minutes, 90<sup>th</sup> Percentile – 1103.2 minutes

**SWAST:** Mean – 68.9 minutes, 90<sup>th</sup> Percentile – 145.8 minutes

**England:** Mean – 47.98 minutes, 90<sup>th</sup> Percentile – 105.75 minutes

# Ambulance Handover Performance

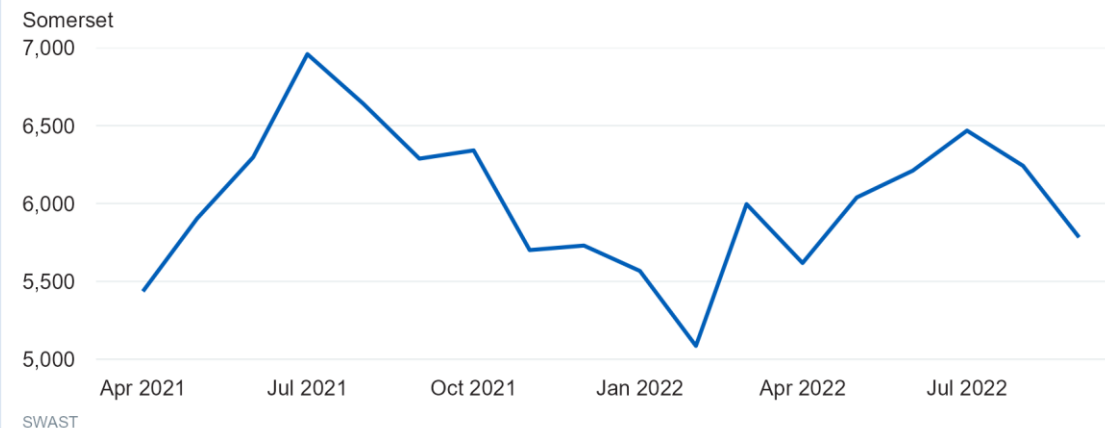
## Performance

- Ambulance arrivals to hospitals across the Somerset population have reduced by 4.0%. At Somerset FT has reduced by 5.1%, and YDH FT reduced by 3% when comparing to August however the cumulative period April to September 2022 to the same period of 2019/20 shows that at Somerset FT tripled from 3056 to 13412 and YDH FT shows a six fold increase from 1029 to 7284 when comparing to 2019/20.
- The proportion of ambulance arrivals not handed over to the care of the hospital within 30 minutes in September 2022 was 23.17% (789 patients) which is an improvement of 2.93% upon the previous month, in comparison to 48.97% across the whole SWAST footprint.
- In September 2022 the number of lost hours was 850 in Somerset and was 2.28% of SWAST overall lost hours of 37,251.
- The top three areas in September 2022 of Handover Targets Under 15mins are Somerset (44.4%), Dorset (37.1%) and BSW (32.47%).

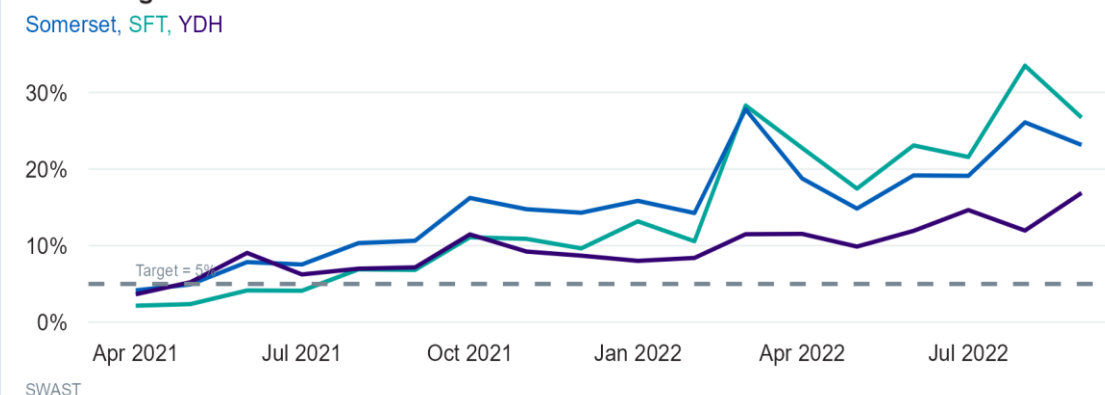
## Action

- SWAST are working with system partners to increase the focus on 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 has implemented a working group collaborating with SWASFT FT and both Somerset FT and YDH FT to look at an Ambulance Handover Trajectory Improvement Plan to achieve the National Standards. Proposed actions and schemes implemented 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,
  - Direct admissions to Emergency Assessment Unit and Direct SWAST admission to Same Day Emergency Care (SDEC)

### Total number of calls to SWAST



### Percentage of Ambulance Handovers over 30 minutes



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

**Somerset:** >30 Minutes – 23.17%, Lost Hours (>15 Minutes): 850

**SWAST:** >30 Minutes – 48.97%, Lost Hours (>15 Minutes): 37251

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Urgent Care													
Number of A&E Attendance	Somerset ICB	N/A	22,463	21,344	20,998	20,376	23,544	22,390	24,569	24,338	24,944	23,585	23,921
	SFT		6,520	6,233	5,906	5,699	6,626	6,354	7,030	6,893	7,092	6,611	6,622
	YDH		4,952	4,578	4,846	4,585	5,247	5,012	5,511	5,617	5,826	5,513	5,677
4 hour performance	Somerset ICB	≥95%	66.06%	66.73%	67.10%	66.05%	59.02%	60.24%	62.68%	61.25%	58.13%	58.72%	57.68%
	SFT		55.98%	57.16%	57.96%	56.87%	49.43%	52.72%	50.47%	47.25%	47.90%	45.77%	48.43%
	YDH		86.01%	85.65%	85.12%	86.28%	77.68%	77.99%	84.52%	84.37%	77.98%	78.20%	72.17%
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	9,735	10,123
	SFT		2,870	2,670	2,483	2,458	3,351	3,004	3,482	3,636	3,695	3,585	3,415
	YDH		693	657	721	629	1,171	1,103	853	878	1,283	1,202	1,580
12 Hour trolley Breaches	Somerset ICB	0	43	27	118	85	179	179	56	44	66	177	64
	SFT		43	27	118	85	179	179	56	44	66	177	64
	YDH		0	0	0	0	0	0	0	0	0	0	0
% patients admitted from A&E	Somerset ICB	N/A	19.71%	20.97%	20.31%	18.18%	16.83%	17.38%	17.10%	16.26%	15.97%	17.50%	17.69%
	SFT		12.59%	13.32%	12.39%	10.60%	9.73%	9.63%	8.25%	7.00%	7.63%	8.96%	9.00%
	YDH		29.75%	31.56%	31.49%	28.35%	25.97%	25.60%	26.53%	26.70%	24.09%	25.25%	25.78%
Proportion of ED patients who turn up unheralded (self Presentation)	Somerset ICB	N/A	68.59%	66.56%	66.54%	68.51%	73.01%	72.81%	72.05%	71.74%	73.09%	71.21%	72.71%
	SFT		65.63%	62.95%	62.62%	65.11%	69.37%	69.40%	69.02%	68.47%	69.13%	66.53%	69.13%
	YDH		74.90%	73.97%	73.29%	75.43%	79.42%	78.62%	78.51%	78.92%	79.75%	79.44%	78.51%
Average LOS	Somerset ICB	N/A	7.1	6.6	7.0	7.1	6.7	7.5	7.2	7.1	7.3	7.2	7.0
	SFT		7.3	7.5	8.4	8.6	7.6	8.6	8.1	8.0	7.8	7.6	7.6
	YDH		6.7	5.6	5.7	5.7	5.6	6.4	6.3	5.9	6.3	6.7	6.6

## Performance

- In September 2022, A&E 4-hour performance at Somerset FT has shows an improvement of 2.65% at 48.42% (compared to August), combined with MIU, performance is at 76.8%. YDH's performance has declined by 6% to 72.2% similar trend to our border hospitals. Despite this YDH is both above the national and South West average of 71%.
- When comparing the cumulative period April-September 2022 to the same period of 2019 overall A&E demand has increased by 2.3%, with Somerset FT seeing a 4.2% and YDH FT 10.5% ,Royal United Hospital Bath 2.5% increase, however Weston Hospital is seeing a -10% 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 and patient flow issues due to operational pressures across the hospital
- In September 2022 there were 65 12-hour trolley breaches at Somerset FT (compared to 177 in August 2022) and zero at YDH FT (compared to 1 in April 2022)

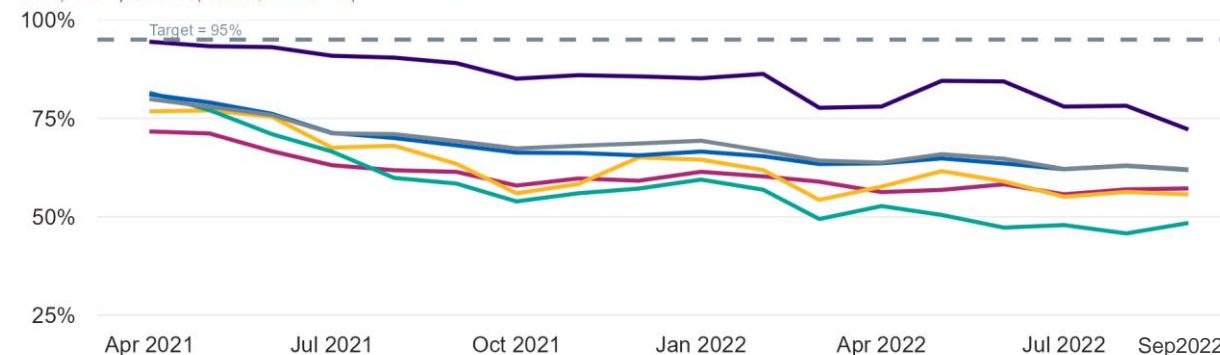
## Actions

### Actions to support patient flow:

- Work continues with Intermediate Care to support an increase in domiciliary care and bedded capacity to deliver a reduction in the volume of patients with No Criteria to reside. This increase in capacity is due to gradually come online from November and anticipated benefits are expected after this time.
- Implementation of schemes to avoid admission and reduce hospital long lengths of stay include increasing virtual ward capacity, transport, 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

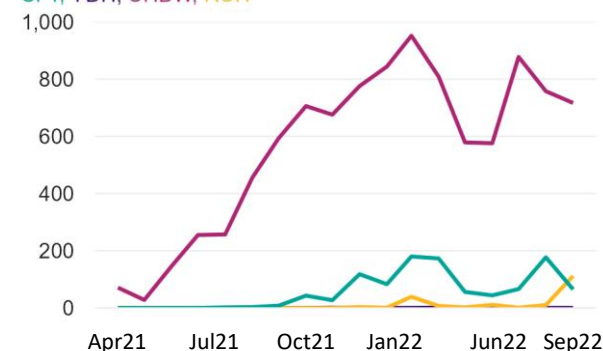
SFT, YDH, UHBW, RUH, National, South West



NHSE: A&E Attendances and Emergency Admissions

## Total number of 12 hour trolley breaches

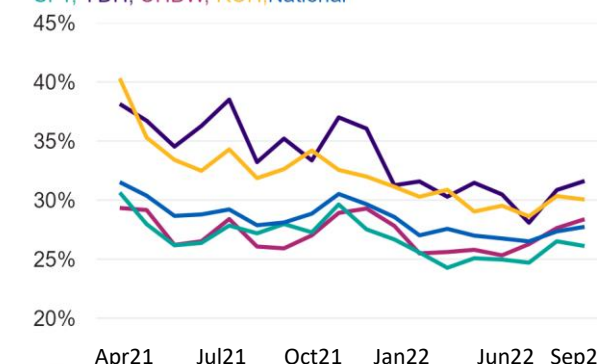
SFT, YDH, UHBW, RUH



NHSE: A&E Attendances and Emergency Admissions

## Patients admitted from A&E

SFT, YDH, UHBW, RUH, National



NHSE: A&E Attendances and Emergency Admissions

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

- Somerset:** 4 hour % - 59.4%, 12 Hour Trolley waits - 311, % patients admitted via A&E – 24%
- National:** 4 hour % - 56.9%, 12 Hour Trolley waits – 1638, % patients admitted via A&E – 24.4%
- South West:** 4 hour % - 53%, 12 Hour Trolley waits – 2375, % admissions via A&E – 29%



# Emergency Admissions

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Number of 0 LOS	Somerset ICB	N/A	1,874	1,783	1,755	1,657	1,902	1,641	1,976	1,782	1,714	1,745	1,805
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	3,705	3,942
Emergency readmissions within 7 days	Somerset ICB	N/A	372	362	324	315	356	298	430	358	358	443	422
Emergency readmissions within 30 days	Somerset ICB	N/A	760	773	665	681	781	700	830	760	752	879	874
Average LOS	Somerset ICB	N/A	7.1	6.6	7.0	7.1	6.7	7.4	7.2	7.1	7.2	7.5	7.0
	SFT		7.3	7.5	8.4	8.6	7.6	8.6	8.1	7.9	7.8	8.0	7.6
	YDH		6.7	5.6	5.7	5.7	5.6	6.4	6.2	5.9	6.1	6.6	6.6
Reducing Length of Stay for Patients in Hospital >21 Days	Somerset ICB	N/A	157	169	169	198	223	240	215	182	196	213	201
	SFT		110	113	113	139	135	152	134	113	124	128	120
	YDH		47	56	56	59	87	88	81	69	72	85	81
No Criteria to Reside (Daily Average)	Somerset ICB (Acute only)	≤77	182	177	201	201	241	281	225	213	248	230	218
	SFT (Acute)	≤51	115	116	127	125	149	182	127	121	157	124	134
	YDH	≤26	66	60	74	76	92	99	98	92	91	106	84
G&A Bed Occupancy	Somerset ICB	-	95.8%	94.3%	95.8%	95.6%	95.5%	95.0%	94.5%	94.1%	94.7%	96.7%	94.2%
	SFT	≤95%	95.8%	94.0%	95.9%	94.9%	95.7%	94.8%	97.4%	94.8%	94.6%	96.0%	94.6%
	YDH		95.7%	94.8%	95.7%	96.8%	95.2%	95.4%	94.4%	92.7%	94.8%	98.0%	93.5%
Discharge pathway	Somerset ICB	All Pathways	3,167	3,245	2,779	2,751	3,090	2,827	3,329	3,150	2,715	2,978	3,027
		Pathway 0 ≥87%	82.1%	84.1%	82.3%	82.2%	85.4%	83.0%	83.9%	84.9%	84.4%	84.0%	84.4%
		Pathway 1 ≤7%	7.4%	6.6%	9.5%	7.8%	7.1%	6.7%	6.6%	6.1%	6.7%	5.9%	6.2%
		Pathway 2 ≤4%	6.6%	6.1%	5.3%	6.7%	4.9%	6.5%	6.2%	5.3%	4.8%	6.1%	5.7%
		Pathway 3 ≤2%	3.9%	3.3%	2.9%	3.3%	2.7%	3.7%	3.4%	3.7%	4.1%	4.0%	3.7%

# Emergency Admissions

## Performance

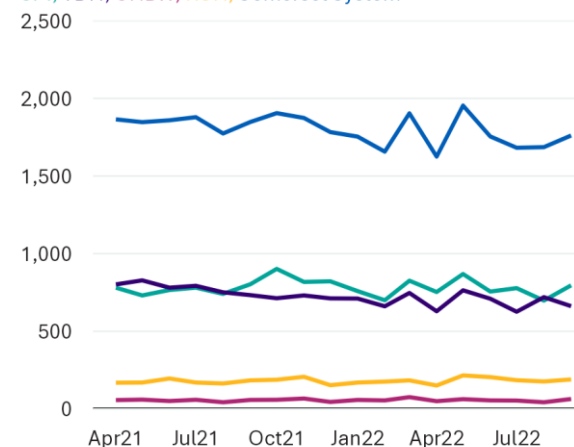
- The number of Somerset patients admitted to hospital as an emergency has reduced by 10.6% (-14.3% zero and -8.8% non-zero length of stay admissions) when comparing the period April to September 2022 to the same period in 2019/20. With the exception of YDH (who have seen an increase of 3.7% (+1.2% zero and +5.6% 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 of stay in Somerset was 7 days in September, 4 days longer than in the same month in 2019
- 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 in length of stay is due to the combination of patient acuity and the high level of patients with no criteria to reside as a result of domiciliary capacity challenges and a shortfall in bedded care packages
- Emergency re-admissions have increased in September 2022 compared to August ( $\leq 7$  days +13% and  $\leq 30$  days 12%) and comparing to September 2019/20: re-admissions within 7 days and 30 days has increased by 41% and 106% respectively.

