

Report to the NHS Somerset Clinical Commissioning Group on 27 January 2022

Title: INTEGRATED BOARD ASSURANCE REPORT 2021/22 1 April 2021 – 30 November 2021	Enclosure I
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Version Number / Status:	1
Executive Lead	Alison Henly, Chief Finance Officer and Director of Finance, Performance, Contracting and Digital Val Janson, Director of Quality and Nursing
Clinical Lead:	N/A
Author:	Alison Henly, Chief Finance Officer and Director of Finance, Performance, Contracting and Digital Val Janson, Director of Quality and Nursing Neil Hales, Director of Commissioning

Summary and Purpose of Paper

Following discussion at the Finance and Performance Committee meeting held on 21 December 2021, the enclosed paper provides a summary of escalation issues for quality and performance against the constitutional and other standards, for the period 1 April 2021 to 30 November 2021, and provides a detailed summary for the following areas:

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

Recommendations and next steps

The Somerset CCG Governing Body is asked to discuss the performance position for the period 1 April 2021 to 30 November 2021.

Impact Assessments – key issues identified

Equality	Equality and diversity are at the heart of Somerset Clinical Commissioning Group's work, giving due regard to eliminate discrimination, harassment, and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, in its functions including performance management.
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Quality	Decisions regarding improvements against the performance standards are made to deliver regarding the best possible value for service users.			
Privacy	No issues identified.			
Engagement	All discussions regarding performance improvement have been detailed in the enclosed report.			
Financial / Resource	The revenue resource allocation figure is £1,112,289,000, which now covers the full 2021/22 financial year			
Governance or Legal	Financial duties of Somerset Clinical Commissioning Group not to exceed its cash limit and comply with relevant accounting standards.			
Risk Description	The Somerset Clinical Commissioning Group must ensure it delivers financial and performance targets.			
Risk Rating	Consequence	Likelihood	RAG Rating	Risk ID
	2	4	8	19

Integrated Board Assurance Report November 2021

Somerset System overview – November 2021

Primary Care –
GP
contacts/demand

305,468*

*Compared to 12 month average



Answered within
60 seconds or less

52%



Cat 1 **11:9 min**
Cat 2 **66:3 min**
Cat 3 **223:3 min**
Cat 4 **214 min**

Mean response time

4 hours

A&E

66%

Total A&E
Attendance

22,463



NHS

Somerset

NHS Foundation Trust

4 hours

A&E

56%

Total A&E
Attendance

6,520



Yeovil Hospital
Healthcare

4 hours

A&E

86%

Total A&E
Attendance

4,592



Total
emergency
admissions

5,755

853

Re-admissions
within 30 days
of discharge

Somerset System overview – November 2021



Referral to treatment

13,951

Clock starts 

64.6% <18 weeks

2,726 people waiting >52 weeks

772 people waiting >78 weeks




Diagnostics

Waiting list

13,008

>6 weeks 4,309

33%



Cancer Total


2ww

2,478

2ww performance **73.7%**

62 day performance **75.8%**

28 day FDS performance **75.9%**



IAPT - Improving Access to Psychological Therapies

access (roll-out) ***5,416**

*for the year to date period. Indicative target is 6,885


60.2% moving to recovery

CYPMH
Children and Young People's Mental Health

access ***7,502**

*local un-validated estimate rolling 12 months to November, one contact. Somerset's share of the national ambition is awaiting confirmation from NHSEI

98% of patients waited <=24 hours to be seen by the Home Treatment Team



94.4% of patients on CPA had an annual review

Somerset System overview – November 2021

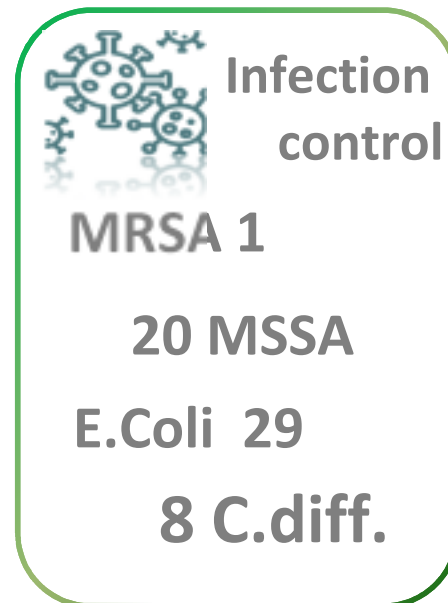
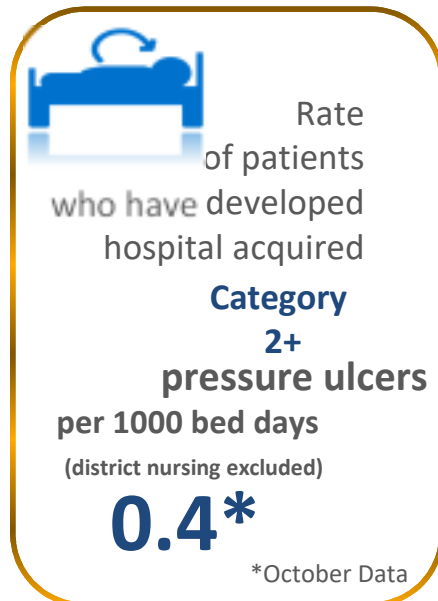
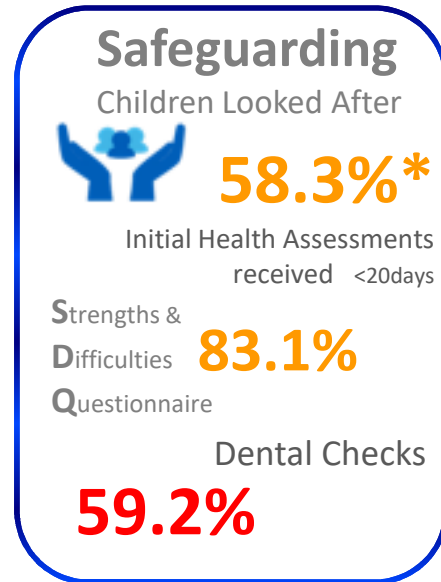


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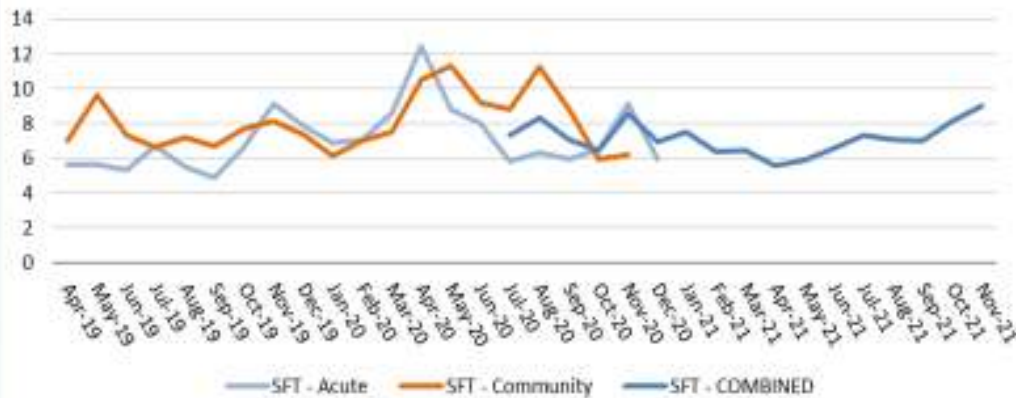
Quality Reporting	SLIDE	5-15
Primary Care	SLIDE	16-19
Emergency, NHS111 & Integrated Urgent Care, SWAST	SLIDE	20-28
Emergency – A&E, Emergency Admissions	SLIDE	29-34
RTT (Referral to Treatment)	SLIDE	35-38
Diagnostics	SLIDE	39-42
Cancer	SLIDE	43-45
Mental Health	SLIDE	46- 51
Learning disability & Autism	SLIDE	52 - 54
Maternity	SLIDE	55

Quality Reporting



Somerset
Clinical Commissioning Group

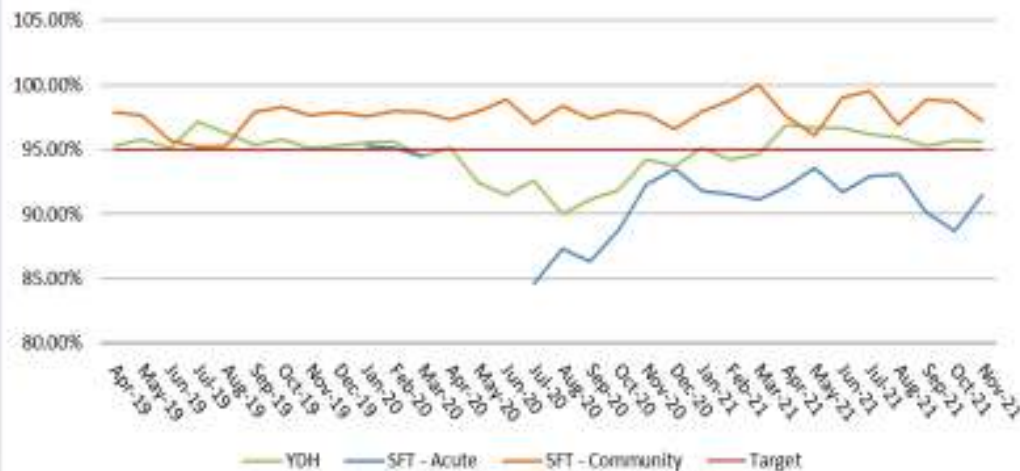
**Somerset Foundation Trust -
Rate of slips, trips and falls (irrespective of grade)
per 1000 beds**



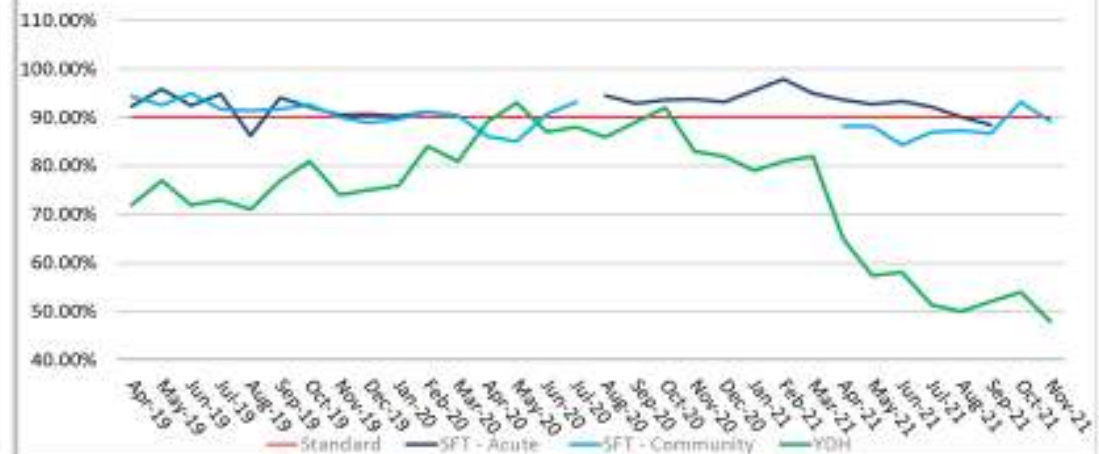
**Yeovil District Hospital Trust-
Rate of slips, trips and falls (irrespective of grade)
per 1000 beds**



**% of adult patients having a Venous Thromboembolism
assessment within 24 hours of admission**



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



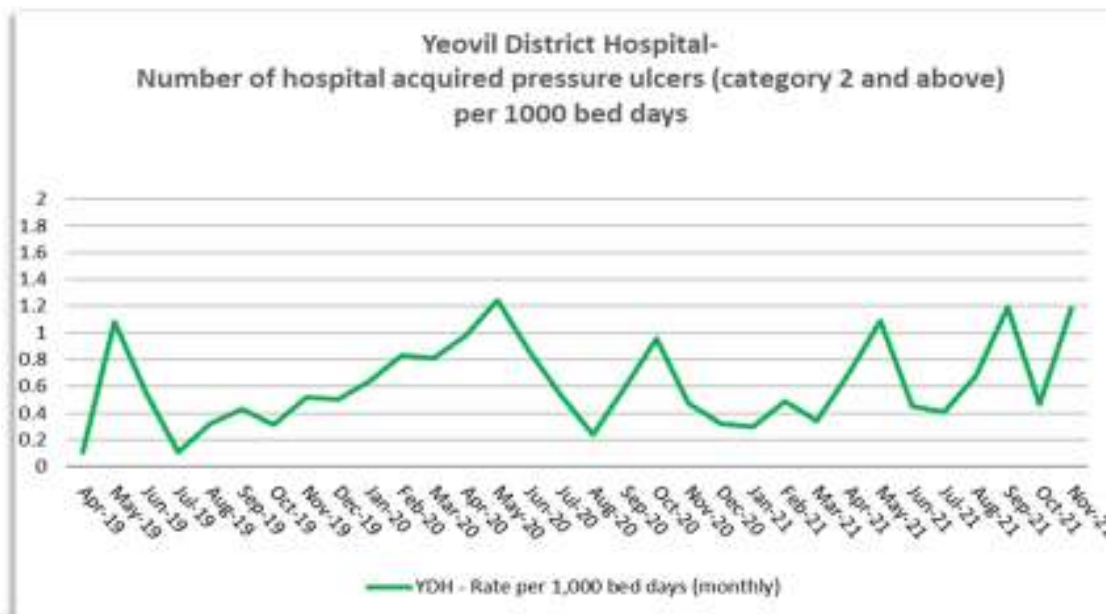
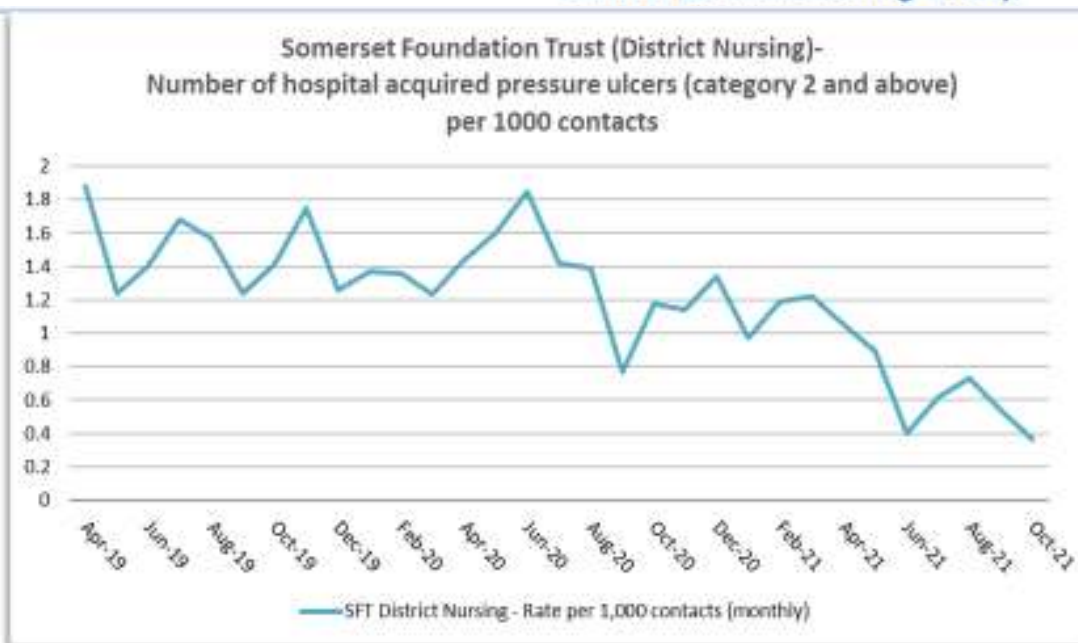
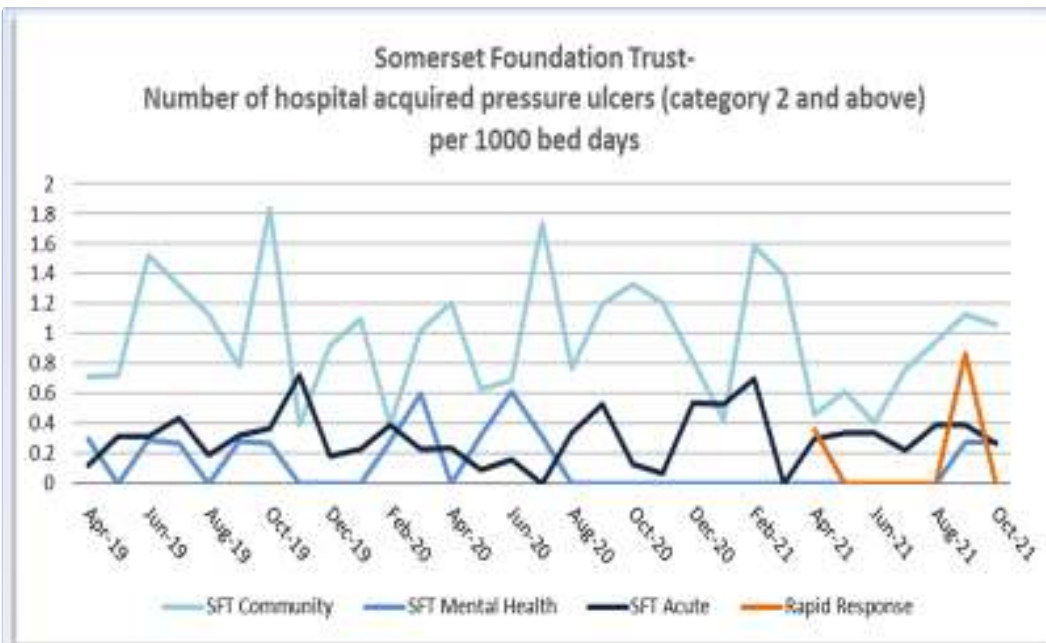
*VitalPack introduced for YDH from April 2021

Quality Reporting



Somerset

Clinical Commissioning Group

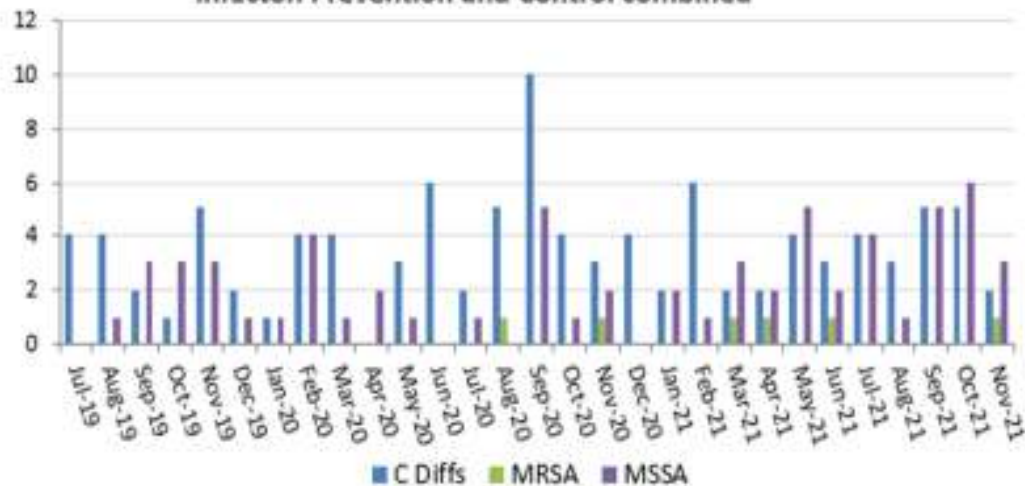


Quality Reporting

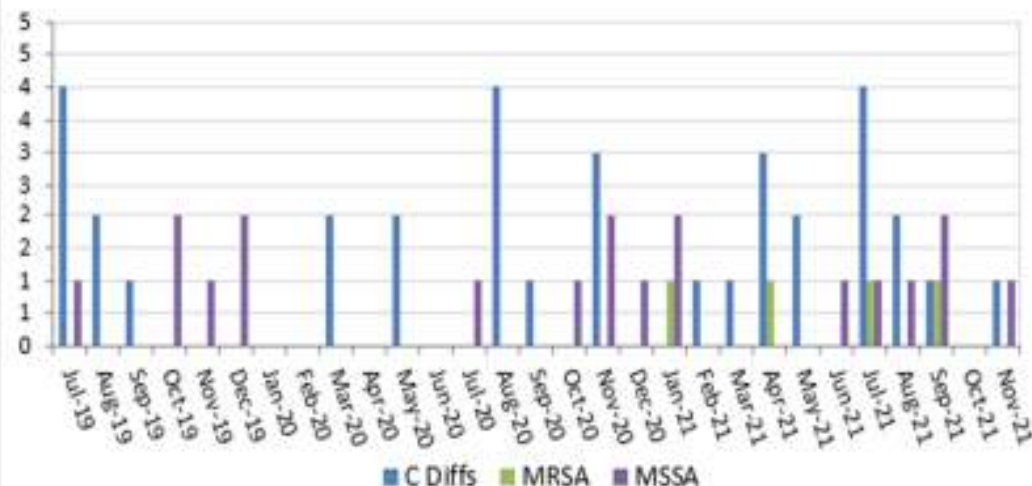


Somerset
Clinical Commissioning Group

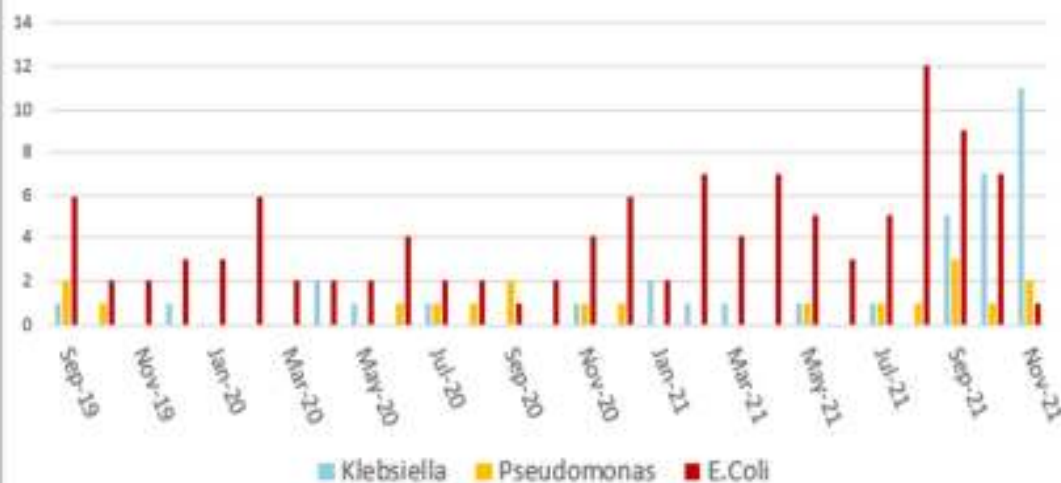
Somerset NHS Foundation Trust
Infection Prevention and Control combined



