NHS
Somerset
Clinical Commissioning Group

Report to the NHS Somerset Clinical Commissioning Group on 26 May 2022

Title: GOVERNING BODY QUALITY, SAFETY AND PERFORMANCE EXCEPTIONS REPORT 2021/22 1 April 2021 – 31 March 2022	**Enclosure I**

Version Number / Status:	1
Executive Lead	Alison Henly, Chief Finance Officer and Director of Finance, Performance, Contracting and Digital Kathy French Interim Director of Quality and Nursing
Clinical Lead:	N/A
Author:	Alison Henly, Chief Finance Officer and Director of Finance, Performance, Contracting and Digital Kathy French, Interim Director of Quality and Nursing Alison Rowswell, Director of Commissioning

Summary and Purpose of Paper

Following discussion at the Finance and Performance Committee meeting held on 22 February 2022, the enclosed paper provides a summary of escalation issues for quality and performance against the constitutional and other standards, for the period 1 April 2021 to 31 January 2022, and provides a detailed summary for the following areas:

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

Recommendations and next steps

The Somerset CCG Governing Body is asked to discuss the performance position for the period 1 April 2021 to 31 March 2022.

Impact Assessments – key issues identified	
Equality	Equality and diversity are at the heart of Somerset Clinical Commissioning Group's work, giving due regard to eliminate discrimination, harassment, and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, in its functions including performance management.

Quality	Decisions regarding improvements against the performance standards are made to deliver regarding the best possible value for service users.			
Safeguarding	We are dedicated to ensuring that the principles and duties of safeguarding children and adults are applied to every service user and that safeguarding is integral to service development, quality improvement, clinical governance, and risk management arrangements.			
Privacy	No issues identified.			
Engagement	All discussions regarding performance improvement have been detailed in the enclosed report.			
Financial / Resource	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.			
Sustainability	The CCG has a responsibility to provide high quality health care whilst protecting human health minimising negative impacts on the environment. The Somerset ICS Green Plan 2022-2025 is a mechanism to take a coordinated, strategic, and action-orientated approach to sustainability. This includes core work elements around sustainable healthcare, public health and wellbeing, estates and facilities, travel and transport, supply chain and procurement, adaptation and offsetting and digital transformation.			
Risk Description	The Somerset Clinical Commissioning Group must ensure it delivers financial and performance targets.			
Risk Rating	Consequence	Likelihood	RAG Rating	Risk ID
	2	4	8	19

NHS
Somerset
Clinical Commissioning Group

Integrated Board Assurance Report
March 2022

Somerset System overview – March 2022

NHS Somerset Clinical Commissioning Group

Primary Care – GP contacts/demand

280,466*

*Compared to 12 month average

CALL 111

Answered within 60 seconds or less

42.1%

Cat 1 **13:07** min
Cat 2 **113:43** min
Cat 3 **367:21** min
Cat 4 **417** min

Mean response time

4 hours A&E

59%

Total A&E Attendance

23,544

NHS Somerset NHS Foundation Trust

4 hours A&E

49.4%

Total A&E Attendance

6,626

Yeovil Hospital Healthcare

4 hours A&E

77.7%

Total A&E Attendance

5,247

Total emergency admissions

4,851

837

Re-admissions within 30 days of discharge

Somerset System overview – March 2022

NHS Somerset Clinical Commissioning Group

Referral to treatment

14,243 Clock starts

61.47% <18 weeks

2,627 people waiting >52 weeks

591 people waiting >78 weeks

Diagnostics

Waiting list

12,886

>6 weeks 3,623

28%

Cancer

Total 2ww

2,478

2ww performance 67.84%

62 day performance 70.65%

28 day FDS performance 76.2%

IAPT - Improving Access to Psychological Therapies

access (roll-out) *8,159

*for the year to date period. Indicative target is 9,078

56% moving to recovery

CYPMH

Children and Young People's Mental Health access *4,075

*national data, rolling 12 months to January , one contact.

95% of patients waited <=24 hours to be seen by the Home Treatment Team

95.5% of patients on CPA had an annual review

Somerset System overview – March 2022

NHS Somerset Clinical Commissioning Group

Safeguarding

Children Looked After

86.7%*

Initial Health Assessments received <20days

Strengths & Difficulties Questionnaire **85.5%**

Dental Checks

63.8%

Continuing Health Care

28 Day Standard **76.5 %**

% of Fast Track Referrals Ratified within 24 hours **58%**

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

0.71

Infection control

MRSA 2

20 MSSA

E.Coli 35

9 C.diff.

% of women who smoked at time of delivery

***10.4%**

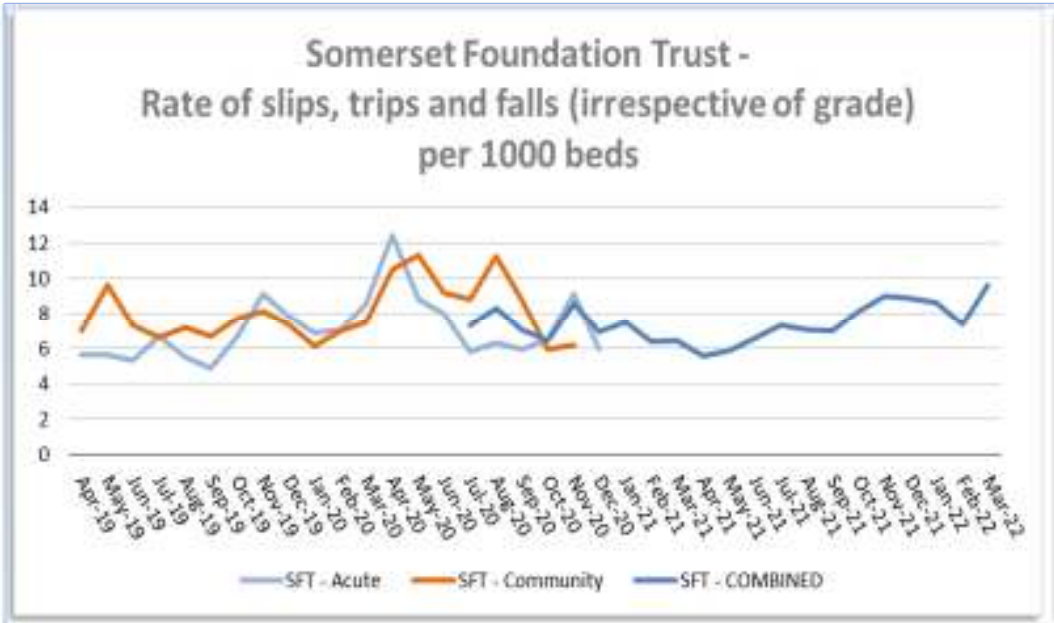
YTD

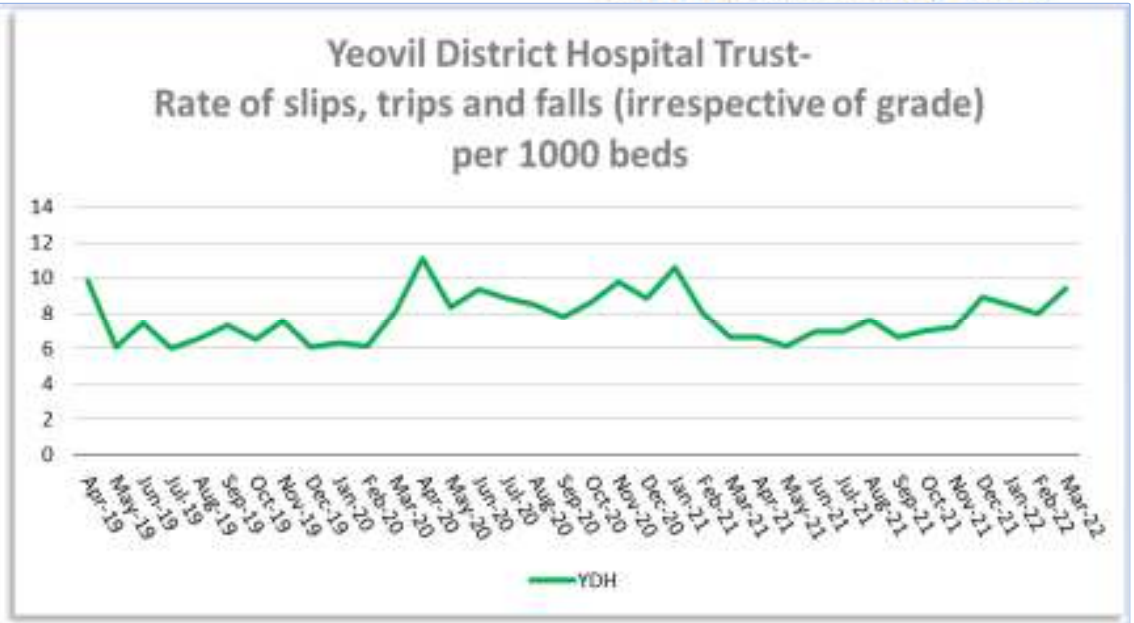
NHS
Somerset
Clinical Commissioning Group