## Actions

- 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. A focussed workplan has been created with action to address the position and is monitored through the Weekly System Operational Delivery Group. Some of the actions within this work plan are anticipated to result in an impact on the length of stay of patients.
- Through a Demand and Capacity Submission to NHS England, with the aim of mitigating any bed deficits across Winter, additional schemes have also been 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.

### Non-Elective 0 LoS Activity

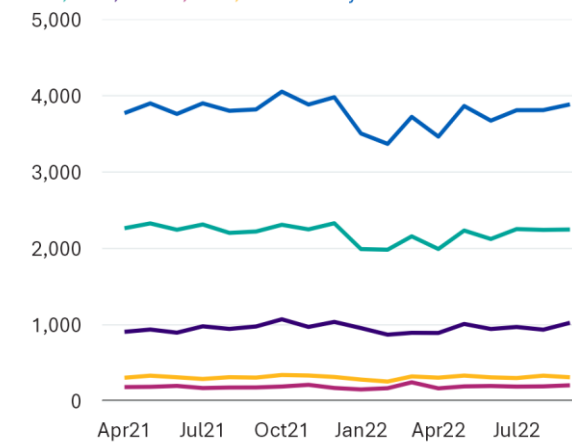
SFT, YDH, UHBW, RUH, Somerset System



Data source: SUS, updated on 04 November 2022

### Non-Elective 1+ LoS Activity

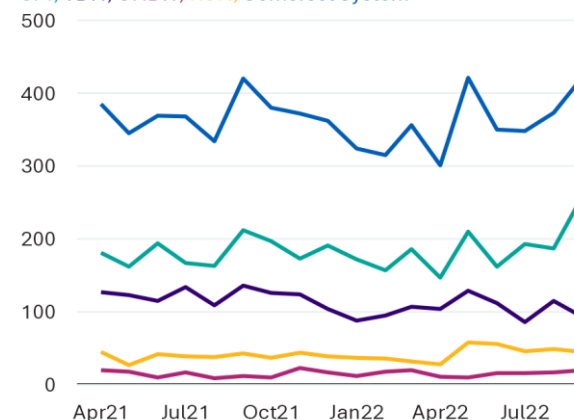
SFT, YDH, UHBW, RUH, Somerset System



Data source: SUS, updated on 04 November 2022

### Readmissions <= 7 days Activity

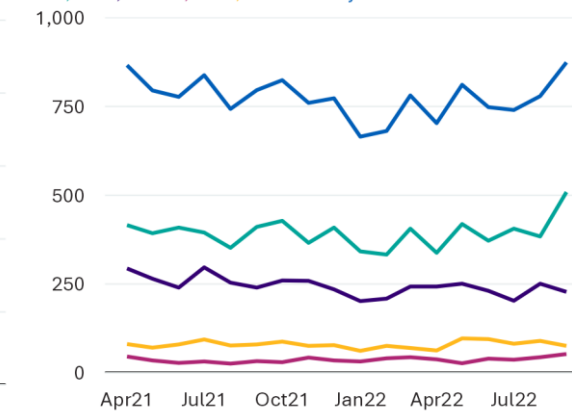
SFT, YDH, UHBW, RUH, Somerset System



Data source: SUS, updated on 04 November 2022

### Readmissions <= 30 days Activity

SFT, YDH, UHBW, RUH, Somerset System



Data source: SUS, updated on 04 November 2022

# Discharges and No Criteria to Reside

## Performance

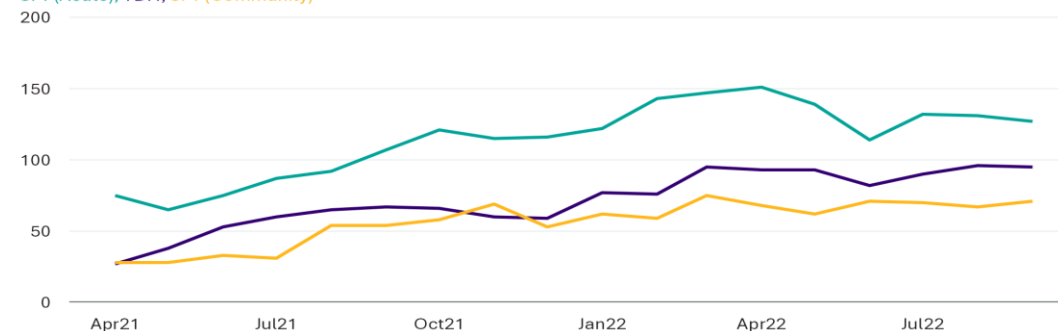
- Across Somerset and YDH FTs the average number of patients per day whose in-patient exceeded 21 days in September 2022 was 200 which is an increase of 58 when compared to an average of 142 patients in September 2021 and is underpinned by the high level of patients residing in an acute hospital bed who do not meet the criteria to reside. The most predominant reasons for delay are patients waiting for packages of care to be discharged to their own home or awaiting pathway beds in Care Homes for additional out of hospital care. In September 2022 23.03% of occupied beds in an Acute Hospital were with patients with No Criteria to Reside (which equates to an average of 223 patients per day). In addition, there were 38.4% of occupied beds in a community hospital were with patients with No Criteria To Reside (which equates to 83 patients). Somerset System: 218 with 134 at Somerset FT (23.1% of beds) and 84 at YDH FT (24.5% of beds)). The latest position as at 3 November 2022 remains largely unchanged with 223 lost beds due to no criteria to reside
- In September 2022, 84.4% of the patients were discharged on Pathway 0 (returning to their usual place of residence and 15.6% were discharged with either a domiciliary care package (6.2%) or discharged to a bedded facility (9.4%). The proportion of Pathway 0 discharges is expected to increase once the current no criteria to reside backlog is cleared

## Actions

- Plans continued to be progressed to improve and speed up the discharge pathway within the Acute Hospital setting and to support discharge flow additional external bedded capacity is being stood up. Detailed action plans are tracked through the new Urgent Care Board Assurance which is shared with NHS England monthly. The actions include additional care home beds incrementally increasing weekly from early November (to a maximum of 109 beds) to support hospital discharge and virtual ward 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
- 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

### No Right to Reside

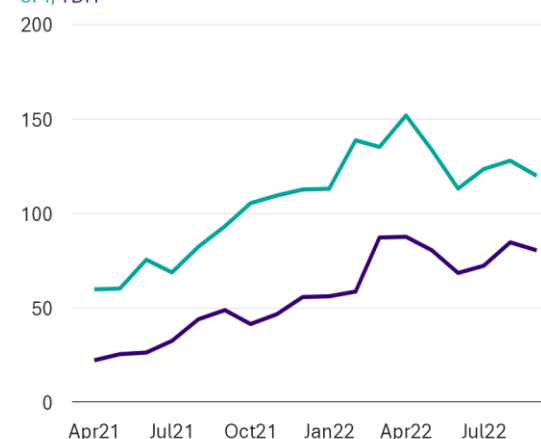
SFT (Acute), YDH, SFT (Community)



Data source: NRTR, updated on 04 November 2022

### >21 Day Length of Stays

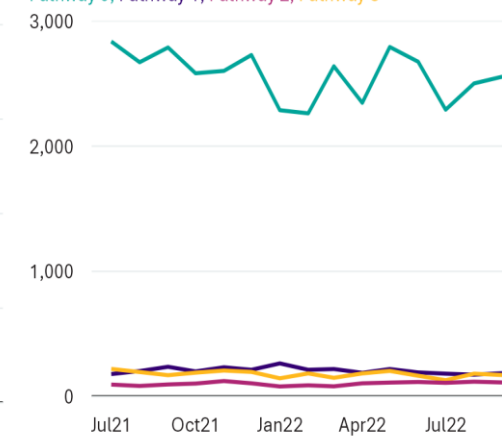
SFT, YDH



Data source: Long Stay report, updated on 04 November 2022

### Discharge Pathways

Pathway 0, Pathway 1, Pathway 2, Pathway 3



Data source: Pathways Return, updated on 04 November 2022

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

- Somerset:** 223, rate per 100,000 population – 35.4
- South West:** 2152, rate per 100,000 population – 35.3



# Primary Care

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Primary Care													
GP Consultations - All	Somerset ICB	-	305,468	246,848	246,162	241,483	280,466	229,796	285,205	265,630	272,565	280,894	297,670
GP Consultations - Face-to-Face		-	174,582	133,594	129,994	129,257	151,232	124,061	147,171	136,905	140,260	146,811	165,834
GP Consultations - Virtual		-	98,598	86,711	90,000	85,935	98,452	79,927	91,752	86,483	87,938	90,066	87,661
GP Consultations - Unknown		-	32,288	26,543	26,168	26,291	30,782	25,808	46,282	42,242	44,367	44,017	44,175
GP Consultations - % Face-to-Face	Somerset ICB	-	57%	54%	53%	54%	54%	54%	52%	52%	51%	52%	56%
GP Consultations-% Unknown		-	11%	11%	11%	11%	11%	11%	16%	16%	16%	16%	15%
GP Consultations - % Virtual		-	32%	35%	37%	36%	35%	35%	32%	33%	32%	32%	29%
Antimicrobial Stewardship - Co-amoxiclav Cephalosporins & Quinolones % of all Antibiotics	Somerset ICB	<10%		4.8%			4.6%			4.6%			Data not yet available
Antimicrobial Stewardship: Antibacterial items per STAR PU	Somerset ICB	≤0.871		0.738			0.760			0.783			Data not yet available

# Primary Care Access

## Performance

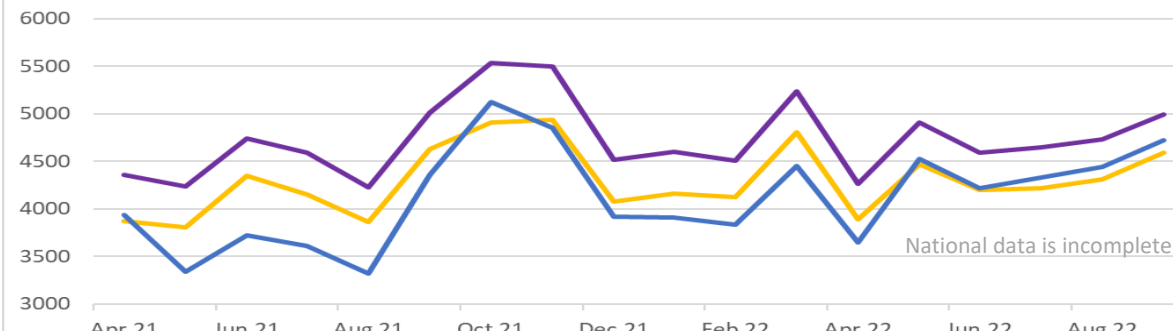
- **Demographic:** The GP registered population of Somerset is significantly older and has a higher level of healthcare need than the national distribution
- **CQC ratings:** There is one practice rated 'Inadequate' across Somerset. The practice is being supported by the ICB and Symphony Healthcare Services to meet the needs of patients.
- **Patient experience:** Somerset ICB is performing better than the national position in respect of overall patient satisfaction with GP services.
- **Consultations:** In September 2022, Somerset seen 4,725 consultations per 10,000 population (+6.5% compared to August), 2.9% higher than the national average and 5.3% below the South West average.
- **Primary Care Pressures:** Primary Care services have continued to experience considerable operational challenges in September 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 NHSE 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.

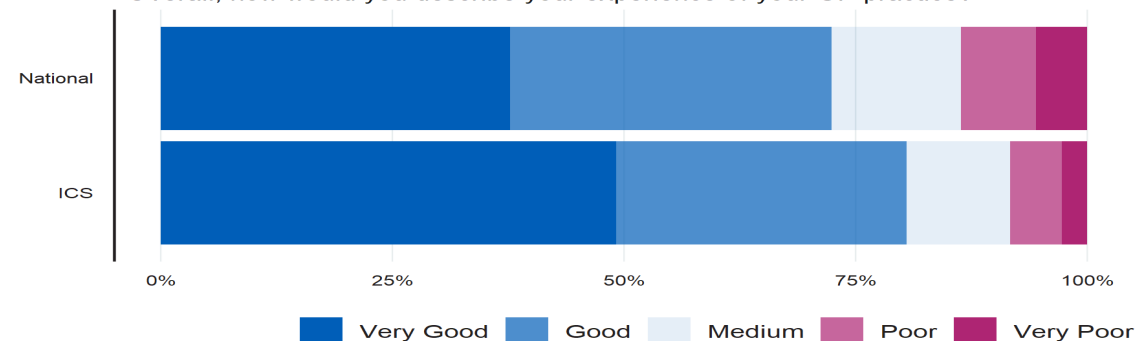
## Consultations Per 100,000 Population

Somerset System, South West, England



## 2022 GP Patient Survey Results

Overall, how would you describe your experience of your GP practice?