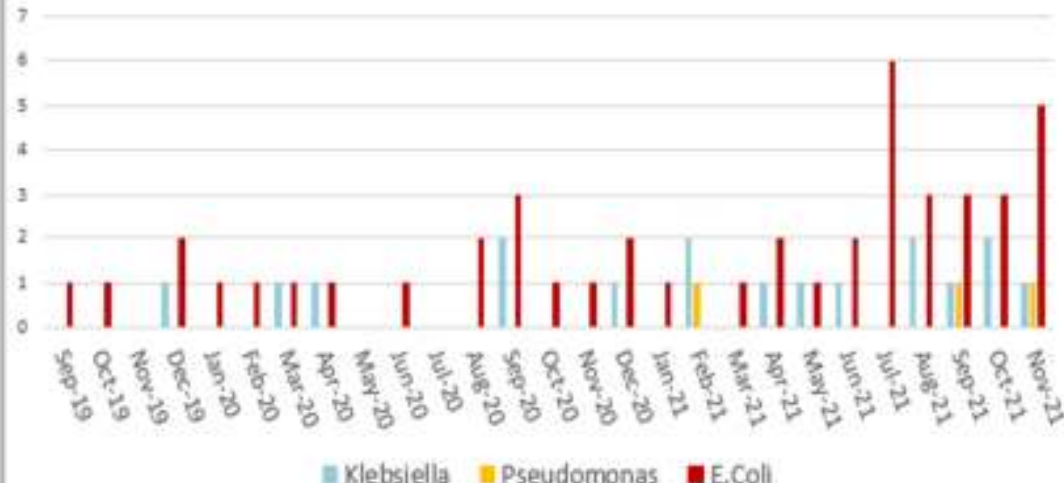
Yeovil District Hospital NHS Foundation Trust
Infection Prevention and Control combined



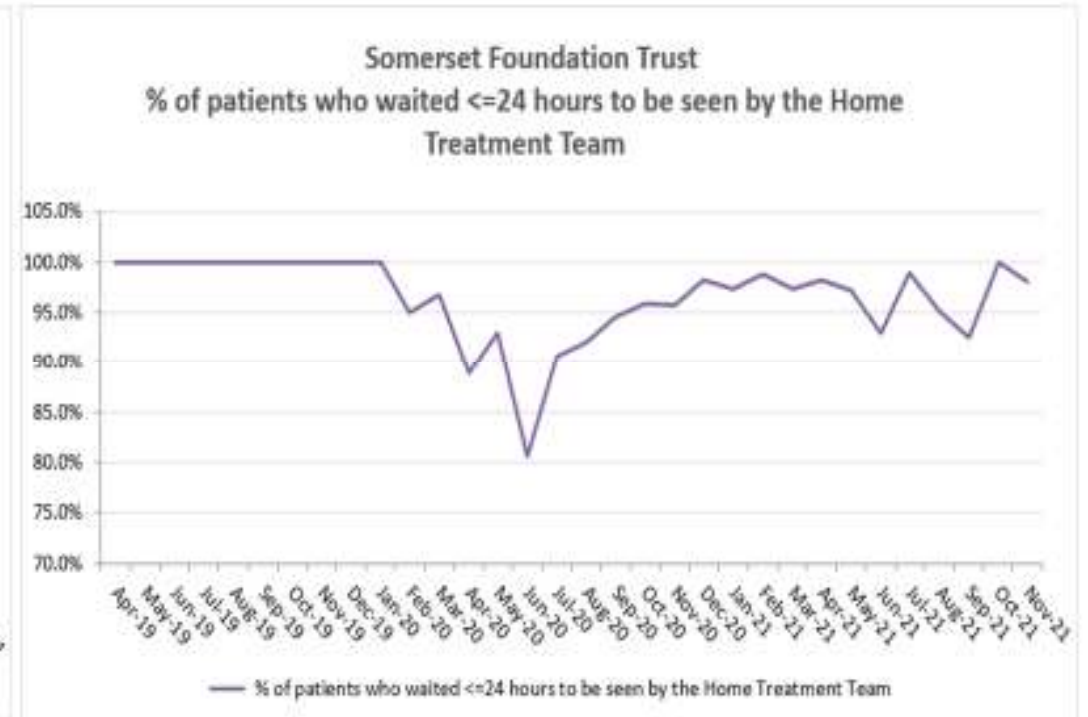
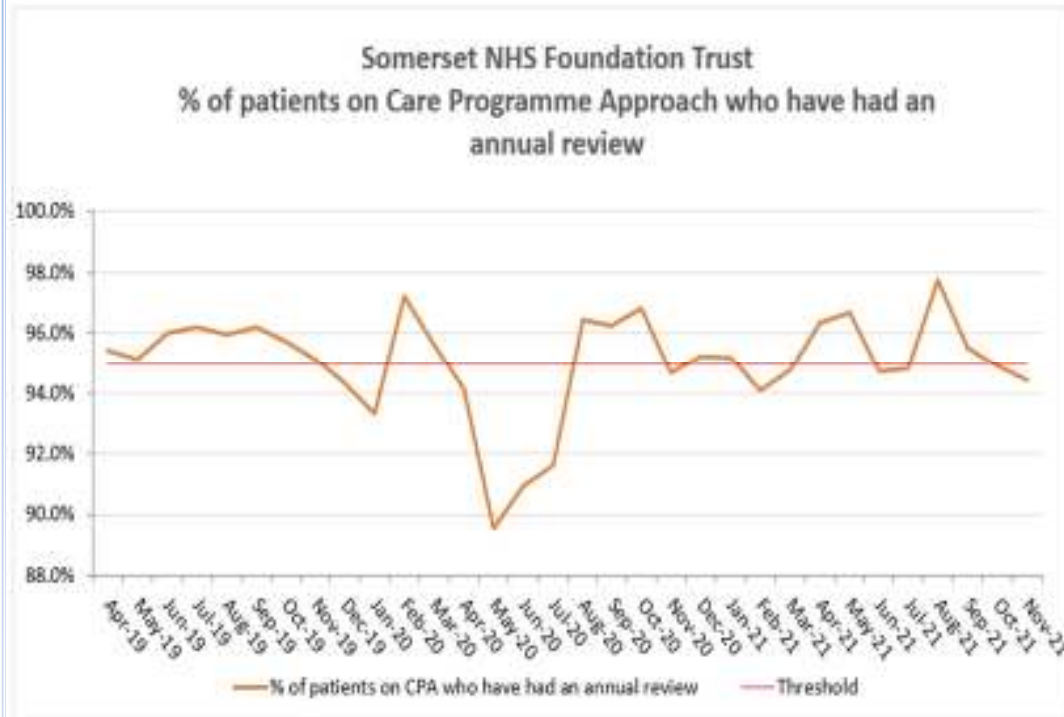
Somerset NHS Foundation Trust
Infection Prevention and Control combined



Yeovil District Hospital NHS Foundation Trust
Infection Prevention and control combined



Quality Reporting



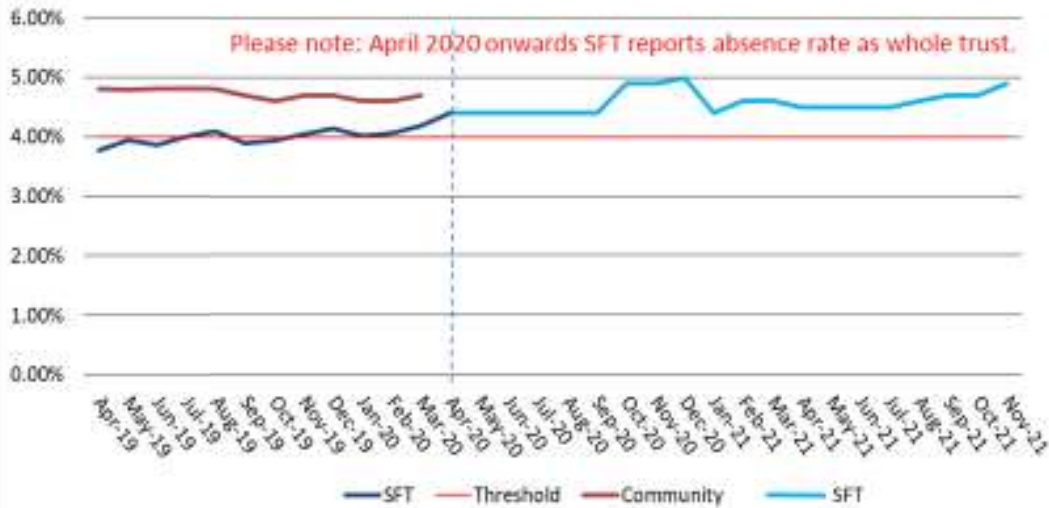
Quality Reporting



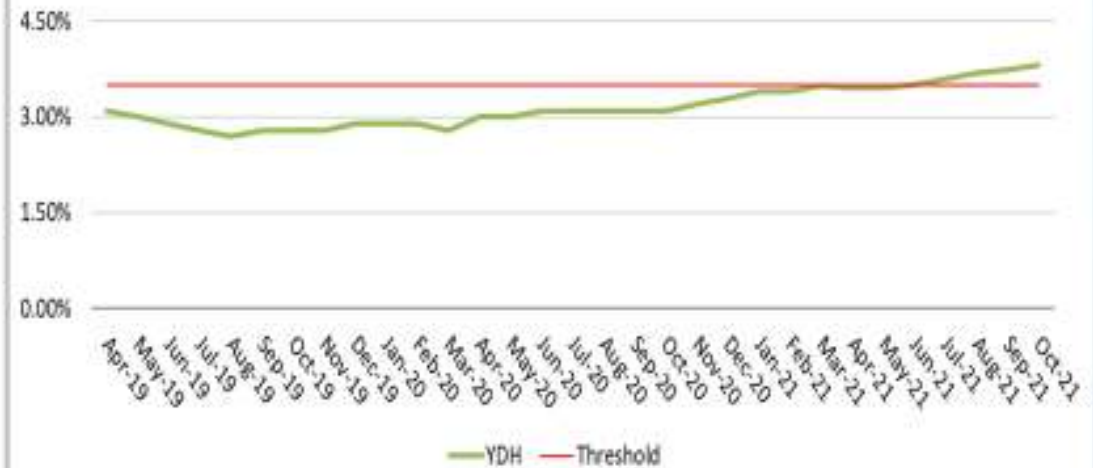
Somerset

Clinical Commissioning Group

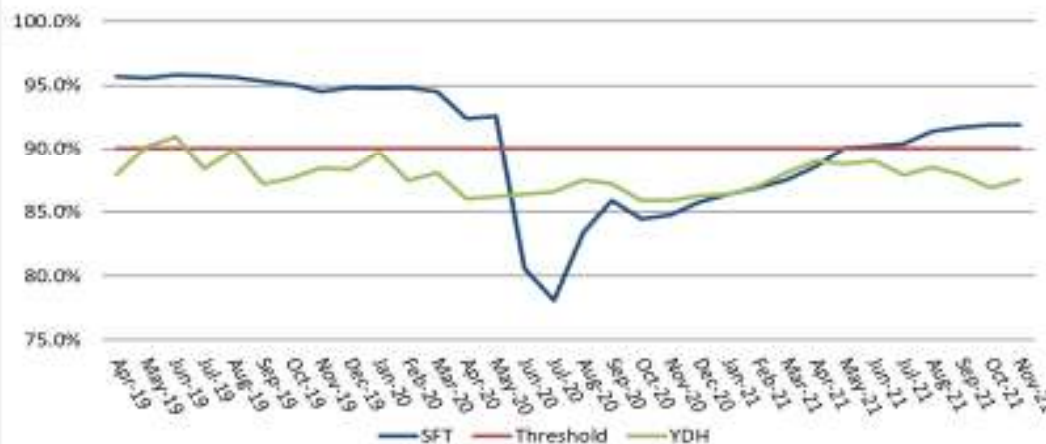
**Somerset NHS Foundation Trust
Percentage Staff Absence Rate (including isolation)**



**Yeovil District Hospital NHS Foundation Trust
Percentage Staff Absence Rate (including isolation)**



Percentage of all staff who have completed all mandatory training

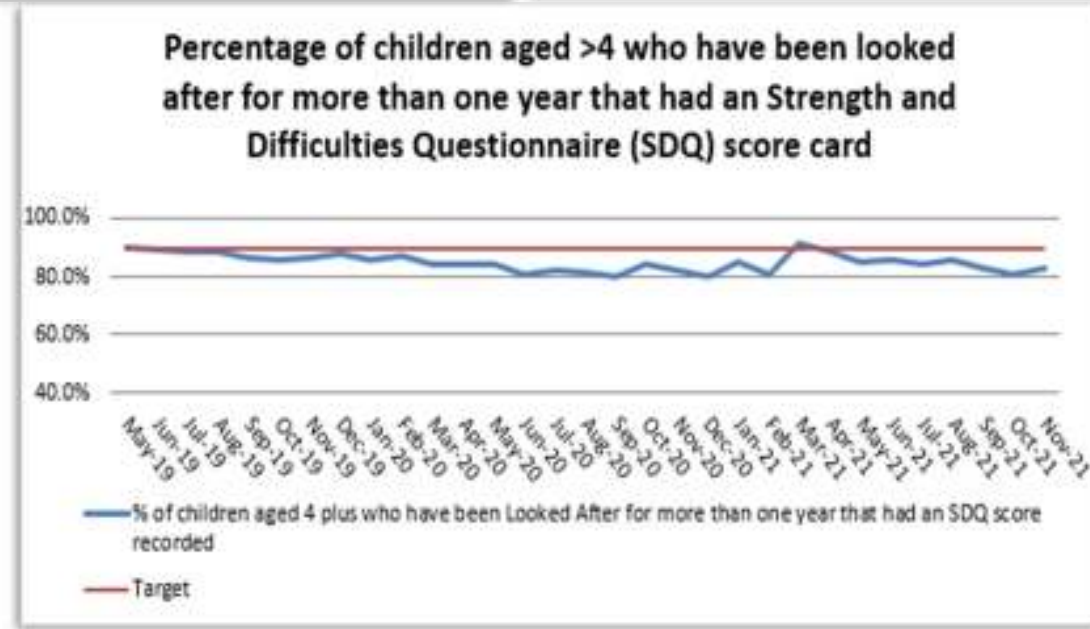
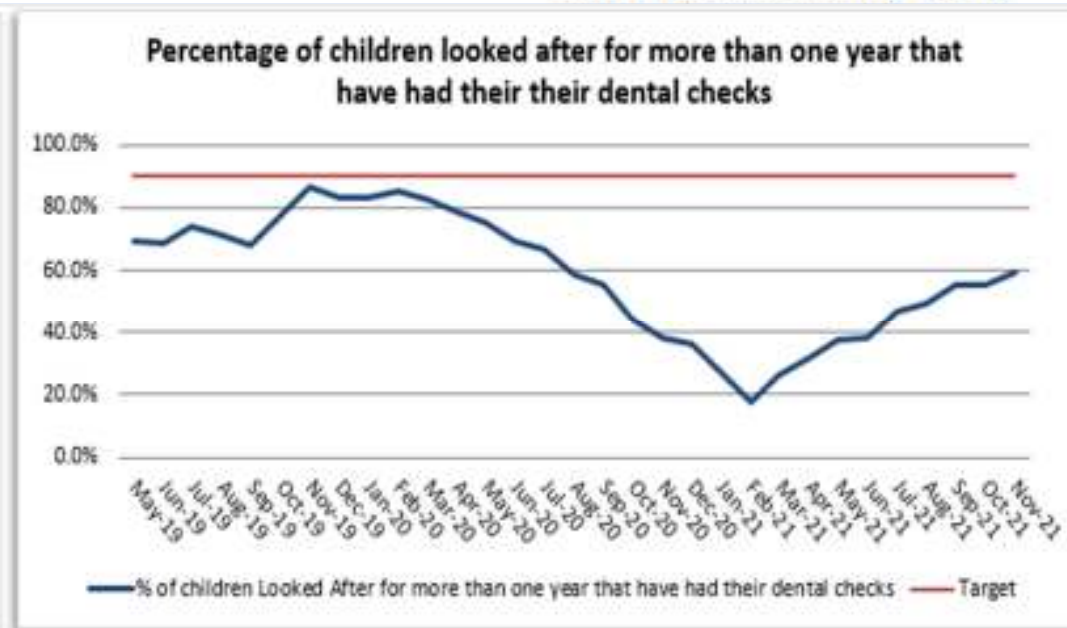


Quality Reporting



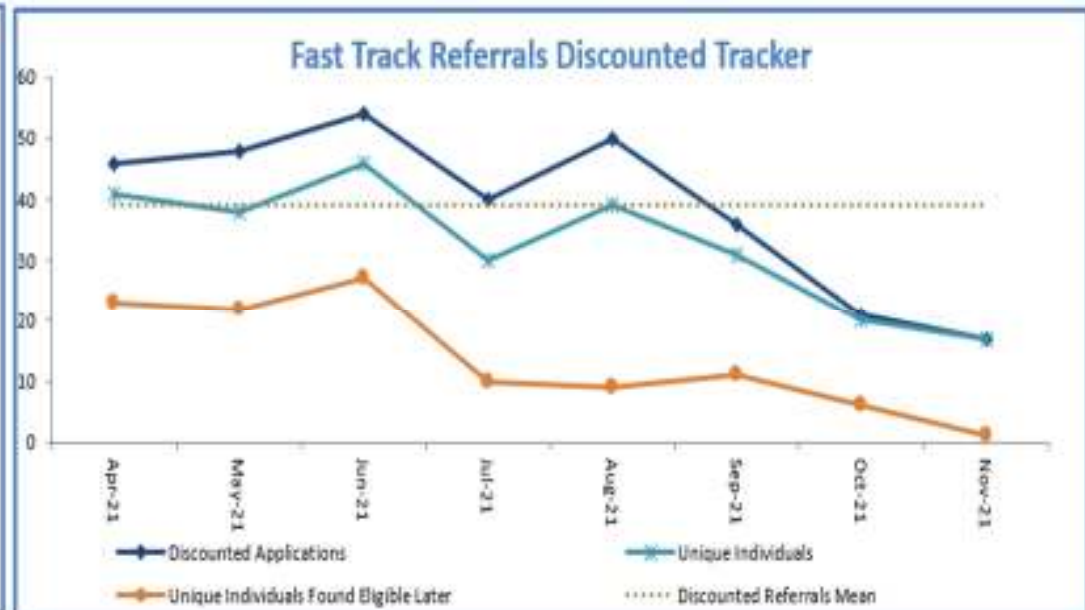
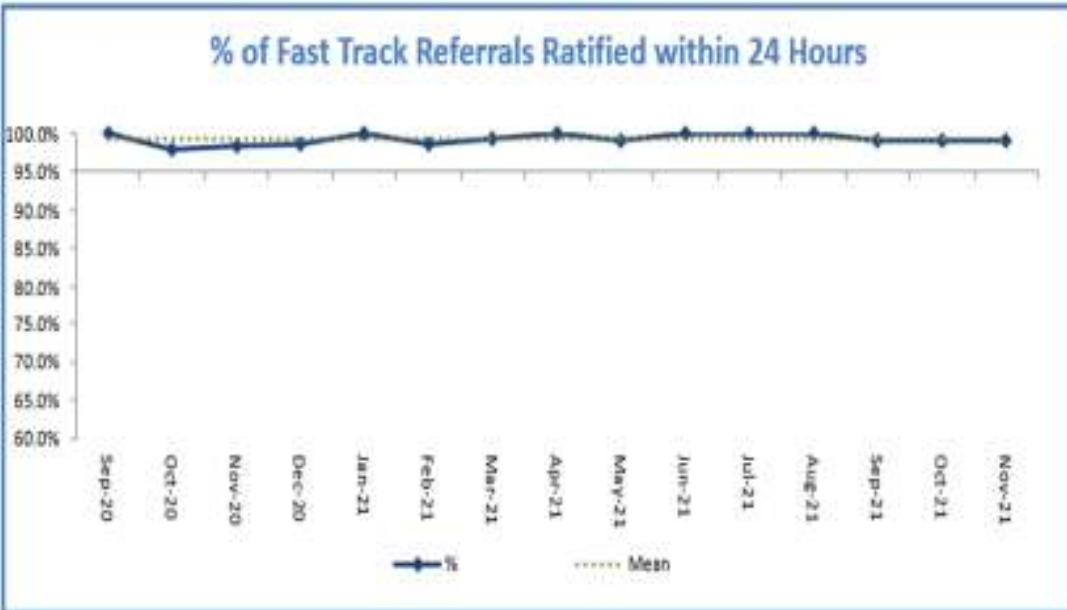
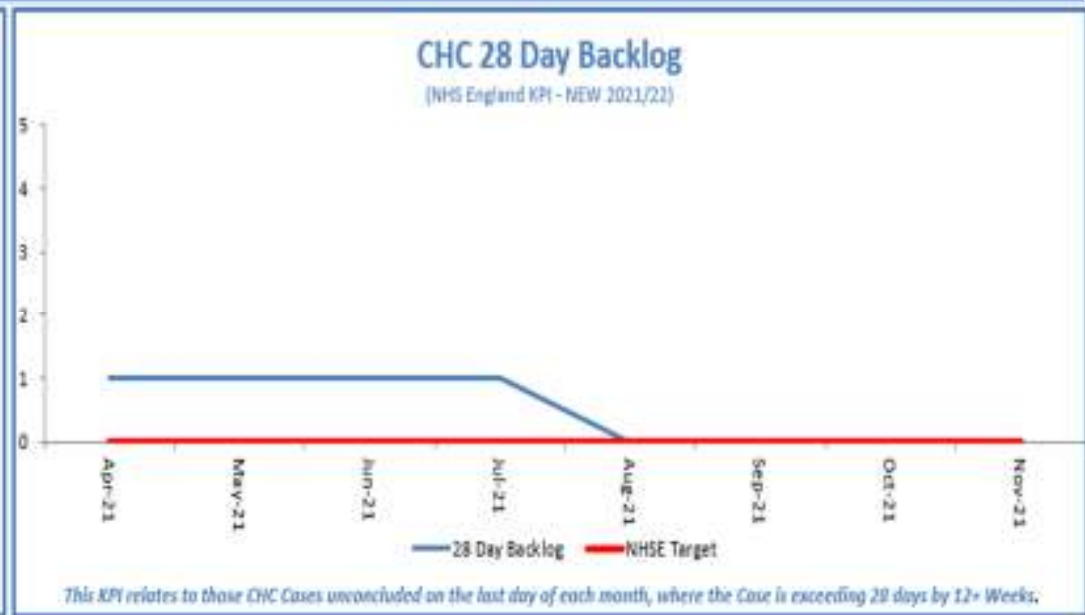
Somerset

Clinical Commissioning Group



Quality Reporting as at November 2021

Continuing Health Care



Quality Reporting

In response to the Omicron variant and the Covid booster vaccination request the IPC redeployed to work in the vaccination centres. All non-essential work was reduced to support care homes and primary care across the system with the Omicron variant outbreaks. A resource pack was developed which included recorded IPC training sessions, guidance, posters, check lists and distributed across care homes and primary care. The IPC Team provided cover over the Christmas and New Year period daily from 9-5, supporting self assessment vaccination “pop-up” centres.