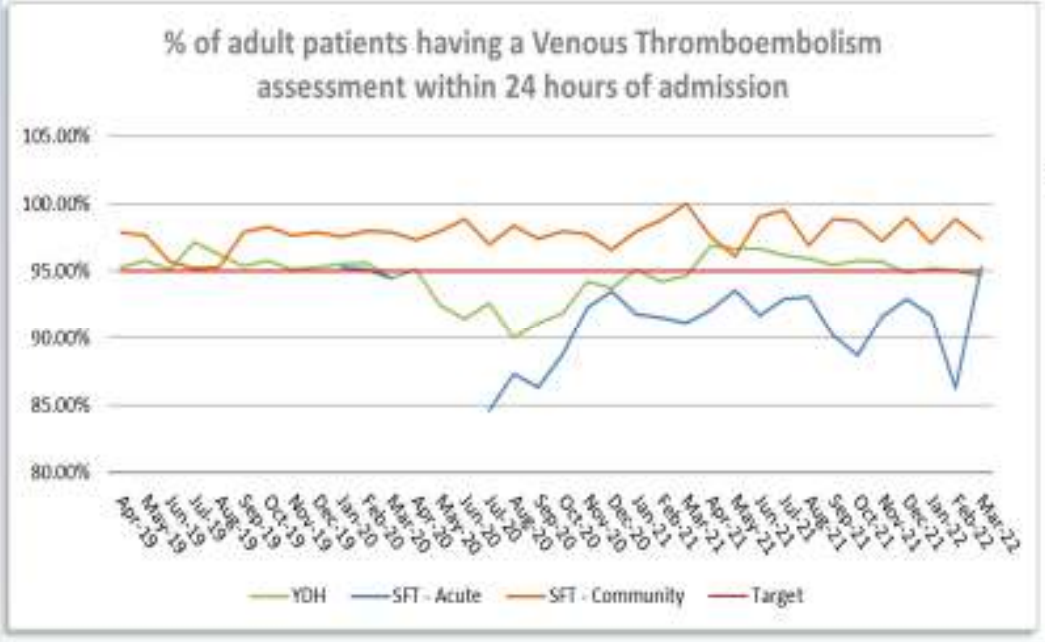
Table of contents

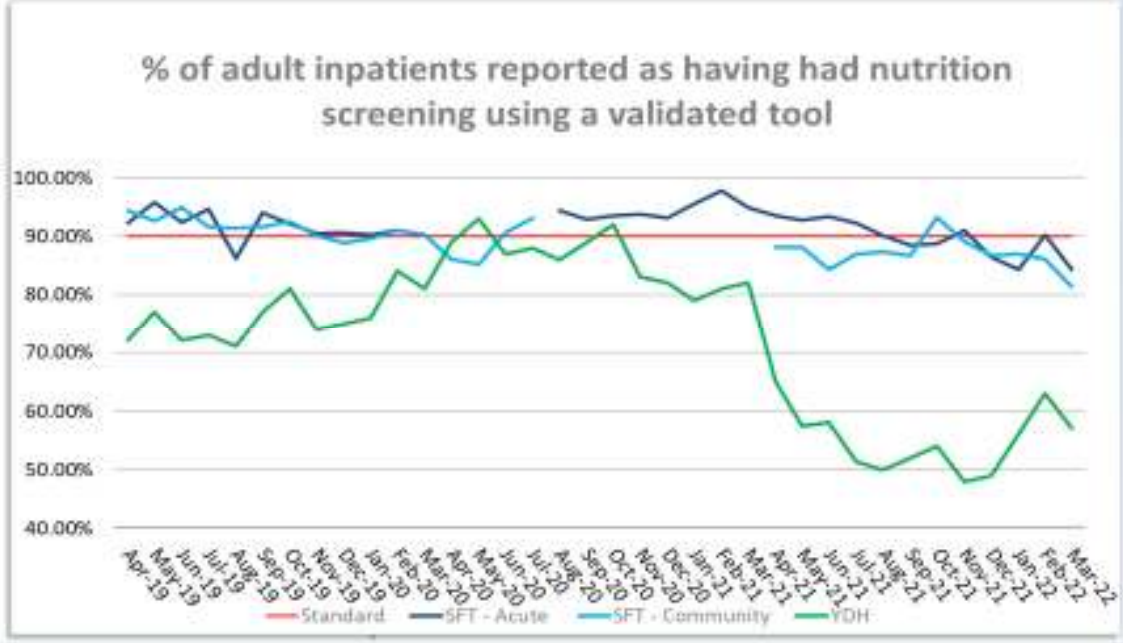
Quality Reporting

NHS Somerset Clinical Commissioning Group



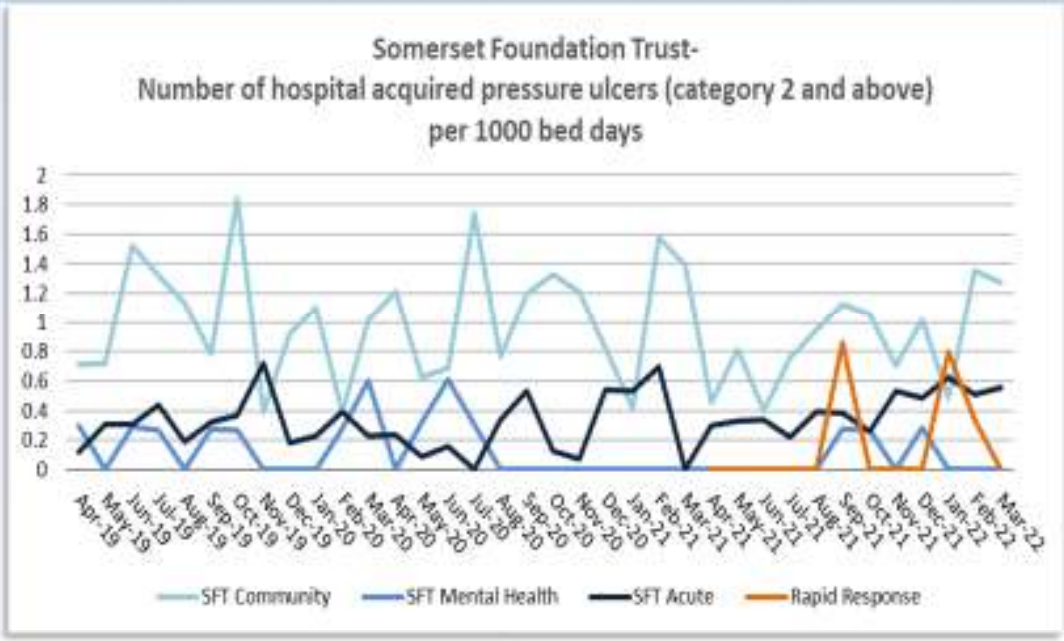


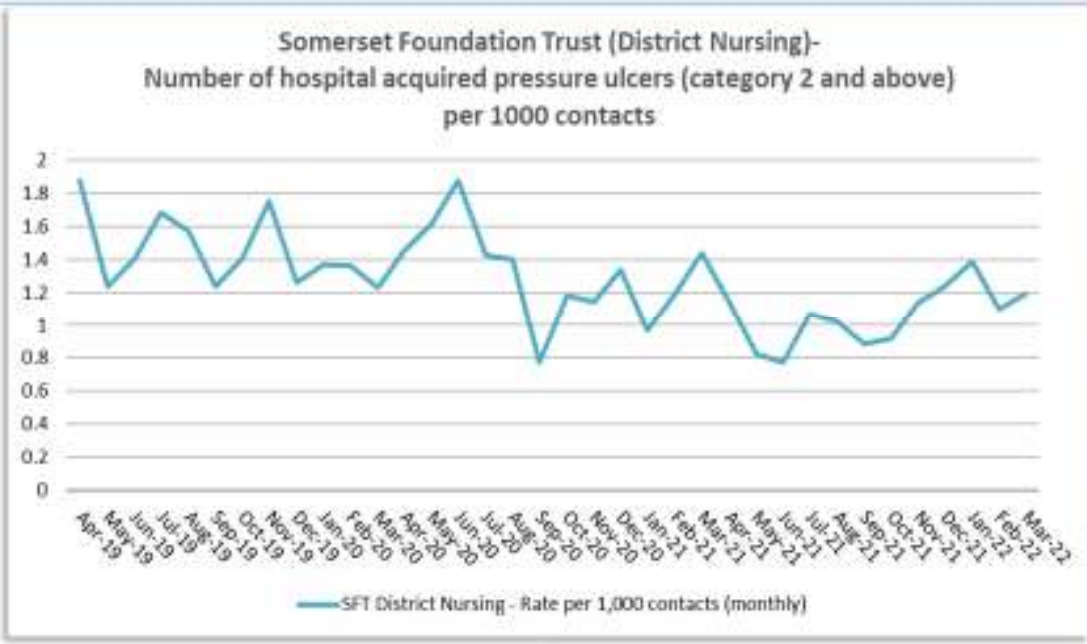


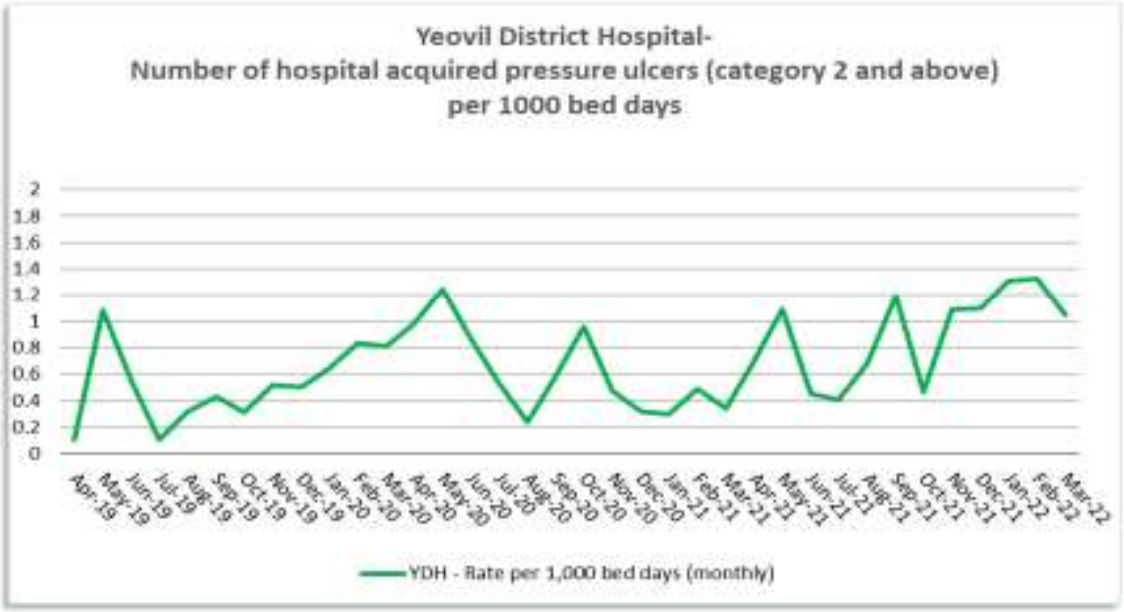


Quality Reporting

NHS Somerset Clinical Commissioning Group

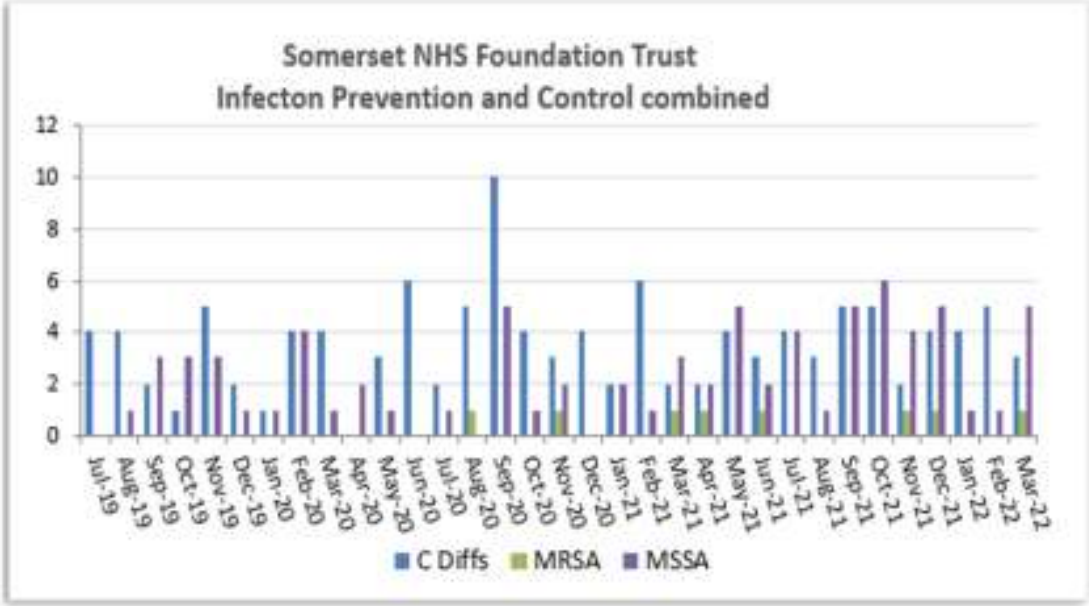


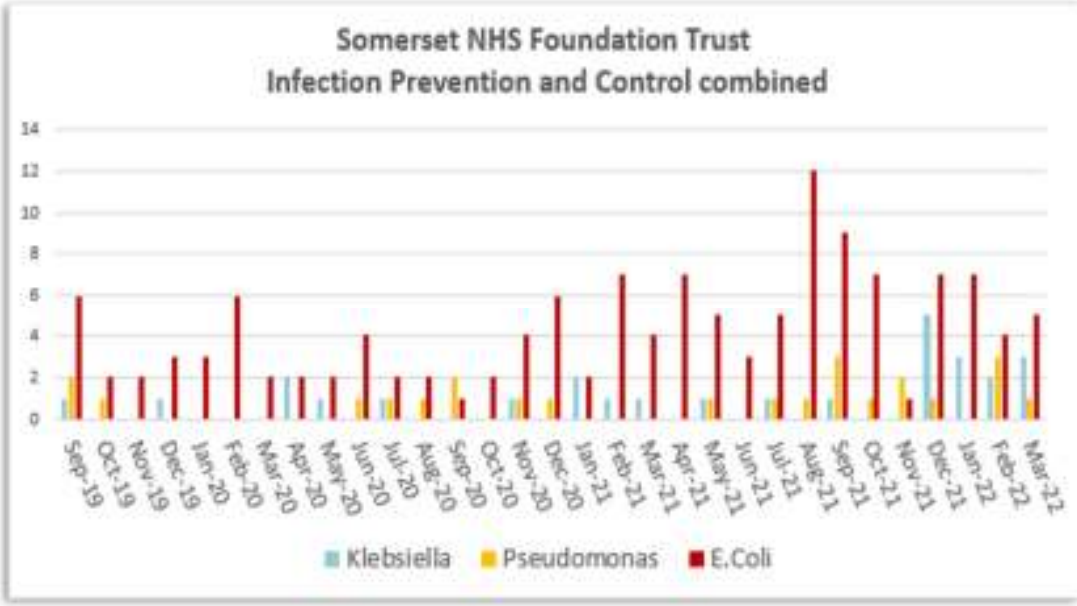


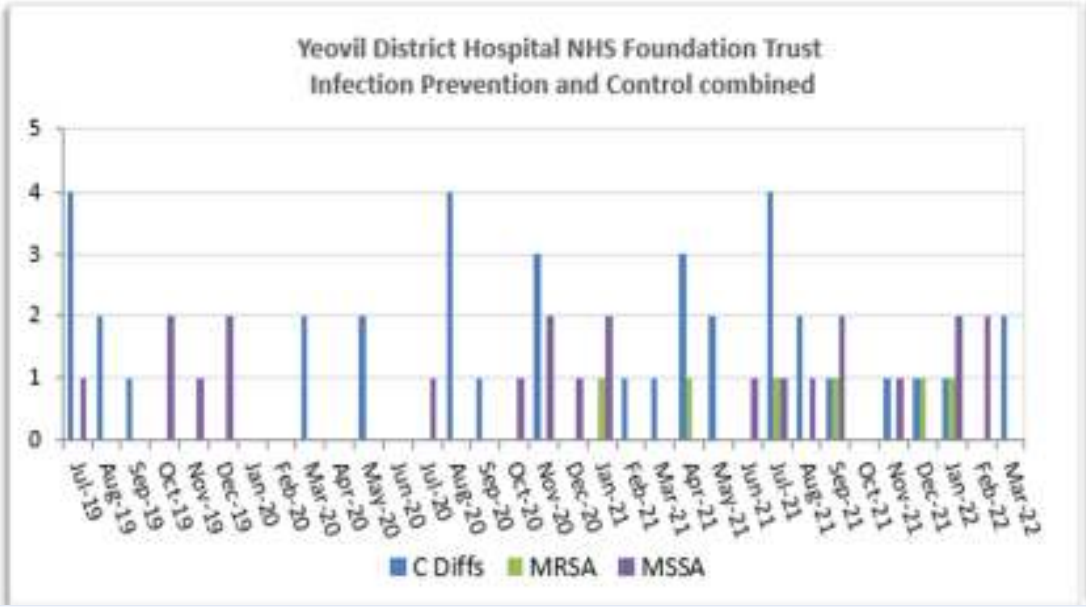


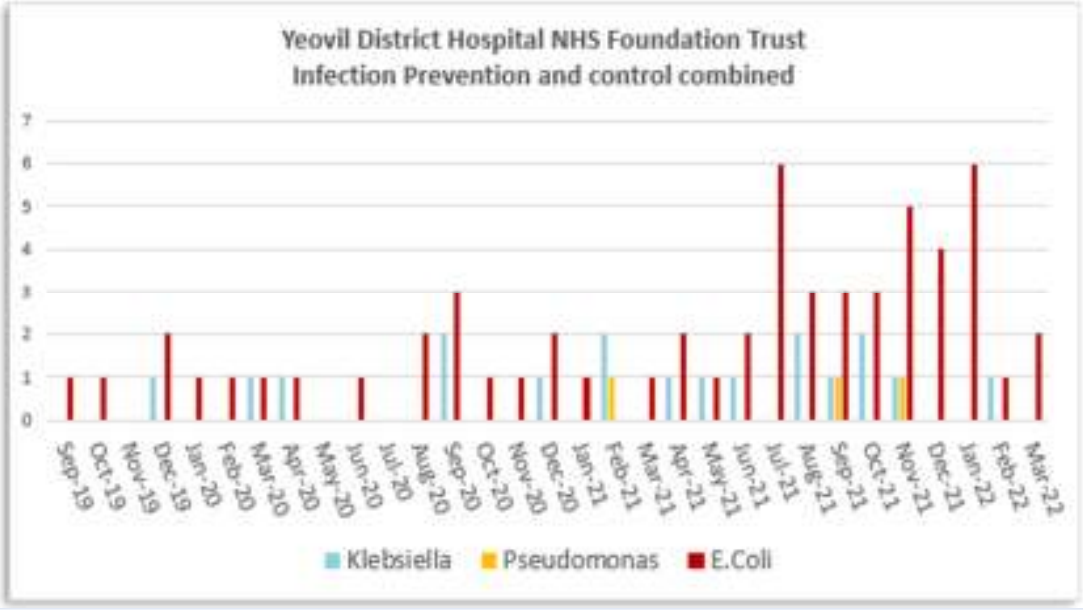
Quality Reporting

NHS Somerset Clinical Commissioning Group



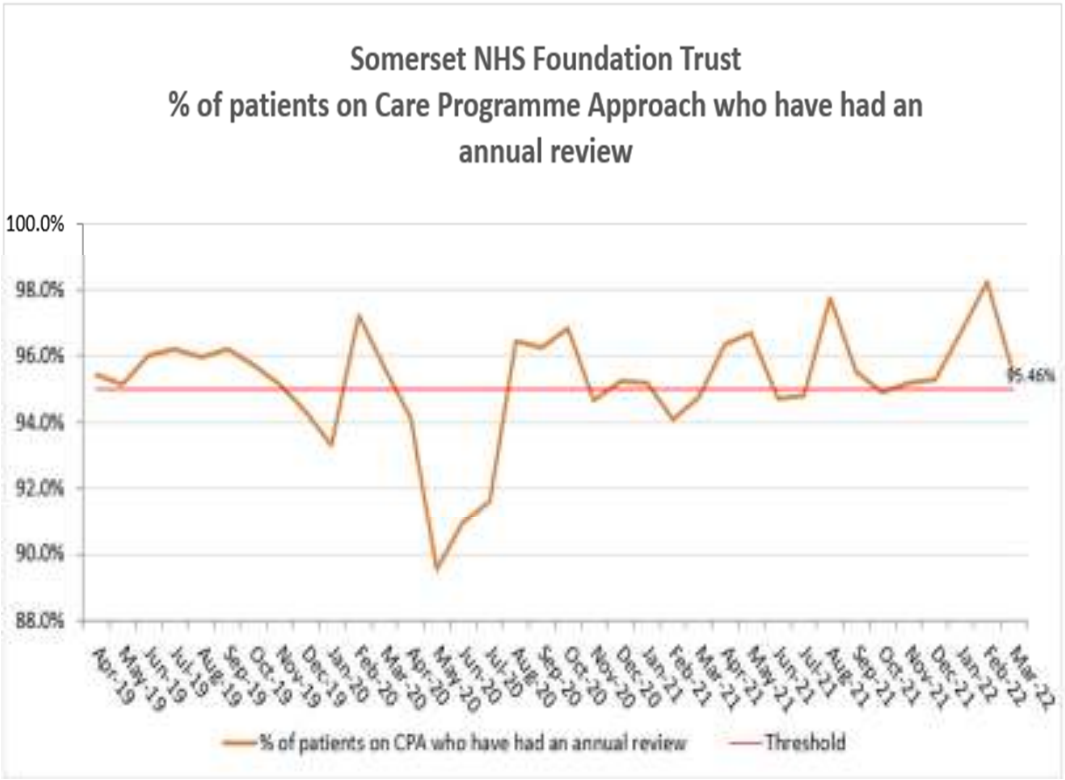


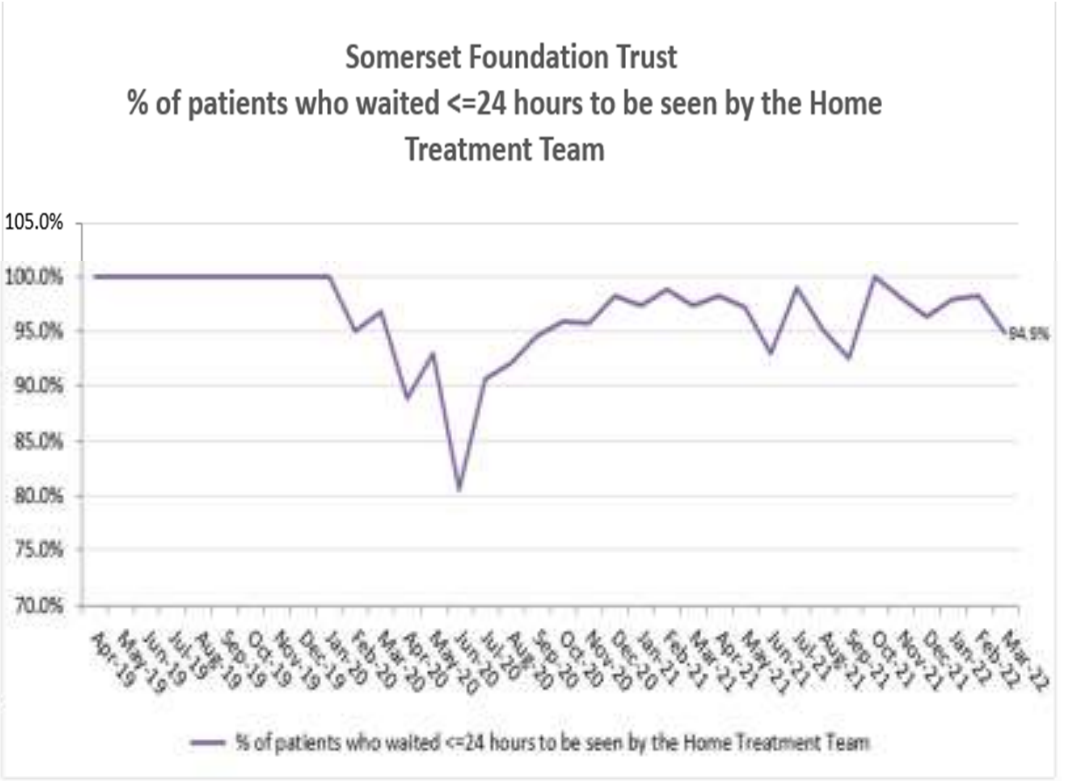




Quality Reporting

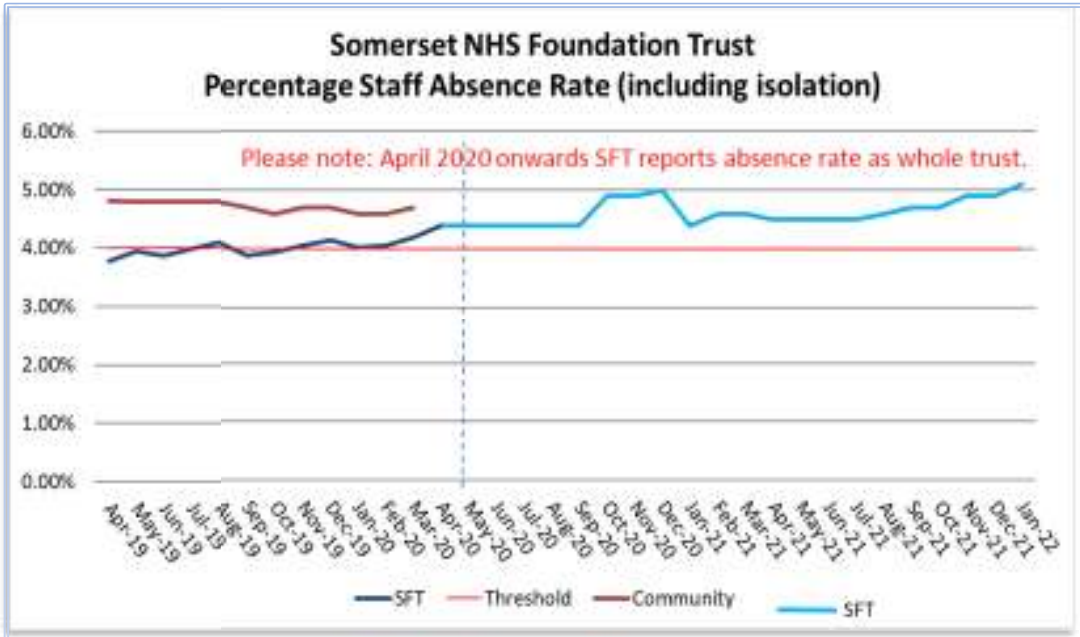
NHS Somerset Clinical Commissioning Group