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

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

- Somerset: 4725 (September 22)
- National: 4594 (September 22)
- South West: 4992 (September 22)

# Primary Care Access

## Performance

Expanding the primary care workforce remains a top priority to increase capacity

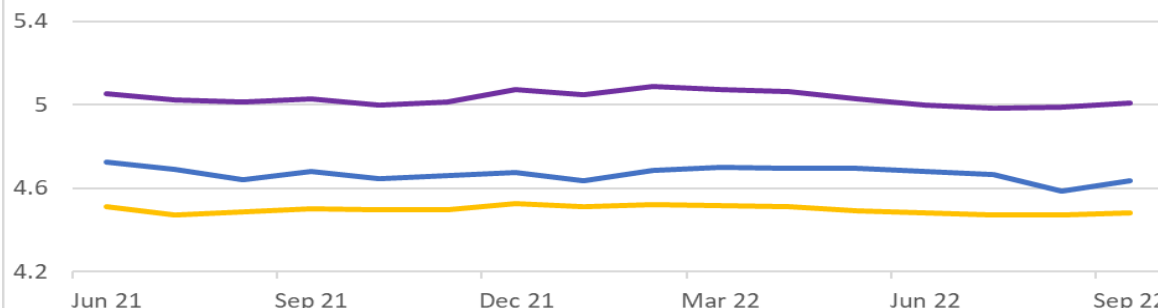
- **FTE (Full time equivalent) GPs per 10,000 population** in September decreased to 4.6 from 4.7 in July, however better than the national average and slightly below the South West average. This is a Long Term Plan aim to expand the number of GPs through recruitment and retention in order to make progress delivering more appointments in general practice.
- **DPC (Direct Patient Care) staff per 10,000 population** in September increased to 3.7 from 3.3 in July. It is above the National and slightly and 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 970 in September

## 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 (Community Pharmacist Consultation Service) implementation.

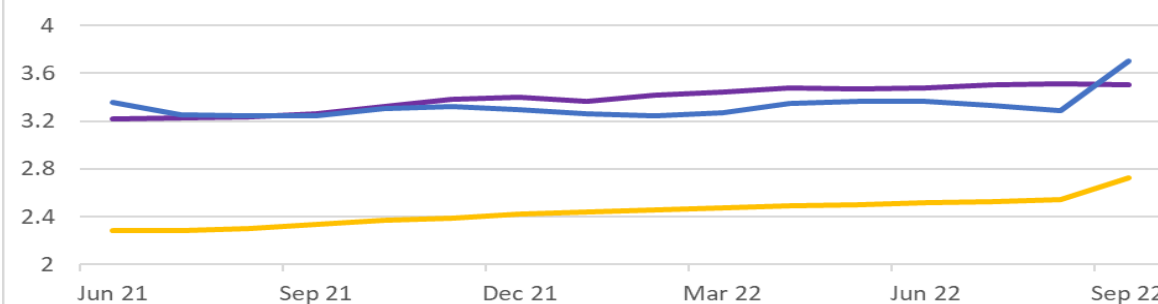
## Full time equivalent GPs per 10,000 Population

Somerset System, South West, England



## Direct Patient Care staff per 10,000 Population

Somerset System, South West, England



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

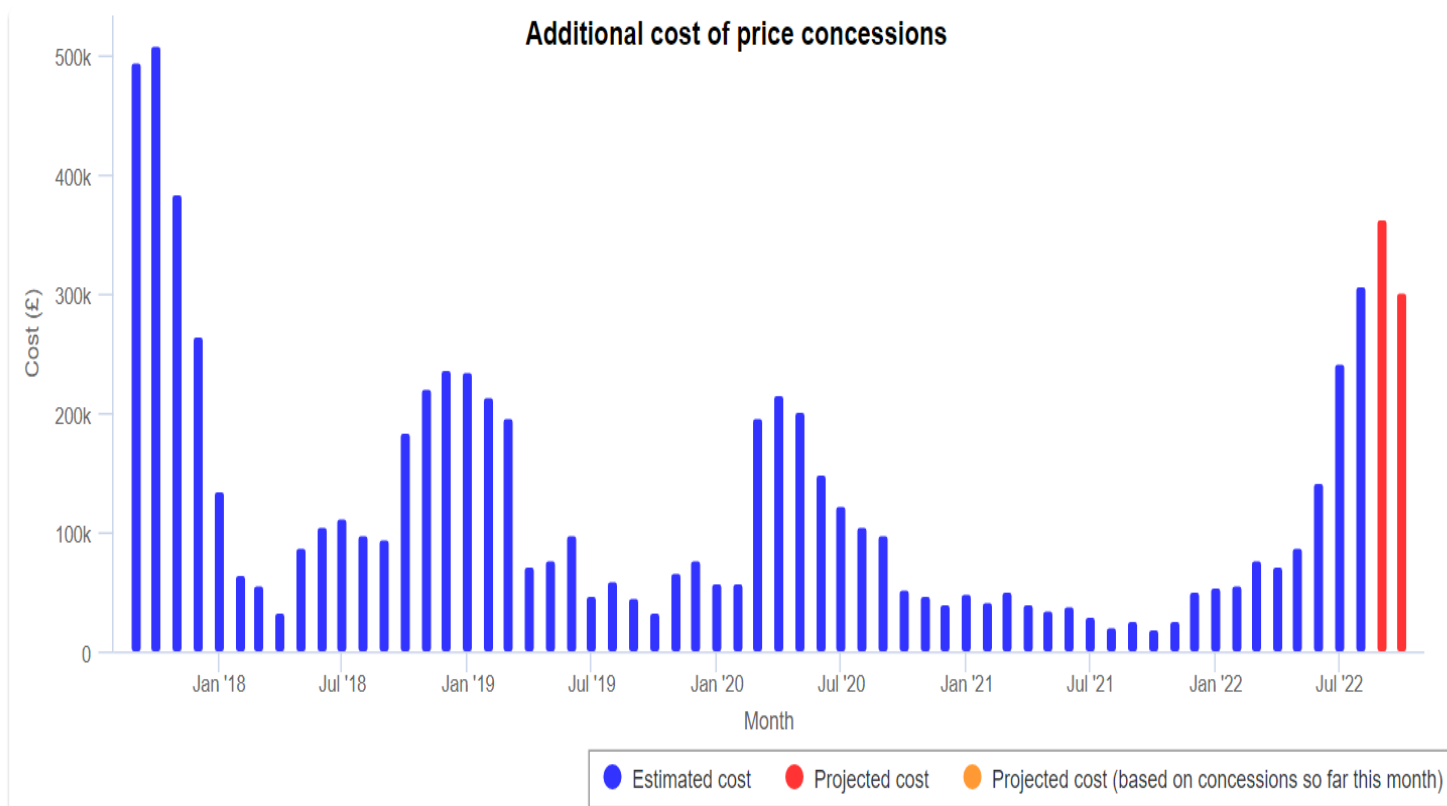
- Somerset: 4.6
- National: 4.5
- South West: 5.0

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

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

# Medicine Management & Prescribing

Over the last 12 months we estimate that price concessions have cost NHS Somerset an additional **£1,754,500** (of which **£1,515,100** 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	Aug-22	Sep-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	55,366	54,250
>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	2,885	2,800
	Other IS	0 by Mar25	21	23	18	12	9	7	8	9	11	7	9
>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	1,207	1,175
>78 weeks wait	Somerset ICB	0 by Mar23	772	711	761	643	599	671	622	500	452	422	397
>104 Weeks wait	Somerset ICB	0 by Jun23	145	171	188	201	159	141	98	49	32	27	19
Elective (Restoration)	Somerset ICB	≥110%	92.83%	92.98%	90.53%	82.78%	95.40%	84.82%	92.15%	86.43%	82.99%	84.90%	98.51%
Day Case (Restoration)	Somerset ICB	≥110%	98.81%	97.76%	94.77%	88.91%	100.78%	89.74%	96.87%	88.50%	85.04%	86.93%	100.66%
Inpatient (Restoration)	Somerset ICB	≥110%	58.83%	64.57%	63.00%	49.87%	66.53%	59.02%	66.70%	74.98%	70.89%	72.90%	85.81%
First Outpatient Appointments (Restoration)	Somerset ICB	≥110%	108.16%	105.05%	108.66%	102.53%	138.53%	107.11%	116.56%	115.71%	106.27%	110.24%	109.34%
Follow Up Outpatient appointment (Restoration)	Somerset ICB	≥110%	101.33%	99.35%	100.92%	97.56%	125.48%	100.86%	109.02%	107.69%	102.74%	101.17%	95.04%
Clock Starts (Recovery %)	Somerset ICB	N/A	94.2%	90.7%	99.7%	91.9%	90.7%	92.3%	100.7%	99.8%	97.4%	109.3%	92.1%
Clock Stops - Non-Admitted (Recovery %)	Somerset ICB	≥110%	106.8%	101.7%	100.8%	103.4%	95.4%	98.9%	108.9%	102.6%	102.4%	110.1%	95.5%
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%	78.8%	78.8%
Number of Cancellations	Somerset ICB	0	347	240	495	466	319	155	133	216	316	169	279

# Long Waits: >78 and >104 Week Waits

## Performance

- 104 Week Waits:** In September there were 21 patients waiting in this long wait patient cohort, which is a 22% (-6) reduction compared to August with 11 from Somerset FT and 10 patients from other smaller (including border) hospitals. Looking ahead to October 2022 on a Trust-wide basis (as at week ending 30/10/22) Somerset FT has 11 and YDH FT 1 patient at risk of waiting in excess of 104 weeks (due to a level of complexity)
- 78 Week Waits:** The Somerset System is expecting to have 300 patients waiting in excess of 78 weeks as at the end of March 2023 due to a revision of the 78 week wait plan however the target will not meet 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 September 2022 there were 397 patients in excess of 78 weeks which is a reduction of 25 patients upon the previous month; 315 of these patients are from Somerset and Yeovil Hospitals, and 82 patients from smaller (including border) hospitals
- The specialities 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)

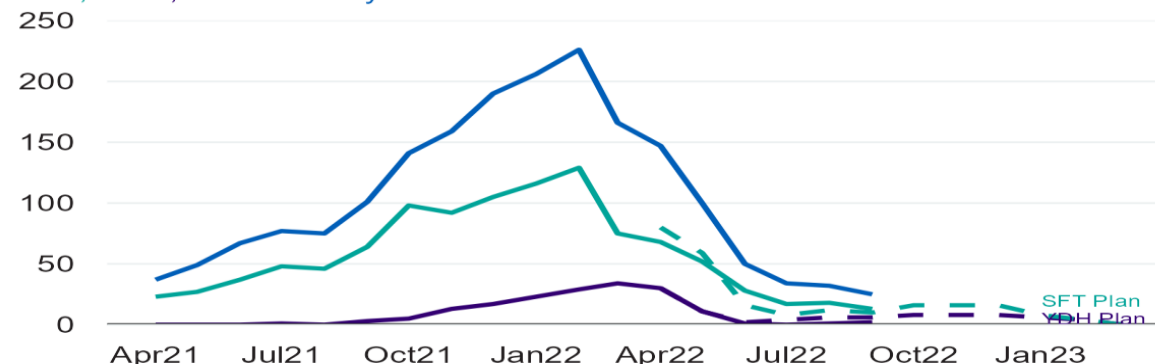
## Actions

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

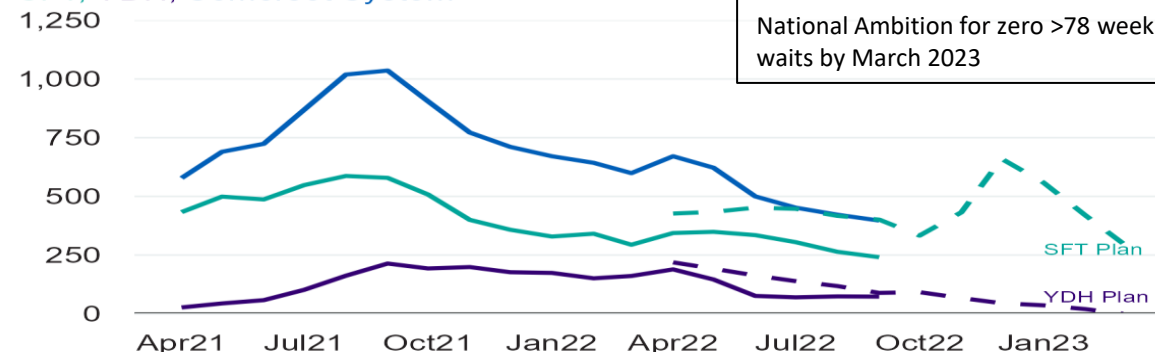
SFT, YDH, Somerset System



Source: Referral to Treatment MDS, updated on Monday 31 October 2022

## Number of Patients Waiting >78 Weeks

SFT, YDH, Somerset System



Source: Referral to Treatment MDS, updated on Monday 31 October 2022

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

- Somerset:** 78 Week Waits 67, 104 Week Waits: 4.3
- National:** 78 Week Waits 83.5, 104 Week Waits: 4.4
- South West:** 78 Week Waits 98.3, 104 Week Waits: 14.2



## Performance

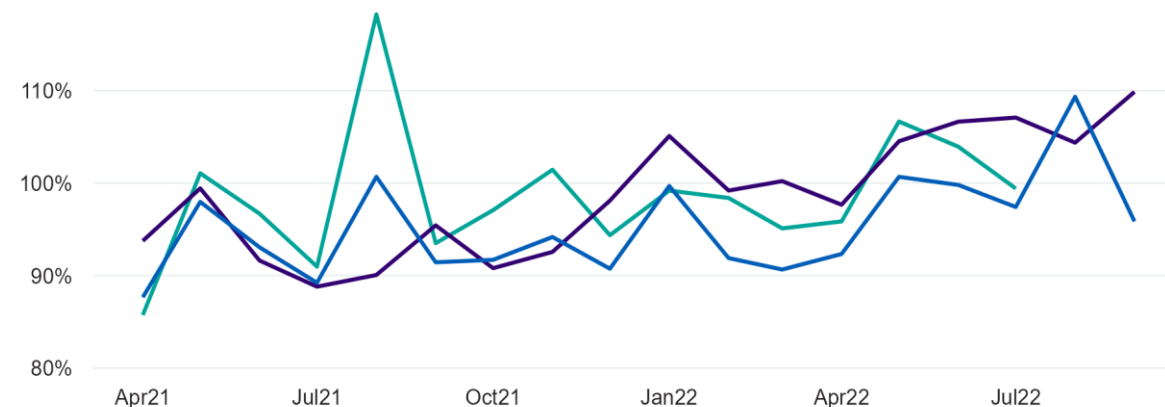
- The national ambition is for elective activity (in-patient and outpatients combined) to recover to 110% of pre-pandemic (activity, with follow up out-patients not expected to exceed 85% of 19/20 levels) and 104% (costed activity) levels during 2022/23 in order to reduce the level of backlog
- There 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.
- RTT Clock Starts:** Referral demand has returned to pre-pandemic levels with a stepped increase in referral demand during 2022/23. During September 2022 RTT referrals were 95.9% of the level received in September 2019 and a daily rate of 639 referrals per day (and during 2022/23, 95.9% of 2019/20 levels with an average of 667 referrals per day). This has resulted in the overall waiting list size increasing by 8.4% since April 2022 to 56,510 (or +4,373 patients) reaching its highest point.
- Elective Recovery:** During the cumulative period April to September 2022 on an activity basis elective recovery (in-patient and out-patient combined) was 103.2% of 19/20 levels and the breakdown by elective pathway was: first out-patient attendances 110.9%, follow up out-patient attendances 102.6%, Day Case 91.4% and 71.7% Overnight In-Patients.
- RTT Clock Stops:** During the cumulative period April to September 2022 overall there were 99.9% RTT clock stops relative to the same period of 2019/20, with admitted clock stop activity of 90.8% and non-admitted clock stop activity of 103.5%