Clostridium Difficile (C-Diff. is bacteria that can infect the bowel and cause diarrhoea. Most commonly affects people who have recently been treated with antibiotics.) There has been a national increase in C-Diff. infections resulting in a regional collaborative initiative to identify trends, themes etc. to ascertain development initiatives aimed at the reduction of C-Diff. nationally

C-Diff	October	November
HOHA (Hospital onset health care associated)	14	3
COHA (Community onset health care associated)	1	1
Primary Care	7	4

Methicillin-resistant Staphylococcus Aureus (is a bacteria that is resistant to certain antibiotics, these antibiotics include methicillin. MRSA lives on the skin and in the nose but can cause infection when it gets the opportunity to enter the body for example a wound or indwelling device site)

MRSA	October	November
HOHA	0	1
COHA	0	0
Primary Care	0	1

Methicillin-susceptible Staphylococcus Aureus (MSSA is a type of bacteria which lives harmlessly on the skin and in the nose and usually causes no problems, but can cause an infection when it gets the opportunity to enter the body, for example a wound or indwelling device site)

MSSA	October	November
HOHA	8	7
COHA	0	0
Primary Care	7	13

Quality Reporting

Escherichia coli (E-coli colonises the gut as part of the natural flora, it is easy for patients to infect themselves with E. coli, especially if they have open channels such as urinary and peripheral catheters, wounds, are immunosuppressed etc. and their hand hygiene is not adequate.) Pseudomonas and Klebsiella are organisms within the E-Coli structure and from September 2022 individual thresholds have been identified for these organisms.

E-coli	October	November
HOHA	9	5
COHA	4	2
Primary Care	25	22

Pseudomonas Aerugionosa (Part of the E-Coli family, they cause many types of infections including as respiratory and urinary

Pseudomonas	October	November
HOHA	0	2
COHA	1	1
Primary Care	5	2

Klebsiella (Part of the E-Coli family, they typically present as respiratory and urinary infections.

Klebsiella	October	November
HOHA	4	2
COHA	2	0
Primary Care	6	8

Quality Reporting

Falls:

- Somerset FT -The Trust are carrying out an overarching review of falls, to identify any themes.
- Due to system wide pressures it is thought that the steady high numbers of falls are related to bed pressures, increase in the acuity of patients, Covid-19 and social distancing requirements and an increase in sickness and absence.
- YDH FT -There has been a very slight increase in falls this month and the Trust are still maintaining the improvement work with a Rapid Response Team attending falls, working in bays at night and many other differing projects across the organisation.
- There are concerns that the current pressures within the organisation may have a negative impact going forward with bed pressures, higher acuity, Covid-19 isolation and social distancing and staff sickness and absence.

Venous Thromboembolism (VTE)

- Somerset FT – VTE assessments have increased but remain below target within the acute setting but have remained above the 95% target within the community.
- There has been a recent agreement for a VTE improvement programme to take place and further updates on this will be available by February 2022. There have been challenges in co-ordinating the improvement work due to the clinical leads required within clinical areas. A digital solution is being developed but this has been delayed due to not being able to technically meet need and the in house team are now reviewing and developing this, work ongoing for improvement without digital solutions continues.
- YDH FT -The trust have decided to continue with the current way of completing and auditing VTE, and are currently not going to a digital solution. They still remain above the 95% target.

Pressure Ulcers

Pressure Ulcers information for both the trusts will differ from previous results due to the validation work that is undertaken on each incident.

The trusts are looking at introducing a rapid review process similar to the falls process to improve pressure ulcer rates.

- Mental Health have reported zero cases of pressure ulcers for the last 6 months.
- Somerset FT - The Pressure Ulcer Networking Group has re-started and this will focus on education and prevention in the community. There is a need for wider collaborative working, and the first meeting was successful in this and there are high levels of engagement to improve the community situation.
- YDH FT - It is thought that a rise in pressure ulcers may be due to the pressures within the Trust regarding bed pressures, higher acuity of patients, sickness and absence and the impact of Covid-19; a review is taking place.

Mandatory Training

- Somerset FT - Mandatory training continues to improve, going above the 90% target. This is due to a review of the training needs and a change in the deliver of the training.
- YDH FT - Mandatory training continues to be under the 90% target, the Trust is working to improve this where possible. Clinical demand remains a challenge against completing mandatory training.

Nutritional Screening

- Somerset FT - Nutritional screening assessments have decreased this month with the acute setting and have had a significant increase within the community settings. The decrease again this month is due to the increased unprecedented demand and pressures within the system.
- YDH FT - Nutritional screening remains below the 90% standard. The Trust has changed the process for how this data is captured with Vital Pac and Fundamentals of Care audits. Following discussions with the Trust this is highlighted to the Board and discussed widely at various meetings Focused work has been carried out on EAU (Emergency Assessment Unit) and has shown staff are getting used to the new system.

Quality Reporting

Mental Health

The “percentage of patients on a Care Programme Approach (CPA) who have received an annual review” is 94.4% in November. This was a national reporting requirement, being part of the Monitor Risk Assurance Framework. Although this standard was stood down SFT still continue to monitor. Regarding the changes in the CPA (Care Programme Approach) Programme (see hyperlink below), SFT has confirmed that SFT Mental Health & Learning Disabilities are progressing with work to overhaul this area in respect of care planning and will be moving away from the former CPA monitoring model. All should be in place on or before March 2022.

https://www.england.nhs.uk/wp-content/uploads/2021/07/Care-Programme-Approach-Position-Statement_FINAL_2021.pdf

The “percentage of patients who waited <=24 hours to be seen by Home Treatment Team” performance in November is 98.1%. Currently there is no report that compares SFT service performance to that of other providers across the country. However, there was an NHS Benchmarking exercise undertaken for 2020/21 relating to waiting times in respect of patients waiting as at 31 March 2021. Of 23 providers, SFT reported a wait on one day (i.e. 24 hours). The median was 2 days and the mean 5 days.

Workforce

The trust sickness and absence has increased, placing pressures on the organisations, due to Covid-19, isolation and working pressures, it is unlikely that there will be a decrease within these rates. The trusts have invested greatly in health and wellbeing for staff and are supporting staff where needed.

Children Looked After (CLA)

Initial Health Assessments (IHA) within 28 days: CCG and providers are continuing to use new process to analyse IHA (Initial Health Assessment) performance as per November data illustrated below. Work has now begun to determine performance of completed IHAs being available and considered at first statutory CLA Review meetings. The CCG is now receiving a monthly Exception Report which illustrates the specific reasons why some health assessments have been delivered outside of statutory timeframes. Dental performance continues to improved.

Number of children who became Looked After in November 2021 - **12**

Number of children who left care before 20 working days - **1**

Number of children who were offered but declined an Initial Health Assessment - **3**

Total number of children eligible for an Initial Health Assessment - **11**

Total number (and percentage) of children **offered** an Initial Health Assessment within 20 working days - **9 (81.8%)**

Total number (and percentage) of children who **received** an Initial Health Assessment within 20 working days - **7 (58.3% of total number of children who became looked after in month)**

Continuing Health Care

Background

The focus of NHS England’s CHC Assurance during 2021/22 will be on the system recovery and recovering performance on the following standards:

28 Day Standard - =>80% of Referrals are concluded within 28 Days;

28 Day Backlog – Ensuring there are no referrals breaching 28 days by more than 12 weeks;

28 Day Standard

The top left graph provides a summary of CHC performance attainment against this KPI since Quarter 1 2018/19. Monthly performance attainment since June 2021 has consistently been in excess of the 80% target, with performance in November 2021 being recorded at 86.7%.

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

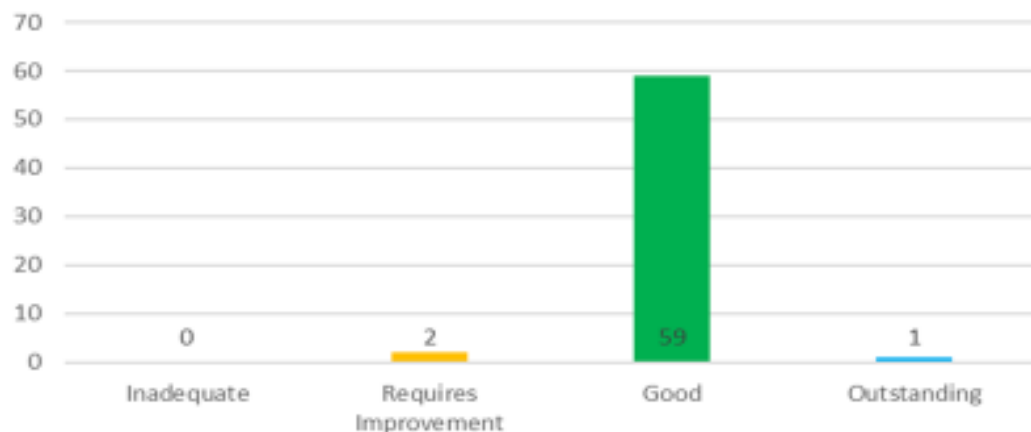
The top right Graph provides a summary of CHC data against this NEW KPI introduced at the beginning of 2021/22. Monthly performance attainment since August 2021 has been recorded at no referrals exceeding 28 days by more than 12 weeks.

Primary Care

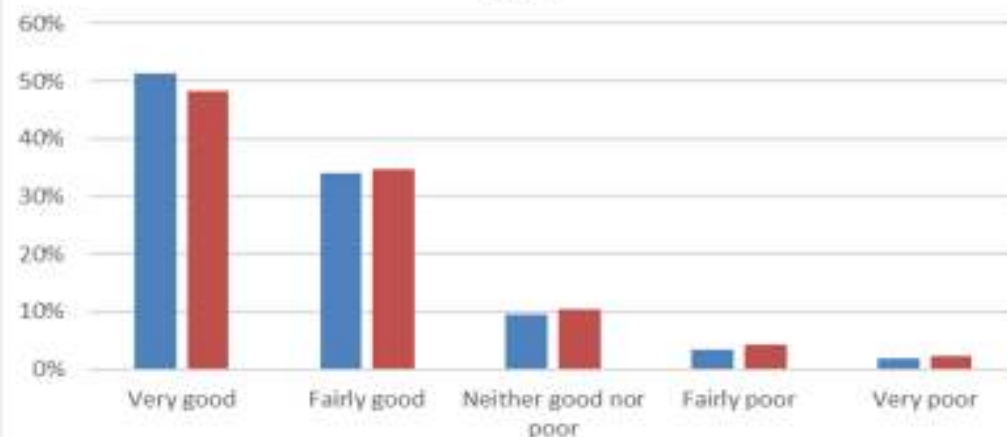


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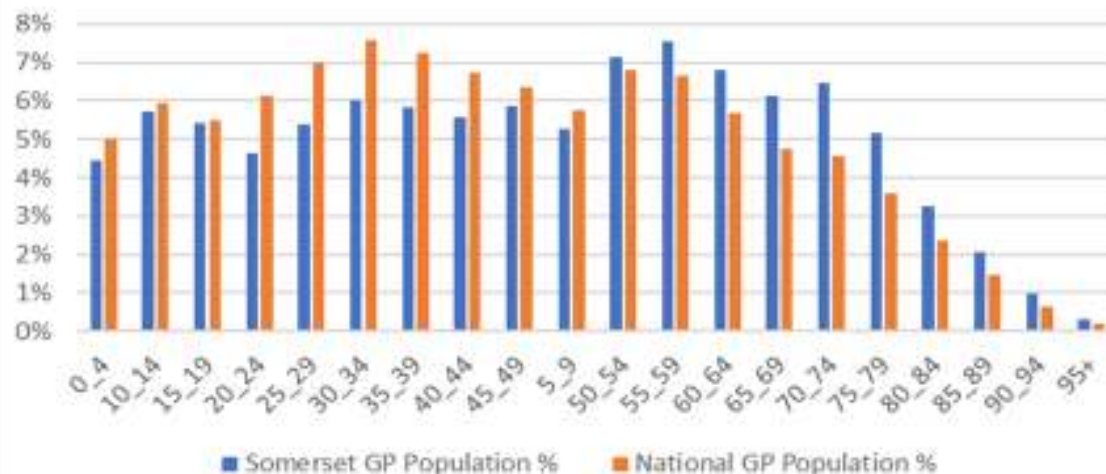
CQC Ratings of Somerset GP Practices
November 2021



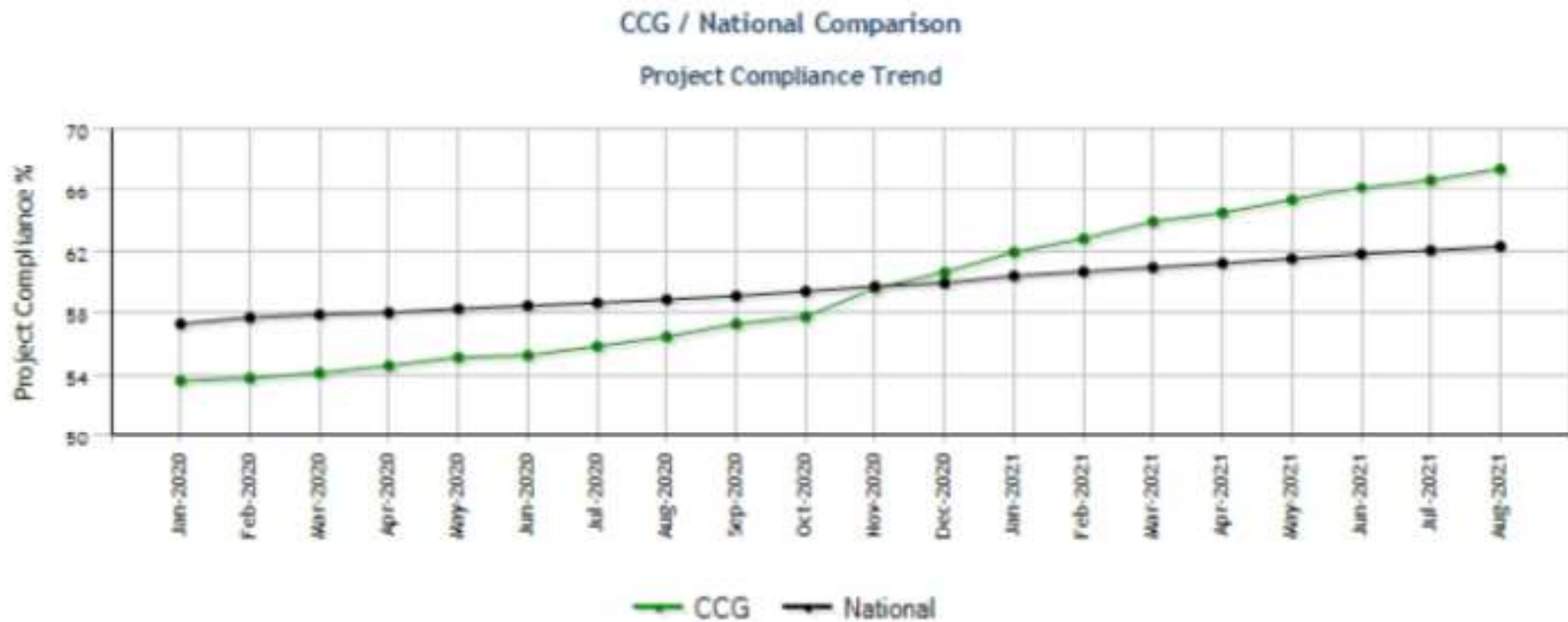
Patient Experience of GP Services 4 January - 6 April



Registered Populations by age group (Somerset and national) as at 1st December



Increasing high potency statin prescribing as a percentage of items of all statins.



General Practice continues to be extremely busy however since May 2021 the national Primary Care Consultations (GPAD) data published by NHS Digital is not reflecting this position and is due to not all practices in Somerset being reported. Whilst it is recognised that this dataset is experimental and is still in the testing phase we have escalated the coverage issue to NHS Digital. To address this issue Somerset CCG has established a Primary Care Data reporting group who are meeting fortnightly to review data quality / completeness, alternate data sources and softer intelligence in order to better understand Primary Care demand.

CQC ratings

We continue to have no practices rated 'Inadequate'. We have two practices rated as 'Requires Improvement'; Burnham & Berrow Medical Centre and Frome Medical Practice. Ryalls Park medical Centre is now rated as Good (previously rated as 'Requires Improvement').

Patient experience

Somerset continues to perform better than the national result on overall patient satisfaction with GP services. A comprehensive programme of access improvement is being overseen by the Primary Care Commissioning Committee. This is also part of the national GP Access Plan and associated Winter Access Fund.

Demographic

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

Consultations

Patient demand is high, and the nationally mandated triage arrangements remain in place. Patients who need to be seen face to face continue to receive this type of appointment, which constitutes 56% of consultation types as at November 2021. The busiest days for all appointments in November were Mondays and Tuesdays.

Medicines management

The Somerset CCG prescribing and quality improvement incentive scheme has 20 measures where GP practices are incentivised to improve prescribing and medicines optimisation.. One area of focus has been to improve Cardiovascular disease outcomes by increasing the prescribing of more potent statins as recommended by NICE. Somerset CCG now has one of the best rates in the country having previously been behind the national average.

Emergency – NHS 111 Performance



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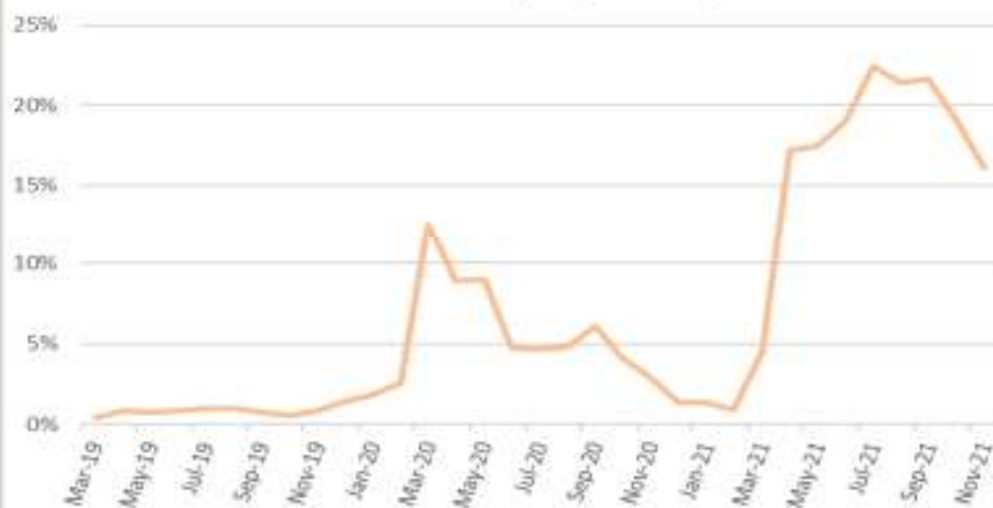
Demand into NHS 111



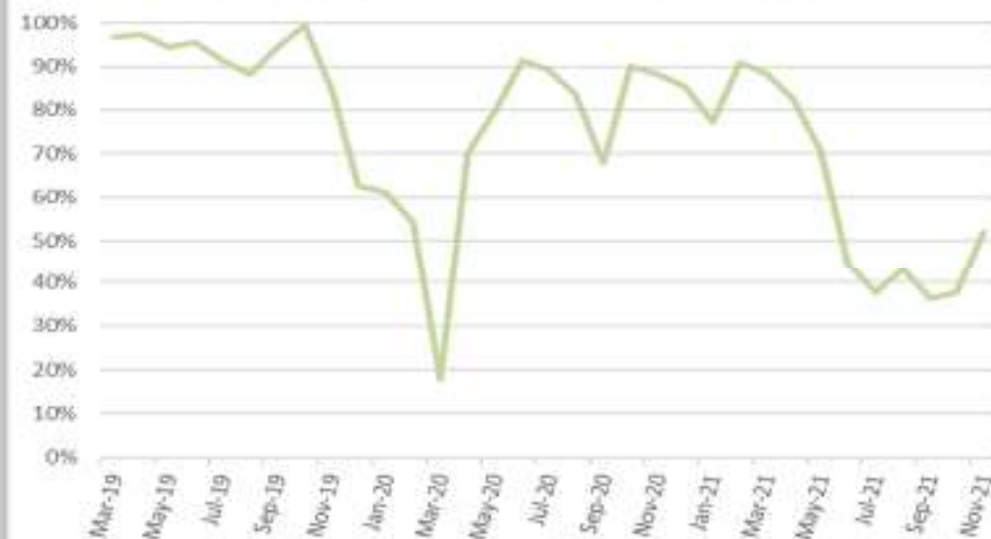
Average speed to answer calls (seconds)



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



% of Calls Answered Within 60 Seconds



Emergency – NHS 111 and Integrated Urgent Care Service



Somerset

Clinical Commissioning Group

Somerset Integrated Urgent Care Service (IUCS) consists of a number of service elements: NHS 111 alongside what was previously known as the GP Out of Hours Service, which now consists of Clinical Assessment Service (triage) and face to face (treatment centre or home visit). The lead provider for the Somerset IUCS is Devon Doctors Ltd (also known locally as Meddcare Somerset)

Performance – Background Information

Information in relation to Somerset IUCS featured in this report includes the provisional statistics for November 2021 so may be subject to change once the final version is finally published by NHSEI. England average is quoted for some metrics in this report but due to a number of IUC providers (not including Devon Doctors) still not providing a complete data set to NHSEI any comparison with England average must, for the moment, be viewed with some degree of caution

The IUC ADC (Integrated Urgent Care Aggregate Data Collection) data set changed in April 2021 with a revised list of key performance indicators. As indicated by NHSE/I a number of these are 'Established' being unchanged KPIs with expectation of attainment to standards from April 2021 and others are 'Developmental' being new data items/KPIs which will take some time to bed in and understand the current attainment of standards. Those standards will be reviewed nationally throughout 2021/22.