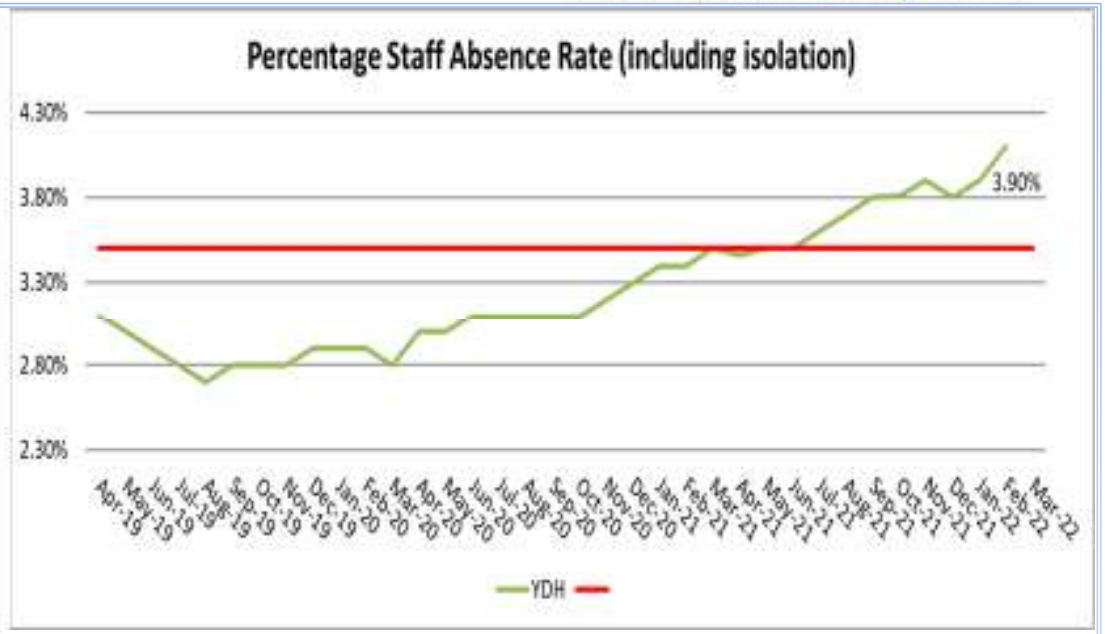




Quality Reporting

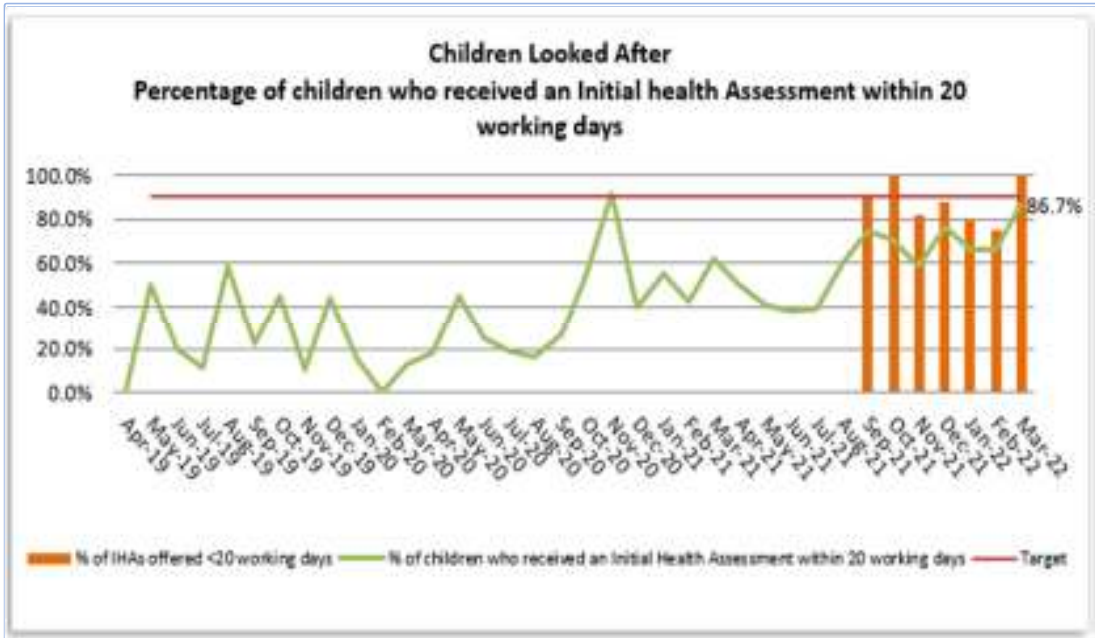
NHS Somerset Clinical Commissioning Group

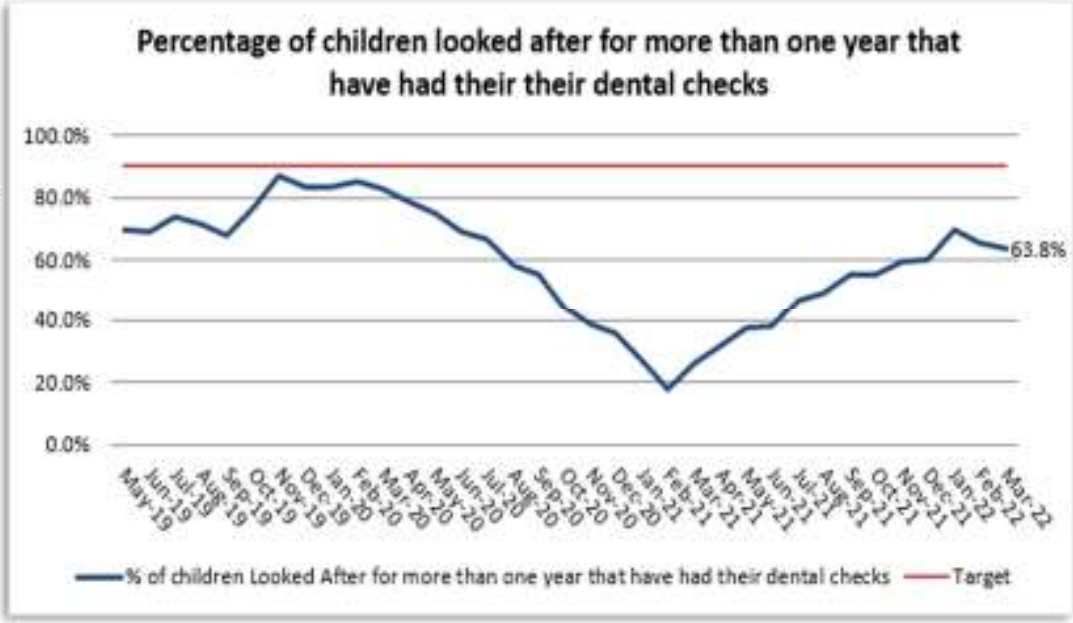


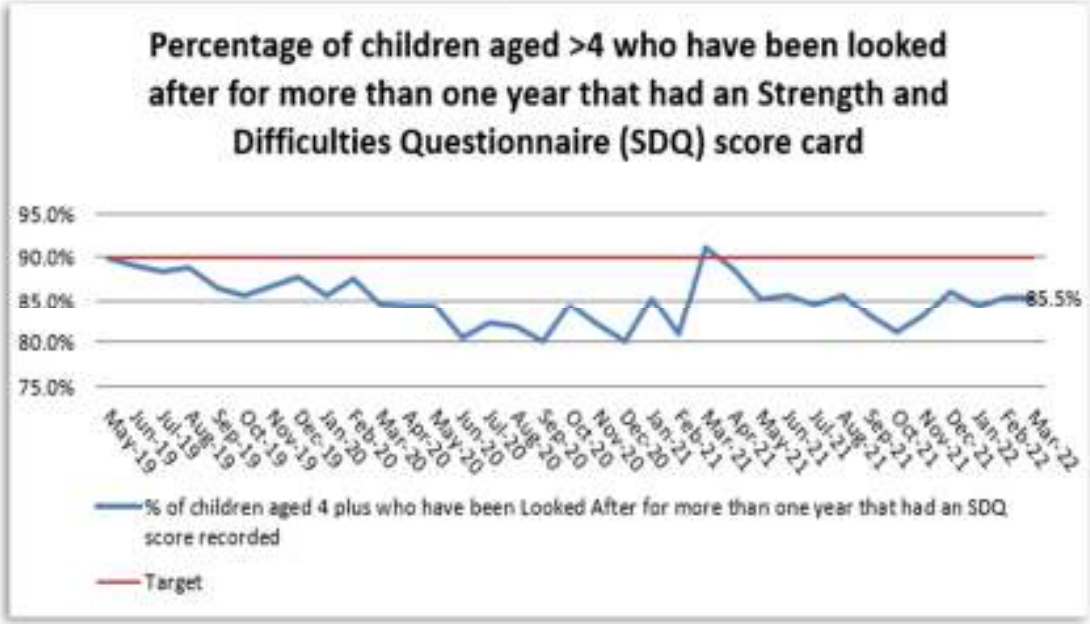


Quality Reporting

NHS Somerset Clinical Commissioning Group



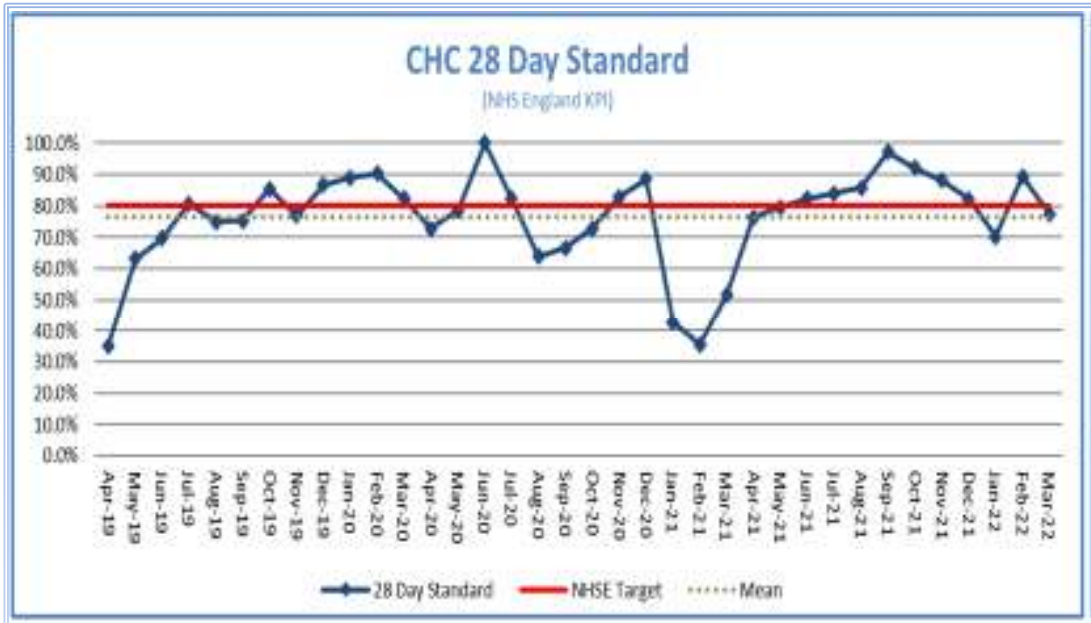


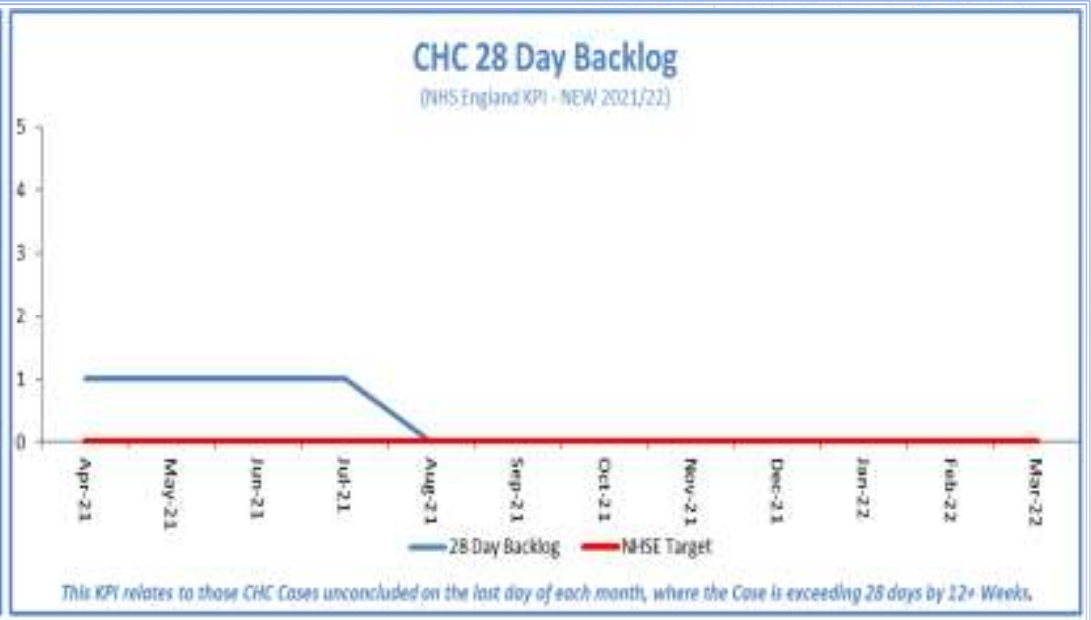


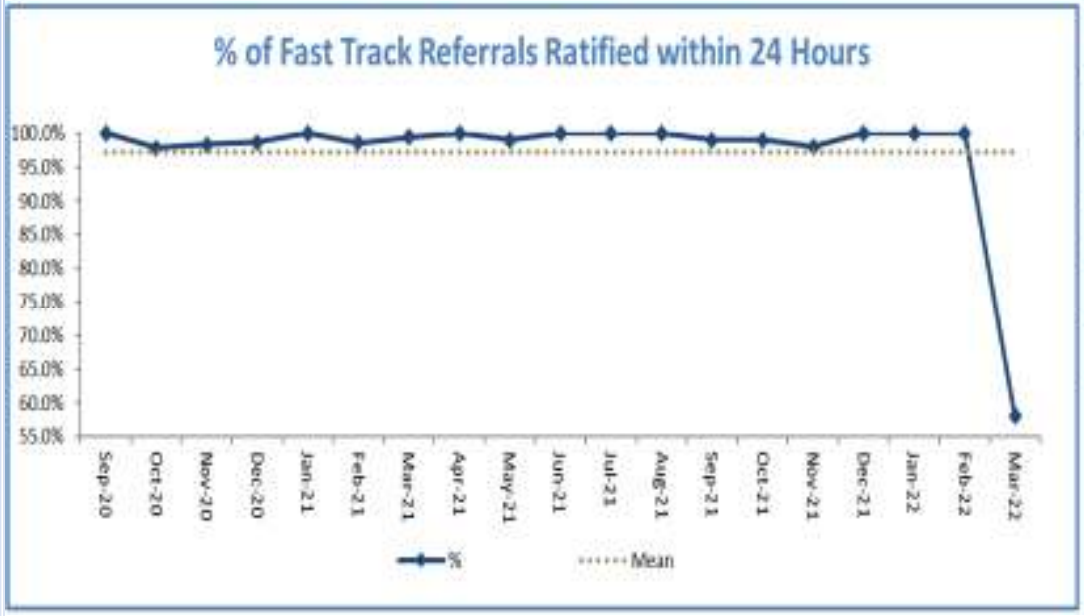
Continuing Health Care

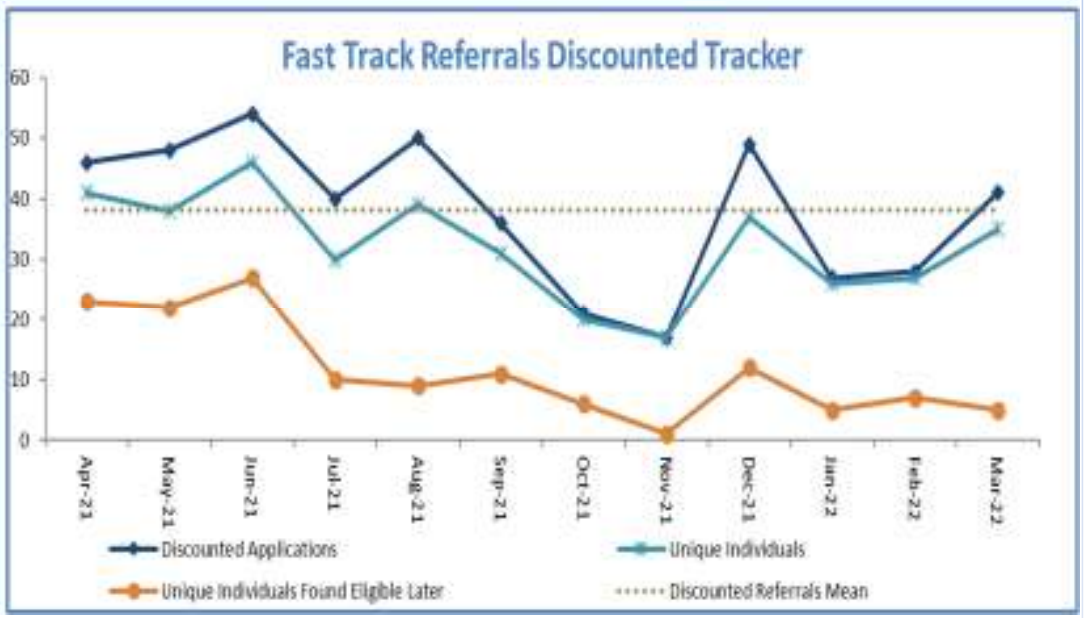
Quality Reporting as at March 2022

NHS Somerset Clinical Commissioning Group









Quality Reporting

NHS Somerset Clinical Commissioning Group

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. Over Trajectory for MRSA BSI and C diff – employed a Microbiologist to support these workstreams

C-Diff	February	March
HOHA (Hospital onset health care associated)	3	3
COHA (Community onset health care associated)	2	4
Primary Care	5	2

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). Over Trajectory for MRSA BSI and C diff – employed a Microbiologist to support these workstreams

MRSA	February	March
HOHA	0	0
COHA	0	1
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 stie)

MSSA	February	March
HOHA	2	5
COHA	2	1
Primary Care	6	14

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	February	March
HOHA	5	4
COHA	2	0
Primary Care	29	28

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

Pseudomonas	February	March
HOHA	2	0
COHA	1	1
Primary Care	3	3

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

Klebsiella	February	March
HOHA	1	4
COHA	3	1
Primary Care	6	6

Quality Reporting

NHS Somerset Clinical Commissioning Group

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 relating to emergency patients requiring admission and increases in the number of medical patients with complex needs who have been placed on surgical or other medical wards, which do not always have the appropriate skill mix or experience of such patients, Exacerbating factors have included reduced staffing due to absences, particularly impacting on the ability to provide 1:1 care, along with the increased acuity and dependency of patients
- YDH FT -There has been a very slight decrease 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 (intensity of nursing care required by patient), 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. 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 have dipped below the 95% target in March 22 at 94.62%

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.