## 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 28)

### Clock Starts Restoration

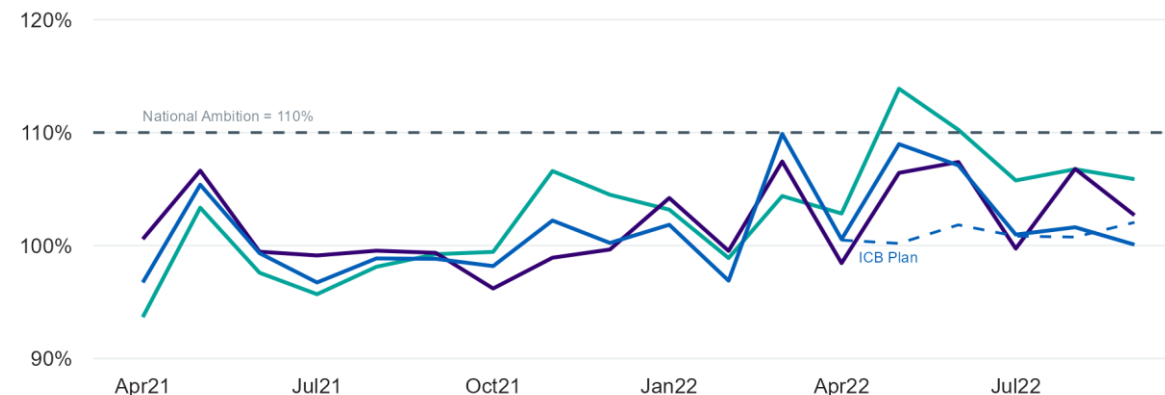
SFT, YDH, Somerset System



Data source: Bed Occupancy return, updated on Friday 04 November 2022

### Elective Restoration (Outpatients and Inpatients Combined)

SFT, YDH, Somerset System



Data source: SUS Friday 04 November 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	Aug-22	Sep-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%	6.31%	6.59%	-
	SFT (Trust-wide)	≥5%	4.16%	4.10%	4.21%	3.99%	3.97%	4.17%	4.38%	4.37%	4.16%	4.10%	-
	YDH (Trust-wide)	≥5%	9.85%	9.32%	9.01%	9.78%	9.91%	9.25%	9.16%	8.56%	8.50%	10.85%	-
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	29.4	26.9
	SFT	≥16	23.7	25.0	23.5	26.1	26.6	25.2	33.3	25.9	27.0	29.6	26.7
	YDH	≥16	1.6	1.7	1.7	1.7	2.4	1.3	1.5	0.8	1.0	0.7	1.0
Virtual Consultations	Somerset ICB	≥25%	23.0%	23.7%	21.9%	22.4%	21.4%	21.1%	19.9%	20.4%	19.7%	18.9%	18.4%
	SFT		22.8%	21.5%	21.5%	21.5%	22.1%	21.7%	22.3%	22.1%	22.0%	21.3%	21.0%
	YDH		18.8%	17.4%	17.2%	17.0%	17.4%	15.0%	17.4%	15.8%	16.2%	14.8%	15.3%
	Other providers		23.0%	23.7%	21.9%	22.4%	21.4%	21.1%	19.9%	20.4%	19.7%	18.9%	18.4%



# Out Patient Transformation

## Performance

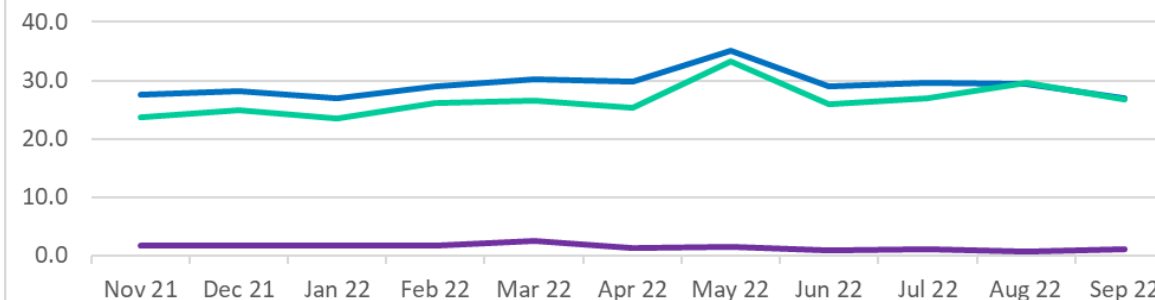
- **Advice and Guidance:** In September 2022 of 7,192 referral requests received, Somerset ICS diverted 1,287 of these via Advice and Guidance or Referral Assessment Services which equates to a diversion rate of 17.9 and an Advice and Guidance utilisation rate of 26.9 per 100 first Out Patient attendances. The volume of diverted referrals and utilisation is expected to increase with the implementation of an Advice First solution
- **Patient Initiated Follow Up:** In September 2022 3,676 patients in Somerset were moved to a PIFU pathway as an outcome of their out-patient attendance (or 5.7% of all out-patient attendances). Somerset is the 3<sup>rd</sup> highest performing ICS nationally (and the 2<sup>nd</sup> 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 September 2022 the proportion of patients who attended their appointment virtually was 19%
- **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 September 2022 the volume of out-patient follow up attendances relative to 2019/20 was 105.2%. A key reason for a higher level of out-patient follow up appointments is due to the clearance of follow-up and non-admitted long wait backlogs linked in part to 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 in due course
- **Patient Initiated Follow Up:** Whilst Somerset is performing well in comparison to Regional peers and against the National average, monitoring takes place 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

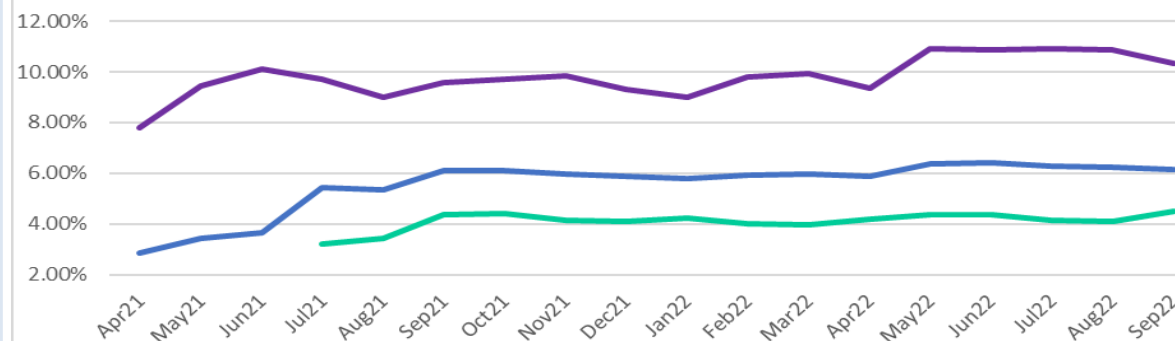
### Advice & Guidance rate per 100 First Outpatients

SFT, YDH, Somerset System



### PIFU - Patient Initiated Follow Up

SFT, YDH, Somerset System

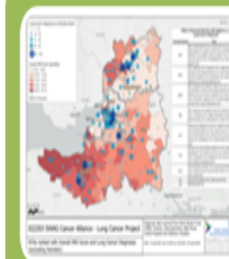


### How do we compare

- **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 into any areas of exception have taken place
- Current areas of focus are upon:
  - patient engagement (with a specific focus on 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. An advert for a Programme Co-ordinator is due to go out end of August 2022 who will work with community champions. This project is a collaboration between the ICB and VCSE



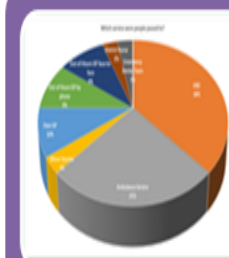
## Understanding existing patterns in how patients are accessing healthcare

- 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

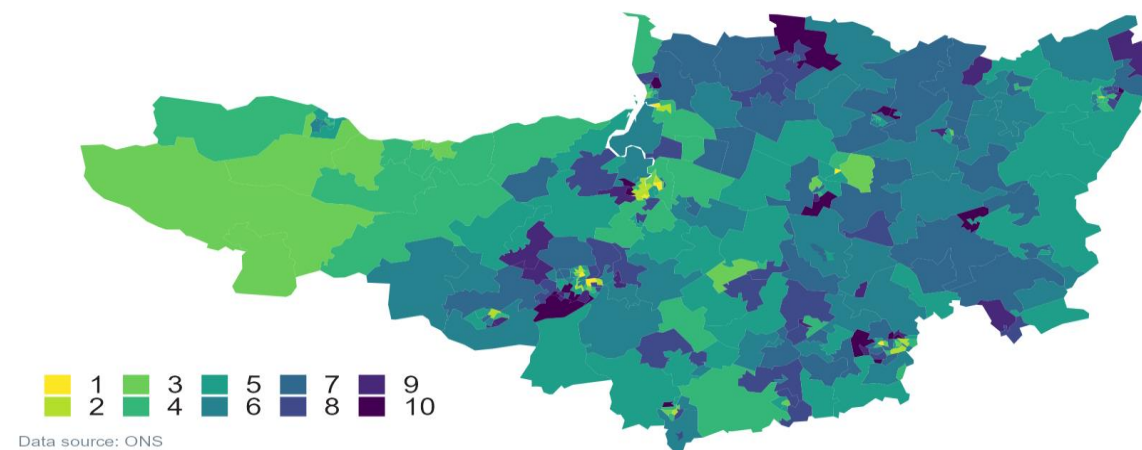
- Creating a dashboard of primary, secondary and other holders of healthcare data
- Using this dashboard to enable questions of inequality to be answered more quickly
- Establishing links between data-sets to support individual patient management in real-time

# 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.

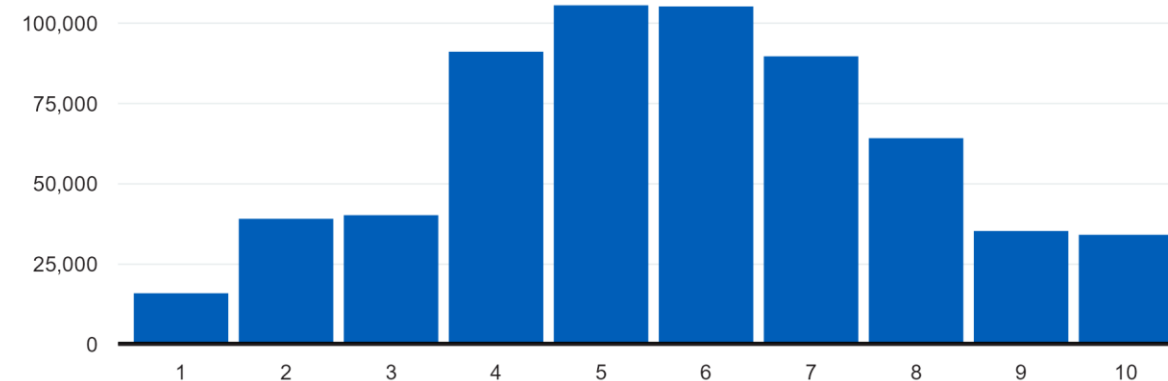
## Index of Multiple Deprivation Decile by LSOA

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 18.5% 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) which is aligned to 21.5% of patients on a waiting list awaiting their first definitive treatment are from the least deprived areas

## Open Pathways - Deprivation

Snapshot taken on 23 October 2022 of Open Pathways for Somerset providers, split by deprivation

IMDDecile	Population	Population%	OpenPathways	OpenPathways%
1	15,978	2.6%	1,187	3.3%
2	39,141	6.3%	2,576	7.2%
3	40,263	6.5%	2,876	8.0%
4	91,122	14.7%	5,710	15.9%
5	105,560	17.0%	6,308	17.6%
6	105,200	16.9%	5,756	16.1%
7	89,687	14.4%	3,675	10.3%
8	64,224	10.3%	3,954	11.0%
9	35,346	5.7%	2,038	5.7%
10	34,161	5.5%	1,721	4.8%

Data source: Referral to Treatment MDS, updated on Wednesday 02 November 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 18.5% of overall waiting list, with the least deprived (deciles 8-10) making up 21.5% of the overall waiting list
  - 78 Weeks (274 patients on 23<sup>rd</sup> October- snapshot view): of the patients waiting in excess of 78 weeks, 22.3% are from the most deprived areas of Somerset (deciles 1-3) and 18.6% from the least deprived areas of Somerset (deciles 8-10)
  - 104 Weeks (18 patients on the 23<sup>rd</sup> October – snapshot view): of the patients waiting in excess of 104 weeks, 11.1% are from the most deprived areas of Somerset (deciles 1-3) and 16.7% 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 23 October 2022 of Open Pathways for Somerset providers, split by deprivation

IMDDecile	Total	78+	78+%	104+	104+%
1	1,187	12	1.0%	1	0.1%
2	2,576	23	0.9%	1	0.0%
3	2,876	26	0.9%	0	0.0%
4	5,710	48	0.8%	5	0.1%
5	6,308	52	0.8%	4	0.1%
6	5,756	44	0.8%	2	0.0%
7	3,675	18	0.5%	2	0.1%
8	3,954	30	0.8%	2	0.1%
9	2,038	11	0.5%	1	0.0%
10	1,721	10	0.6%	0	0.0%

Data source: Referral to Treatment MDS, updated on Wednesday 02 November 2022

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

## Open Pathways - Ethnicity

Snapshot taken on 23 October 2022 of Open Pathways for Somerset providers, split by ethnicity

Ethnicity	Total	78+	78+%	104+	104+%
Asian	129	0	0.0%	0	0.0%
Black	41	0	0.0%	0	0.0%
Mixed	93	0	0.0%	0	0.0%
Not stated	3,542	30	0.8%	2	0.1%
Other	161	1	0.6%	0	0.0%
Unknown	5,565	38	0.7%	1	0.0%
White	26,354	207	0.8%	15	0.1%