Somerset 111

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

As reported previously there continues to be ongoing pressures across the wider UEC (Urgent and Emergency Care) system both in Somerset and nationally. This is due to the impact of an ongoing increase in call activity (and changing call arrival patterns), over and above both forecast and projected levels through promotion of Think 111 First. In addition further ongoing pressures result from staff abstractions be it through attrition; lower than anticipated recruitment particularly in the field of clinical advisors; or sickness (including Covid-19 related). Such pressures have been experienced across the whole NHS 111 network to such a degree that a national 'NHS 111 is busy' message went onto the 111 IVR (recorded message) as of 1 June 2021.

As with other services Somerset IUCS has met with rota fill challenges due to: impact of recent changes in HMRC (Revenue and Customs) rules (IR35 / OP21); clinicians focusing on the mass vaccination programme; Covid-19 related absence; and clinician fatigue. Devon Doctors continues to work to mitigate risks to service delivery in a number of ways. It continues to seek expert advice on how best to support shift fill without the risk of contravening HMRC requirements; summer and winter incentive schemes have been in place; additional national funding was provided to Somerset IUC (including 111 element) during the summer along with additional significant investment for 2nd half of 2021/22. In addition, DDOC continues with its clinical resourcing and recruitment work, on which the CCG will receive an update at the Monthly Contract Review Meeting (MCRM) on 26 January 2022.

Despite these shift fill challenges DDOC continues to perform in line or better to England average for the triage (KPI5b and KPI5c) and face-to-face KPI (KPI16 and 17) except for KPI5a (call backs within 20 mins) which is under England average. Overall triage performance continues to be monitored throughout the month and KPI5a performance and challenges to limiting improvements in this metric will be discussed further with DDOC at the MCRM scheduled 26 January 2022.

- In relation to calls answered within 60 seconds (no longer a KPI as removed from the set as of April 2021 though still monitored against England average performance) was at 29.1% in October compared to a national average of 48.5%. Based on current provisional data, November's performance was 52.0% compared to a national average of 38.1%.
- In relation to KPI11 (established): calls abandoned (meaning that of the 111 calls received and reaching 30 seconds after being added into the queue for an advisor, how many callers hung up before they were answered); in October the performance was 19% compared to an England average of 27.6%. From current provisional data, performance in November was 16.1%.
- Regarding KPI12 (developmental): 'average speed to answer' (which replaces the previous 'calls answered within 60 seconds' metric) performance was at 320.73 seconds in October, compared to a national average of 664.91 seconds. Based on current provisional data, performance in November was 233.85 seconds compared with a national average in November of 491 seconds.

Other performance metrics we monitor relating to the Clinical Assessment Service and face to face elements are outlined below.

Please note that validated data for November may not be available at the time of putting together this report so provisional data has been used. National averages are only available for October 2021.

- KPI5a: 23.2% of patients offered a call back within 20 mins (immediately), who received a call back within 20 mins. October's performance was at 22.0% (31.1% England average).
- KPI5b: 50.1% of patients offered a call back within a timeframe over 20 minutes, and up to 1 hour inclusive, who received a call back within 1 hour. October's performance was at 74.7% (35.0% England average)
- KPI5c: 83.2% of patients offered a call back within a timeframe over 1 hour, who received a call back within the specified timeframe. October performance was at 83.3% (55.0% England average)
- KPI16 (developmental): In November 2021 75.8% of patients received a face-to-face consultation at their home residence within the specified timeframe against the 95% target. October performance was at 75.8% (78.6% England average).
- KPI17 (developmental): 89.1% of patients received a face-to-face consultation in an IUC Treatment Centre within the specified timeframe against the 95% target. October performance was at 86.1% (79.1% England average)

Devon Doctors CQC Inspection Nov 2021 (published 11 January 2022)

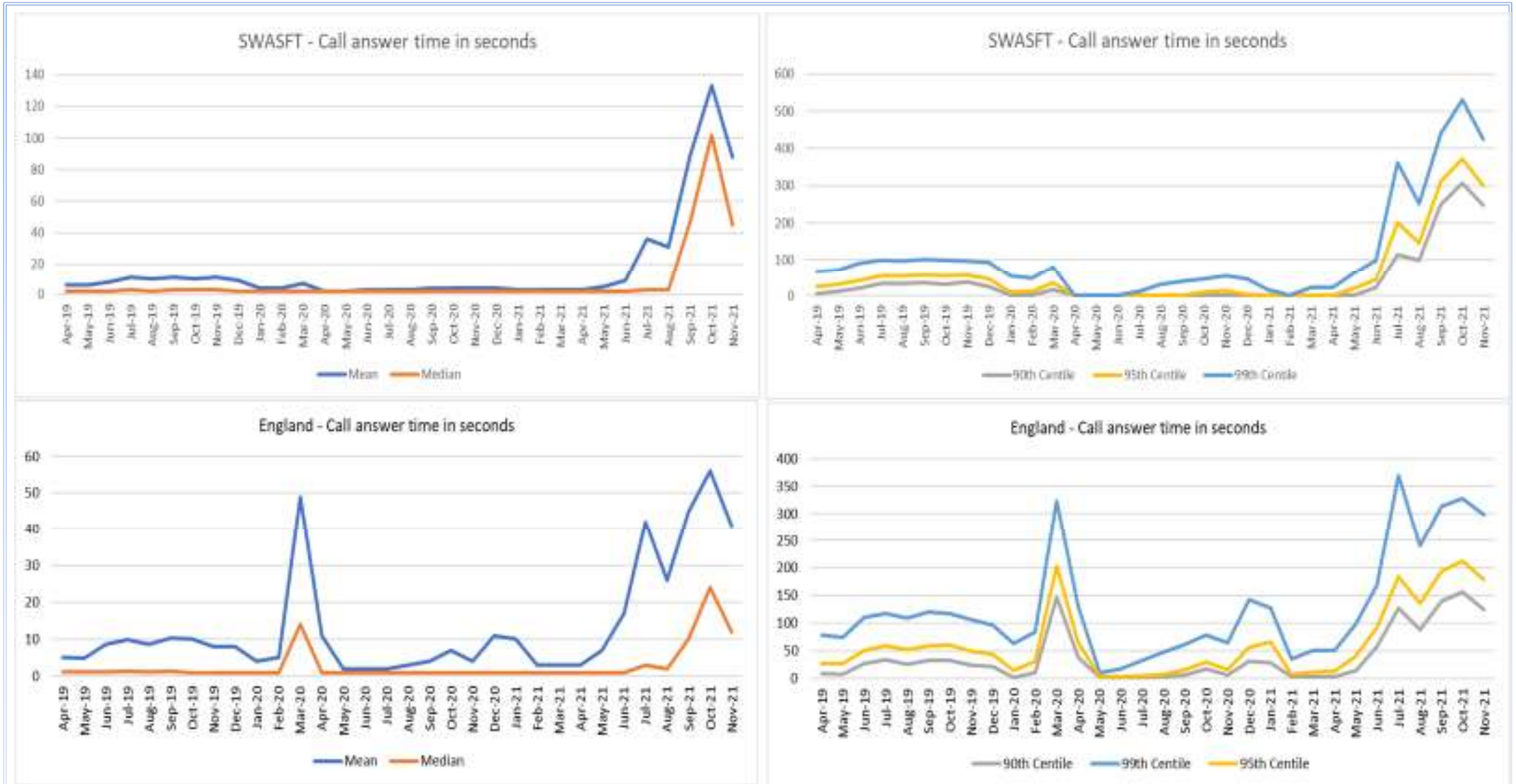
- CQC carried out an announced comprehensive inspection at Devon Doctors on 3, 4 and 5 November 2021 with a focus on reviewing improvements required from previous inspections
- A final published copy of Devon Doctors CQC inspection report is now available and CQC has rated the service as “requires improvement overall”. Previously inspectors rated Inadequate, and are no longer in ‘special measures’.

Key Questions	Aug 21	Nov 21
Are services safe?	Requires improvement	Requires improvement
Are services effective?	Inadequate	Requires improvement
Are services caring?	Requires improvement	Good
Are services responsive?	Requires improvement	Requires improvement
Are services well – led?	Inadequate	Requires improvement

Some key area where the inspectors found improvements:

- Prioritising safeguarding to minimise risk to patients. All staff have received appropriate training for their roles.
- Work was ongoing in the recruitment of sufficient staff numbers to provide the service. There were still issues with high staff turnover, but changes had been made to the recruitment process and there was a broader range of opportunities for allied health professionals.
- Regular monitoring of staffing levels and performance occurred. The service aimed to minimise risk to patient whenever possible, if there were insufficient staff to operate all of the sites.
- Risks to patients were assessed, monitored and managed to maintain patient safety.
- The whole of the board and governance structure had been reconfigured.
- Systems had been implemented to monitor learning; further development was needed to ensure these were embedded in practice.

Emergency – SWAST Performance



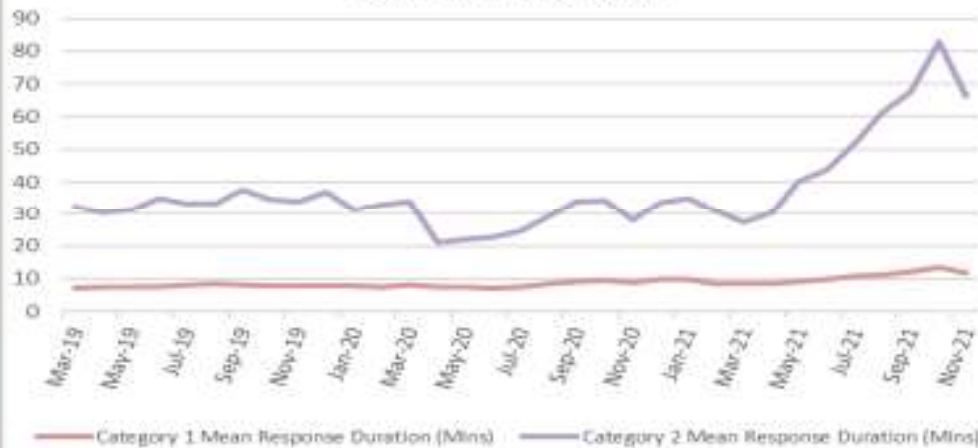
A median call answer time of 7 seconds means that half the calls were answered in less than 7 seconds. The median is identical to the 50th centile. A 90th centile incident response time of 13 minutes means that 9 out of 10 incidents were responded to in less than 13 minutes.

Emergency – SWASFT Performance

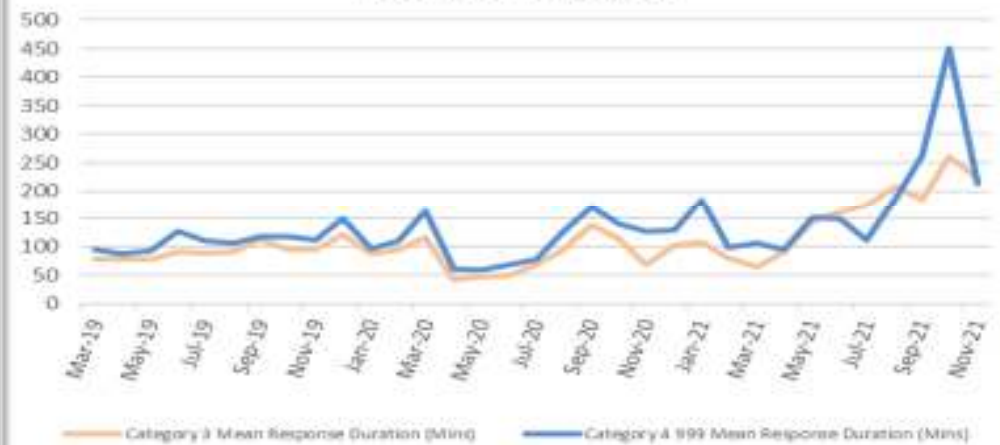


Somerset
Clinical Commissioning Group

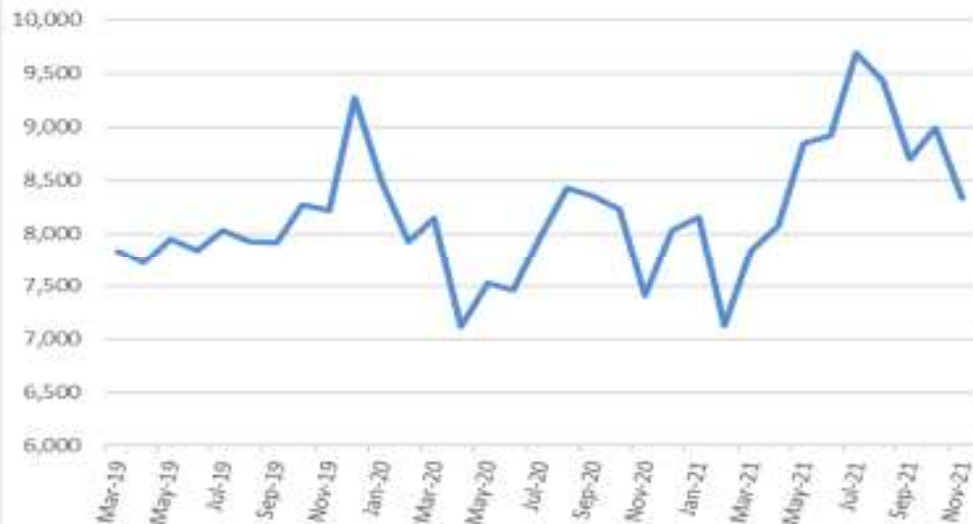
Ambulance Mean Response Times
Cat 1 and Cat2 calls



Ambulance Mean Response Times
Cat3 and Cat4 calls



Total Number Of Calls



Ambulance Outcomes



Emergency – SWAST Performance



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Areas of focus during Covid-19:

National call handling performance in September

- SWAST (South West Ambulance Service Trust) activity across the whole of the South West has seen a significant increase in activity, compared to the low levels seen during the first peak of Covid-19, and this has had an impact on performance against the Ambulance Response Programme (ARP) Response Times standards

Month 2020/21	Cat 1 (Mean 90th Percentile)		Cat 2 (Mean 90th Percentile)		Cat 3 (Mean 90th Percentile)	Cat 4 (Mean 90th Percentile)
	7 Mins	15 mins	18 mins	40 mins	120 mins	180 mins
September	9	17	33.8	66.6	331.4	362.4
October	9.5	17.6	34.2	68.6	271.4	254.9
November	8.8	15.5	28	53.7	152.4	224.3
December	9.7	17.9	33.7	64.9	233.3	313.6
January	9.8	17.9	35	67.2	254.6	500.9
February	8.5	15.9	30.9	60.9	187.3	230.9
March	8.3	15.3	27.3	52.6	143.5	264.9
April	8.4	19	30.1	58.5	216.4	202.8
May	9.2	17.6	40.2	79.9	356.1	227.1
June	9.9	18.9	43.9	89	413	420.6
July	10.9	20.8	52	107	472.3	220.3
August	11.1	21	61.3	126.2	553.9	397.1
September	12.1	21.8	67.7	144.8	474.7	830.1
October	13.3	23.9	82.9	169.3	691.3	975.6
November	11.9	21.9	66.3	137.6	583.7	418.7

Category 1: Time critical/life threatening event that required immediate intervention; Category 2: potentially serious conditions that may require rapid assessment, urgent on scene attention or urgent transport); Category 3: (urgent conditions that are not immediately life threatening) ; Category 4: (non urgent conditions, but with possible assessment or transportation required

Performance of ambulance response times (ARP) has deteriorated through October but improved in November

Emergency – SWAST Performance

Service Transformation for SWAST Activity

SWASFT 999 activity and demand levels for Somerset CCG show a 12% increase year to date compared to 2019/20

- Somerset CCG have mobilised all 3 schemes in line with the Transformation Plan featured as part of the South West Ambulance Commissioning Strategy. This is a range of commissioner-led initiatives being taken forward within the South West to support provision of patient care delivered at the right place at the right time and aim to support mitigation of 999 activity growth within Somerset:
- The IUC clinical validation work with Devon Doctors and Practice Plus Group aims to support reducing low acuity 999 dispositions and Emergency Department (ED) walk-ins, enabling 999 resourcing to be better able to meet ARP standards as well as improve Emergency Department flow, increase capacity for higher acuity patients and also mitigating the risk of ambulances queueing. It is thought that the IUC CAS validation work that was initially piloted throughout October 2020 before going live 2 November 2020 may have led to such an improvement in the number of cat 3 and 4 calls dispatched (see data below). The CCG continues to monitor this service and will escalate any issues as they arise and the data for October 2021 is:
 - Out of 696 Cat 3 and 4 calls 100% were downgraded (validated) by the Clinical Assessment Clinicians and only 45 cases had an ambulance dispatched to the patient
 - Out of 550 ED calls 100% were validated and only 113 patients were needed to be seen in ED

November 2021

- Out of 696 Cat 3 and 4 calls 100% were downgraded by the Clinical Assessment Clinicians and only 34 cases had an ambulance dispatched to the patient
- Out of 550 ED calls 100% were validated and only 100 patients were needed to be seen in ED

Emergency – SWAST Performance

Handover delays

The tables below show the number of lost hours where an ambulance was delayed at an Acute Hospital in Somerset for greater than 15 minutes

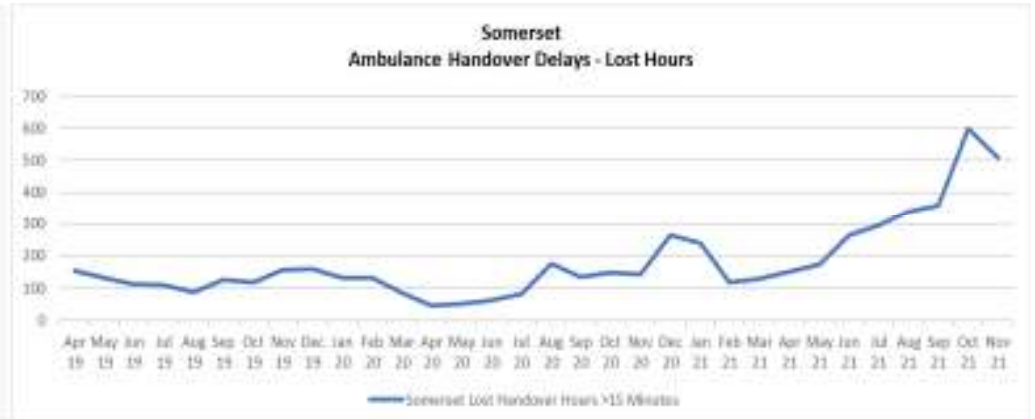
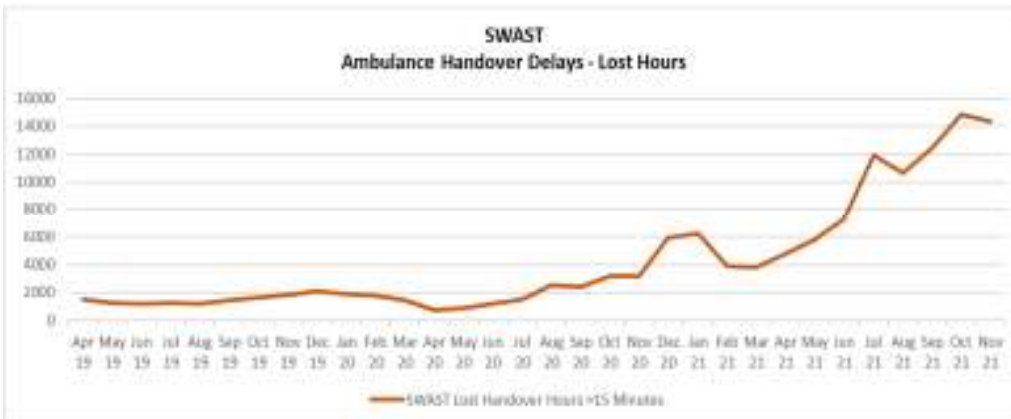
Somerset's Emergency Departments have the least number of ambulance handover delays when compared to SWAST's other commissioners