- 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. Mental Health have reported zero cases of pressure ulcers in March
- 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. The pressure ulcer steering group has increased to monthly meetings and the TV lead nurse is developing a programme of work to support.

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 delivery 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. Integration of the Nutrition and Hydration groups across both organisations, are looking at improvements and training.
- YDH FT - Nutritional screening remains below the 90% standard. 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

NHS Somerset Clinical Commissioning Group

Mental Health
The “percentage of patients on Care Programme Approach who have received an annual review” has decreased from 98.4% in February to 95.46% in March. This was a national reporting requirement, being part of the Monitor Risk Assurance Framework and has now been stood down although SFT still continue to monitor. Regarding the changes in the CPA Programme (see hyperlink below), SFT has confirmed that SFT 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 March is 94.9%, this is a decrease from the performance in February. The SFT raw data report shows the fluctuating nature of this measure as it is impacted on by demand on the team by the wider Somerset system.

Workforce
The trusts 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 within 28 days the trend for this metric continues to increase due to the improved tracking of these assessments by Somerset FT
Dental assessments performance had again declined and access for CLA and Care Leavers continues to be an issue in Somerset. This will be reported as a risk and has been raised with NHS E/I. It will also be raised for discussion at the Corporate Parenting Board on 11.05.2022 to ensure SCC support their Social Workers to facilitate the statutory assessments

Number of children who became Looked After in March 2022 - **15**
Number of children who left care before 20 working days - 0
Number of children who were offered but declined an Initial Health Assessment - **0**
Total number of children eligible for an Initial Health Assessment - **15**
Total number (and percentage) of children **offered** an Initial Health Assessment within 20 working days - 15 **(100%)**
Total number (and percentage) of children who **received** an Initial Health Assessment within 20 working days - 13 **(86.7% of total number of children who became looked after in month)**

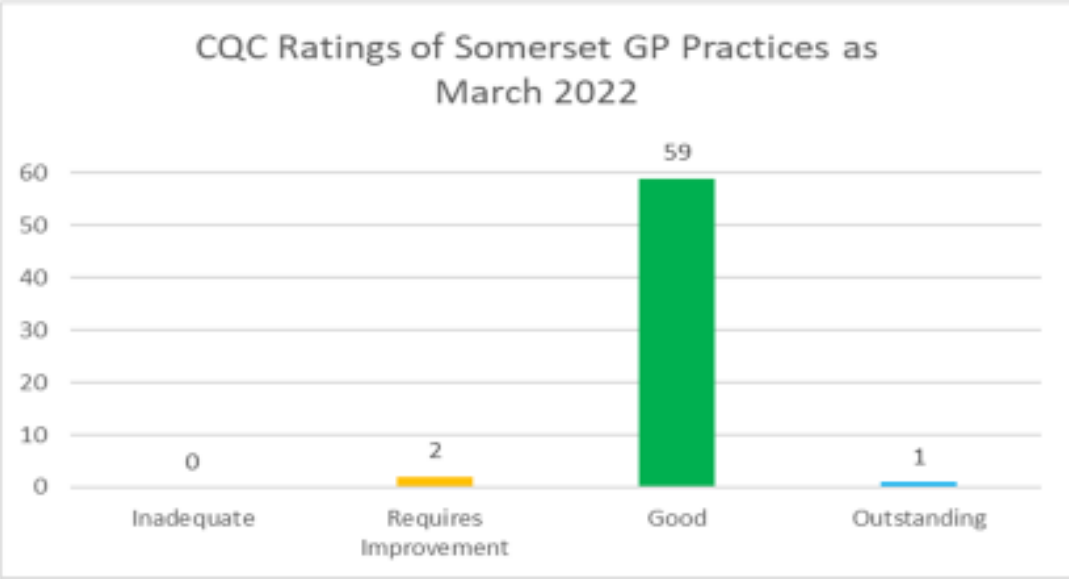
Continuing Health Care
Background
The focus of NHS England’s CHC Assurance during 2021/22 will be on the system recovery and recovering performance on the following standards:
28 Day Standard - =>80% of Referrals are concluded within 28 Days;
28 Day Backlog – Ensuring there are no referrals breaching 28 days by more than 12 weeks;

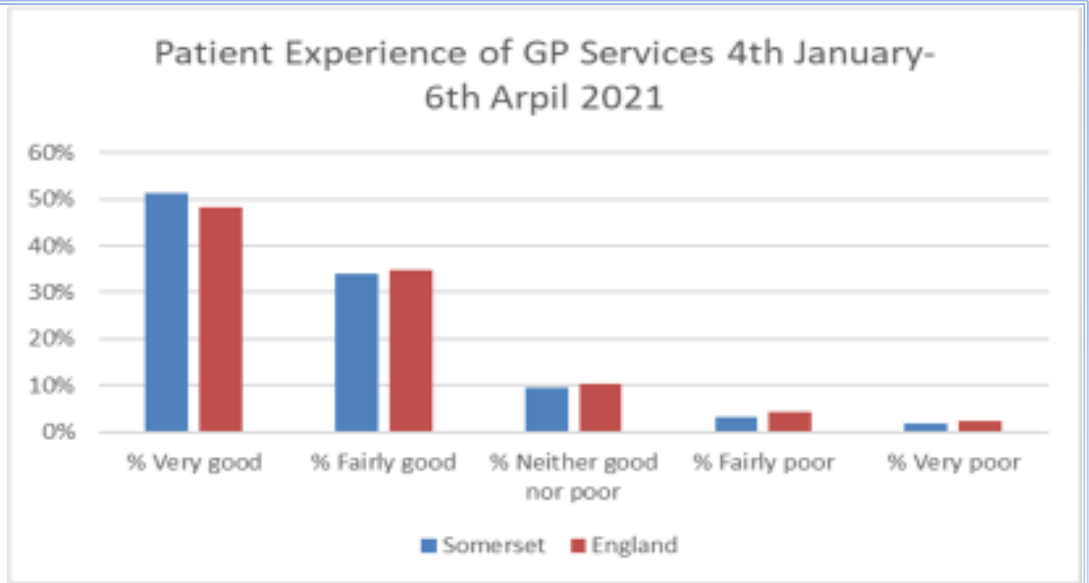
28 Day Standard
Summary of CHC performance attainment against this KPI since Quarter 1 2018/19. Monthly performance attainment since June 2021 has consistently been in excess of the 80% target, with performance in March 2022 being recorded at 77%.

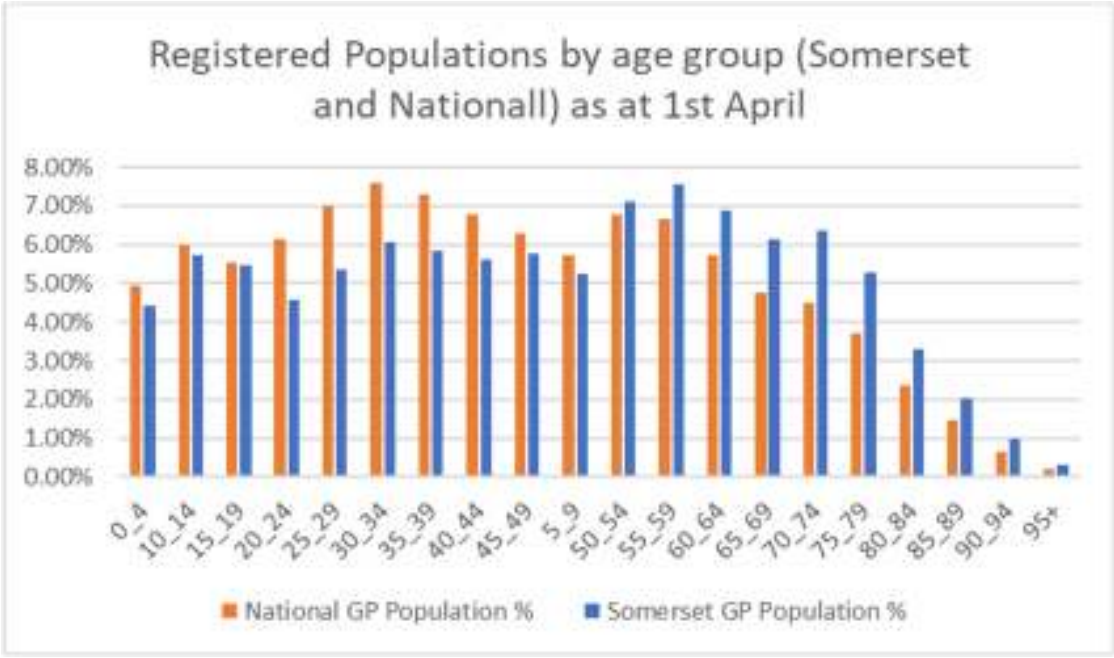
28 Day Backlog (CHC Cases Exceeding 28 Days by 12+ Weeks)
The graph provides a summary of CHC data against this NEW KPI introduced at the beginning of 2021/22. Monthly performance attainment since August 2021 has been recorded at no referrals exceeding 28 days by more than 12 weeks.

Primary Care

NHS Somerset Clinical Commissioning Group

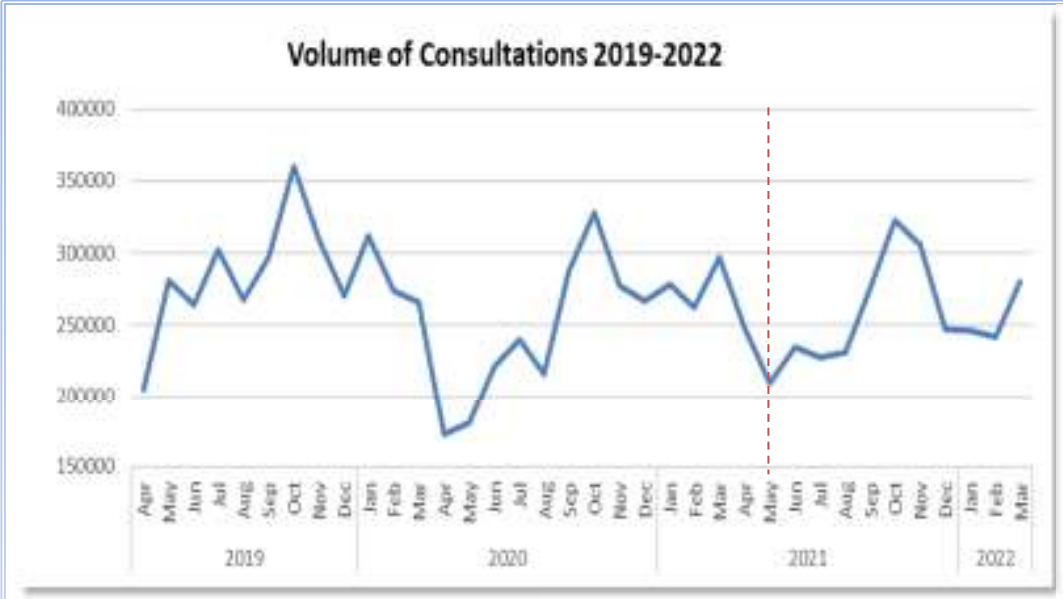


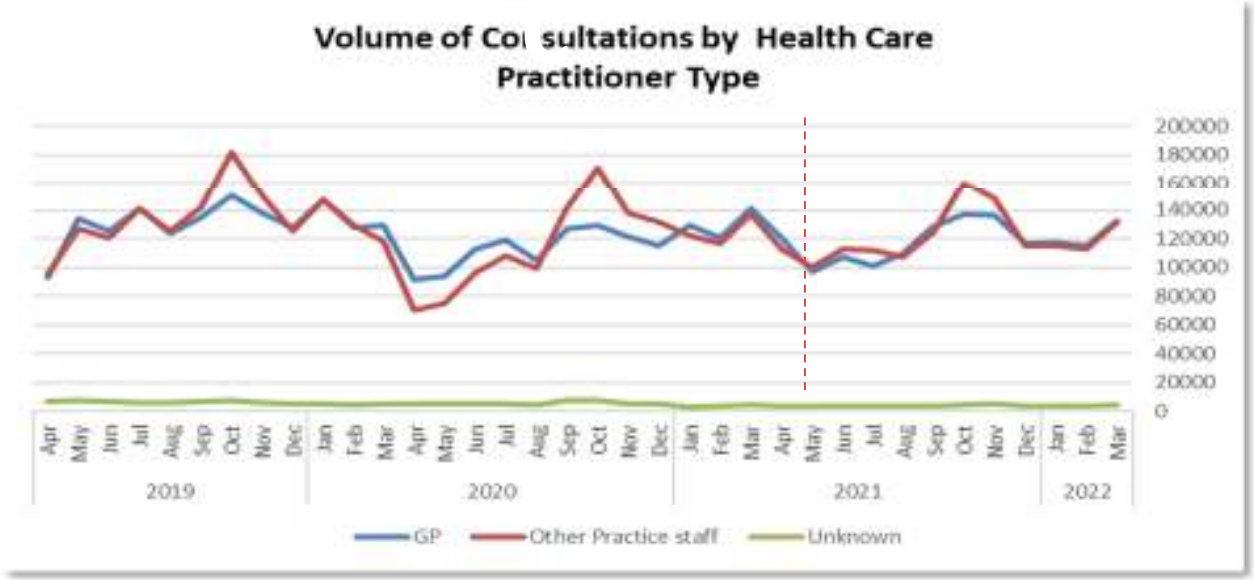




Primary Care

NHS Somerset Clinical Commissioning Group

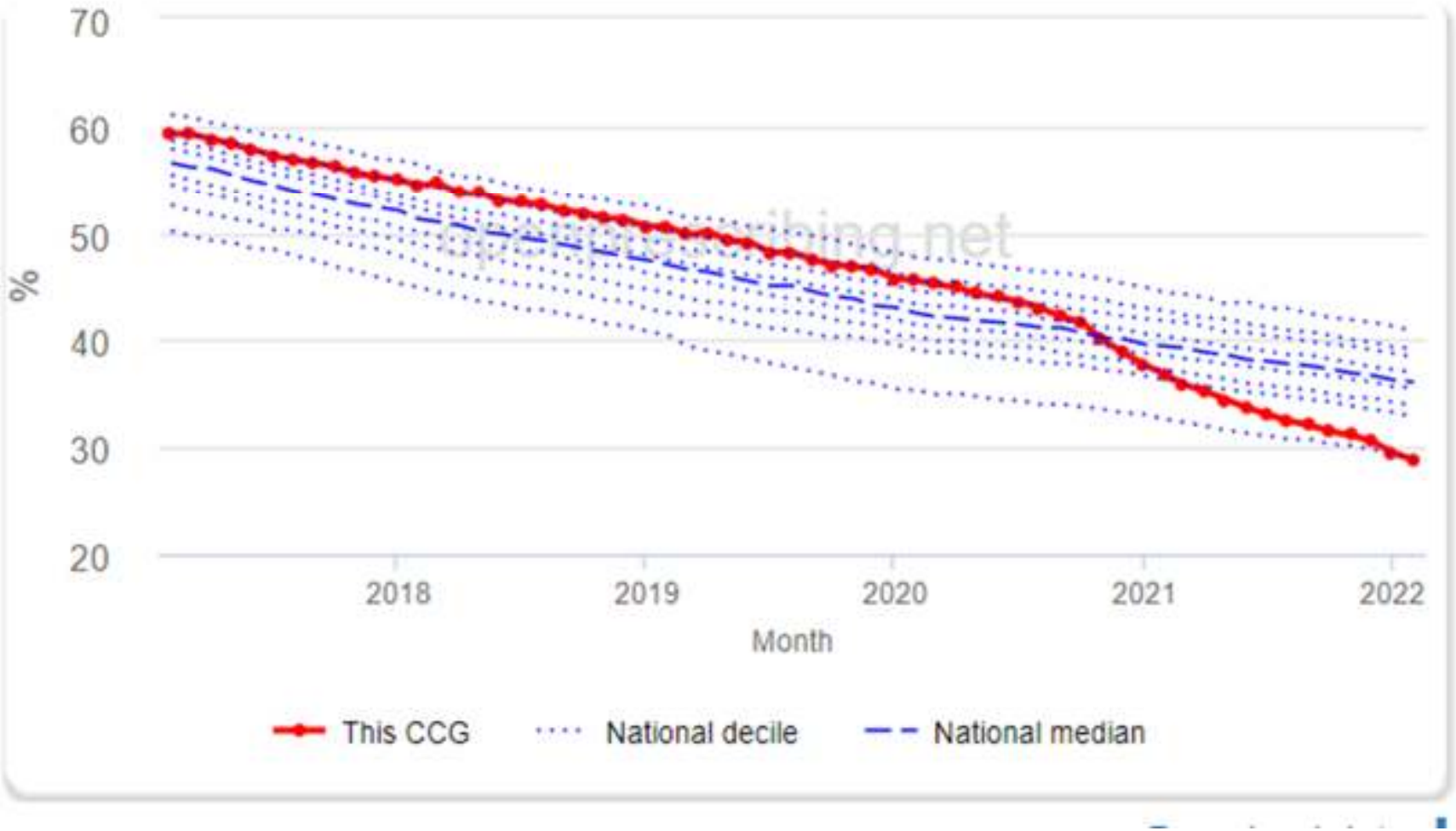




Please Note: GP appointment Data from May 2021 onwards is incomplete, this is due to the National System under-reporting for Somerset. This is signified on the graphs by the red dashed line

NHS
Somerset
Clinical Commissioning Group

Items of low and medium intensity statins as a percentage of items of all statins.



Primary Care

NHS Somerset Clinical Commissioning Group

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 which 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.

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.