Data source: Referral to Treatment MDS, updated on Wednesday 02 November 2022

## Median Wait Time - Ethnicity

Snapshot taken on 30 October 2022 of Open Pathways for Somerset providers, split by Ethnicity

Ethnicity	MedianWait
Asian	14
Black	17
Mixed	12
Not stated	11
Other	15
Unknown	15
White	13

Data source: Referral to Treatment MDS

Updated on Friday 04 November 2022

- 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 1.2% of the waiting list with White making up 73.4% and Not Stated or Unknown making up 25.4%
- 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: 0.4% (1 patient) who identify as Black, Asian, Mixed or other minority groups are waiting in excess of 78 weeks for their first definitive treatment. 75% identify as white and 14.1% 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, 83.3% who identify as white and 16.7% either Not Stated or Unknown



# Diagnostics

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-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	13,423	13,373
	SFT		7,198	6,368	6,326	6,807	7,262	7,156	7,134	6,934	6,602	6,999	6,968
	YDH		2,507	2,258	2,882	2,713	2,581	2,765	3,202	3,238	3,179	3,429	3,251
	Other NHS		3,281	3,345	3,385	3,303	3,005	2,784	2,579	3,050	2,966	2,972	3,126
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	3,735	3,867	3,716
	SFT		2,515	2,339	2,119	1,848	2,033	2,178	1,917	1,766	1,496	1,524	1,608
	YDH		497	644	647	549	406	539	713	779	1,066	1,128	804
	Other NHS		1,296	1,453	1,497	1,249	1,178	1,169	1,081	1,131	1,162	1,203	1,299
% 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%	71.3%	72.2%	70.8%	71.2%	72.2%
	SFT		65.1%	63.3%	66.5%	72.9%	72.0%	69.6%	73.1%	74.5%	77.3%	78.2%	76.9%
	YDH		80.2%	71.5%	77.6%	79.8%	84.3%	80.5%	77.7%	75.9%	66.5%	67.1%	75.3%
	Other NHS	0%	81.5%	76.9%	72.6%	77.4%	75.4%	70.3%	74.9%	75.5%	66.7%	64.0%	64.6%
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%	108.1%	111.1%
	SFT		96.7%	104.8%	110.7%	104.1%	141.2%	110.2%	110.2%	112.8%	114.6%	122.4%	105.2%
	YDH		92.7%	104.1%	114.7%	150.4%	116.0%	115.4%	108.4%	103.4%	0.0%	115.9%	0.0%
	Other NHS		123.6%	122.9%	119.8%	118.3%	166.6%	111.6%	127.9%	145.5%	118.2%	121.3%	287.2%

# Diagnostic Waiting Lists

## Performance

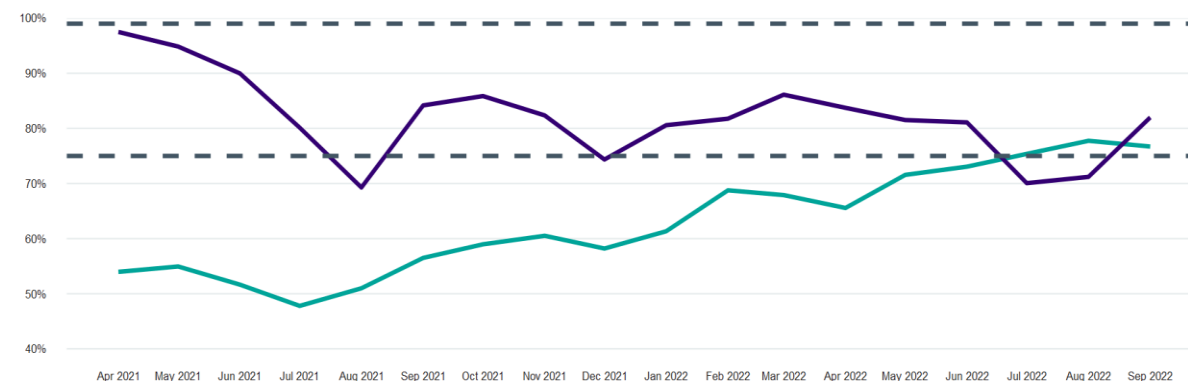
- **Diagnostic Activity Recovery:** During the cumulative period April to September 2022, the level of diagnostic activity was 110.6% of the same relative period in 2019/20 (with unscheduled 143.2% and Waiting List 101.4%) against the 120% ambition
- **Diagnostic Waiting List:** In September when compared to the previous month the overall number of patients awaiting a diagnostic test or procedure reduced by 50 to 13,373. On this same basis the >6 week backlog has decreased by 151 patients to 3,716 however the volume of patients waiting in excess of 13 weeks has increased by 40 to 1,166. The reduction in the overall size of waiting list size coupled with the decrease in >6 week backlog has led to an increase in the ≤6 week performance to 72.21% against the 99% national and 75% Regional improvement standard. As at the end of September the number of patients waiting in excess of 26 weeks at Somerset and Yeovil hospitals was 80 against a plan of 130 and significant progress continues to be made to reduce the backlog to zero.
- The diagnostic modalities with the longest waits are: Echocardiography (21% of backlog), Audiology (12.9% of backlog), Endoscopy (18.8% of backlog) and non-obstetric ultrasound (25.3% of backlog) resulting in ≤6 weeks performance in Echocardiography of 47.0%, Audiology 54%, Endoscopy 66% and non-obstetric ultrasound 80.%. 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 Somerset FT with the backlog increasing from 88 in August to 289 in September whilst at YDH FT the backlog has decreased from 539 in August 2022 to 270 in September.

## Actions

- **Echocardiography and Audiology:** Echo recruitment will take place in the coming months and capacity has been further strengthened by an 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

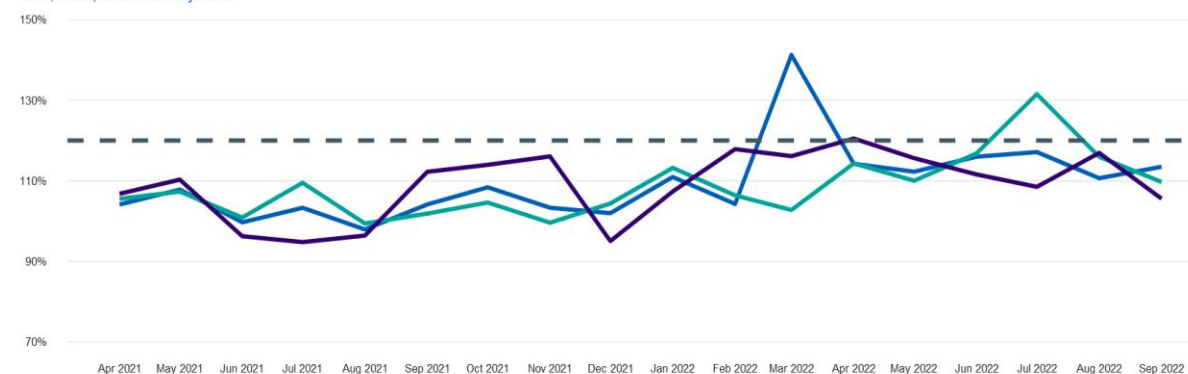
SFT, YDH



Data source: Diagnostics dataset, updated on Thursday 03 November 2022

## Diagnostic Restoration

SFT, YDH, Somerset System



Data source: Diagnostics dataset, updated on Thursday 03 November 2022

### 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%

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Cancer													
2 Week Referrals following Urgent GP Referral for Suspected Cancer (Restoration)	Somerset ICB	≥100%	109.1%	96.1%	107.1%	99.7%	116.3%	99.9%	102.4%	99.9%	99.3%	103.6%	108.4%
	SFT		121.7%	100.3%	97.3%	97.5%	113.3%	96.6%	99.1%	95.9%	101.4%	92.9%	104.7%
	YDH		103.4%	97.2%	123.4%	113.2%	132.9%	104.3%	109.9%	108.4%	112.7%	140.0%	131.8%
Percentage of Referrals following Urgent GP Referral for Suspected Cancer seen within 2 weeks	Somerset ICB	≥93%	73.61%	78.28%	66.75%	73.44%	67.88%	66.49%	69.28%	55.33%	55.48%	46.41%	42.28%
	SFT		64.78%	75.72%	65.90%	65.38%	63.89%	61.73%	67.87%	54.99%	63.29%	56.62%	50.73%
	YDH		85.98%	86.39%	69.77%	82.51%	78.07%	78.08%	78.32%	56.47%	51.41%	45.86%	40.05%
31 Day First Definitive Treatment (Restoration)	Somerset ICB	≥100%	91.7%	91.0%	111.7%	96.7%	86.3%	95.6%	115.1%	103.0%	101.7%	99.5%	106.4%
	SFT		99.0%	94.2%	124.3%	102.1%	73.4%	102.1%	109.5%	115.4%	107.8%	101.5%	106.8%
	YDH		93.6%	63.5%	102.0%	108.7%	116.0%	107.5%	138.6%	96.0%	120.1%	116.5%	112.2%
% of First Definitive Treatment Undertaken Within 31 Days	Somerset ICB	≥96%	93.41%	93.93%	85.97%	95.80%	90.51%	93.69%	92.70%	89.88%	93.43%	93.91%	91.82%
	SFT		94.51%	95.93%	90.70%	98.36%	96.45%	98.08%	96.68%	93.75%	97.16%	97.16%	95.43%
	YDH		97.56%	98.11%	85.07%	100.00%	88.66%	96.00%	92.08%	91.36%	91.67%	97.40%	88.30%
62 Day First Definitive Treatment Following GP Referral for Suspected Cancer (Backlog)	Somerset ICB	≤165	137	173	189	153	148	187	229	177	189	245	290
	SFT	≤116	66	100	99	70	81	105	110	106	112	136	155
	YDH	≤90	71	73	90	83	67	82	119	71	77	109	135
62 Day First Definitive Treatment Following GP Referral for Suspected Cancer (Restoration)	Somerset ICB	≥100%	105.1%	85.1%	112.9%	85.6%	81.8%	80.0%	131.5%	107.4%	104.2%	109.4%	98.0%
	SFT		100.7%	80.0%	135.6%	79.7%	69.2%	80.5%	115.8%	117.8%	98.2%	127.3%	97.7%
	YDH		107.4%	62.8%	102.5%	100.8%	114.3%	97.5%	163.5%	113.3%	125.0%	125.0%	125.0%
% of Patients with Diagnosed Cancer Receiving First Definitive Treatment Following GP Referral for Suspected Cancer Within 62 Days	Somerset ICB	≥85%	75.69%	75.65%	65.99%	68.42%	70.15%	72.15%	67.23%	60.59%	65.13%	64.80%	60.71%
	SFT		72.41%	78.16%	61.73%	70.24%	71.60%	69.93%	61.22%	56.12%	63.16%	68.02%	46.01%
	YDH		77.36%	80.82%	75.28%	65.00%	65.91%	81.01%	76.58%	70.19%	63.56%	72.28%	69.16%
	Other NHS		75.69%	75.65%	65.99%	68.42%	70.15%	72.15%	67.23%	60.59%	65.13%	64.80%	60.71%
Cancer 28 days wait (faster diagnosis standard)	Somerset ICB	≥75%	77.03%	76.43%	70.46%	78.98%	76.22%	74.07%	69.27%	65.85%	67.22%	66.10%	56.59%
	SFT		75.34%	76.11%	70.36%	80.97%	75.74%	73.17%	67.52%	56.71%	62.01%	60.25%	47.05%
	YDH		80.13%	79.39%	73.59%	77.14%	75.10%	74.80%	70.25%	76.60%	73.49%	77.93%	70.79%

# Suspected Cancer Referrals

## Performance

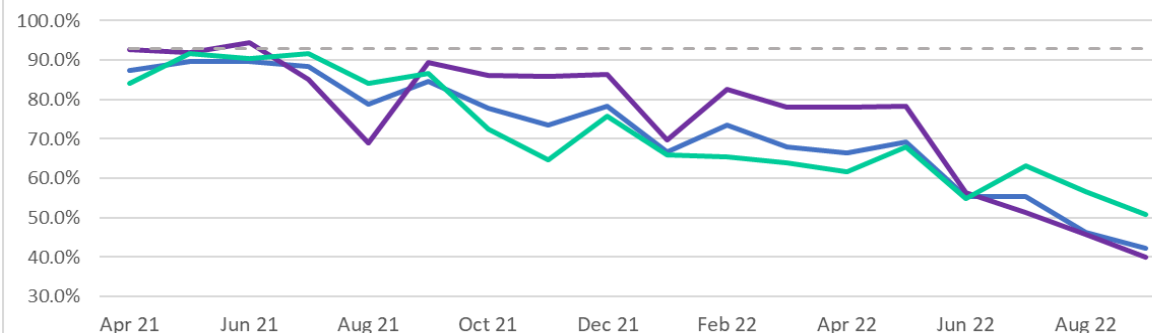
- The percentage of patients seen within 2 week of referral by their GP for a suspected cancer was 42.28% in September 2022 which is significantly behind the 93% national standard and below the national average of 72.6%.
- Suspected cancer referral demand has returned to pre-pandemic levels; during the cumulative period April to September 2022 suspected cancer referrals were 101.5% of referrals compared to the relative period of 2019/20.
- 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 82% of the overall backlog. The key drivers is the significant workforce challenge in the breast service at Somerset FT 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 term 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. Following the recent retirement of a consultant dermatologist in Bristol, a Somerset GP with an extended role in dermatology is triaging dermatology referrals and is working well with possible cancer referrals being passed on for consultant review.
- 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:** Somerset FT 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 an additional Locum is being sought

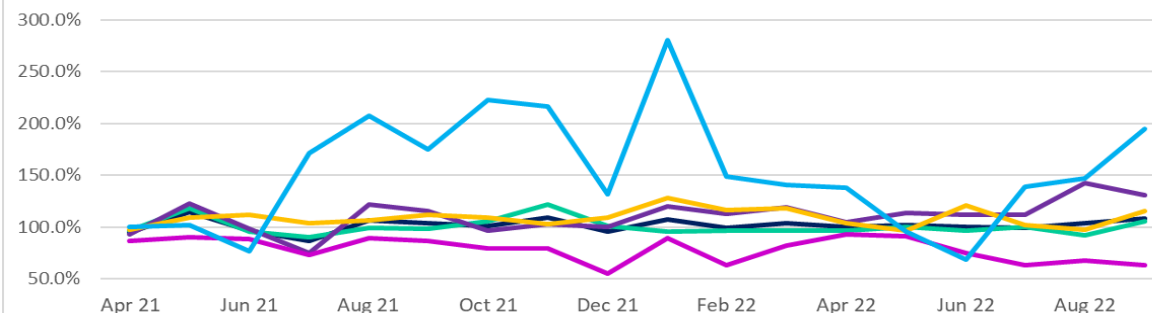
### Suspected Cancer Referrals Seen Within 2 Weeks