In November SWAST had a total of 14,310 lost ambulance hours

In November Somerset had a total of 507 lost ambulance hours

The Trust is working with regional and System partners to increase the traction in reducing handover delays. The aims are to maximise every opportunity to avoid patients attending ED, and to ensure efficient and effective processes are in place when patients do attend. It is a clinical, quality and safety piece of work with senior members of the acute trust and System, including SWASFT, coming together regularly to identify the work required; Onsite hospital ambulance and liaison officers (HALO) have been deployed to manage the hospital – ambulance interface, coordinating and expediting speedy handovers

In addition, a pilot is taking place at the Bristol Royal Infirmary and Treliske Hospital to immediately hand over a patient and release ambulance crews at such times when a hospital is in escalation. This will allow nearby ambulance resources to be deployed and respond to a Category 1 call



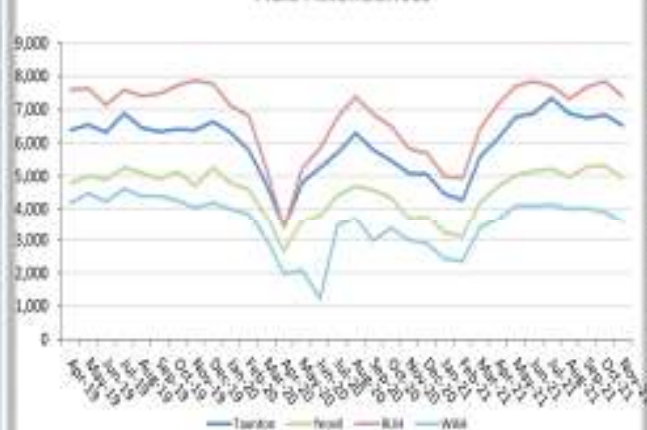
Emergency – A&E



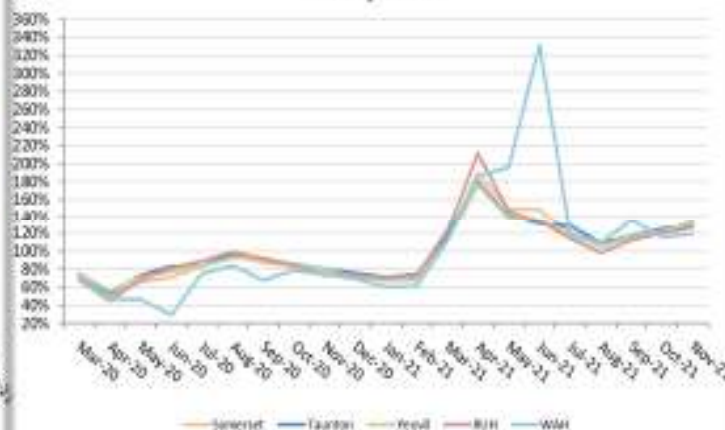
Somerset

Clinical Commissioning Group

A&E Attendances



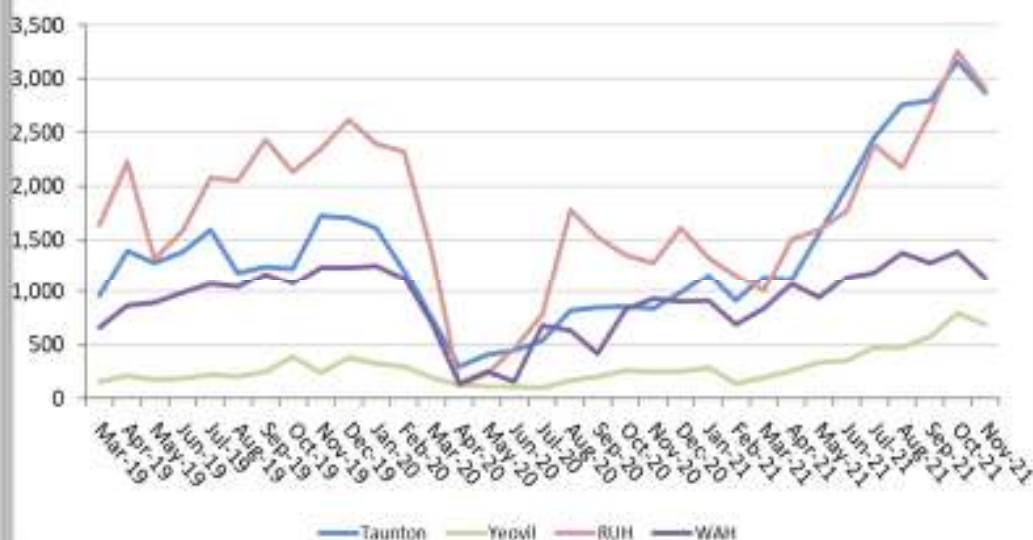
A&E Attendances % 2021/2020



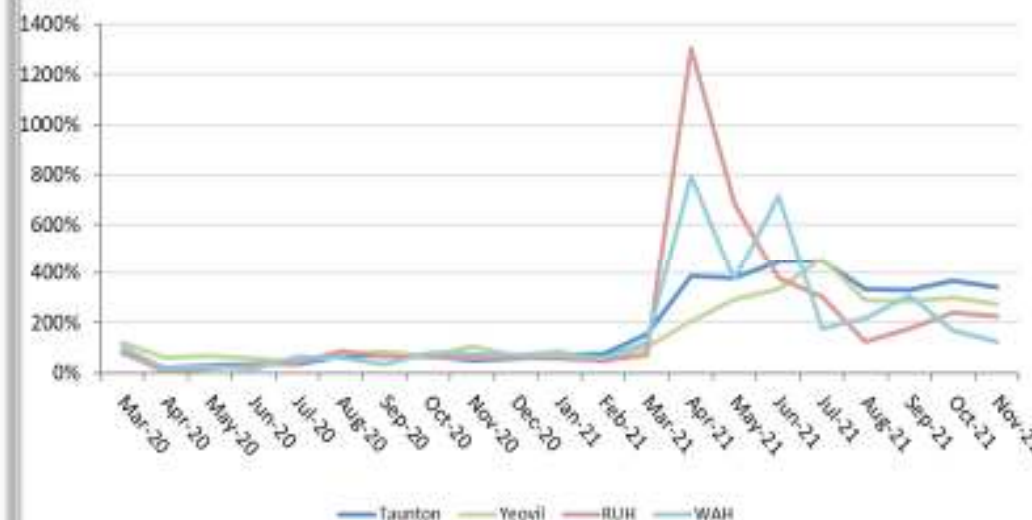
A&E 4-Hour Performance



A&E 4-Hour Attendance Breaches



A&E 4-Hour Attendance Breaches % 2021/2020



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

- **Somerset FT:** The number of patients attending the A&E Department in November was 3.3% lower (-222) than the last reported period (September 2021)
 - During the cumulative period April-November 2021, there were 54,139 attendances. This was +4.7% (+2,407) higher in volume compared to the same period in 2019/20 (51,732)
 - 4-Hour performance in November was 55.98% and during the cumulative (April-November) period was 65.6%, lower than the same period in 2019/20 where performance was 78.6%
- **YDH FT:** The number of patients attending the A&E Department in November was 6.5% lower (-344) than the last reported month of September 2021
 - During the cumulative period April-November, attendances were 1.9% higher (+757) compared to the same period in 2019/20 (39,848)
 - 4-Hour performance in November was 86% and during the cumulative period April-November was 90.3%, lower compared to 2019/20 April-November cumulative period of 95.3%
- **RUH Bath:** The number of patients attending the A&E Department in November was lower in volume -4% (-306) compared to the last reported month of September 2021
 - During the cumulative period April - November, attendances were 0.3% (+170) higher than the same period in 2019/20. 60,660 compared to 60,490
 - 4-Hour performance in November was 60.54% and during the cumulative period of April-November was 69.9% declined, compared to the same cumulative period of 2019/20 of 73.3%
- **UHBW:** The number of patients attending the Weston site A&E Department in November was 3,604, -10.5% lower (-423) compared to the last reported month of September.
 - During the cumulative period April - November, attendances were 9% lower (-3,118), than the same period in 2019/20
 - 4-Hour performance in September was 68.2% and during the cumulative period of April-November was 69.7% compared to the same cumulative period of 2019/20 of 75.8%

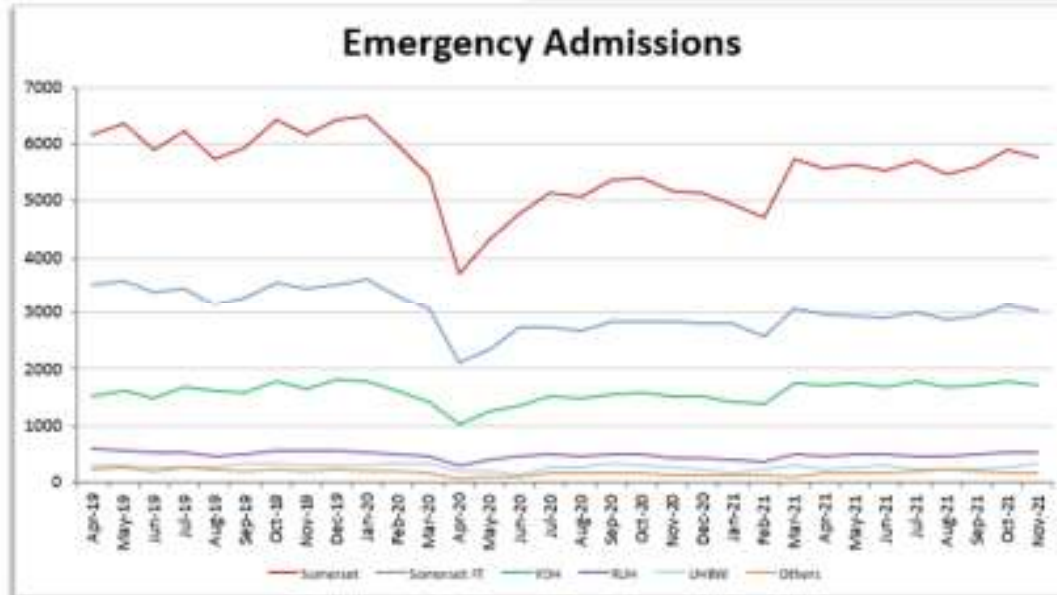
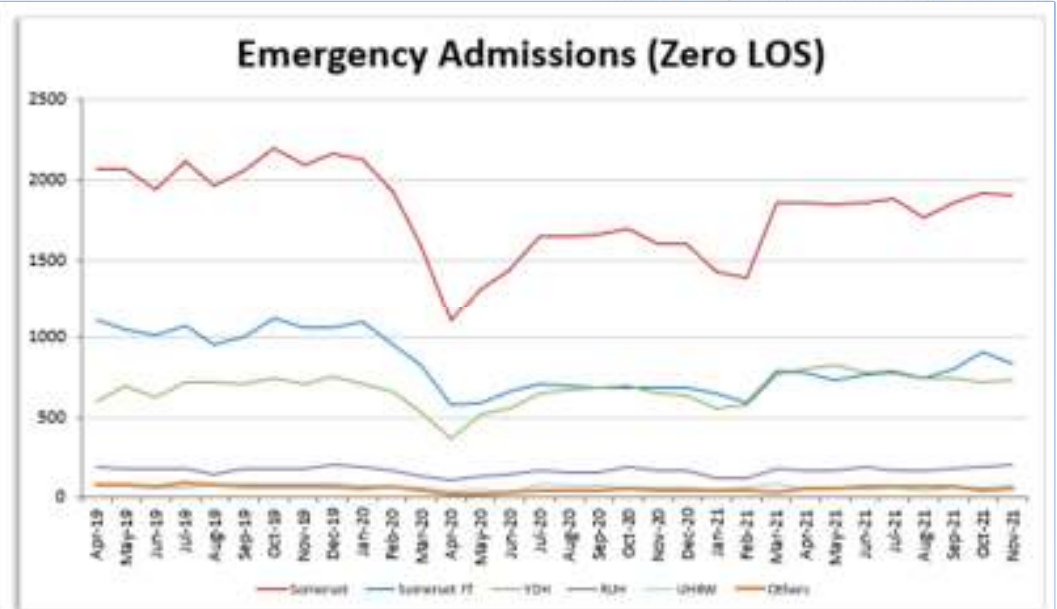
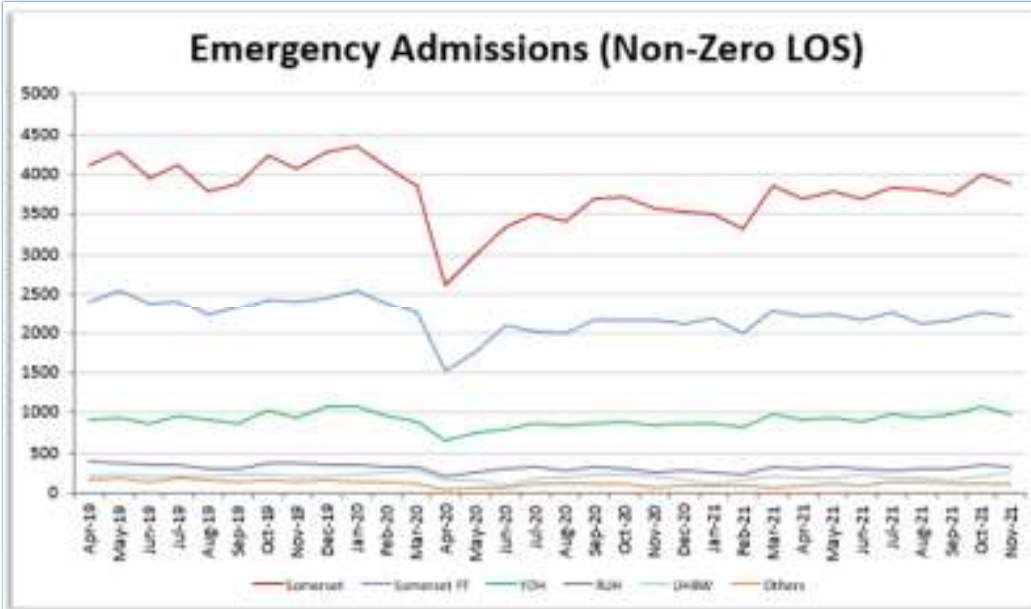
Challenges

- Somerset FT: Covid-19 admissions have increased but levels remain lower than the second wave of the pandemic. High level of attendances and increase in patient acuity.
- YDH FT: Higher number in presentations of acutely ill patients as well as with minor ailments. Increase in minor activity where the patient did not have emergency need.
- RUH Bath : Attendances are consistently above the pre-pandemic levels. Increased number of paediatric attendances, ambulance handover delays, growing number of No Criteria to Reside patients.
- UHBW (Weston site): Flow through the department has been the main challenge with patients bedded every night in ED awaiting a speciality bed. This resulted in capacity issues within the department and divers were arranged. 291 12 hours breaches in November which is a reflection of the challenges with patient flow through the site. High number of medically Fit for Discharge Patients. (As per UHBW Board Report)
- The increase in ambulance handover delays from April in Somerset follows a similar pattern to the increase in ambulance arrivals to A&E at all sites (see graph on slide 28)

Mitigation

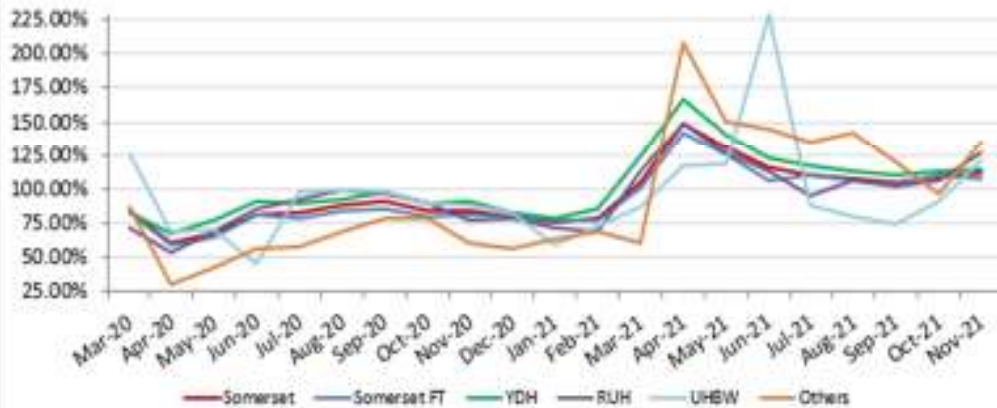
- A number of mitigating winter schemes have been approved and will be implemented for this winter. This should support flow through the hospitals.
- Contingency plan for patient flow and bedded care is being developed in the event of increased emergency demand. Zoning to separate positive / query positive and negative Covid-19 patients and Covid-19 testing regimes on admission continues. Close work with intermediate care to support increase in capacity and also recruitment and staff transfer. Discharge Lounge has been reinstated in the Outpatients Department. (Somerset FT)
- Recruited 38 whole time equivalent to support vacancies, introduced new shift patterns for Emergency Nurse Practitioners. Introduced paperless administration within Urgent Care Introducing a dedicated offload coordinator role to reduce ambulance handover delays. Launching new Discharge to Assess model to improve flow (RUH)
- Weston have continued with its triaging work at the front door, this has helped in times of surge to minimise the crowding in the waiting room. Raising public awareness of alternatives to ED used via social media as well as system led radio campaign.

Emergency – Emergency Admissions

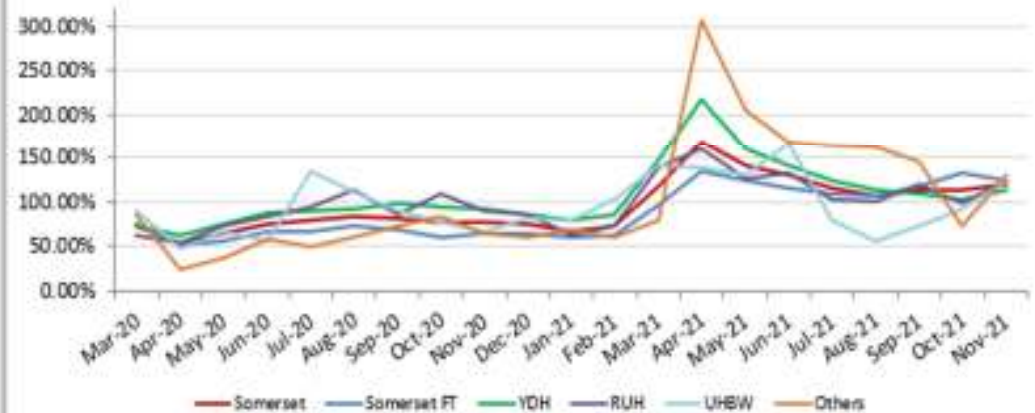


Emergency – Emergency Admissions

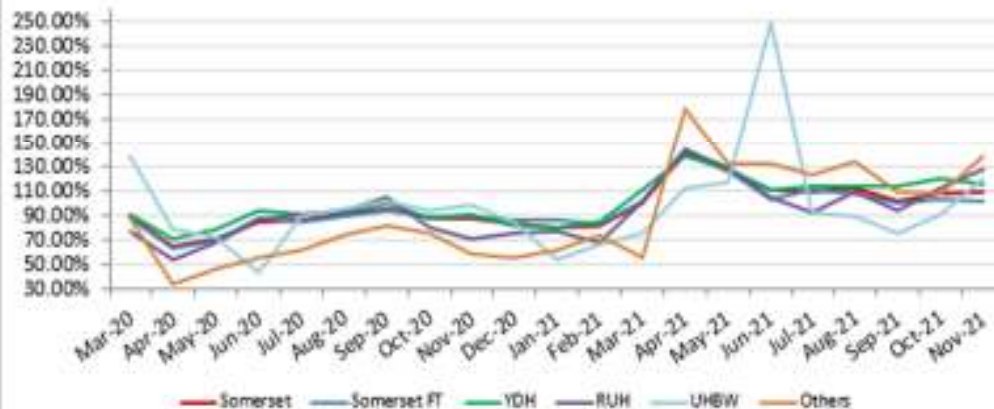
Emergency Admissions 2021/2020 comparison



Emergency Admissions (Zero LOS) 2021/2020 comparison



Emergency Admissions (Non Zero LOS) 2021/2020 comparison



Emergency – Emergency Admissions

- **Somerset:** The number of emergency admissions in November 2021 were 6.2% lower (-380) than November 2019 and when comparing the cumulative period of April 2021 to November 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 7.6% (-3,701). The average number of daily admissions in November has increased by 6.3 admissions per day when compared to September 2021 (the last reporting period) and this increase is seen within the non-zero length of stay patient cohort and in turn will have a more significant impact upon bed occupancy and patient flow. The influencing factors of this increase is multifactorial and relating to the higher levels of demand seen throughout all emergency routes (namely, primary care, NHS 1111, SWAST and Accident and Emergency Departments).
- **Somerset FT:** The number of emergency admissions in November were 12.5% lower (-434) than November 2019 and when comparing the cumulative period April 2021 to November 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 13.3% (-3,650). The average number of daily admissions in November 2021 has increased by 3 admissions per day when compared to the previous reported month of September and is seen in both zero and non-zero LOS
- **YDH FT :** The number of emergency admissions in November were 4% higher (+66) than November 2019 and when comparing the cumulative period April 2021 to November 2021 to the correlating period in 2019 the volume of emergency admissions have increased by 6.7% (+874). Emergency admissions show a very slight reduction compared to the previous reported month of September.
- **RUH Bath:** The number of emergency admissions in November were 2.7% lower (-15) than November 2019 and when comparing the cumulative period April 2021 to November 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 7% (-300). The average number of daily admissions have increased by 1.8 admission per day and mainly contributed by non-zero LOS
- **UHBW:** The number of emergency admissions in November were 7.3% higher (+22) than November 2019 and when comparing the cumulative period April 2021 to November 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 13.5% (-326). Compared to the previous reporting period, the daily admissions have increased by 2.9 admissions per day, predominantly in non-zero LOS.