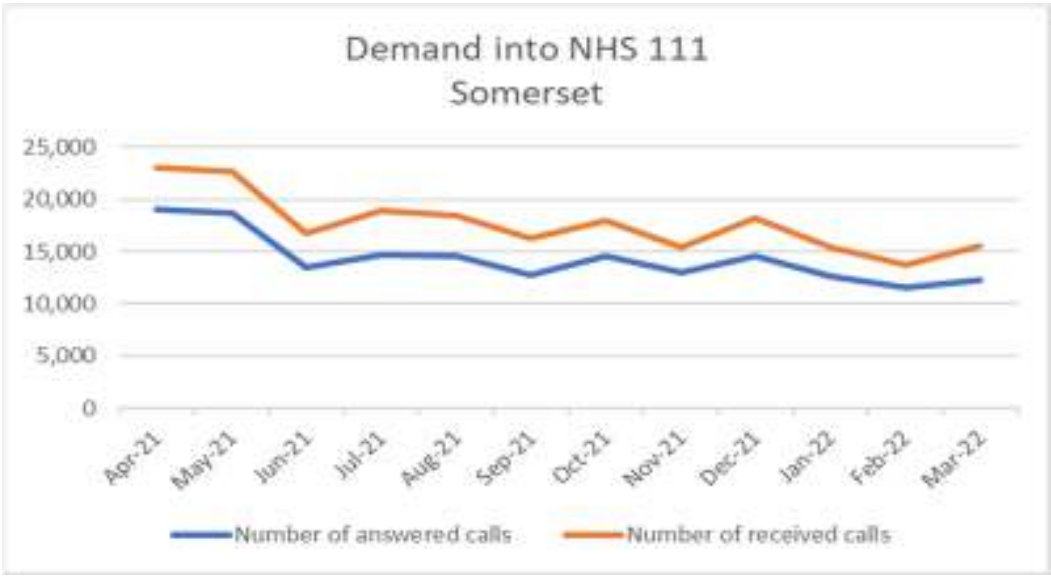
Demographic
The GP registered population of Somerset is significantly older and has a higher level of healthcare need than the national distribution.

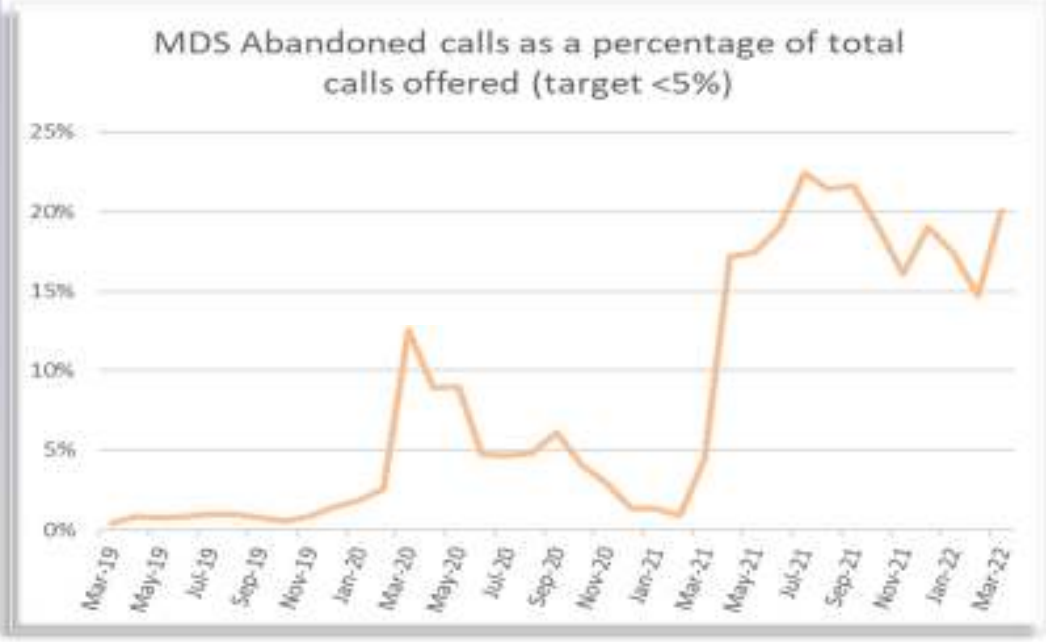
Consultations
Patient demand is high. Patients who need to be seen face to face continue to receive this type of appointment, which constitutes 54% of consultation types as at March 2022. Approximately half of the GP practices reported OPEL 3 (Operational Pressures Escalation Levels) levels, where demand/staff absence is sufficiently high that daily workload cannot be managed even with available additional resources; the practice can cope short term but is likely to utilise other services more than usual

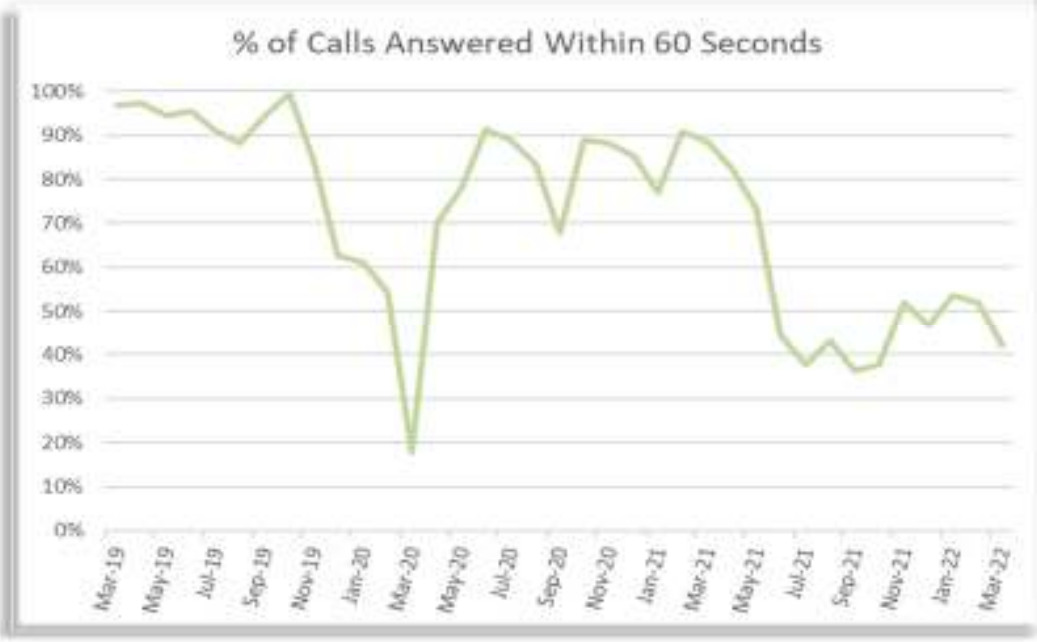
Medicines management
2014 NICE guidance on primary and secondary lipid modification recommends the use of a high-intensity statin (i.e. one that reduces LDL cholesterol by 40% or more) with a low acquisition cost. Somerset CCG medicines optimisation team has lead a quality improvement project via the prescribing and quality improvement incentive scheme which has significantly improved the prescribing of more potent statins. Somerset now has one of the best rates in the country which will help improve outcomes for patients in Somerset with cardiovascular disease.

Emergency – NHS 111 Performance

NHS Somerset Clinical Commissioning Group







Emergency – NHS 111 and Integrated Urgent Care Service

NHS 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 March 2022 so may be subject to change once the final version is 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 NHSEI 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. The IUC ADC has been reviewed nationally throughout 2021/22 and a revised set of metrics including KPIs go 'live' 1 April 2022. More details will be provided in the next iteration of this report.

Improvements to Data Integrity
Devon Doctors, as part of a IUCS provider-wide programme led by the NHSEI IUC ADC Team, has completed a complete review of its IUC ADC submissions for 2021/22 and revising methodology accordingly. As a consequence, IUC ADC data is being re-submitted. The performance noted on the KPIs quoted on the next slide, therefore, are subject to change due to this ongoing process. The CCG Commissioning Manager and Performance Team has met and continues to meet monthly with Devon Doctors Data Team to understand the process, reported performance including impact of the forthcoming IUC ADC changes (1 April 2022).

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. PPG's 111 SW service received an 'Outstanding' CQC rating following an inspection December 2021: report published 16 March 2022

March 2022 continues to see ongoing pressures within NHS 111 both in Somerset and nationally. Reasons for this are changing patterns in overall call activity / call arrival times with increasing low acuity contacts during the day alongside increased calls about winter-related symptoms. PPG also supported national contingency for 87.73 hours in March. Further ongoing pressures result from staff abstractions be it through attrition; lower recruitment and training over Christmas / New Year; or sickness (including Covid-19 related). This has also led to the need to use some Health Advisors to support comfort calling on occasions, further reducing call answering resourcing. A cohort of Health Advisors and Clinical Advisors go live in March and PPG report a strong recruitment pipeline over the next few months.

Integrated Urgent Care

NHS Somerset Clinical Commissioning Group

As with other services Somerset IUCS continues to meet ongoing rota fill challenges. This is for a number of reasons including Covid-19 related absence; clinician fatigue; home visiting paramedics working extra shifts within the 999 service and annual leave. Devon Doctors has been mitigating this through ongoing incentives across all clinical roles further supported by additional national investment provided to the service (including 111 element) during 2nd half of 2021/22. Mutual aid is also provided via the Devon IUCS service at times: an arrangement reciprocated with Somerset IUCS also lending support on occasions. DDOC continues with its clinical resourcing and recruitment work, on which the CCG received an update at the Monthly Contract Review Meeting (MCRM) on 29 April (next update due 28 July 2022 meeting). The CCG is currently supporting Devon Doctors to explore rotational clinical roles with UEC and primary care system partners and this will be discussed at Somerset A&E Delivery Board on 31 May 2022.

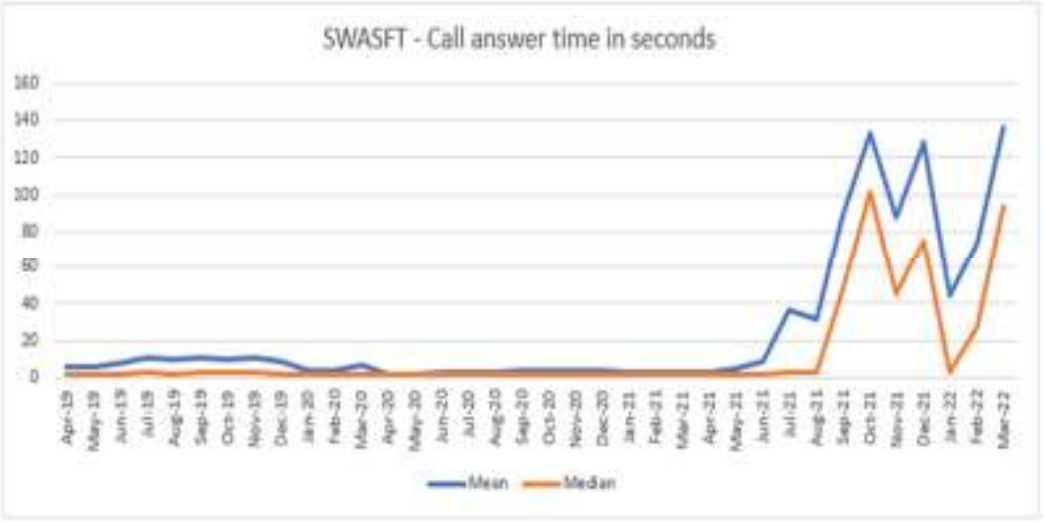
- In relation to calls answered within 60 seconds (no longer a KPI as removed from the set as of April 2021 though still monitored against England average performance) based on current provisional data, March's performance was 42.1% compared to a national average of 44.5%. Somerset performance was at 43.47% in February compared to a national average of 54.1%.
- In relation to KPI1 (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); performance in March was 20.2% compared to a national average of 15.75% an improvement compared February where the performance was 14.76% compared to an England average of 11.45%.
- Regarding KPI2 (developmental): 'average speed to answer' (which replaces the previous 'calls answered within 60 seconds' metric) Based on current provisional data, performance in March was 368 seconds, compared to a national average of 395.97 seconds. In February performance was at 207.96 seconds in February, compared to a national average of 267.07 seconds.

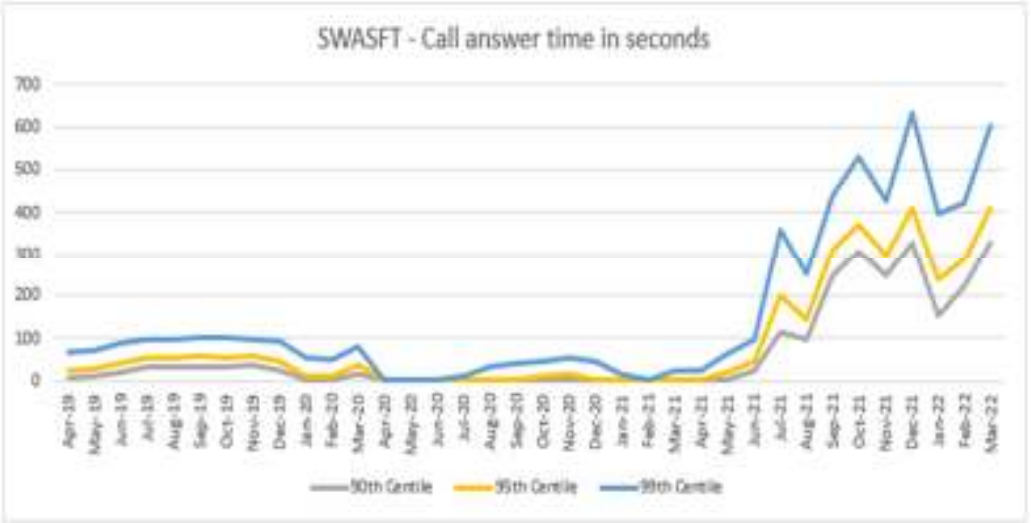
- KPI5a: in March, 60.7% of patients offered a call back within 20 mins (immediately), who received a call back within 20 mins (England average 30.3%). February's performance was at 57.8% (33.80% England average).
- KPI5b: in March, 56.7% of patients offered a call back within a timeframe over 20 minutes, and up to 1 hour inclusive, who received a call back within 1 hour (England average 37.4%). February's performance was at 68.2% (37.4% England average).
- KPI5c: in March, 48.9% of patients offered a call back within a timeframe over 1 hour, who received a call back within the specified timeframe (England average 49.6%). February's performance was at 57.6% (54.82% England average).
- KPI16 (developmental): in March, 64.9% of patients received a face-to-face consultation at their home residence within the specified timeframe against the 95% target (England average 79%). February's performance was at 68.6% (79.10% England average).
- KPI17 (developmental): in March, 84.8% of patients received a face-to-face consultation in an IUC Treatment Centre within the specified timeframe against the 95% target (England average 82.2%). February's performance was at 85.5%. (82.15% England average).

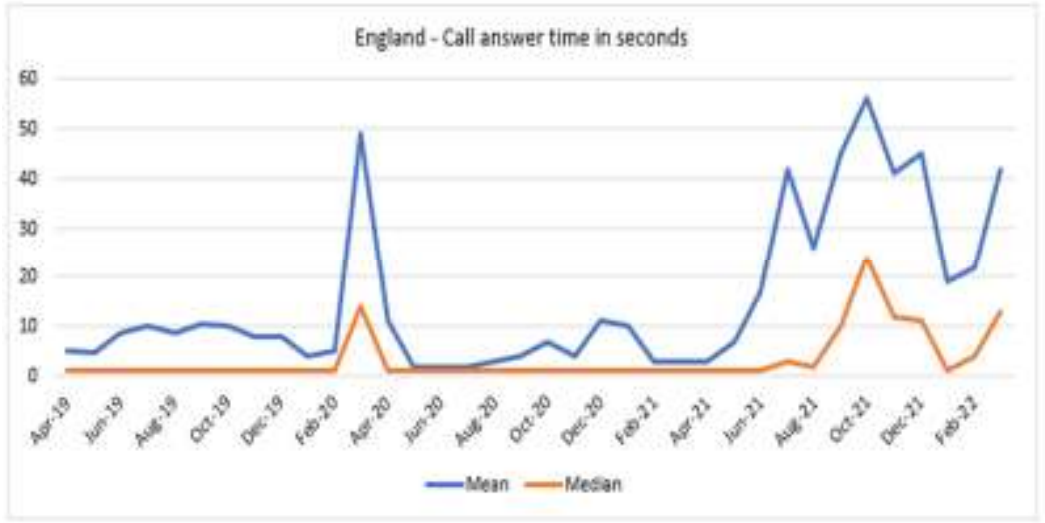
Please note that March 2022 data has been sourced from as yet unvalidated data so may be subject to change once the final data is reported to NHSE/I.