SFT, YDH, Somerset System



### Cancer 2ww restoration

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



### How do we compare (September 2022) – 2 week wait

- Somerset Performance:** 42.28% (Trust - Somerset FT: 50.73% YDH FT: 40%)
- National Performance:** 72.6%
- South West Performance:** 55.8%

# Faster Diagnosis & 62 Day Cancer Pathway

## Performance

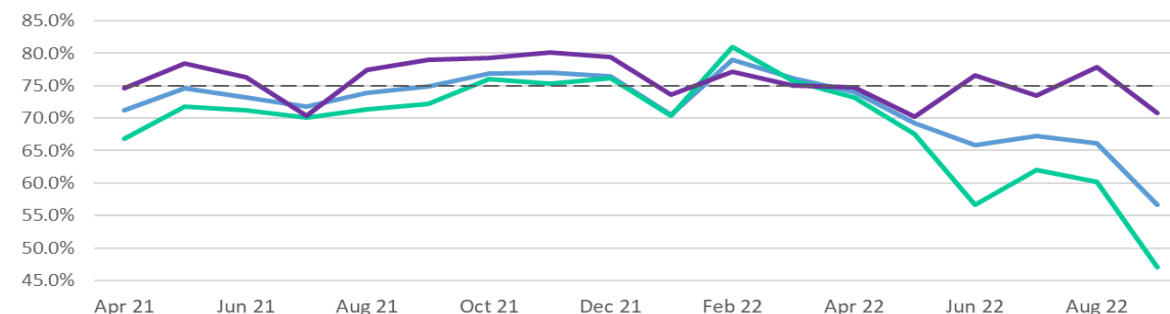
- In September 2022 the percentage of cancer patients diagnosed within 28 days (Faster Diagnosis Standard) was 56.6% (a 9.5% decline on the previous month) against the 75% standard which underpins challenges at Somerset FT and the proportion who received their first treatment within 62 days following their GP referral was 46% (-22% decline on August) against the 85% standard
- The 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 key drivers are the significant workforce challenge in the breast service at Somerset FT impacting upon capacity, shortfall in colonoscopy capacity to meet the significant increase in demand and capacity and challenges within the skin cancer service at both YDH FT and University Hospital Bristol and Weston FT
- As at week ending 30 October 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 144 at Somerset FT (against a plan of 145 for October) and 152 at YDH FT (against a plan of 130 for October)

## Actions

- Breast:** additional recruitment (including Locum film reader), evening 'Super' clinics, YDH FT supporting Somerset FT 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.

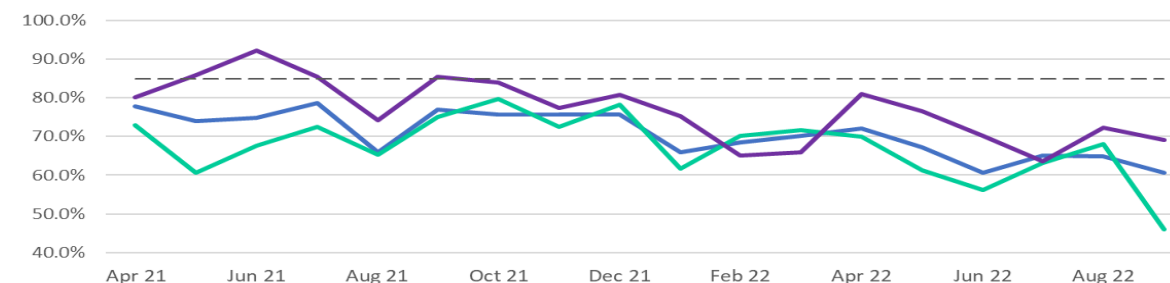
### 28 Day Faster Diagnosis Standard

SFT, YDH, Somerset System



### Cancer first definitive treatment within 62 days, following GP referral

SFT, YDH, Somerset System



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

- Somerset Performance:** 56.6% (Trust: Somerset FT: 47%, YDH FT: 70.8%)
- National Performance:** 77.4%
- South West Performance:** 53.3%

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

- Somerset Performance:** 60.7% (Trust: Somerset FT: 46%, YDH FT: 69.2%)
- National Performance:** 60.6%
- South West Performance:** 64.6%

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Mental Health and learning disabilities													
Access to IAPT Services - local data	SFT	-	777	608	753	617	768	651	938	746	726	704	625
IAPT Recovery % - local data	SFT	≥50%	60.8%	61.4%	63.5%	58.4%	55.7%	66.7%	63.7%	62.0%	58.1%	60.1%	63.9%
IAPT Waiting times - 6 Weeks - local data	SFT	≥75%	86.7%	82.6%	75.9%	73.6%	62.3%	57.5%	57.0%	46.9%	51.9%	57.3%	63.8%
IAPT Waiting times - 18 Weeks - local data	SFT	≥95%	99.7%	97.1%	98.7%	98.9%	97.9%	97.9%	98.4%	98.2%	98.6%	98.6%	97.9%
IAPT 1st to 2nd treatment >90 days (%) - national data	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:

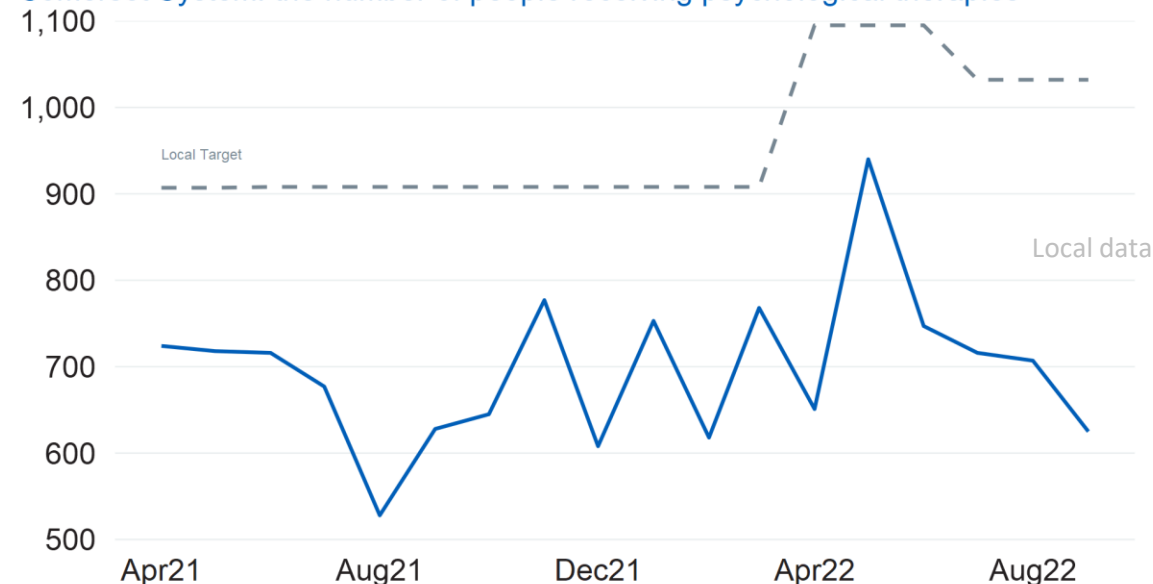
- The number of people accessing treatment for the year to date to September 2022 using local unvalidated data is 4,390 against the target for 2022/23 of 14,003 (31.4% delivered). However, a greater proportion of the new activity will be delivered in the latter part of the year as we take more trainees in the September, January and March university intakes and now that qualified posts have been recruited to.
- Performance for the period is 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 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. This includes engagement with community hospitals primarily focused on MSK currently.
- 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 practitioners. 9 High Intensity practitioners have been recruited to, the highest of any previous year
- Internal work is taking place to reduce drop outs and DNAs to use existing capacity more efficiently and contributing to the improvement in performance for 6ww.
- Use of SilverCloud, to be rolled out in Q3, and Xyla for additional capacity, supported by additional demand generated through the revamped website.
- Proactive outreach for hard to reach groups including rural communities, as well as a piece of work relating to anti-depressant prescribing rates. The IAPT team is also well linked to the wider outreach programme that Open Mental Health is leading on.

## IAPT Access

Somerset System: the number of people receiving psychological therapies



Source: Referral to Treatment MDS, updated on Friday 04 November 2022

## How do we compare in the South West (comparison using % delivered against 22/23 plan – June national data)

- Somerset 16.5%
- Cornwall 14.1%
- Gloucestershire 16.9%
- BNSSG 17.4%
- BSW 11.1%
- Dorset 20.4%
- Devon 18.1%

# 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, hitting 46.9% in June (local data) at its lowest point. However, there has been a sustained upwards trajectory, with the service now achieving 63.8% in September 2022. It is anticipated that the standard will be recovered by Q4. This has arisen due to 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 June 2022 of 23.0% against a target of 10% of patients waiting over 90 days between their first and second treatment (note national data lag). 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, now live
- 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.
- Roll out of SilverCloud digital offer in late Q3

### IAPT 6 week wait standard

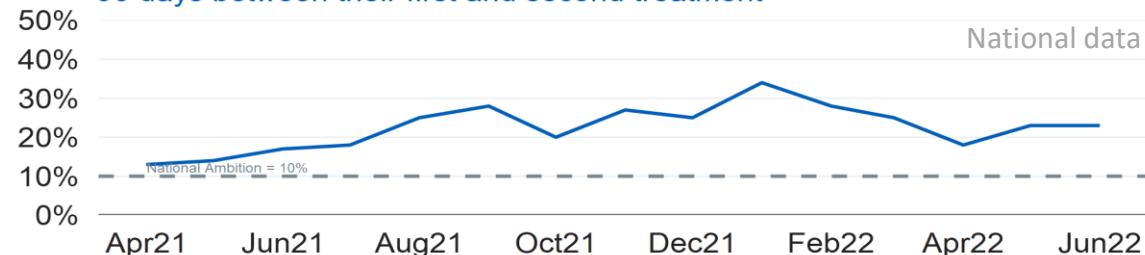
Somerset System: % referrals that finish a course of treatment who received their first treatment within 6 weeks



Source: Referral to Treatment MDS, updated on Monday 07 November 2022

### IAPT second stage waits

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



Source: Referral to Treatment MDS, updated on Friday 04 November 2022

### How do we compare

#### 6 week wait standard – national data (75% National Ambition)

- Somerset performance: 55% (June 2022)
- National average: 89% (June 2022)
- South West average: 91% (June 2022)

### How do we compare

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

- Somerset performance: 23% (June 2022)
- National average: 24% (June 2022)
- South West average: 22% (June 2022)

# Children and Young People

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Access to Children and Young People's Mental Health Services - 1 contact (rolling 12 months) - national data	Somerset ICB	6366	4,035	4,080	4,120	4,160	4,140	4,160	4,160	4140	-	-	-
% of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral (rolling 12 months) - local data	SFT	≥95%	64.15%	69.72%	73.83%	75.20%	75.20%	75.00%	75.00%	79.00%	80.60%	84.80%	85.60%
% of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral (rolling 12 months) - local data	SFT	≥95%	66.67%	100.00%	50.00%	66.67%	50.00%	-	100.00%	100.00%	-	-	100.00%
Number of patients under 18 on adult ward - local data	SFT	-	0	0	0	2	0	0	0	0	0	0	0
Women Accessing Specialist Community Perinatal Mental Health Services (rolling 12 months) - national data	Somerset ICB	-	400	415	425	440	440	435	440	425	425	415	-

'-' no data available for month

# Access to Children and Young People's Mental Health Services

## Performance:

**Rolling Target :** We have delivered 5,461 contacts (local unvalidated 12 month figure up to September) this still shows Somerset as performing under target for CYP Access but shows a steady increase. The Mental Health Services Data Set (MHSDS – national data) shows 4,140 to June. 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.

**Projects:** CAMHS are working in partnership with SWEDA to increase access into mental health services for CYP with eating disorders. The pathway has now been developed and recruitment has been finalised.

Somerset ICBs Finance Committee agreed plans to commission Tellmi – a peer support app for CYP struggling with their mental health and wellbeing. The app will direct CYP to locally commissioned services as necessary. It is expected that Tellmi will submit data to the MHSDS, thus increasing access.

### Actions:

**Investment:** Somerset ICB and CAMHS, Somerset FT are setting out plans to extend the CAMHS & SWEDA partnership project. The project is due to end March 2023, however we believe the project needs to be extended for 1 year to allow the pathway to be fully embedded / monitor impact.

**Data Collection:** Continue monthly data monitoring meetings (Young Somerset, Somerset FT, SICB, NHS SCW to review any discrepancies. NHS SCW have informed SICB that they are confident that the locally reported position is an accurate reflection of the position / activity being completed by Young Somerset.

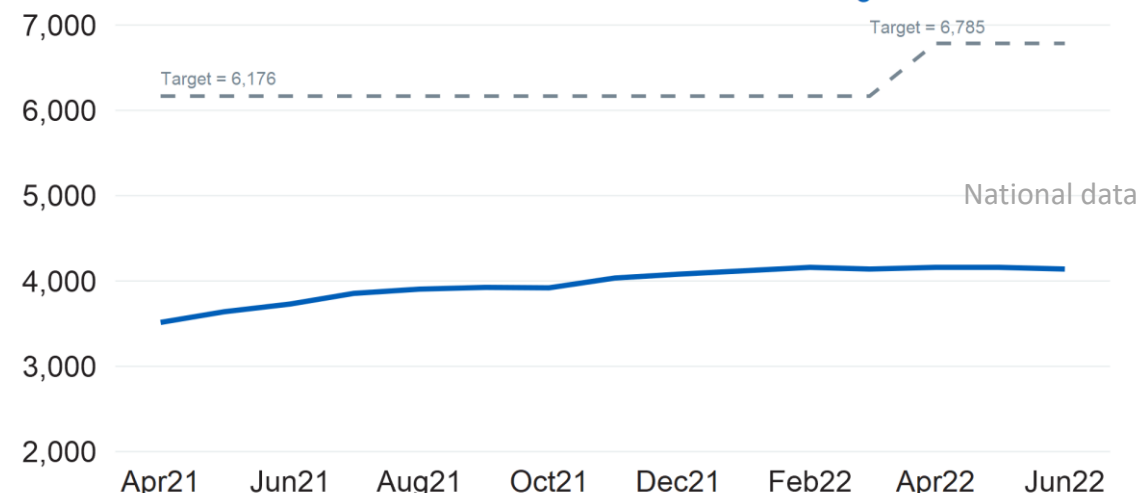
NHS SCW are supporting Tellmi to submit data to the MHSDS.

Somerset FT are submitting data on behalf of SWEDA to the MHSDS.