Emergency – Emergency Admissions

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

Ongoing challenges

- Those patients being admitted to an inpatient bed continue to have longer stays. This is consistent with a slowing of the rate of discharge for medically fit patients due to domiciliary capacity challenges and a shortfall in bedded care packages. Increased paediatric admissions, reasons for this are not yet fully understood. High number of No Criteria to Reside patients (Somerset FT and YDH FT and RUH)
- UHBW (Weston site) –bed deficit as a result of IPC/streaming and zoning which will hinder recovery for the foreseeable future (as per August board report) Workforce shortages, particularly nursing, has meant that wards with inpatient escalation beds could not consistently be staffed. The delay in restoration of some primary and community care services.
- Reduction in the number of beds due social distancing, zoning of patients
- Acute staffing remains extremely challenging across all trusts.
- Delayed transfers

Mitigation

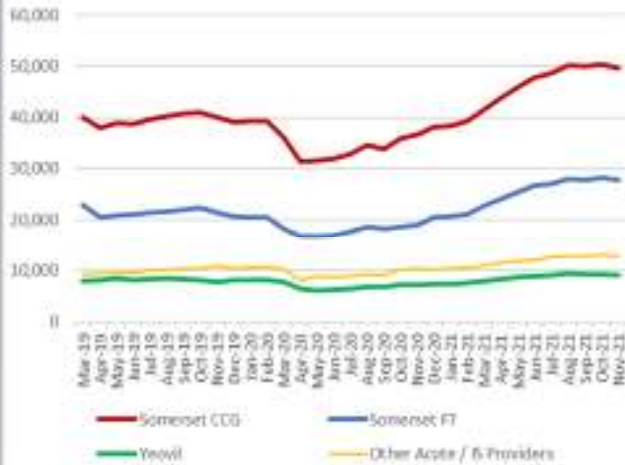
- Virtual wards. It supports patients with clinically suspected or confirmed Covid-19 where the ward team is in touch with the patient at home and monitoring the patient remotely. (Somerset FT and YDH FT)
- Revision of the process of bed requests and allocation to reduce any delays with admission of patients from the department. Providing alternatives such as rapid response hubs, support care homes and the implementation of the Home First project which facilitates the discharge of medically fit patients out of the hospital. Patients receive intensive period of reablement to promote independence and keep patients (as long as possible) in their usual place of residence. (Somerset FT)
- Launching new Discharge to Assess model with Virgin in BANES. (RUH,)
- Zoning to separate positive / query positive and negative Covid-19 patients and Covid-19 testing regimes on admission (all trusts)

Referral to Treatment

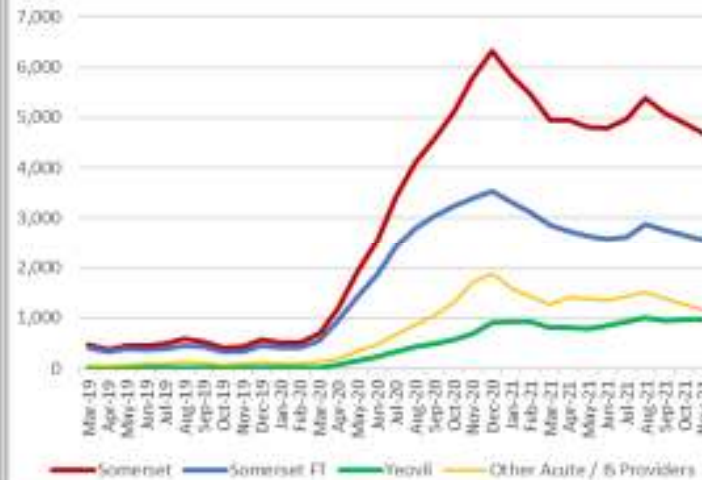


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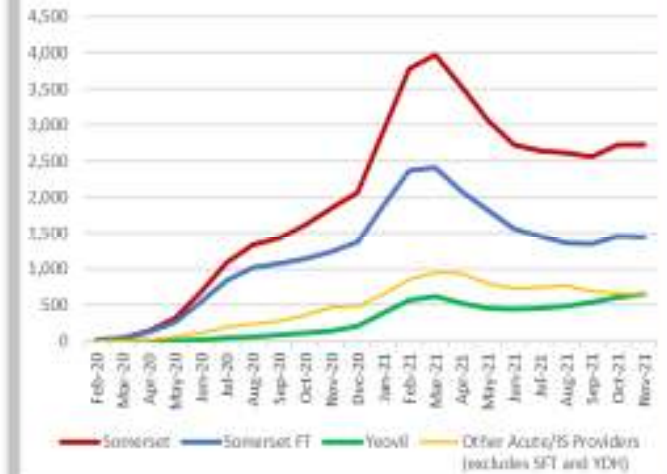
RTT - Waiting List Size



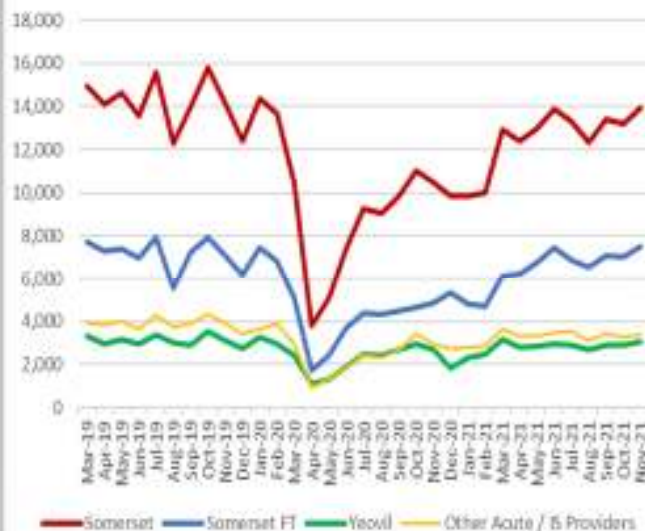
RTT - Patients >40 weeks



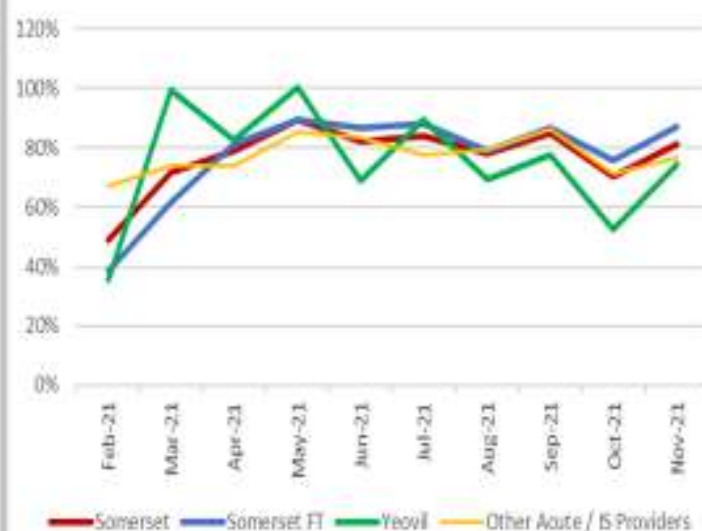
RTT - Patients >52 weeks



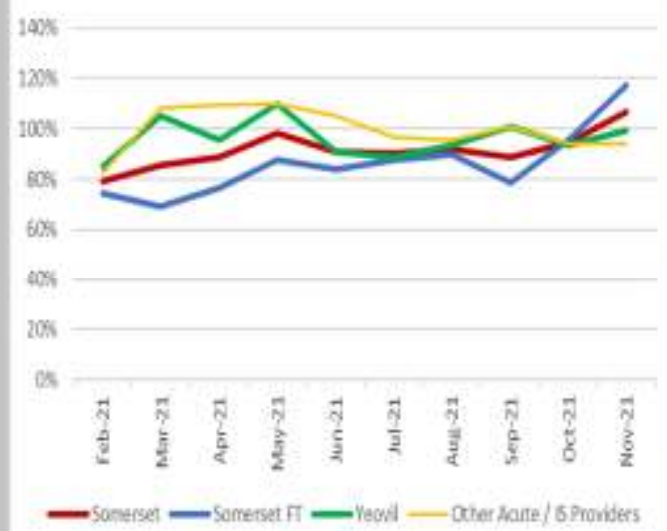
RTT Clock Starts



Admitted activity compared to pre-COVID



Non-admitted activity compared to pre-COVID



Key Challenges

- All RTT performance measures continue to be impacted by the Covid-19 pandemic due to services working at reduced capacity due to the ongoing impact of social distancing and enhanced infection control measures, workforce constraints and patient choosing not to attend (for both Covid-19 and non Covid-19 reasons). The emphasis continues to be to keep patients safe whilst ensuring that those patients with urgent conditions continue to be prioritised
- There has been an active programme of system-wide working to ensure the efficient use of all available out-patient and in-patient capacity across the System and to agree plans to extend capacity for specific services or specialities. Despite this approach due to a combination of the prioritisation of cancer and urgent cases, the loss of treatment capacity against a backdrop of increasing referral demand, a resurgence of Covid-19 cases and unprecedented emergency demand has led to the cancellation of elective surgeries. The consequential impact of these cancellations is an increase in the overall size of the waiting list as well patients waiting longer for treatment
- Elective referrals have continued to restore during 2021/22 with cancer demand returning to pre pandemic levels and routine referrals continuing to increase (although there is variation at a specialty level). During the period April to November 2021 the referral volume was 92.4% of those received during the same period in 2019/20. In November 2021 there were 13,951 new clock starts which equates to 634 per working day compared to 12,000 in September 2019 (or 673 per day)
- The size and shape of the waiting list has changed since the onset of the Covid-19 pandemic due to the change in referral patterns and the wait for first definitive out-patient and in-patient treatments. In November 2021, there were 49,610 patients on an incomplete pathway waiting their first definitive treatment which is an increase of 8,065 pathways when compared to March 2021 and attributed to the increase in referral demand as well as a lower level than expected level of clock stops delivered
- In November 2021 there was 104.3% of RTT clock stop activity carried out when compared to November 2019 (111.9% of RTT out patient activity and 85.0% of RTT in-patient activity) and during the cumulative period April to November 2021 there was 89.8% of RTT clock stop activity carried out when compared to the same period in 2020/21 (93.4% of RTT out patient activity and 80.6% of RTT in-patient activity)
- Activity output relative to input continues to be impacted by the Covid-19 pandemic with reduced throughput in out-patient areas due to the continuation of social distancing and during 2021/22 theatre capacity was reduced (by 1 theatre at Somerset FT) to support critical care expansion but returned to a full compliment from October. Out-Patient recovery is being supported by increasing the level of virtual consultations, expansion of Single Point of Access and moving to Advice First as well as increasing out-patient optimisation (increasing advice and guidance consultations and Patient Initiated Follow Up appointments)

Key Challenges

- The pressures being seen across primary care and all emergency services is unprecedented resulting in an increased volume of patients arriving at A&E and being admitted; in addition, we are seeing an increase in length of stay of approximately 0.5 days due to a combination of increased acuity and discharge delays due to intermediate care capacity challenges. Despite these pressures the Trusts are working hard to restore elective services to pre pandemic levels with the focus is upon treating priority patients first and working to reduce those waiting the longest
- The new national focus is upon treating all patients whose wait has exceed 24 months and with the exception of patient choice for there to be zero by March 2022
- The number of patients waiting in excess of 52 weeks has remained broadly at the same size since June 2021:
 - >52 Week Waits: In November 2021 there were 2,726 patients whose wait exceeded 52 weeks which is a reduction of 1,250 when compared to March 2021 and the specialities with the longest waits are General Surgery/Colorectal, Orthopaedics, ENT and Ophthalmology
- Monthly reporting of very long waits (in excess of 52 weeks by weekly wait banding) was introduced from April 2021, therefore 78 and 104 week waits are compared to April 2021 (rather than March 2021 for other waiting list comparisons)
 - >78 Week Waits: In November 2021 there were 772 patients (+194 upon April 2021 but a reduction of 264 when compared to September 2021) waiting in excess of 78 weeks and the specialities with the longest waits are General Surgery/Colorectal, Orthopaedics, ENT and Ophthalmology
 - >24 Months Waits: In November 2021 there were 145 patients (+113 upon April 2021 although the rate of increase has slowed) waiting in excess of 24 months and the specialities with the longest waits are General Surgery/Colorectal, Orthopaedics, ENT and Ophthalmology
- The breakdown of the longest waits by Provider is as follows:
 - Somerset FT: >52 week - 1,439, >78 weeks - 400, >24 months - 83
 - YDH FT: >52 week - 651, >78 weeks - 199, >24 months - 11
 - RUH Bath: >52 week - 94, >78 weeks - 9, >24 months - 0
 - UHBW: >52 week - 144, >78 weeks - 44, >24 months - 17
 - SMTC: >52 week - 19, >78 weeks - 6, >24 months 1
 - Other Providers: >52 week - 379, >78 weeks - 114, >24 months – 33

Key Focus

In November 2021, the volume of elective activity at all Somerset Providers that took place during the month across all points of delivery (ordinary and day case admissions) equated to 94.4% of the activity delivered in November 2019; this breaks down to overnight in-patient recovery of 70.0% and day case recovery of 98.7%

In November 2021, the percentage of out-patient activity at all Somerset Providers that took place during the month across all out-patient points of delivery (consultant and non-consultant first and follow-up) equated to 103.4% of the activity delivered in November 2019 (with percentage recovery at Somerset FT of 103.8%, YDH FT 108.% and Other Providers 97.7%)

The way in which out-patients are delivered have transformed since the onset of the Covid-19 pandemic; the use of digital technologies has enabled patients to have access to out-patient care without the need of visiting the hospital and has resulted in a significant increase in the proportion of consultations delivered virtually. When assessed against the new virtual consultations ambition of 25% during 2019/20 5.9% of out-patient appointments were attended virtually compared to 23.0% during 2021/22

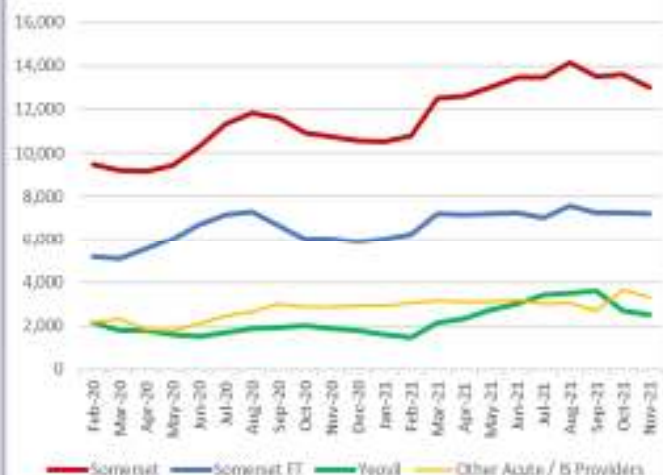
- There is an active programme of system-wide actions to support recovery and improvement actions which include:
 - Rapid diagnostic services
 - Diagnostic Hubs
 - Sourcing additional capacity for long waiters
 - Waiting list transfers
 - Outpatient transformation
 - Pathway redesign and service model changes
 - Theatre productivity and efficiency
- In addition, the Somerset System has set out a significant programme of work with analysis underway to understand at a granular level the patterns of healthcare access for those patients coming from the highest 3 deciles of deprivation to ensure that there is equity of access

Diagnosics

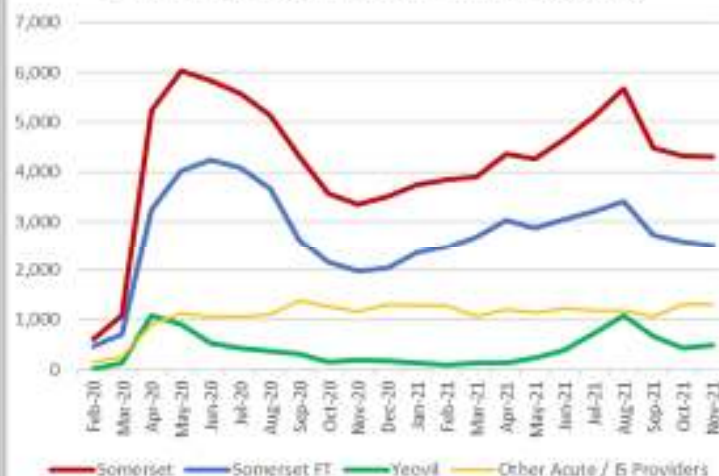


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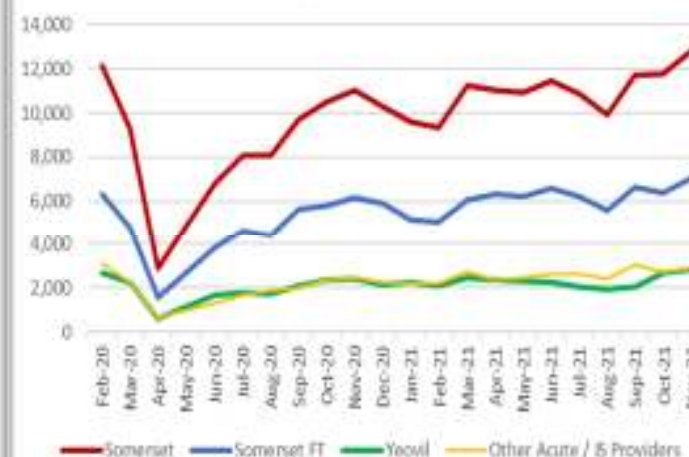
Diagnostic Waiting List



Diagnosics - patients waiting over 6 weeks



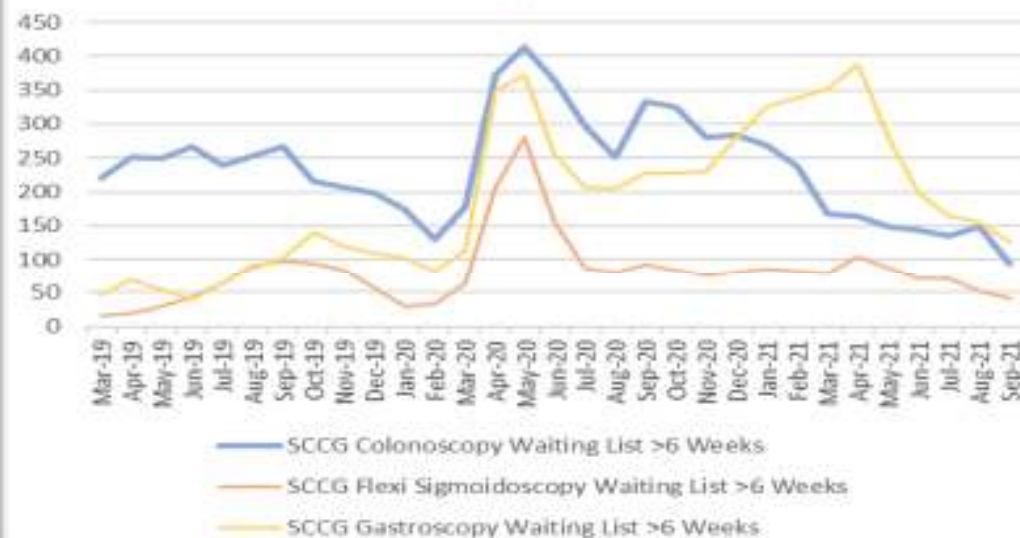
Diagnostic Activity



Somerset Radiology Waits Over 6 Weeks



Somerset Endoscopy Waits Over 6 Weeks



Diagnostics

- All diagnostic measures continue to be impacted by the Covid-19 pandemic due to services working at reduced capacity as a result of the ongoing impact of social distancing in waiting rooms and enhanced infection control measures (PPE and cleaning measures between patients), staff sickness and recruitment challenges which have led to a significant increase in the number of patients waiting in excess of 6 weeks for their diagnostic test or procedure during 2021/22
- There were 4,309 patients in November 2021 waiting in excess of 6 weeks (which whilst is an increase of 409 patients when compared to March 2021, a reduction of 169 patients upon the previous reported month of September) resulting in performance of 66.9% against the 99% standard (-1.95% compared to the March 2021)
- There were 2,258 patient waiting in excess of 13 weeks in November 2021 which whilst is an increase of 151 patients on March 2021 is a reduction of 400 upon the previous reported month of September.
 - Number of patients waiting in excess of 6 weeks by Provider: Somerset FT 2,515, YDH FT 497, Other Providers 1,297
 - Number of patients waiting in excess of 13 weeks by Provider: Somerset FT 1,565, YDH FT 15, Other Providers 678
- The diagnostic modalities with the greatest challenges and highest volume of 6-week and 13-week backlog are MRI, Echocardiography, Non-Obstetric Ultrasound, CT and Endoscopy (with the change in backlog compared to the previous month shown in brackets)
 - MRI (6 weeks: 783 (-44), 13 weeks: 280 (-55))
 - CT (6 weeks: 216 (-39), 13 weeks: 56 (-44))
 - Non-Obstetric Ultrasound (6 weeks: 400 (+57), 13 weeks: 82 (+12))
 - Audiology (6 weeks: 293 (+108), 13 weeks: 54 (-3))
 - Echocardiography (6 weeks: +2,113 (+32), 13 weeks: 1,554 (-89))
 - Endoscopy (6 weeks: 314 (-64), 13 weeks: 169 (-54))
- The diagnostic modality with the greatest backlog is Echocardiography and makes up 49.0% of the overall 6-week backlog; the breaches are predominantly at Somerset FT but other acute providers across Somerset, the Region and Nationally are also experiencing access challenges with this modality. Somerset FT has had a successful programme of recruitment and the backlog is expected to continue to reduce as a result of increasing capacity
- In November 2021 the volume of diagnostic tests or procedures carried out was 101.2% of the level carried out in November 2019 and cumulatively during the period April 2021 to November 2021 (compared the same period in 2019/20) the percentage of activity restoration was 100.2%
- When looking at the diagnostic test type (waiting list, planned or unscheduled/emergency) during the cumulative period April 2021 to November 2021 there has been a significant increase emergency (unscheduled activity) with activity restoration of 128.0% compared to waiting list activity restoration of 92.0% and is linked to the unprecedented increase in emergency demand. In addition, there is some variability at either a Diagnostic Modality (and/or Provider) level
 - Diagnostic Activity recovery in November 2021: Radiology: 104.9%, Physiological 93.5%, Endoscopy: 87.1%)
 - Diagnostic Activity recovery in April 2021 to November 2021: Radiology: 105.2%, Physiological 82.7%, Endoscopy: 95.4%)