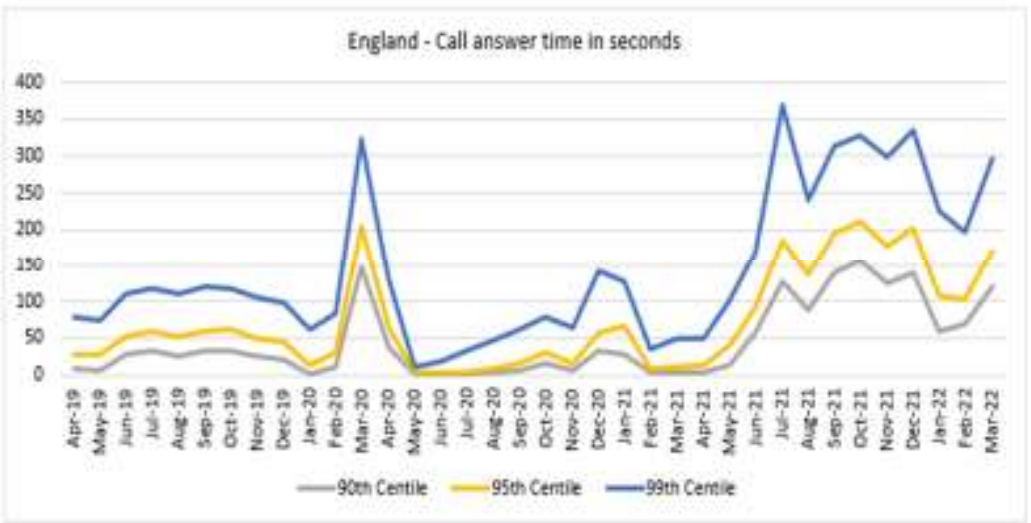
Emergency – SWAST Performance

NHS Somerset Clinical Commissioning Group





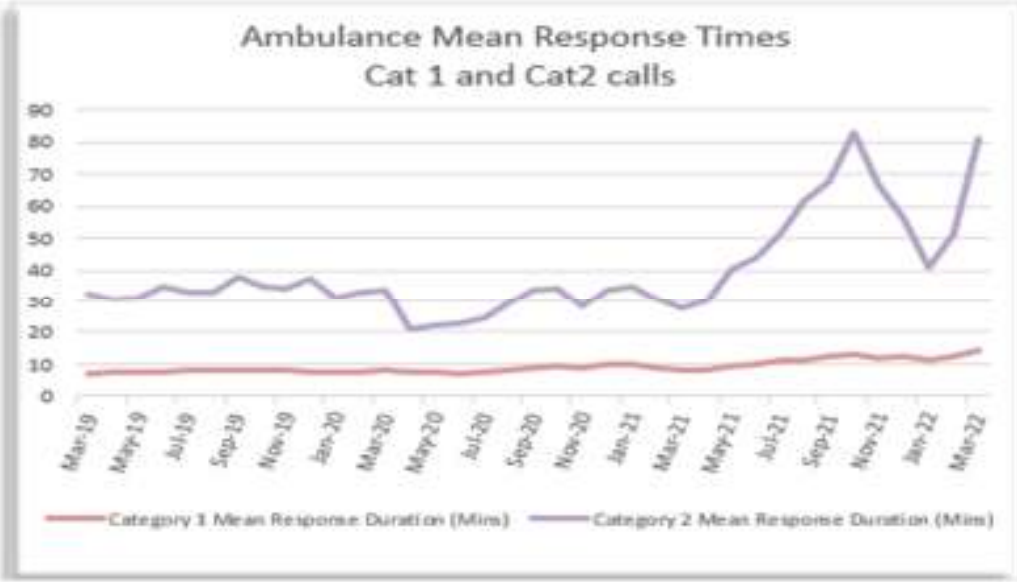


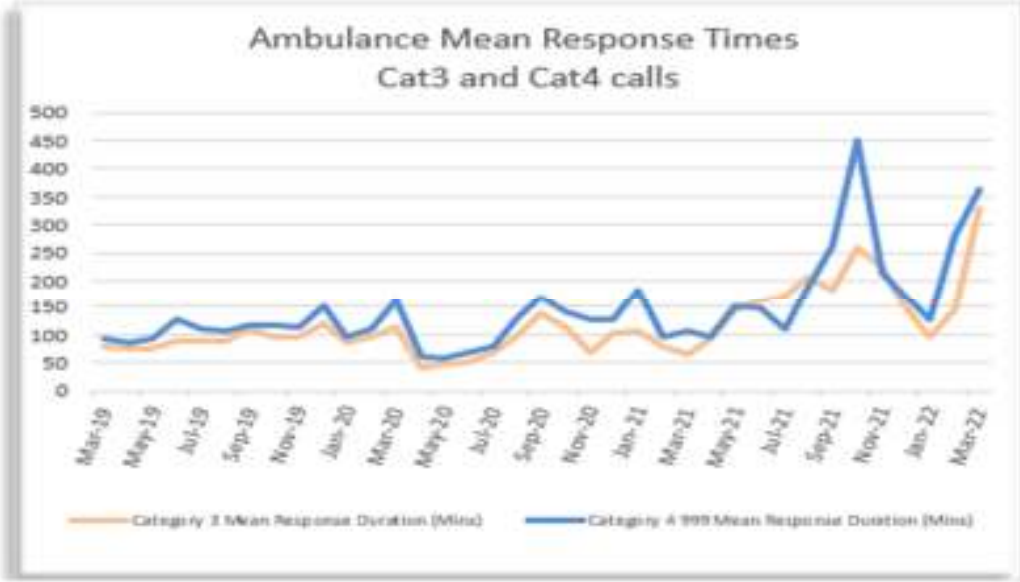


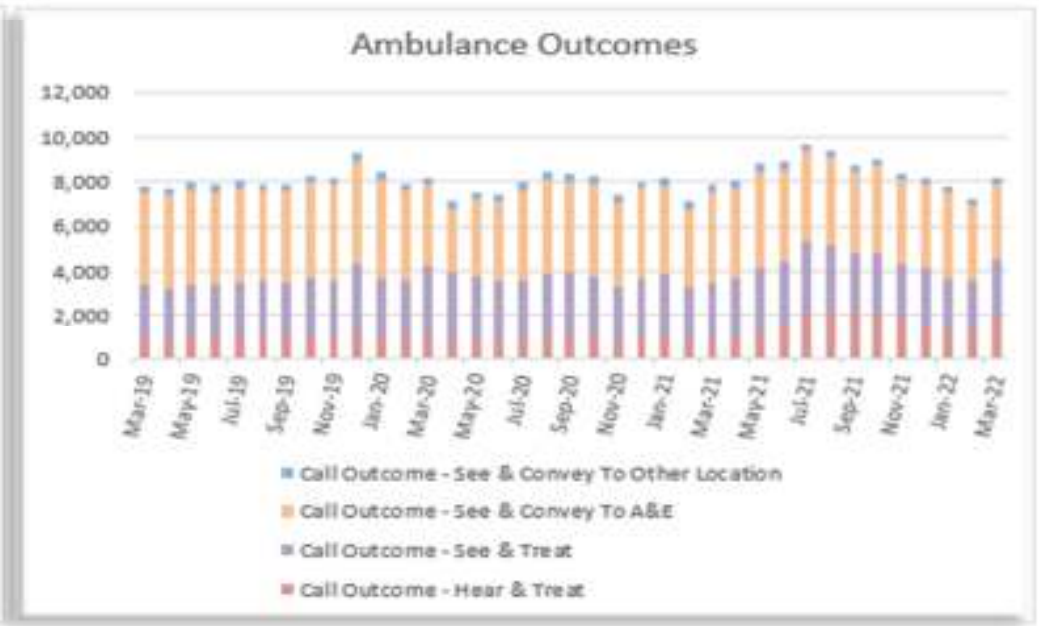
A median call answer time of 7 seconds means that half the calls were answered in less than 7 seconds. The median is identical to the 50th centile. A 90th centile incident response time of 13 minutes means that 9 out of 10 incidents were responded to in less than 13 minutes.

Emergency – SWASFT Performance

NHS Somerset Clinical Commissioning Group







Emergency – SWAST Performance

NHS Somerset Clinical Commissioning Group

Ambulance Response Times

- 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
	7 Mins	15 mins	18 mins	40 mins	120 mins	180 mins
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
December	12.2	22.3	56.1	119.1	406.9	334.9
January	10.9	19.8	41.2	87	252.1	352.8
February	12.5	22.9	51.1	106.7	388.7	998.1
March	14.1	25.1	81.1	172.6	826.1	744.1

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

Performance of ambulance response times (ARP) has seen the worst performance in March 2022 for Cat 1, Cat 2, Cat 3 but an improved position for Cat 4

Emergency – SWAST Performance

NHS Somerset Clinical Commissioning Group

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

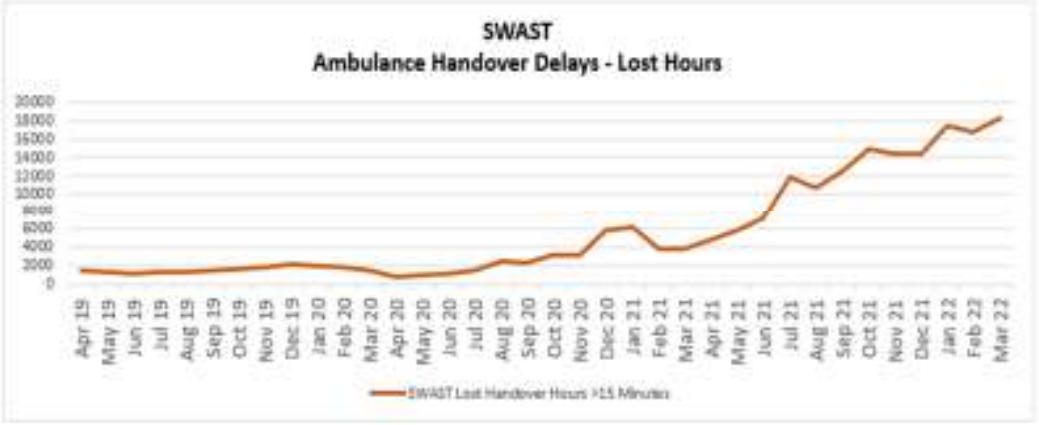
In January SWAST had a total of 17,490 lost ambulance hours
In January Somerset had a total of 536 lost ambulance hours

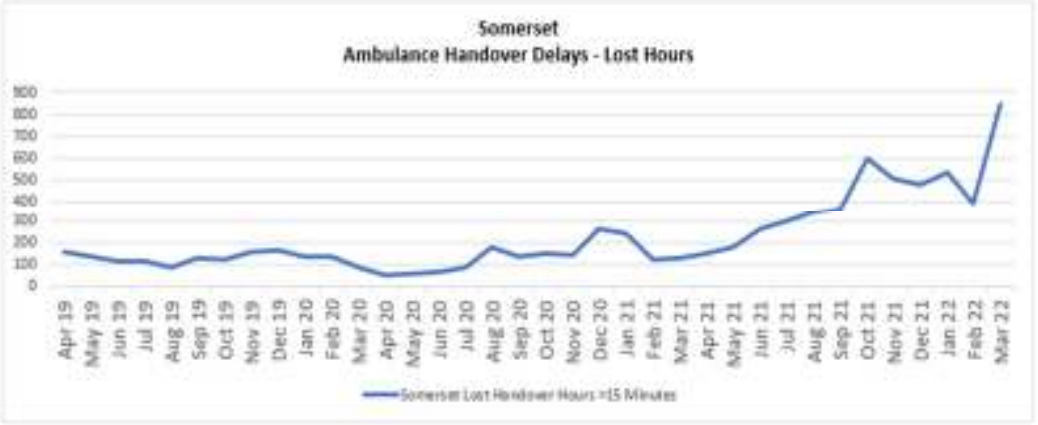
In February SWAST had a total of 16,842 lost ambulance hours
In February Somerset had a total of 392 lost ambulance hours

In March SWAST had a total of 18,242 lost ambulance hours
In March Somerset had a total of 849 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.

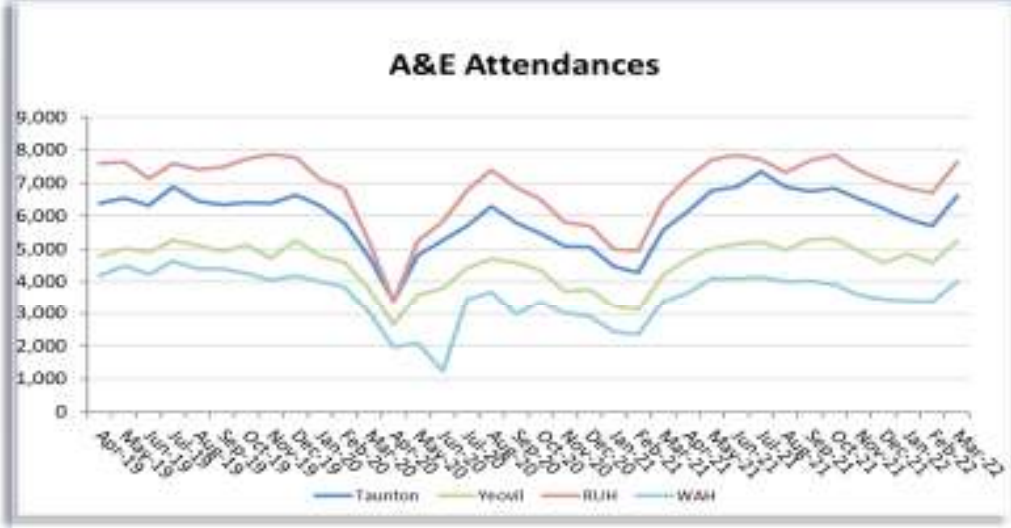
A pilot took place at the Bristol Royal Infirmary and Treliske Hospital to immediately hand over a patient and release ambulance crews at such times when a hospital is in escalation and there are Category 1 Calls outstanding. This will improve Category 1 response times by allow nearby ambulance resources to be deployed. This has now been rolled out to all acute hospitals in the region.

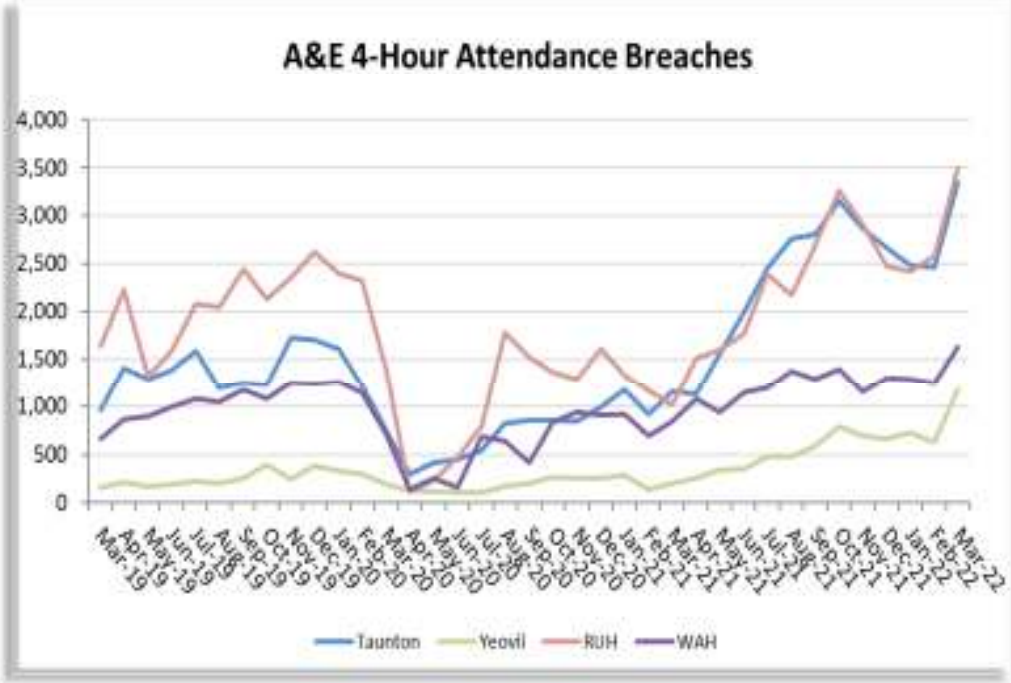




Emergency – A&E

NHS Somerset Clinical Commissioning Group





Emergency – A&E

NHS Somerset Clinical Commissioning Group

Somerset: the number of patients attending A&E Departments in March were 12.1% higher (+2,546) than in the last reported month of January 2022
During the cumulative period April-March there were 273,218 attendances. This was 1% higher (+2,636) in volume compared to the same period in 2019/20
The 4-Hour performance in March was at 59% and during the cumulative period (April-March) was 70.3%, lower than the same period in 2019/20 (79.4%)

Somerset FT: The number of patients attending the A&E Department in March was 12.2% higher (+720) than in the last reported month of January 2022
During the cumulative period April-March 2022, there were 78,603 attendances. This was +4.5% (+3,387) higher in volume compared to the same period in 2019/20
4-Hour performance in March was 49.4% and during the cumulative (April-March) period was 62.2%, lower than the same period in 2019/20 where performance was 78%

YDH FT: The number of patients attending the A&E Department in March was 8.3% higher (+401) than the previous reported month of January 2022.
During the cumulative period April-March, attendances were 2.8% higher (+1,614) compared to the same period in 2019/20
4-Hour performance in was 77.7% and during the cumulative period April-March was 88%, lower compared to 2019/20 April-March cumulative period of 95%

RUH Bath: The number of patients attending the A&E Department in March was higher in volume +12% (818) compared to the last reported month of January 2022
During the cumulative period April - March, attendances were 1.8% (-1,549) lower than the same period in 2019/20.
4-Hour performance in March was 54.3% and during the cumulative period of April-March was 67%, lower compared to the same cumulative period of 2019/20 of 71.5%

UHBW: The number of patients attending the Weston site A&E Department in March was 4,016, 17.8% higher (+607) compared to the last reported month of January 2022
During the cumulative period April - March, attendances were 7.9% lower (-3,914), than the same period in 2019/20
4-Hour performance in March was 59.5% and during the cumulative period of April- March was lower at 67% compared to the same cumulative period of 2019/20 of 74.4%

Challenges

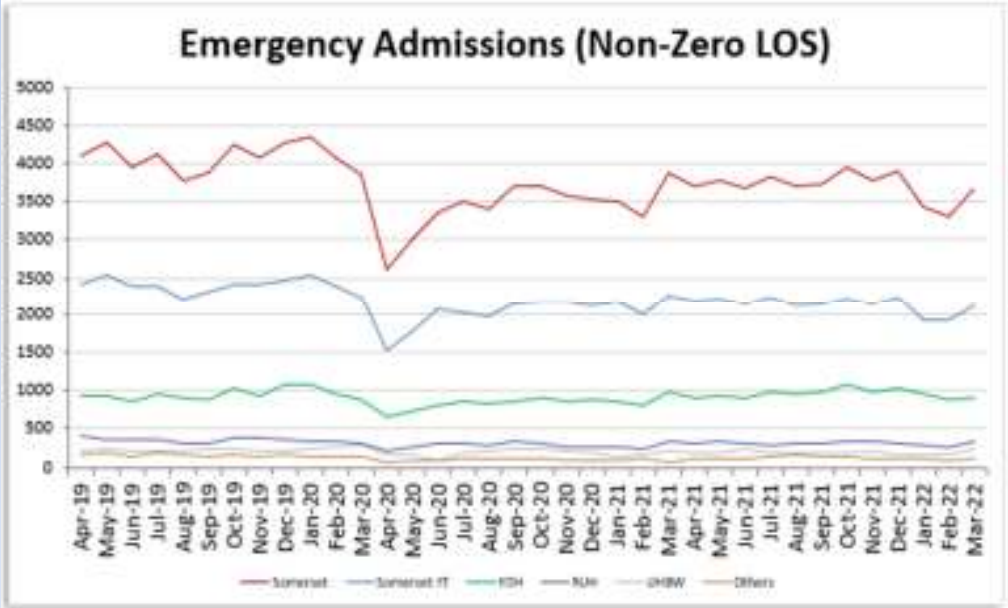
- Somerset FT: Overall increase of attendances and increase in patient acuity. Covid-19 admissions have also increased but levels remain lower than the second wave of the pandemic.
- YDH FT: Higher number in presentations of acutely ill patients as well as with minor ailments. Increase in minor activity where the patient did not have emergency need.
- RUH Bath : Internal Critical Incident twice in the month of March as a response to the extreme pressures within ED as a result of lack of flow. Bed availability was significantly impacted by Covid-19 and non Criteria to Reside patients. The flow related challenges are still causing significant delays with moving patients out of ED. This caused delays for getting patients into ED from ambulances
- UHBW (Weston site): Flow through the department has been the main challenge with patients bedded every night in ED awaiting a speciality bed that being the highest breach reason in February (latest data available). 330 12 hours breaches in February 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). Nursing shortages further impact performance.
- 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 26)