**Other actions:** A successful bid has been made to NHSE for 'CYP System Support Funding'. The funding is to be used to optimise services for CYPMH and increase access into services. SICB is working with CAMHS and Young Somerset to implement a referral portal for CYP, parents and professionals, to streamline pathways for MHSTs, Community Wellbeing Service and CAMHS.

## 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 Friday 04 November 2022

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

- Somerset performance: 6.6 (June 2022)
- National average: 11.3 (June 2022)
- South West average: 8.2 (June 2022)

# CYP Eating Disorder Services

## Performance:

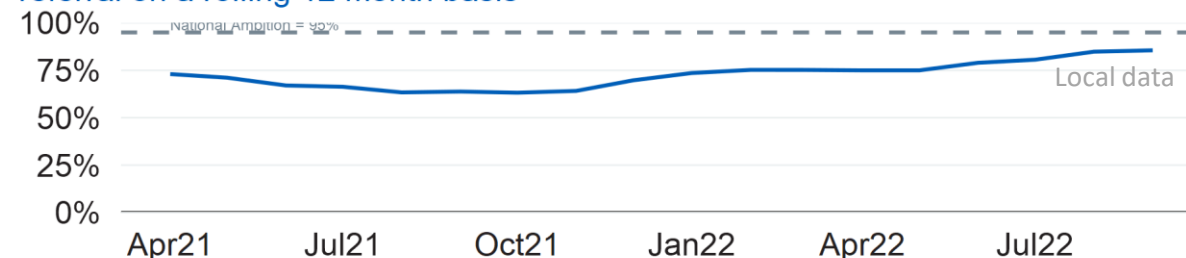
- Somerset are currently performing behind the 95% standard on both urgent (1 week wait) and routine (4 week wait) for CYP Eating Disorder services. However, we are seeing a continuing upward trend in performance for 4ww and static performance for 1ww.
- This is because there are very small numbers of patients accessing each service meaning that one breach could cause performance to dip below standard. In September 2022, there have been 4 breaches on a rolling 12 month basis for urgent cases; for routine cases, there have been 14 breaches over the same rolling 12 month 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

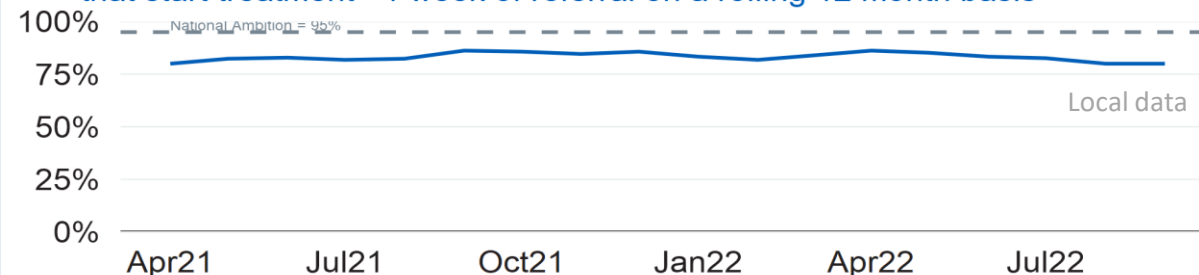
Somerset System: % of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral on a rolling 12 month basis



Source: Referral to Treatment MDS, updated on Friday 04 November 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 <1 week of referral on a rolling 12 month basis



Source: Referral to Treatment MDS, updated on Friday 04 November 2022

## How do we compare

- Somerset performance Routine: 80.2%; Urgent: 80% (Q1 22/23)
- National average Routine: 68.9%; Urgent: 68.1% (Q1 22/23)
- South West average Routine: 70.8%; Urgent: 35.9% (Q1 22/23)

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

## Performance:

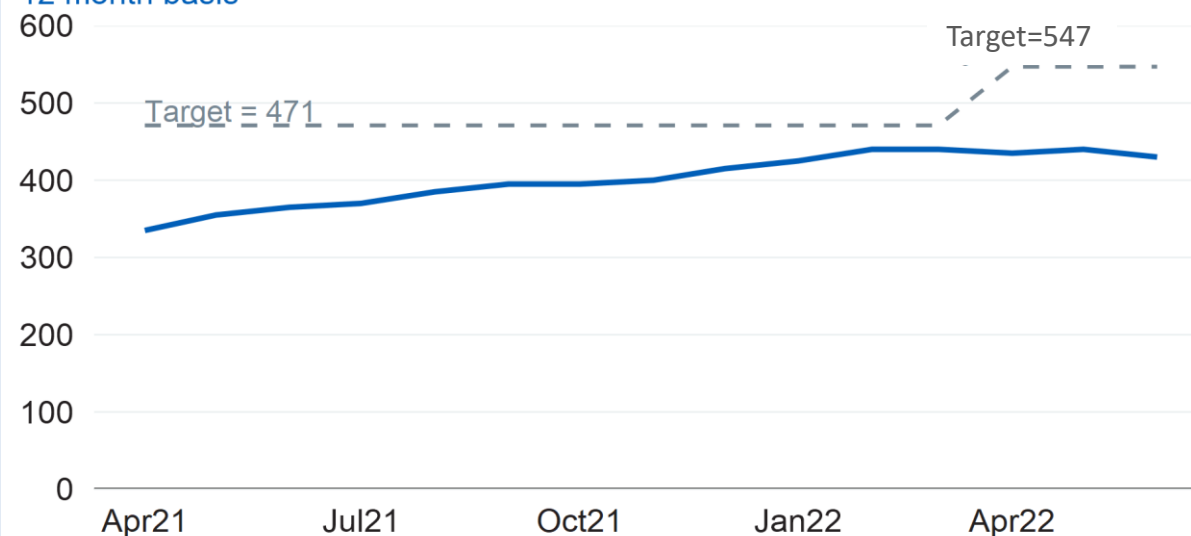
- National reporting is showing an under-performance against the national target, 415 women accessing the services in the 12 month period to August (latest data) against an ambition of 547 (75.9% of target)
- This is due to a Somerset Foundation Trust data issue in 2021/22 that has since been resolved. 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 9.2% as at 31 August 2022, against a 10% national target. The national data (7.6%) is understated and does 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 Friday 04 November 2022

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

- Somerset performance: 7.6% (August 2022)
- National average: 6.9% (August 2022)
- South West average: 6.7% (August 2022)



# Mental Health

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
First Episode Psychosis treatment with NICE recommended package of care within two weeks of referral - national data	Somerset ICB	≥56%	69.70%	70.40%	71.10%	70.00%	68.20%	68.50%	68.80%	67.80%	68.80%	-	-
People with severe mental illness receiving a full annual physical health check and follow up interventions - national data	Somerset ICB	-	-	0.4%	-	-	0.32%	-	-	42.00%	-	-	-
Access to Individual Placement and Support Services (cumulative financial year to date) - national data	Somerset ICB	-	345	370	395	430	465	100	140	185	-	-	-
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) - national data	Somerset ICB	7669	7,370	7,200	6,985	6,985	6,745	6,475	6,165	5,920	5,560	-	-
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days - national data	Somerset ICB	0	195	205	210	165	70	40	55	80	90	-	-
	SFT	0	100	105	90	50	50	40	55	80	90	-	-
Adult mental health inpatients receiving a follow up within 72hrs of discharge - national data	Somerset ICB	≥80%	77.00%	84.00%	93.00%	63.00%	77.00%	69.00%	73.00%	77.00%	-	-	-
Mental Health Services Dataset - Data Quality Maturity Index Score	SFT	≥80%	96.0	96.0	97.0	97.0	96.0	100.0	100.0	100.0	100.0	-	-
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%	53.50%	53.20%

'-' no data available for month

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

## Performance:

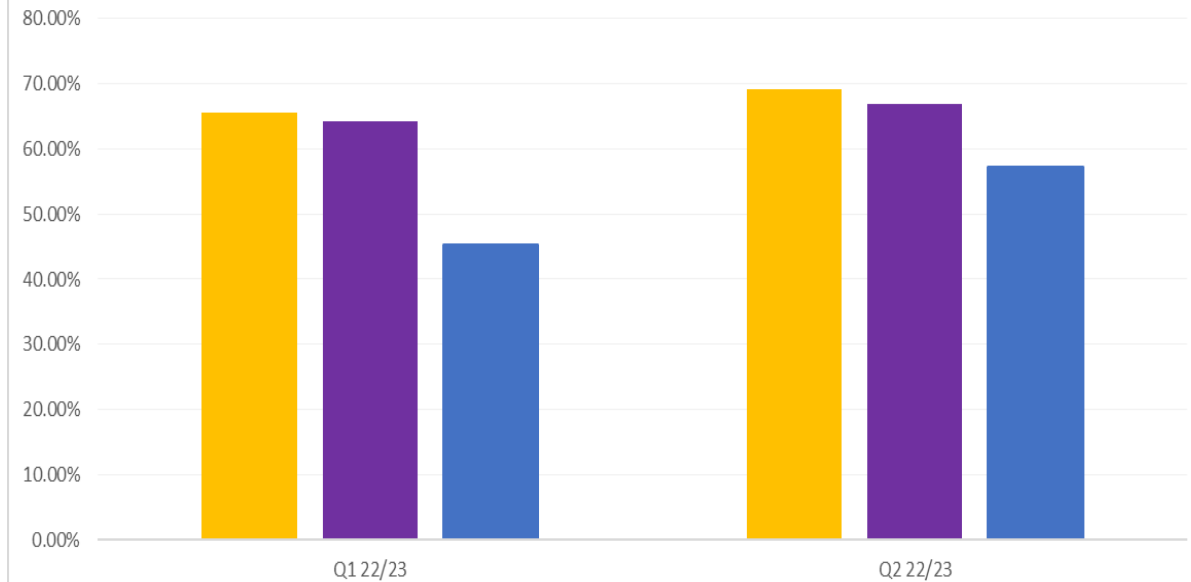
- There has been a significant improvement in reported performance between quarters. Performance for Q1 2022/23 showed that there were 1,359 physical health checks delivered (where all 6 checks were carried out). This accounts for 45.3% of the 22/23 target, up from 0.3% (14 checks delivered) in Q4 2021/22. This improvement was driven by a one-off data request to practices, where 48 out of 63 practices submitted data. The data for Q2 2022/23 data shows further improvement, delivering 57.2% of the 22/23 target for the quarter (1,715 where all 6 checks were delivered).
- 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 has implemented a new extraction approach using EMIS Search and Report which is utilising the new codes. This will enable us to run more regular extracts of data and target support more promptly. The October (Quarter 2) data collection has used this method which enables us to have 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

## % of 22/23 PHSMI target delivered

Somerset System, South West, England



## How do we compare in the South West (comparison using % delivered against 22/23 plan – Q2 national data)

- Somerset 57.2%
- Cornwall 39.2%
- Gloucestershire 69.2%
- BNSSG 83%
- BSW 66.3%
- Dorset 92.2%
- Devon 53.6%

## Performance:

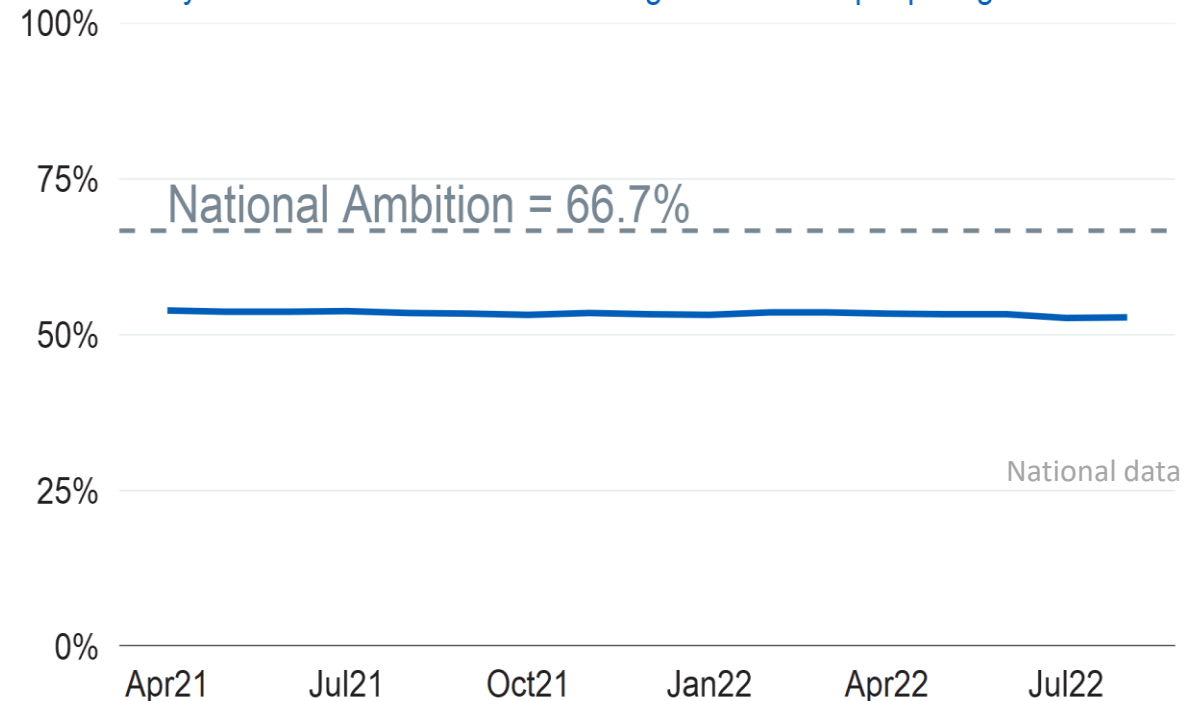
- Although our dementia diagnosis rate (DDR) has remained largely static at circa 53% and performance against the 66.7% national target hasn't been achieved.
- Somerset, like most other areas across the country and in the South West, has not achieved the national DDR target in a number of years. Performance deteriorated further over the COVID period due to the vulnerability of this cohort. DDR weighting is skewed because the blanket national target does not take into account differences between rural and urban risk factors (for example, the lower levels of vascular issues in rural settings)

## Actions:

- In 2022/23 investment was approved. 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. 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. Work is underway across the system to deliver other key elements of the new service and provide more support for people with dementia and their carers in the community to help them stay well, and as close to home, for as long as possible.
- We have increased capacity within the Memory Assessment Service (MAS), including care home liaison posts to cope with increasing demand
- We have bid for, and received, funding from NHSE to implement the DiADeM tool in Somerset as a one year pilot and work around coding is beginning across the county to clear up coding issues that are affecting our DDR

## Dementia Diagnosis Rate

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



Source: Referral to Treatment MDS, updated on Friday 04 November 2022

## How do we compare (latest nationally available data)

- Somerset performance: 52.8% (August 2022)
- National average: 62.1% (August 2022)
- South West average: 57.4% (August 2022)

# Learning Disabilities

Description	Provider	Treshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Number of adults in inpatient care with a learning disability and/or autism - Care	Somerset System			9			8	6	7	7	7	8	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	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	0	0
LD Annual Health Checks (quarterly actuals)	Somerset System	75%		19.74%			35.75%			9.70%			12.54%
LD Annual Health Checks (cummulative annual)							77%						

# 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.
- Though there have been admissions and discharges throughout the year, the overall numbers of inpatients has remained fairly static month-on-month. In September there were 13 inpatients against a March 2023 target of 11.
- 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 2,385 checks were carried out against a register size of 3,105 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 2022/23 (a target of 2,380 health checks). In the first six months of 2022/23, 712 health checks were completed (22.24%), compared with 653 health checks (20.58%) in the same period the previous year.