Actions in place to restore capacity include securing additional external MRI capacity, the opening of the Rutherford's Diagnostic Centre at Taunton, ensuring maximum utilisation of all available endoscopy capacity (with additional gastroscopy capacity delivered at Bridgwater Community Hospital) and utilising an insourcing company to provide additional echocardiography capacity at Somerset FT whilst the recruitment process concludes

An improvement trajectory has been developed for the 2 modalities with the biggest 6-week backlogs at SFT (MRI and Echocardiography); whilst the number of 6 week Echocardiography breaches in November has slightly increased (the volume >13 weeks has reduced) and the number of MRI breaches has reduced by 625 (57%) since July 2021 when the backlog reached its highest level. Improvement plans and recovery trajectories are in place for both diagnostic modalities and progress against these plans continue to be monitored on a weekly and monthly basis

A summary by diagnostic modality is outlined below:

Radiology – during 2021/22 the overall number of Radiology (MRI, CT and Non Obstetric Ultrasound) 6 Week Waits increased by 282 (from 1,117 in March 2021 to 1,399 in November 2021); however it should be noted that the backlog has significantly reduced (-946) over the past 3 months when comparing to August 2021 (which is the month when the backlog reached its highest point in the year)

- MRI 6 Week Waits reduced by 21 from 804 in March 2021 to 783 in November 2021 and has reduced by 42% since August 2021 when the backlog reached the highest point in 2021
- CT 6 Week Waits increased by 54 from 162 in March 2021 to 216 in November 2021 but has reduced 21% since August 2021 when the backlog reached the highest point in 2021
- Non-Obstetric Ultrasound 6 Week Waits increased by 249 from 151 in March 2021 to 400 in November 2021 but has reduced by 36% since August 2021 when the backlog reached the highest point in 2021

Endoscopy – during 2021/22 the overall number of Endoscopy 6 Week Waits has reduced by -399 (from 713 in March 2021 to 314 in November 2021) and has reduced every month since April 2021

- Colonoscopy: 6 Week Waits reduced by 77 from 167 in March 2021 to 90 in November 2021 and has reduced by 45% since April 2021 when the backlog reached the highest point in 2021
- Flexi-Sig: 6 Week Waits reduced by 36 from 79 in March 2021 to 43 in November 2021 and has reduced by 61% since June 2021 when the backlog reached the highest point in 2021
- Gastroscopy: 6 Week Waits has reduced by 218 from 352 in March 2021 to 134 in November 2021 and has reduced by 65% since April 2021 2021 when the backlog reached the highest point in 2021

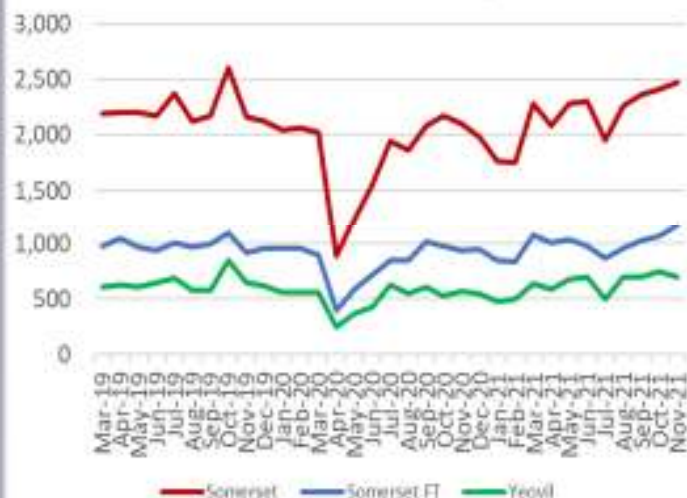
RTT & Diagnostics

Physiological Diagnostics– during 2021/22 the overall number of Physiological 6 Week Waits has increased by 526 from 2261 in March to 2596 in November; however the 6-week backlog peaked in August 2021 (2870) and in November 2021 has reduced by 274

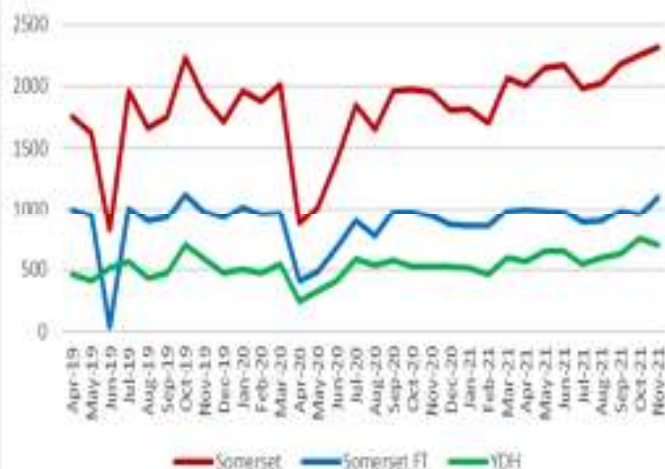
- DEXA Scans 6 Week Waits reduced by 77 from 149 in March 2021 72 in November 2021 and has reduced by 39% since April 2021 when the backlog reached the highest point in 2021
- Audiology Assessments: 6 Week Waits increased by 230 from 63 in March 2021 293 in November 2021 and has returned to the highest level of breach which was seen in August 2021
- Echocardiography: 6 Week Waits increased by 298 from 1615 in March 2021 2,113 in November 2021 but has reduced by 7.7% since August 2021 when the backlog reached the highest point in 2021
- Peripheral Neurophysiology: 6 Week Waits increased by 11 from 16 in March 2021 27 in November 2021 and the backlog has remained at a low level throughout 2021
- Sleep Studies: 6 Week Waits reduced by 14 from 48 in March 2021 34 in November 2021 and the backlog has remained at a low level throughout 2021
- Urodynamic: 6 Week Waits reduced by 120 from 175 in March 2021 55 in November 2021 and has reduced by 45.1% since April 2021 when the backlog reached the highest point in 2021

Cancer

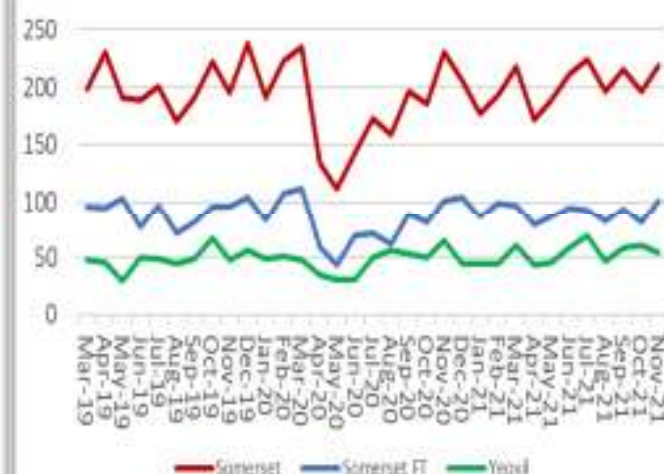
2 Week Wait Pathways



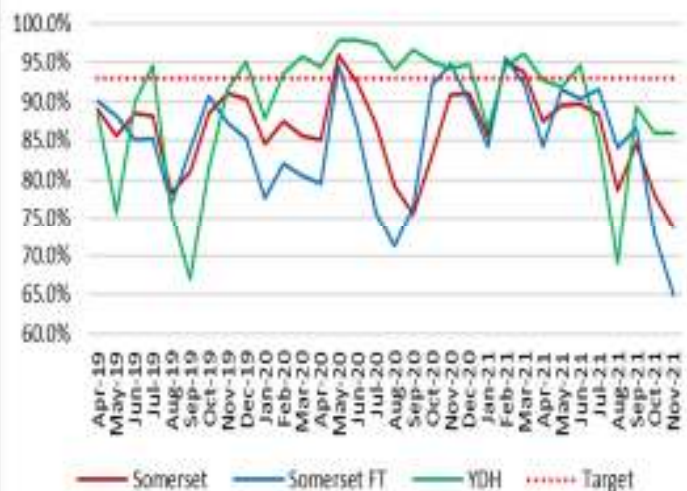
28 Day Faster Diagnosis Standard Pathways



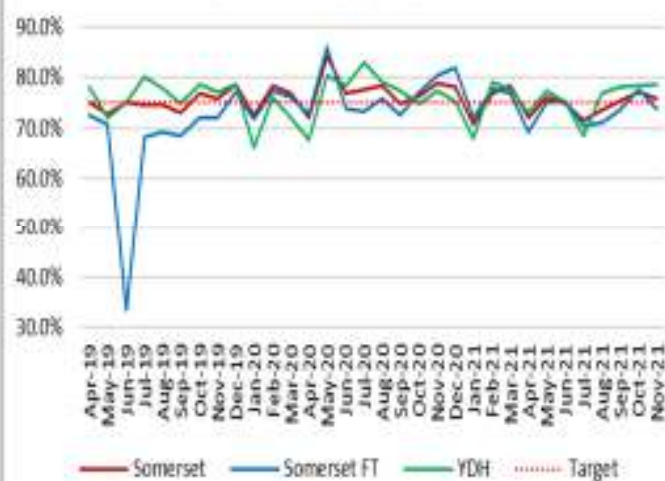
62 Day Cancer Pathways



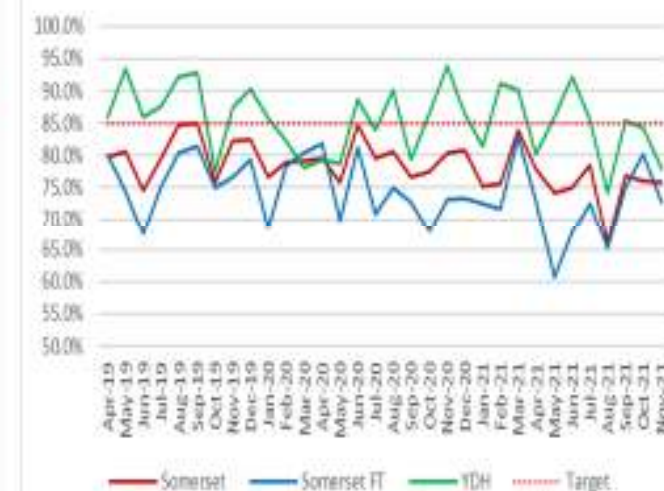
Cancer 2 ww performance



28 Days Standard Diagnosis performance



Cancer 62 day performance



Cancer - November

- **Volume of 2 week wait referrals:**

- Somerset: +5% (+116), Somerset FT: +13%, (+134); YDH FT: same volume as September, RUH: -0.3% (-1), UHBW: -11.2% (-32), Others: -34% (+15) (all compared to the previous reported month of September)

- **2 week wait Performance (target 93%):**

- Somerset: 73.7% (-10.9%), Somerset FT: 64.9% (-21.7%), YDH FT: 86% (-3.43%), RUH Bath: 73.2% (+2.9%), UHBW: 84.6% (-4.2%), Others: 57.63% (+28%) all compared to the previous reported month of September.
- The proportion of patients on a suspected cancer pathway waiting less than 2 weeks have been steadily increasing since April with a July drop. System performance has been below the standard since April 2021.

- **2 week wait breaches predominantly in:**

- suspected breast cancer (mainly Somerset FT, YDH FT – mainly due to inadequate Outpatient capacity)
- lower GI (mainly Somerset FT, YDH FT – due to administrative delay, inadequate outpatient capacity and patient choice)

- **Volume of First definitive treatment within 62 days from GP referral**

- In November 2021 the number of patients on a 62 day pathway who received their first definitive cancer treatment following GP referral was similar when compared to the previous reported month of September 2021, breakdown of trusts:
- Somerset FT: 7.4% (+7); YDH FT: -6.9%, (-4), RUH: +10.3% (+10.3), UHBW: 5.7% (+2), Other Providers: -31.3% (-2.5)

- **62 Day Performance (target: 85%):**

- Somerset System: 1% decrease in performance to 75.8%.
- Somerset FT: 75% (-72.77%), YDH FT: 77.8% (-7.6%), RUH: 57.14% (-19.33%), UHBW: 86.5% (-3.5%), Other Providers: 72.7% (-41.5%)

- **Breaches predominantly in**

- Lower Gastrointestinal cancer (mainly due to Health Care Provider initiated delay to diagnostic test/treatment planning, complex diagnostic pathway)
- Skin (mainly due to Health Care Provider initiated delay)
- Urological cancers (mainly due to Health Care Provider initiated delay to diagnostic test/treatment planning)

- **Volume of 28 day Faster Diagnosis Standard referrals:**
 - Somerset: +5.8% (+127), Somerset FT: +11.5%, (+114); YDH FT: +12%, (+75), RUH: -3% (-8), UHBW: -22.3% (-58), Others: +9% (+4) (all compared to the previous reported month of September)
- **28 day Faster Diagnosis Standard Performance (target 75%):**
 - Somerset: 75.9% (+0.6%), Somerset FT: 73.8% (+0.1%), YDH FT: 78.7% (+0.5%), RUH Bath: 71.8% (+2.2%), UHBW: 82.2% (-4%), Others: 81.3% (+40.4%) all compared to the previous reported month of September.
- **28 day Faster Diagnosis Standard breaches predominantly in:**
 - 2WW - Lower GI, Gynaecological, Urological, Head and Neck, Skin, Upper GI and Breast cancers (mainly due to inadequate outpatient capacity, administrative delay, complex diagnostic pathway, health care provider initiated delay)

Actions to improve performance include:

Introduction of additional Endoscopy capacity from Q2 and improvements theatre throughput and list utilisation

Continuation of additional MRI/CT mobile capacity (re-sited to South Somerset – Yeovil/South Petherton)

Service Delivery Funding approved by SWAG CA (Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance) which will be used to support cancer recovery and strategic aims of LTP (Long Term Plan) for Cancer.

The pan Somerset Non Site Specific Rapid Diagnostic Service for patients with vague symptoms that could indicate cancer was implemented on 26th July 2021. Initial referral numbers are low, however, it is anticipated that referrals will gain traction over the next couple of weeks.

A colorectal pre-referral test pilot for Primary Care is now live to ensure pre-2ww referral filter tests are completed. This will help speed up the pathway for patients, ensuring they are only sent on a 2ww pathways where appropriate and support Primary Care with conducting tests.

Both YDH FT and Somerset FT have robust plans to support the 28 day Faster Diagnosis Standard in Lung, Colorectal and Prostate.

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

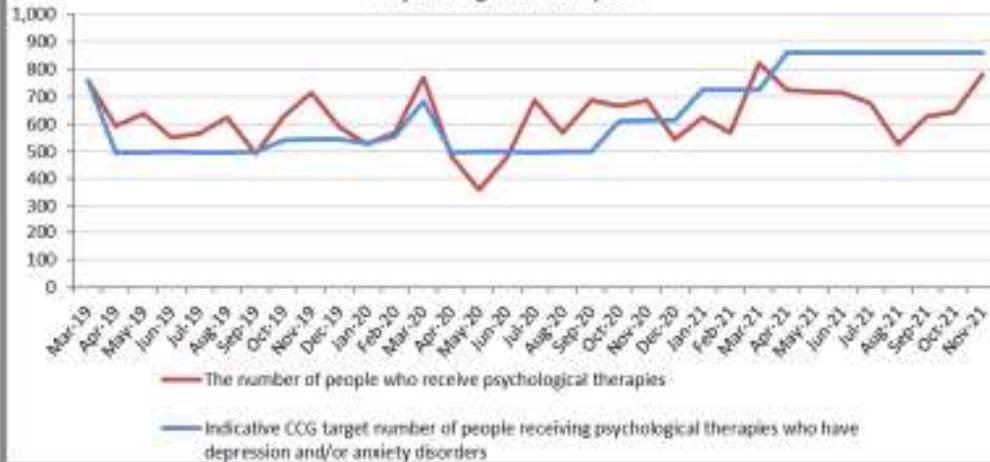
“C The signs” is a multi-platform digital decision and referral support tool for GPs is now live and monitoring of use is ongoing. The tool helps GPs to identify patients at risk of cancer at the earliest and most curable stage of the disease.

Mental Health

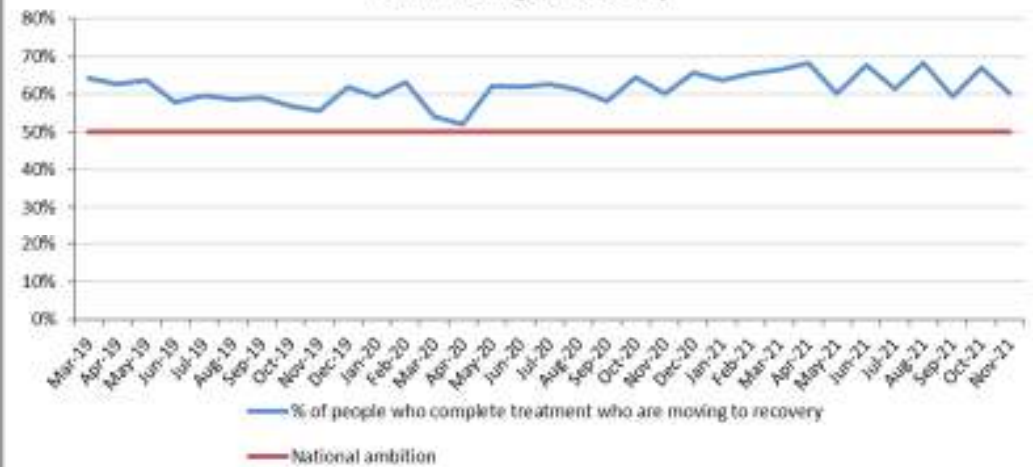


Somerset
Clinical Commissioning Group

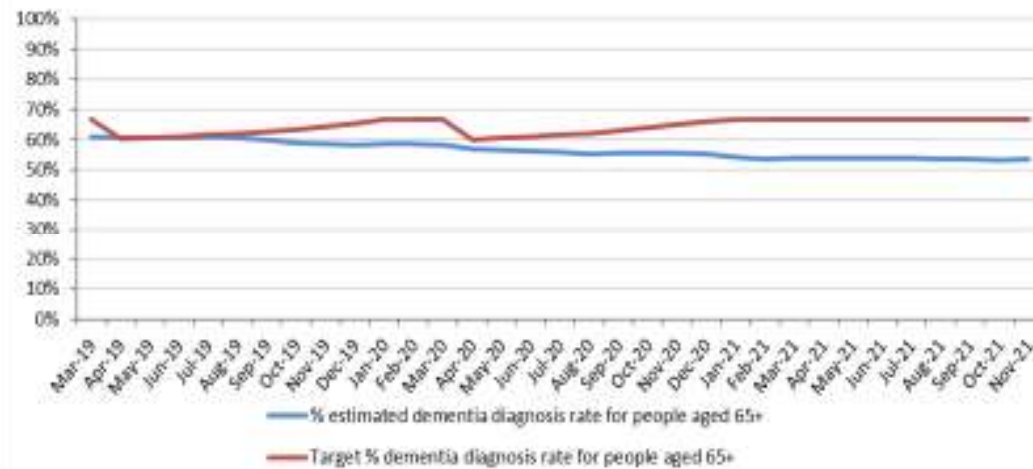
IAPT Access (roll-out) and The Number of People who Receive Psychological Therapies



IAPT Moving to Recovery



Dementia Diagnosis Rate

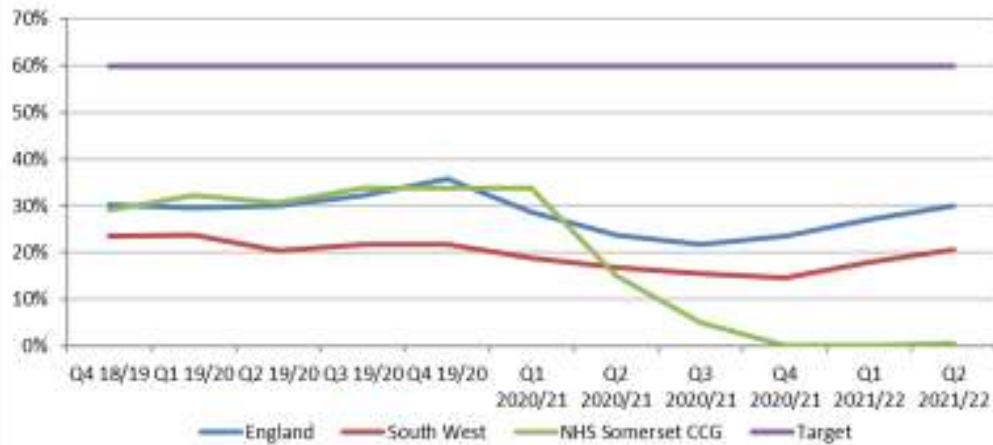


Definitions:

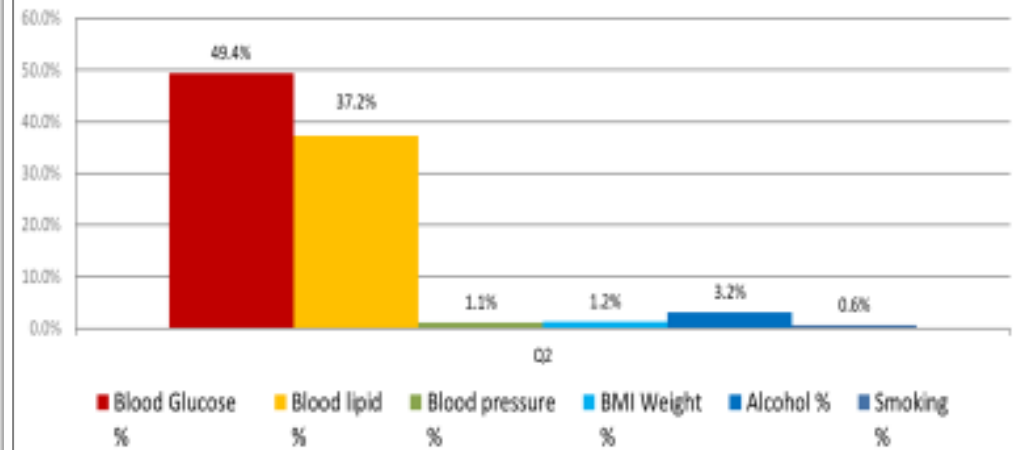
- IAPT access measures the number of people entering treatment against the level of need within the population
- IAPT moving to recovery measures ended referrals that finished a course of treatment where the service user has moved to recovery
- Dementia diagnosis rate measures the percentage of estimated number of patients with dementia aged 65+ who have been diagnosed with dementia

Mental Health

Physical Health Checks for People with serious mental illness %



Somerset CCG - Q2 21/22
Physical Health Checks for People with serious mental illness %



Improving Access to Psychological Therapies (IAPT):

- The number of people accessing treatment for the period April – November is 5416 against a local indicative target of 6,885 (c.1400 below plan; 79% delivered); performance for the period is lower than plan and this is due to the annual target being profiled evenly across the year rather than increasing in the later quarters, however we anticipate access will increase over the course of the year as new staff commence in post and new access routes are put in place, e.g. Long Term Conditions (LTC).
- For 2021/22, we are growing the service and will be increasing our LTC offer to diabetes, and expanding our offer in cardiac, long Covid-19 and respiratory, support to perinatal and staff support in line with the national resilience funding expectations
- The IAPT recovery rate for November is 60.2%. The national ambition of 50% continues to be met and exceeded
- The IAPT service continues to consistently meet and exceed the 6 and 18 week national ambitions. In November, 76.3% of patients referred for treatment were seen by the service within 6 weeks against the 75% national ambition, and 99.3% were seen and received treatment within 18 weeks from referral against the 95% national ambition

Community Mental Health Services:

- The Community Mental Health Services transformation programmes; a collaboration between Somerset Foundation Trust and a range of VCSE (Voluntary, Community and Social Enterprise) partners, is operating under 'Open Mental Health'. In October (latest complete data period), there were 3,232 contacts across both NHS and VCSE partners. The average wait times to access the service is less than 4 weeks, though we are aware that demand is growing. We are currently working on streamlining the dataset across the range of providers, including a consistent suite of outcomes metrics in collaboration with the NHSEI national team.