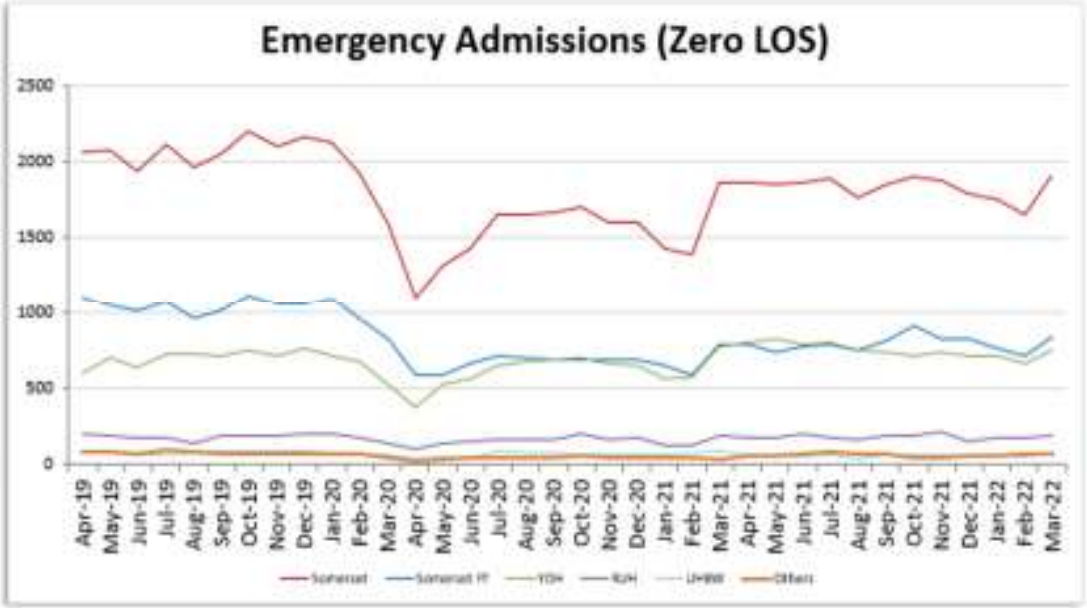
Mitigation

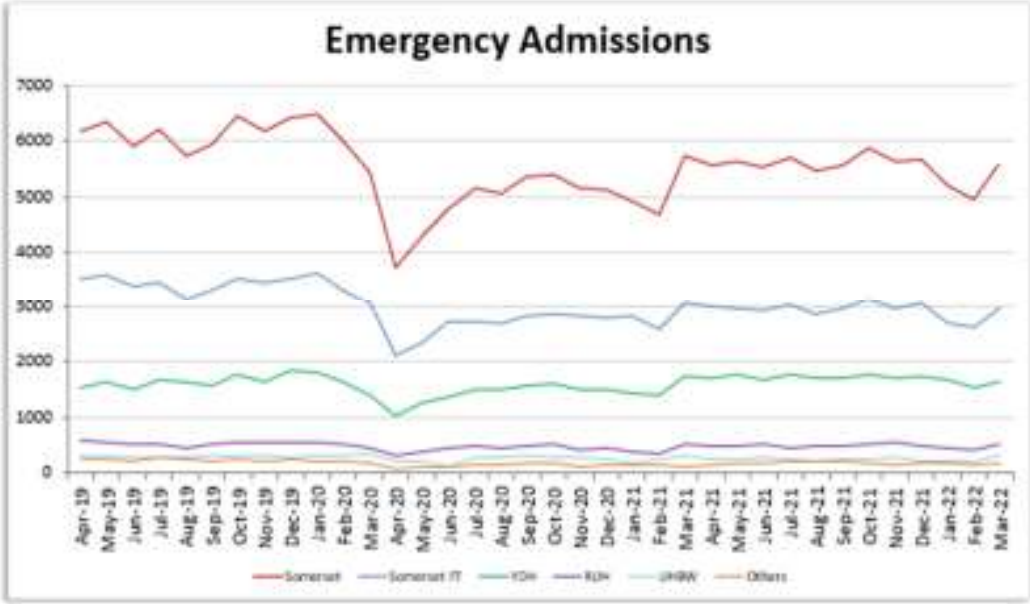
- Contingency plan for patient flow and bedded care is being developed in the event of increased emergency demand. Zoning to separate positive / query positive and negative Covid-19 patients and Covid-19 testing regimes on admission continues. Close work with intermediate care to support increase in capacity and also recruitment and staff transfer as well as an increase in pay rates. Discharge Lounge remains open in the Outpatients Department. Trust escalation beds have been fully activated to support inpatient flow. (Somerset FT)
- Partly introduced 5th clinician overnight across some shifts – working on reaching full coverage, Launching front door working group – focused on standardised pathways with specialities (RUH)
- Weston have continued with its redirecting work ensuring that patients go to the right healthcare service, including signposting to MIUs, primary care or pharmacy. This has helped in times of surge to minimise the crowding in the waiting room.

Emergency – Emergency Admissions

NHS Somerset Clinical Commissioning Group







Emergency – Emergency Admissions

NHS Somerset Clinical Commissioning Group

- **Somerset**: The number of emergency admissions in March 2022 were 14.1% lower (-915) than in March 2019 and when comparing the cumulative period of April 2021 to March 2022 to the correlating period in 2019/20 the volume of emergency admissions have reduced by 9.3% (-6,833) and this decrease is seen within zero and non-zero LOS
  However, comparing to the last reported month of January 22, the average number of daily admissions in March has increased by 13.1 admissions

- **Somerset FT**: The number of emergency admissions in March were 20.3% lower (-751) than in March 2019 and when comparing the cumulative period April 2021 to March 2022 to the correlating period in 2019/20 the volume of emergency admissions have reduced by 14.6% (-2,862).
  The average number of daily admissions in March 2022 has increased by 8.4 admissions per day when compared to the previous reported month of January and is seen mainly in the non-zero LOS

- **YDH FT** : The number of emergency admissions in March were 3.6% lower (-61) than in March 2019 and when comparing the cumulative period April 2021 to March 2022 to the correlating period in 2019/20 the volume of emergency admissions have increased by 4% (+788). The average number of daily admissions in March 2022 has reduced by 0.8 admissions per day and it is seen in non-zero LOS while Zero LOS has increased by 1.2 admissions per day compared to January 2022

- **RUH Bath**: The number of emergency admissions in March were 20% lower (-126) than in March 2019 and when comparing the cumulative period April 2021 to March 2022 to the correlating period in 2019/20 the volume of emergency admissions have reduced by 8% (-507).
  The average number of daily admissions have increased by 1.8 admission per day and mainly contributed by non-zero LOS compared to the last reported period of January 22
- The Trust had an average of 144 NC2R (no criteria to reside) patients during March. This is the highest monthly average in the last 12 months. The RUH currently has the highest percentage of bed base occupied by no right to reside patients in the region (as per RUH Board Report).

- **UHBW**: The number of emergency admissions in March were 17.8% higher (+49) than in March 2019 and when comparing the cumulative period April 2021 to March 2022 to the correlating period in 2019/20 the volume of emergency admissions have reduced by 18.6% (-688).
  Compared to the previous reporting period of January 22 however, the daily admissions have increased by 3.6 admissions per day, predominantly in non-zero LOS.

Emergency – Emergency Admissions

NHS Somerset Clinical Commissioning Group

During March the average escalation level across the Somerset System was Operational Pressures Escalation Levels (OPEL) Level 4 - Pressure in the local health and social care system continues to escalate leaving organisations unable to deliver comprehensive care. There is increased potential for patient care and safety to be compromised. Decisive action must be taken by the Local A&E Delivery Board to recover capacity and ensure patient safety. Regional teams in NHSEI are aware of rising system pressure, providing additional support as deemed appropriate and agreed locally, and actively involved in conversations with the system.

Ongoing challenges

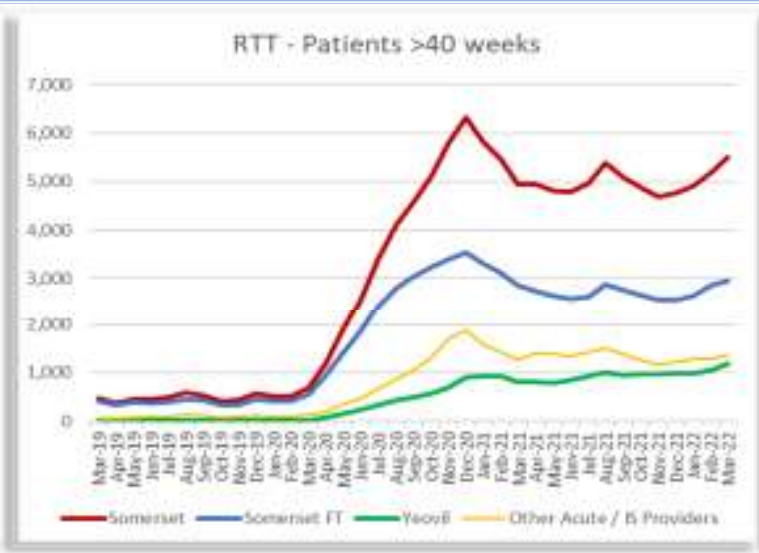
- Patients being admitted to an inpatient bed continue to have longer stays. This is consistent with a slowing of the rate of discharge for medically fit patients due to domiciliary capacity challenges and a shortfall in the availability of bedded options. There are increased paediatric admissions, the reasons for this are not yet fully understood.
- There are a high number of No Criteria to Reside patients at all trusts. Somerset have agreed local trajectories and actions have been agreed to support the achievement of these trajectories.
- UHBW (Weston site) –bed deficit as a result of IPC/streaming and zoning which will hinder recovery for the foreseeable future (as per February board report) Workforce shortages, particularly nursing, has meant that wards with inpatient escalation beds could not consistently be staffed. Quarter of the bed base is occupied by medically fit for discharge patients
- Reduction in the number of beds due social distancing, zoning of patients
- Acute staffing remains extremely challenging across all trusts.
- Delayed transfers

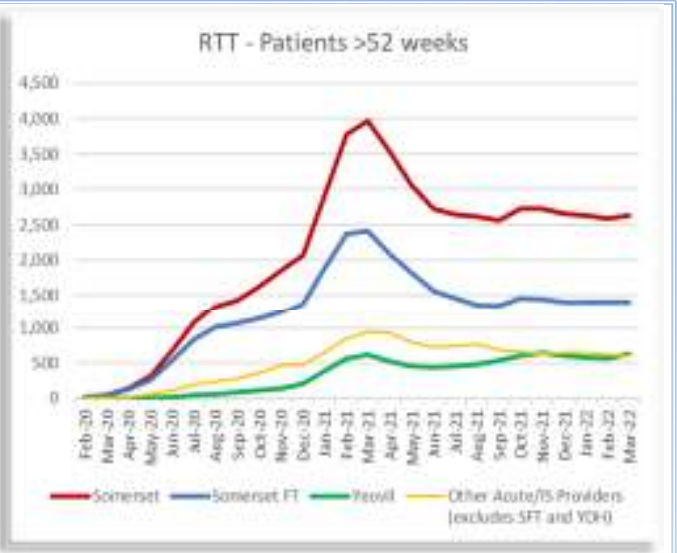
Mitigation

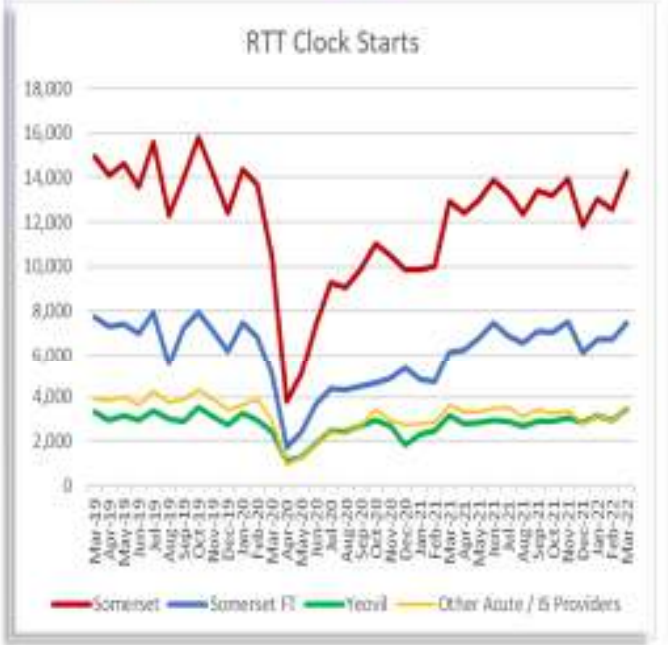
- Virtual wards. It supports patients with clinically suspected or confirmed Covid-19 where the ward team is in touch with the patient at home and monitoring the patient remotely. (Somerset FT and YDH FT)
- Revision of the process of bed requests and allocation to reduce any delays with admission of 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. To support inpatient flow, escalation beds have been fully activated (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)

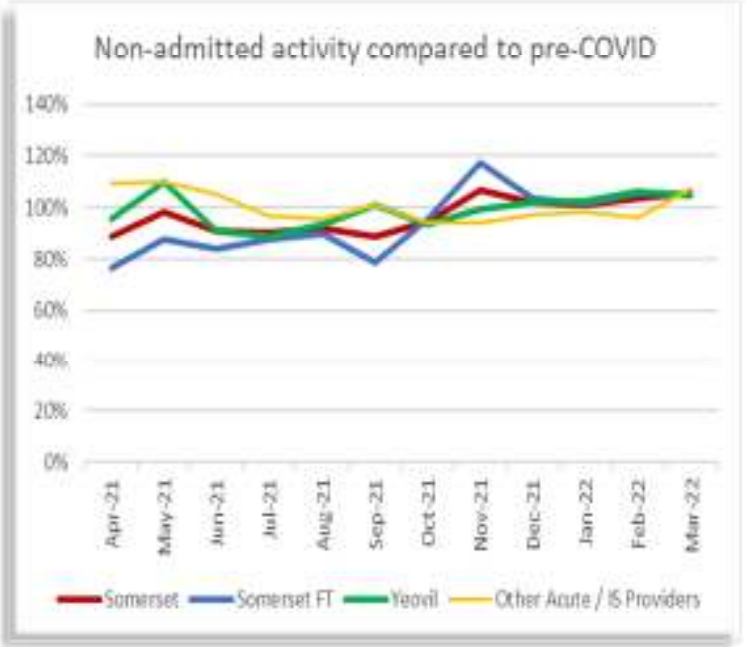
Referral to Treatment

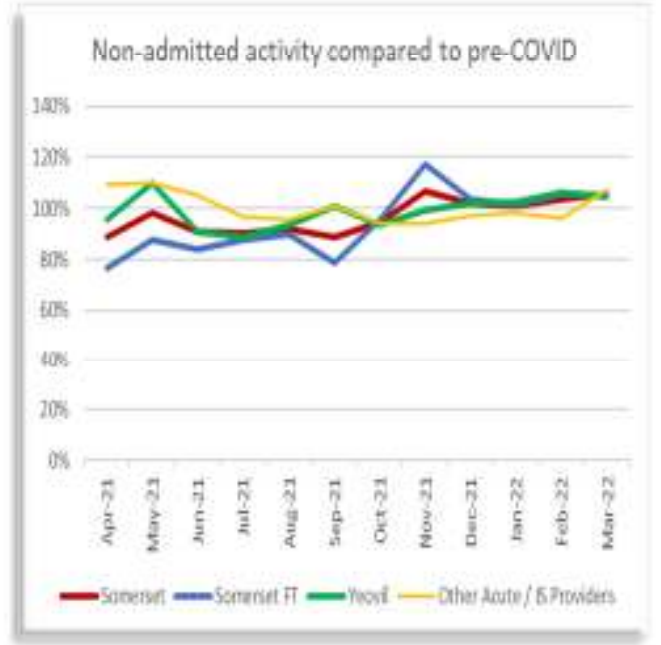
NHS
Somerset
Clinical Commissioning Group











RTT

NHS Somerset Clinical Commissioning Group

Key Challenges

- All RTT performance measures continue to be impacted by the Covid-19 pandemic due to services working at reduced capacity during 2021/22 due to the impact of social distancing and enhanced infection control measures, workforce constraints and patients 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 alongside the longest waiting patients

- 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 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 not quite to pre-pandemic levels due to the success of demand management schemes, such as advice and guidance). During the cumulative period April to March 2022 the referral volume was 92.4% of those received during the same period in 2019/20 and in March 2022 there were 14,243 new clock starts which equates to an average of 619 per working day compared to an average of 621 per working day during 2021/22

- 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 March 2022, there were 51,273 patients on an incomplete pathway waiting their first definitive treatment which is an increase of 9,728 pathways when compared to March 2021, which is due to restoring referral demand during 2021/22 and a lower level than expected of clock stops delivered.