## Actions:

- Discharge planning for inpatients continues
- Actions to improve the uptake of annual health checks are ongoing

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

# Learning Disability Mortality Reviews

## Performance:

- Six notifications were received in August and all were allocated within the month. One is a Child Death Review and is therefore excluded from our KPIs, and one notification was later deemed to be Out of Scope. Four notifications received in July were also allocated in August.
- Three notifications were received in September and all three were allocated within the month.
- Five Reviews were completed in August, one of which was outside its KPI due to a delay with an s42 enquiry. As part of the quality assurance process for the review it was agreed that we should await the outcome of the s42 before finalising the LeDeR review to ensure triangulation of learning.
- Four Reviews were completed in September, all within the KPI.

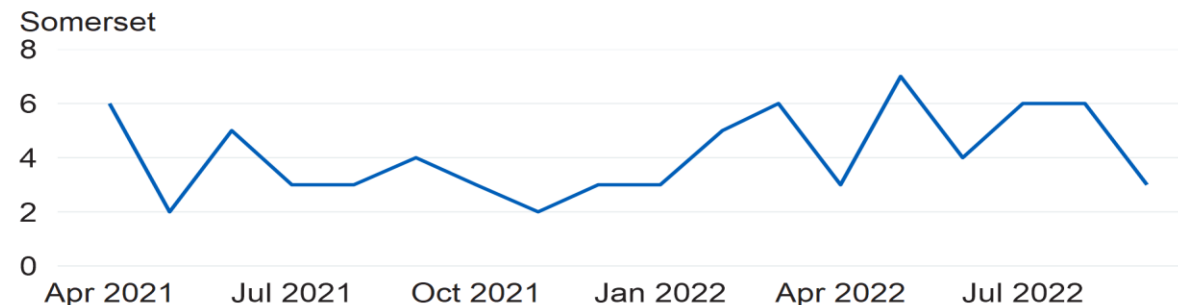
## September Focus – Teamnet.

Teamnet is an online portal used by a significant number of GP practices. We have been building our presence on Teamnet as a means of sharing learning and good practice with primary care and others. We have recently launched a page about cancer screening and people with learning disabilities.

## Actions:

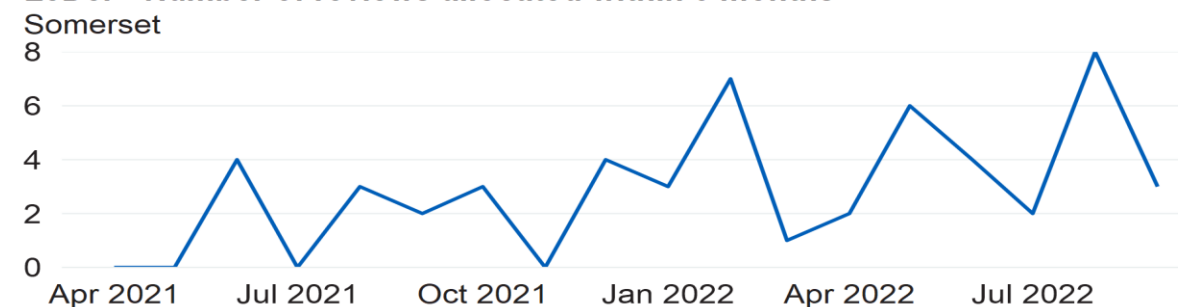
- LeDeR LAC has presented at Carers Strategic Partnership Board highlighting inclusion of autistic people in LeDeR process. Piece for carers newsletter in progress.
- Somerset FT Lead for Autism service regularly involved in LeDer Governance processes.
- LeDeR National team are reviewing integration between LeDeR and CDOP process. LAC to participate in these discussions as needed

### LeDer - Number of notifications received in Month



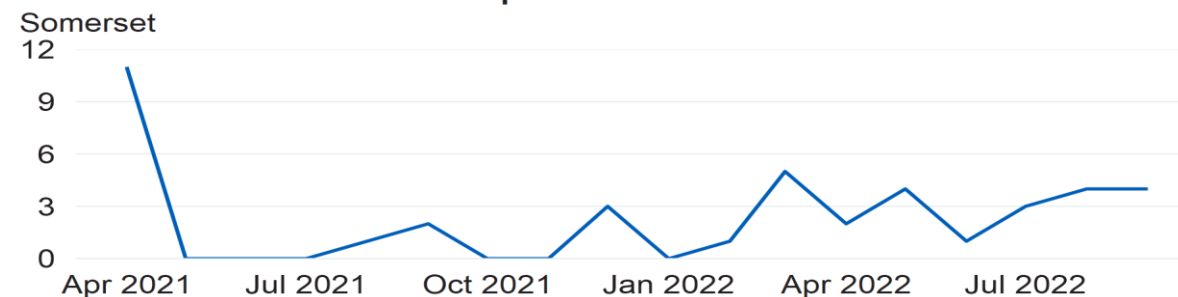
Data Source:

### LeDer - Number of reviews allocated within 3 months



Data Source:

### LeDer - Number of reviews completed within 6 months



Data Source:



Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
% of women smoking at time of delivery	Somerset ICB	≤10%	8.36%	12.11%	10.24%	10.86%	9.71%	9.60%	12.90%	11.40%	10.80%	8.53%	5.05%
	SFT		8.43%	12.76%	9.25%	10.48%	11.44%	9.60%	13.90%	10.70%	10.20%	9.93%	9.50%
	YDH		8.16%	10.71%	12.38%	11.90%	6.14%	9.70%	10.40%	13.00%	12.30%	8.53%	5.05%
% of preterm births	Somerset ICB	≤6%	7.99%	5.60%	8.72%	6.54%	4.43%	8.50%	9.30%	7.10%	5.99%	3.85%	5.94%
	SFT		7.92%	6.12%	8.44%	5.96%	4.07%	9.20%	10.20%	6.10%	6.20%	5.84%	5.65%
	YDH		8.16%	4.46%	9.35%	8.14%	5.22%	6.70%	7.40%	9.60%	5.61%	3.85%	5.94%
% women on continuity of care pathway	Somerset ICB	≥35%	TBC	TBC	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	Not yet avail	Not yet avail	Not yet avail
	YDH		45.54%	38.10%	43.86%	44.09%	49.61%	37.37%	40.68%	39.82%	45.63%	39.83%	43.62%
Number of stillbirths per 1000 live births (S0 22a)	Somerset ICB	0	5.51	2.80	2.91	3.12	5.57	0.00	0.00	2.95	5.47	0.00	0.00
	SFT		3.77	4.08	4.22	4.27	8.19	0.00	0.00	4.09	3.86	0.00	0.00
	YDH		10.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.43	0.00	0.00
Number of neonatal deaths per 1000 live births (S0 23a)	Somerset ICB	0	2.77	0.00	5.83	0.00	0.00	0.00	0.00	0.00	2.73	0.00	0.00
	SFT		3.79	0.00	8.47	0.00	0.00	0.00	0.00	0.00	3.86	0.00	0.00
	YDH		0.00	0.00	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%	10.34%	2.86%	9.52%	5.26%	20.51%	8.00%	11.63%	10.87%	13.46%	4.88%	9.76%
	SFT		13%	4%	12%	7%	17%	11%	10%	12%	15%	3%	15%
	YDH		0.00%	0.00%	6.25%	0.00%	30.00%	0.00%	16.67%	8.33%	9.09%	9.09%	0.00%
% of babies admitted to NICU (SCBU) at term	Somerset ICB	N/A	3.01%	5.65%	5.43%	4.68%	7.87%	6.15%	4.56%	3.82%	3.50%	1.83%	6.38%
	SFT		2.5%	6.1%	4.6%	4.1%	6.8%	5.3%	5.2%	3.5%	4.1%	2.3%	5.1%
	YDH		4.49%	4.67%	7.22%	6.33%	10.09%	8.16%	3.00%	4.71%	2.00%	0.80%	9.50%

# Ockenden Update

## Performance

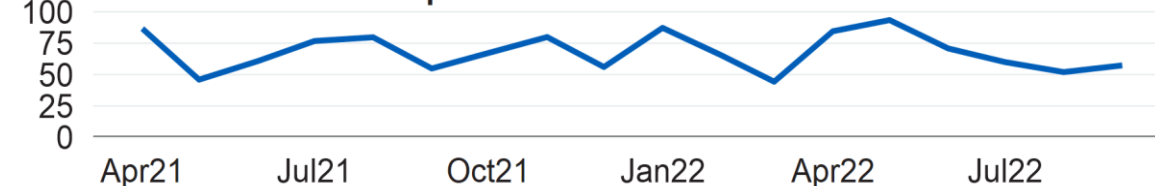
- In 2017 Donna Ockenden was asked to review Maternity Services in the Shrewsbury and Telford Hospital Trust by the Secretary of State. The final report published on 30 March 2022 identified 15 essential actions with a series of further recommendations for trusts to review and to develop an action plan for compliance where needed. NHSE continue to review the actions needed in relation to the final Ockenden Report and we await further requirements.
- Somerset FT 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 NHSE provide oversight for assurance of the submitted evidence and compliance and initial feedback from NHSE has been positive.
- A report into the findings of The Kirkup (East Kent) investigation is expected during autumn 2022. NHSE 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 NHSE 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 Thursday 03 November 2022

## Number of Pre Term births per 1000 live births



Data source: Maternity dataset, updated on Thursday 03 November 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

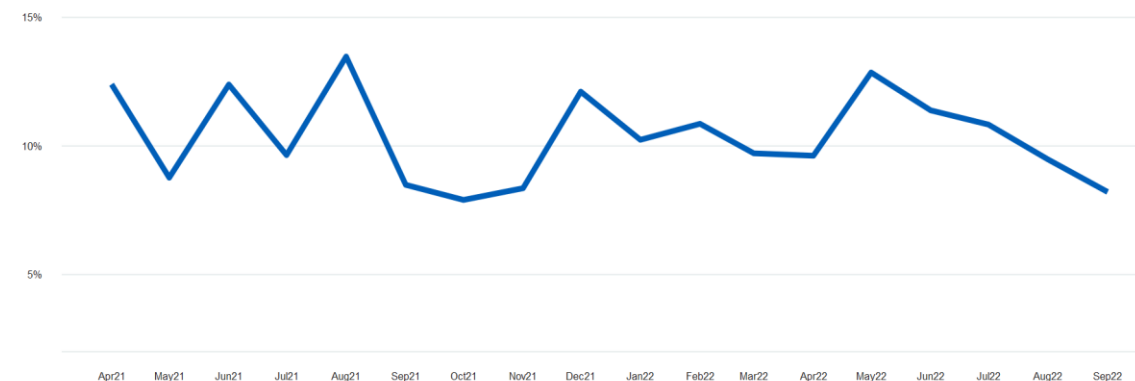
## Performance and Actions

- Smoking at time of delivery in April to September 2022 compared to same period in 2019 shows a slight decrease of 0.8%, from 11.2% to 10.4%. Performance in the month of September 2022 was at 8.2%. Work continues on improving performance as part of the Long Term Plan Treating Tobacco Dependency programme working jointly with our public health colleagues.
- 3<sup>rd</sup> and 4<sup>th</sup> degree tears for assisted births: OASI (obstetric anal sphincter injuries) Care Bundle training in place to improve outcomes, as well as further training on episclissors.
- 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 (45 in total) and during the YTD period to September there were 27 referrals into the service, there is an open caseload of 25 as at end of September. Recruitment into the team and staff training is ongoing.
- A Maternity Equity Strategy to be published during 2022/23 with analysis completed and submitted to NHSE

## 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 Thursday 03 November 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

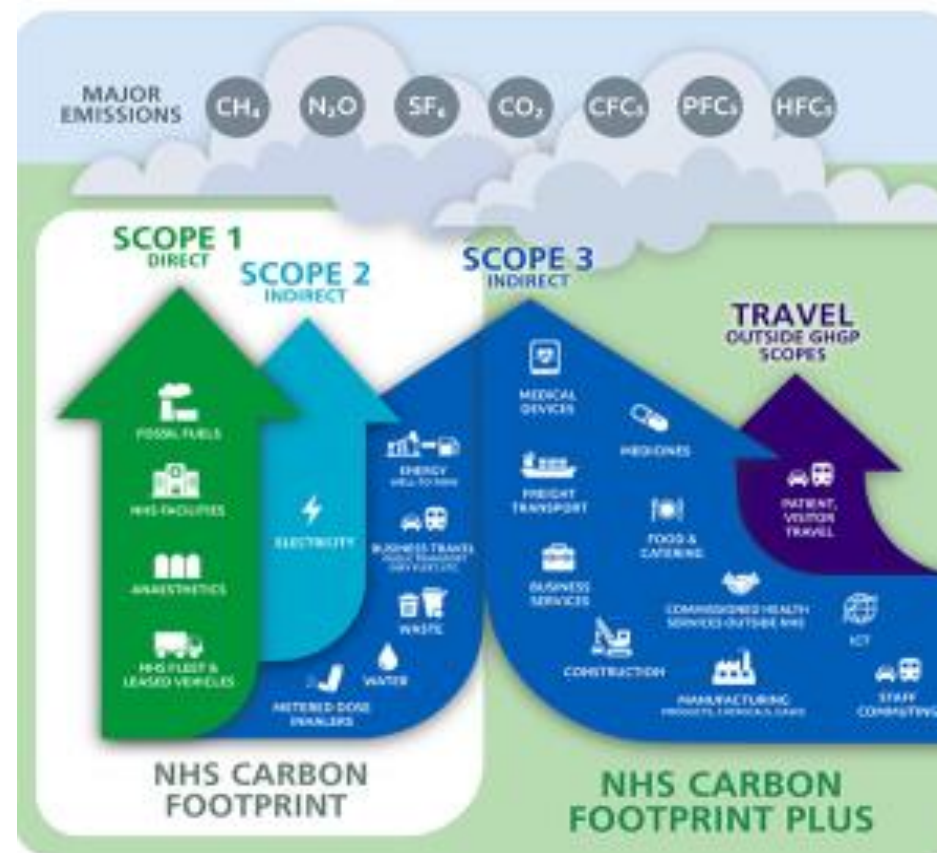
# Sustainability

## 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 CO<sub>2</sub> 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
NHSE	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
Somerset FT	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