Mindline 24/7 Crisis Line:

- In November, the Mindline received 2,097 calls, with approximately 5% of these calls from Children and Young People. Fewer than 1% of these calls were directed towards the ambulance service or the police, and fewer than 5% were directed towards the Home Treatment Team or equivalent for CAMHS.
- The Mindline 24/7 crisis line offers a supported conversation to callers and has increased access to availability of Mental Health Services within Somerset; the services include Mindline Enhanced, Somerset IAPT and Community Mental Health Teams, depending on the level of need
- Callers are presenting with an increasing range of issues and high levels of anxiety, depression, distress, isolation, family, physical health issues, service issues and concerns around Covid-19 are being seen; the main purpose of a call is the provision of emotional support, and the service is able to access other NHS or VCSE provided support for callers as appropriate.

Demand and Capacity Modelling:

- As part of our planning for potential long-term implications of Covid-19, we have been undertaking demand and capacity modelling with a bespoke tool being developed by South Central West Commissioning Support Unit. This is intended to take into account the whole MH ecosystem; covering urgent activity, VCSE activity and social care alongside traditional mental health services. The modelling now includes core adult services and VCSE activity under Open Mental Health.
- A workshop was held in December, with a further meeting planned for late January to take this work forward. The CSU are looking to have developed the model for adult services by the end of Q4, with the intention of expanding the model into CYP services in the new financial year.

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

- The access measurement for CYP has changed from April 2021 and systems will be monitored using one contact (previously two contacts). Estimates using local un-validated data shows that Somerset has delivered 7,588 contacts to CYP during the 12 month period to November 2021, against the national ambition of 6,167 for 2021/22.
- A reconciliation of local access data against national data is underway and a Mental Health Data Working Group has been established to support this area of work; the group involves representatives from Somerset CCG, local CYP Service Providers and Regional NHSE/I. Somerset CCG's Performance Team and CYPMH Commissioning Team are implementing plans to support smaller providers with new CYPMH reporting requirements and we are also working with providers to produce an internal access trajectory
- **Access: (reported on a 12 month rolling basis) is the number of Children and Young People under the age of 18 who have had at least one contact from an NHS funded mental health services*
- The Mental Health Support Teams (MHSTs) are currently developing a plan to align the provision with Young Somerset's Community Wellbeing Service. The aim will be to offer a consistent county-wide approach for CYP to provide low to moderate CYP-IAPT interventions. Young Somerset are currently undertaking a restructuring process which will be completed by March 2022.
- Somerset CCG has awarded KOOTH a 3 year contract to deliver a Digital Solution for CYP MH. The contract will start on the 1st January 2022.
- Somerset CCG have secured NHS England/Improvement funding to address the Winter Pressures that result in increased attendance at Emergency Departments. Recognising the significant contribution Somerset's VCSE providers make to the mental health and wellbeing of our children and young people including preventing escalation to bedded settings of care, a number of proposals have been established over the winter period including: Somerset Big Tent VCSE Member Grant Funding; 7 Youth Matter Groups facilitated via MIND for ages 11-21 across Somerset involving an array of peer support and wellbeing activities; increasing VCSE support for children and young people with eating disorders – Somerset CAMHS and SWEDA are working in partnership to develop a 'step down / up' approach; and supporting a multi-agency (CAMHS, Social Care and VCSE) out of hours Intensive Support Team for children and young people in crisis.

Perinatal and Maternal Mental Health:

- Somerset has been awarded with 'Fast Follower' status to develop and implement a Maternal Mental Health Service (MMHS) in Somerset. The MMHS will align with the established Perinatal Mental Health Service and will focus on women with issues surrounding bereavement, Tokophobia and birth trauma. The Maternal MH Team has already started receiving appropriate referrals but a full service launch will be held in February 2022.
- Somerset's PNMH Team have started developing plans for the Perinatal MH Long Term Plan ambitions which includes offering partner assessments, increasing access into the service and extending how long care can be provided by the specialist PNMH Service from preconception to 24 months after birth.

Dementia:

- Somerset CCG's dementia diagnosis rate performance for November 2021 is 53.5%, against national ambition of 66.7%
- Somerset has been impacted, as has the rest of the country and beyond, by the pandemic over the last 18 months. This has affected the previously proposed approach to improve dementia diagnosis rates in Somerset which was based upon physically visiting care homes and other sites, both to diagnose people and to educate the staff on site to enhance their confidence in pursuing diagnosis and to ensure that they are using the correct coding methodology. During the pandemic, due to the clinical risk associated with visiting vulnerable people, this work had to stop
- The multi-organisational Dementia Operational Oversight Group and an associated Dementia Task and Finish Group have been established to look holistically at the entire Dementia pathway (including diagnosis) and services offered in Somerset. Somerset Foundation Trust are currently recruiting six new members of staff for the Memory Assessment Service and Care Home Liaison to expand the services capacity. A quarterly "Sounding Board" focus group of Experts by Experience and their carers has been established and met twice to date), that will inform the development and ongoing service improvement of the Somerset Dementia Wellbeing Model.
- The Dementia Operational Oversight Group and Task and Finish Group are currently working together to design a Somerset Dementia Wellbeing model that is based upon the Bristol Dementia Wellbeing model and the Sandwell model which is being held as an exemplar by NHSE. This work is discussed with the Sounding Board forum to ensure that their experiences and needs inform the new dementia strategy and current contract renegotiations are nearing completion with providers to start realising the model. A VCSE Dementia Collaborative Forum has also been established to bring together all VCSE providers that work in the dementia space to start working collaboratively (with a future goal of becoming formalised as a VCSE alliance at the heart of our new model). The model is being co-produced to better support people and their carers in the community, throughout their entire pathways from pre-diagnosis onwards to prevent need for admission wherever possible.
- The model is nearing completion and a business case is being developed to seek funding from NHSE and from elsewhere across the system in January 2022 and the current expectation is that the new dementia strategy and Somerset Dementia Wellbeing model will be unveiled at an event hosted by Reminiscence Learning in April 2022

Physical health checks for people with a serious mental illness

- Delivery of physical health checks to people with a serious mental illness has been challenging and reasons include anxiety regarding attending healthcare premises and the impact of Covid-19 response.
- We have identified a significant reporting issue, which has resulted in Somerset reporting in 0.61% against the 60% national ambition in Q2 2021/22. We are aware that a separate national extract from practice systems is showing much higher performance, and are working with our NHSEI colleagues and the Somerset LMC to resolve this.
- It is a priority to improve the number of people with serious mental illness receiving a health check during 2021/22 and a comprehensive action plan is being developed. A cross system PHSMI steering group has been established to determine how to increase the number, quality and consistency of PHSMI checks, as well as working through data quality issues. There are three underpinning working groups: one focusing on delivery across primary care, secondary care and community mental health services; a second focusing on data, digital, reporting and information governance; and a third focusing on outreach and post-health check support.

Reliance on Inpatient Care

	Actual March 2021	Target March 2021	Q1 21/22	Q2 21/22	Q3 21/22	Target March 2022
Adults, non-secure (CCG)	3	3	4	6	9	3
Adults, secure (NHSEI)	7	7	6	6	6	5
C&YP (NHSEI)	1	1	2	2	0	1

March 2021 target was achieved. Target for March 2022 is ambitious. Somerset compares favourably both regionally and nationally, with consistently low use of inpatient services for people with a learning disability and/or autism.

Annual Health Checks (AHC):

The Quality & Patient Safety Team (Learning Disability and Mental Health) is leading on a programme of work to increase the uptake and quality of Annual Health Checks (AHCs) for people with a learning disability. The Programme is overseen by a systemwide steering group and incorporates several working groups. A co-production video created, designed and produced by the 'Somerset Our Voice' peer support group setting out the 10 principles of expectations was launched in November: <https://www.youtube.com/watch?v=zGTQlig5zPA>

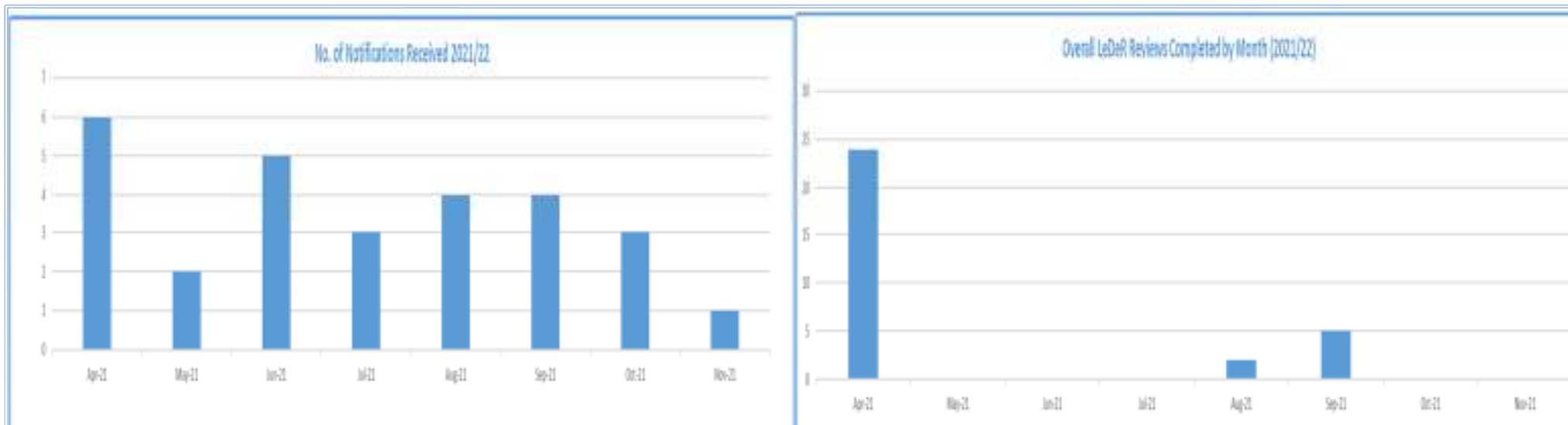
The overall programme has achieved a number of outputs over the last 2 years and is currently being assessed as to whether the project needs to be re-focused and if there are any additional work areas that need to be addressed. This work is an integral part of the LeDeR Learning Into Action workstream and set out in our LeDeR 3 year strategy. There will be a continued focus on supporting primary care to achieve the NHSE/I target in line with recent guidance. Future updates from work done will be overseen by the LD and Autism Partnership Board which is jointly chaired by Somerset CCG and Somerset County Council.

Learning Disability and Autism plans:

Three year delivery plans include: investment in adult community learning disability services, the rapid intervention team and the adult autism service; sensory friendly autism environmental changes in adult and CAMHs inpatient settings. Plans for CYP include: the recruitment of an assistant psychologist project lead for the Keyworker project; a pilot for rapid assessment of autism; and establishment of a 'taking a break from care fund', to help avoid crises and admissions. An overarching vision to accompany the delivery plan is due for completion in Quarters 3 and 4 2021/22, following engagement events which started in September 2021.

Autistic Spectrum Condition (ASC) CYP: The Ofsted/CQC local area inspection and the local review found areas where improvements in services for people with ASC are required. These include diagnosis, pre-diagnostic and post diagnostic support and services. The "next steps" pre-assessment pathway and Multidisciplinary triage and assessment are in place across the County, with benefits including reduced waiting times for assessment and a reduction in rejected referrals. A co-production workshop for the assessment pathway took place on 29th September 2021, with further engagement during October and November. The current assessment pathway is due to be published in January 2022. During January to March 2022 the focus will be on post-assessment pathway, and the assessment of ADHD.

Learning Disability Mortality Reviews (LeDeR)



In November 2021 two Notifications were received into the Service. One of these was a report of a death in November and the other was a delayed notification from a death in August 2021. This will be dealt with as quickly as possible to avoid distorting the figures but must be treated as an exception. The LeDeR Regional Co-ordinator is aware of this issue and has made NHSE aware of this exception and the reasons for it, who agree it was beyond our control.

The four remaining cases being reviewed by North of England Commissioning Service (NECS), which were due for completion in November and December, have been submitted but have been returned to NECS for further work. Once these have been signed off NECS will have no further involvement with our reviews.

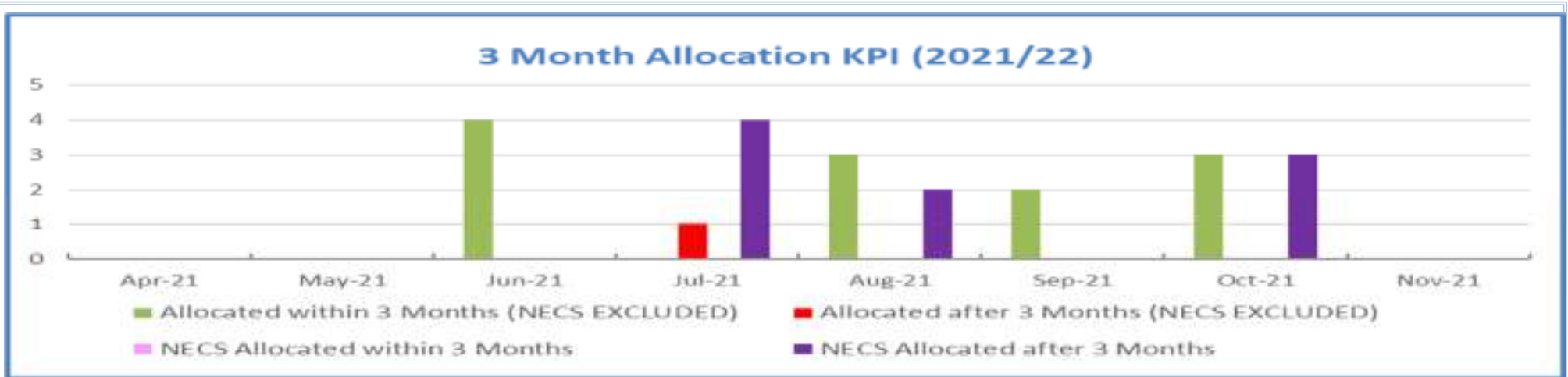
The LeDeR Team are focusing on putting learning into action across the system via the new Governance Group, and developing a Three Year Strategy.

Learning Disability Mortality Reviews (LeDeR)

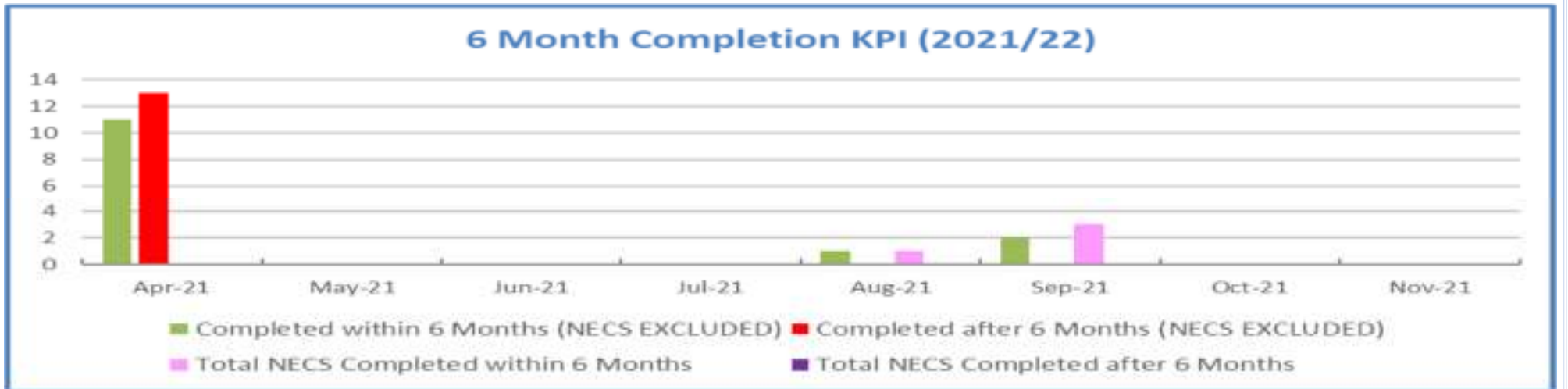


Somerset

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3 Month Allocation KPI – Requires any Reviews received to be allocated to a Reviewer within three months of the Notification Date. No Reviews were allocated in November as both Notifications were received towards the end of the month but will be allocated as soon as possible in December.



6 Month Completion KPI – Requires all Reviews to be completed within 6 Months of the Notification Date. Two Reviews were due for completion in November but both have been returned to the Reviewer (NECS) for further work. No other Reviews were completed in November.

During the year, the period of April-November 2021/22 there have been 2,977 women that have delivered babies, 2,092 at Somerset FT and 885 at YDH FT. Both trusts are currently under pressure due to increase in numbers with other complicated factors, and Covid-19 related staff absence. Support available across the system and regionally, Somerset FT and YDH FT have been outstanding in offering support to neighbouring trusts when they have capacity and the same levels of support are offered to us. A regional divert policy has also been developed for the South West. This is expected to ease as midwives are recruited, however this will be a gradual process as newly qualified midwives will need to be supported to ensure competency and build confidence.

Both Trusts are focused on achieving all actions required in the Ockenden Report. Working closely with the LMNS, CCG Quality and Safety team and NHSEI for assurance of the submitted evidence and compliance with the recommendations.. Early feedback from NHSEI is positive. Main themes include embedding processes and ensuring maternity software captures the relevant information to evidence the good practice taking place. Draft evidence review received for comments.

The number of preterm births is reducing as both trusts implement the requirements of the Saving Babies Lives Care Bundle v2. Work is ongoing to further reduce the number of women smoking during pregnancy in line with LTP requirements. Both trusts have also implemented the PeriPrem Care Bundle to improve the outcomes for premature babies

Work is ongoing promoting the Covid-19 vaccinations amongst our pregnant population

Working with the CCG Mental Health team to develop a Maternal Mental Health Service to support women with previous baby loss, birth trauma and fear of giving birth.

Sallyann King has now taken a role as Director of Midwifery for Somerset, this gives her overarching perspective for both trusts.

Midwives now able to supply Healthy Start vitamins free of charge to all eligible women. A training programme is being rolled out to support maternity staff to promote uptake

During Covid-19 the ICON (<https://iconcope.org/>) programme was used to support new parents to cope when their baby cries when their support networks were not available to them. Planning a relaunch of this evidence based programme in a joint project with Maternity, Public Health and Children's Social Care.

We have created a Maternity Update letter in partnership with both Trusts and the MVP to inform our Women on the current pressures of the services, including ambulance and how this may impact on their care.

Actions to support maternity services:

- 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 (Local Maternity and Neonatal System) to share learning and improve communications pathways for cross border transfers
- A Maternity Equity Strategy to be published this year. A Somerset version will be created with the help of the MVP