- To quantify, the increase in waiting list during the cumulative period in 2021/22 was due to a reduction in clock stops; during this period 91.9% of RTT clock stop activity carried out when compared to the same period in 2019/20 (95.7% non-admitted out-patient and 82.0% of admitted in-patient / day case activity) and during March 2022 when compared to March 2020 there was 93.0% of RTT clock stop activity carried out with (93.3% non-admitted out-patient and 92.2% of admitted in-patient / day case activity)

- During 2021/22 activity output relative to input was impacted by the Covid-19 pandemic as a result of reduced theatre capacity (1 theatre temporarily stood down at Somerset FT to support critical care expansion but returned to a full compliment from October 2021). However over the winter period due to the extreme emergency pressures operating capacity has had to be reduced. 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)

RTT

NHS Somerset Clinical Commissioning Group

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 long wait patients; by 30 June 2022 there are to be zero patients waiting in excess of 104 weeks and by 31 March 2023 zero patients waiting in excess of 78 weeks

- The number of patients waiting in excess of 52 weeks has reduced by 1,349 patients when compared to March 2021 and the waiting list backlog has remained stable at the same size since June 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 March 2022 there were 591 patients (-13 when compared April 2021) and as a result of a focus on treatment of the longest waits has reduced by 170 patients over the past 2 months and the specialities with the longest waits are General Surgery/Colorectal, Orthopaedics, ENT and Ophthalmology

    - >24 Months Waits: In March 2022 there were 156 patients which is +124 upon April 2021 although a reduction of 45 upon the previous month as a result of the focus upon the treatment of the longest waiting patients 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 - 1,397, >78 weeks - 294 >24 months - 71
    - YDH FT: >52 week - 631, >78 weeks - 161, >24 months - 31
    - RUH Bath: >52 week - 123, >78 weeks - 12, >24 months - 2
    - UHBW: >52 week - 97, >78 weeks - 21, >24 months - 8
    - SMTC: >52 week - 21, >78 weeks - 8, >24 months - 6
    - Nuffield : >52 week - 21, >78 weeks - 5, >24 months - 3
    - Other NHS Providers: >52 week - 328, >78 weeks - 88, >24 months – 35
    - Other Non NHS Providers: >52 week - 9, >78 weeks - 2, >24 months – 0

RTT

NHS Somerset Clinical Commissioning Group

Key Focus

- In March 2022, 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 131.3% of the activity delivered in March 2020. However, when viewing this comparison, it should be noted that March 2020 was impacted by the covid pandemic and coupled with a significant increase in elective activity carried out in March 2022 as part of backlog clearance); this breaks down to overnight in-patient recovery of 91.3% and day case recovery of 138.7%

- In March 2022, 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 103.6% of the activity delivered in March 2020 (with percentage recovery at Somerset FT of 101.2%, YDH FT 113.7% and Other Providers 97.6%)

- 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 22.5% during 2021/22

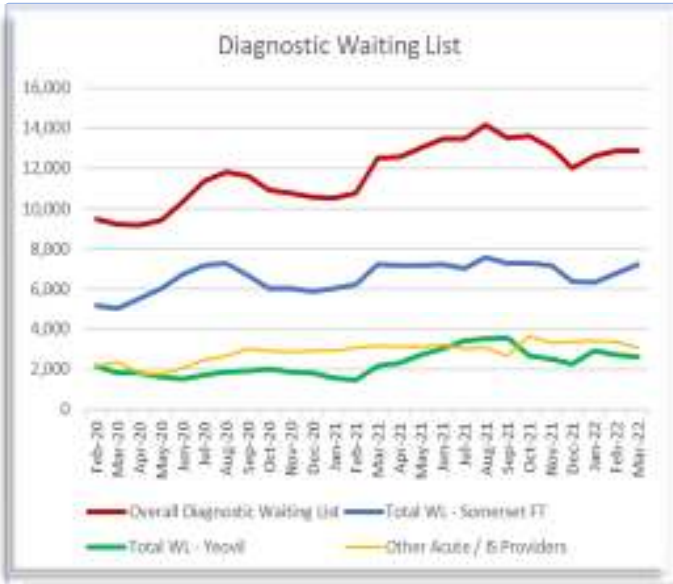
- There is an active programme of system-wide actions to support recovery and improvement actions which include:

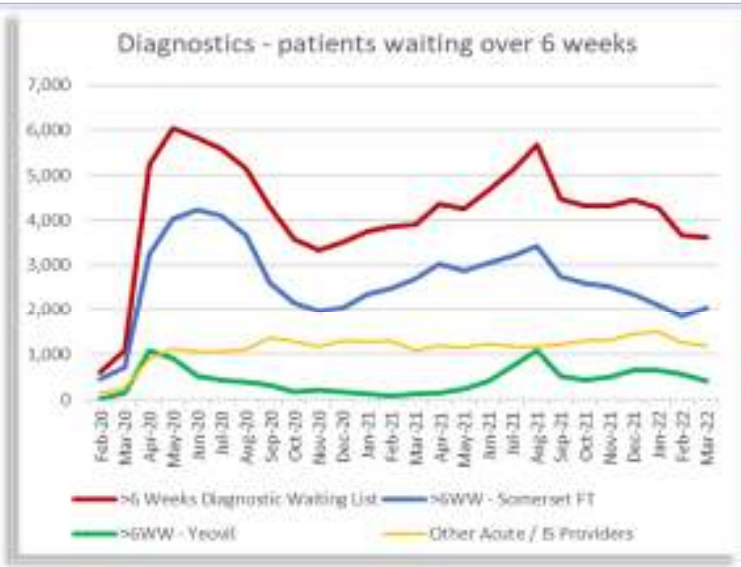
    - Rapid diagnostic services
    - Diagnostic Hubs
    - Sourcing additional capacity for long waiters
    - Waiting list transfers
    - Outpatient transformation
    - Pathway redesign and service model changes
    - Theatre productivity and efficiency

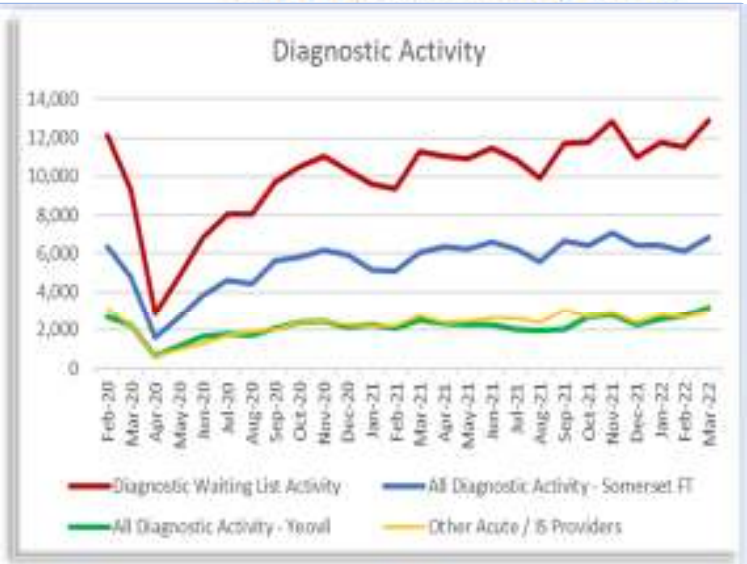
- In addition, the Somerset System has set out a significant programme of work with analysis underway to understand at a granular level the patterns of healthcare access for those patients coming from the highest 3 deciles of deprivation to ensure that there is equity of access; findings (with an initial focus upon the waiting list by social deprivation decile and ethnicity) will be included in the Performance Report

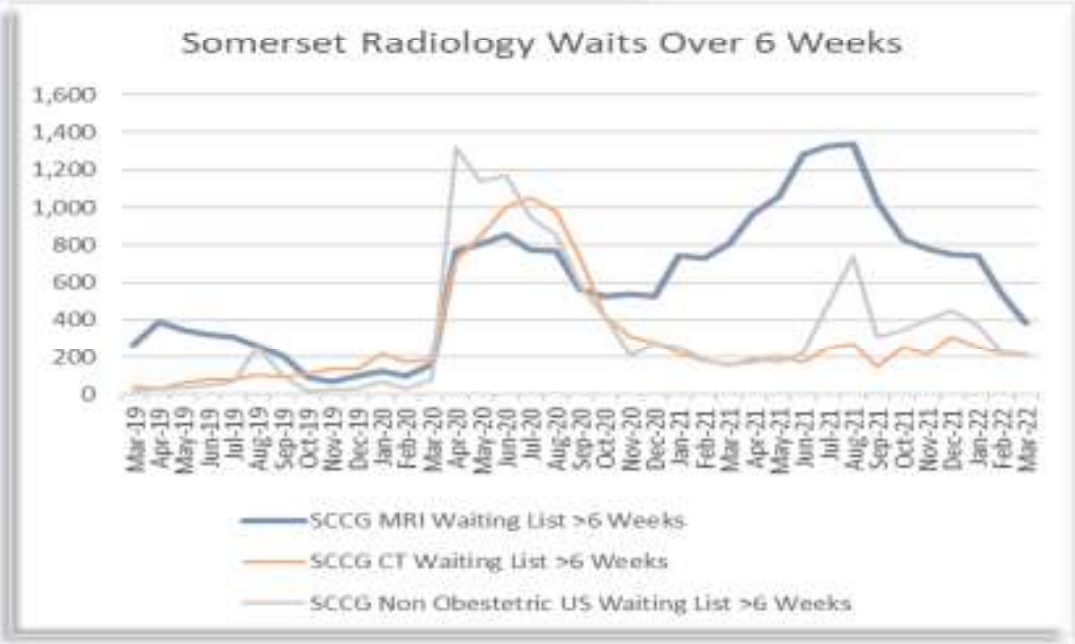
Diagnostics

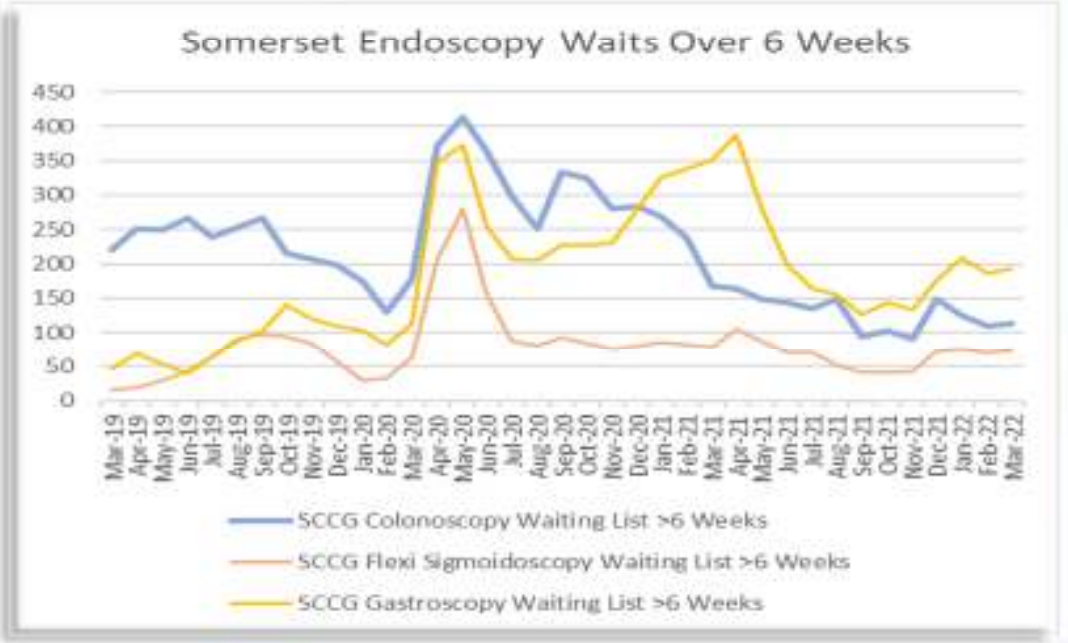
NHS Somerset Clinical Commissioning Group











Diagnostics

NHS Somerset Clinical Commissioning Group

- In March 2022, the volume of diagnostic tests or procedures carried out was 104.9% of the level carried out in March 2020 (adjusted to take into account the impact of Covid-19 in March 2020) and cumulatively during the period April 2021 to March 2022 (compared the same period in 2019/20) the percentage of activity restoration was 104.0%

- All diagnostic measures have been impacted during 2021/22 as a result of Covid-19 pandemic due to services working at reduced capacity as a result of the ongoing impact of social distancing in waiting rooms, 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.

- There were 3,623 patients in March 2022 waiting in excess of 6 weeks (which whilst is a reduction of 277 patients when compared to March 2021 resulting in performance of 71.9% against the 99% standard (+3.1 % compared to March 2021).

- There is a requirement during 2022/23 that 75% of patients wait less than 6 weeks for their diagnostic test or procedure and to deliver this the Somerset System plan to deliver additional diagnostic activity to deliver this ambition

- There were 1,865 patient waiting in excess of 13 weeks in March 2022 which is a decrease of 242 patients compared to March 2021 and is also a reduction of 353 upon the previous reported month of January 2022.
  - Number of patients waiting in excess of 6 weeks by Provider: Somerset FT 2,033, YDH FT 406, Other Providers 1,184
  - Number of patients waiting in excess of 13 weeks by Provider: Somerset FT 1,199, YDH FT 63, Other Providers 603

- 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: 541 (-155), 13 weeks: 140 (-100)
  - CT 6 weeks: 218 (-4), 13 weeks: 30 (-19)
  - Non-Obstetric Ultrasound 6 weeks: 213 (-16), 13 weeks: 30 (-58)
  - Audiology 6 weeks: 266 (+7), 13 weeks: 40 (-35)
  - Echocardiography 6 weeks: 2,039 (+155), 13 weeks: 1,429 (+45)
  - Endoscopy 6 weeks: 387 (-10), 13 weeks: 166 (-38)

- The diagnostic modality with the greatest backlog is Echocardiography and makes up 56.0% of the overall 6-week backlog (and 16% of the overall waiting list); 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

- When looking at the diagnostic test type (waiting list, planned or unscheduled/emergency) during the cumulative period April 2021 to March 2022 there has been a significant increase emergency (unscheduled activity) with activity restoration of 134.4% compared to waiting list activity restoration of 95.3% 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 (cumulative) recovery in April 2021 to March 2022: Radiology: 108.5%, Physiological 88.2%, Endoscopy: 100.6%)

RTT & Diagnostics

NHS Somerset Clinical Commissioning Group

- Actions that have taken 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 concluded

- 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 decreased by 300 (from 1,117 in March 2021 to 817 in March 2022); however it should be noted that the backlog has significantly reduced (-1,528) over the past 5 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 418 from 804 in March 2021 to 386 in March 2022 and has reduced by 71% since August 2021 when the backlog reached the highest point in 2021
  - CT 6 Week Waits increased by 56 from 162 in March 2021 to 218 in March 2022 but has reduced by 20% since August 2021 when the backlog reached the highest point in 2021
  - Non-Obstetric Ultrasound 6 Week Waits increased by 62 from 151 in March 2021 to 213 in March 2022 but has reduced by 71% 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 -326 (from 713 in March 2021 to 387 in March 2022) and has decreased over the past 2 months

  - Colonoscopy: 6 Week Waits reduced by 54 from 167 in March 2021 to 113 in March 2022 and has reduced by 31% since April 2021 when the backlog reached the highest point in 2021
  - Flexi-Sig: 6 Week Waits reduced by 5 from 79 in March 2021 to 74 in March 2022 and has reduced by 28.8% since April 2021 when the backlog reached the highest point in 2021
  - Gastroscopy: 6 Week Waits has reduced by 158 from 352 in March 2021 to 194 in March 2022 and has reduced by 49.9% since April 2021 when the backlog reached the highest point in 2021

RTT & Diagnostics

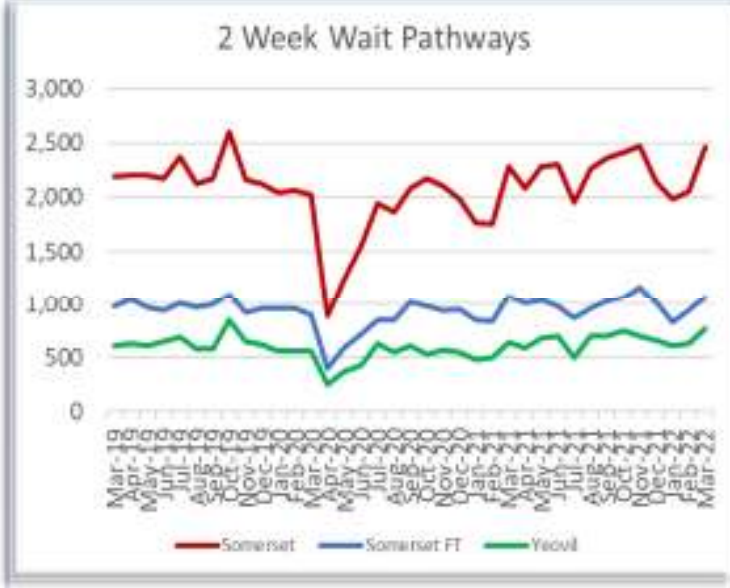
NHS Somerset Clinical Commissioning Group

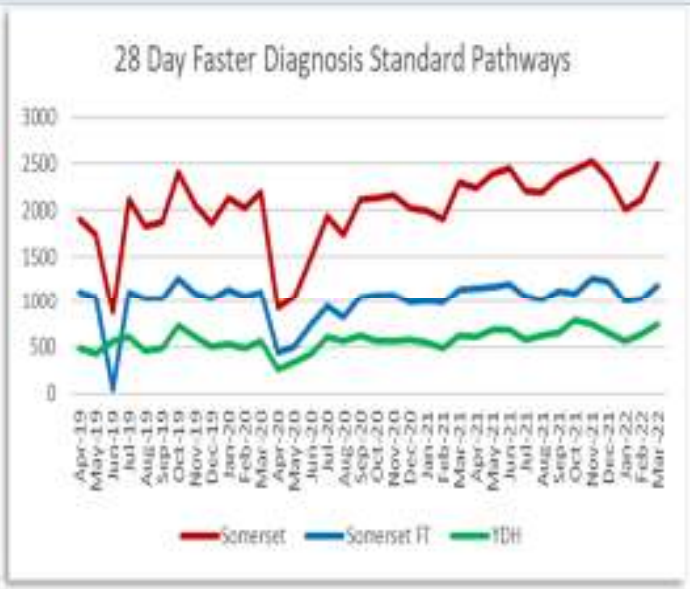
- Physiological Diagnostics– during 2021/22 the overall number of Physiological 6 Week Waits has increased by 158 from 2,261 in March 2021 to 2,419 in March 2022; however the 6-week backlog peaked in August 2021 (2,870) and in March 2022 has reduced by 451

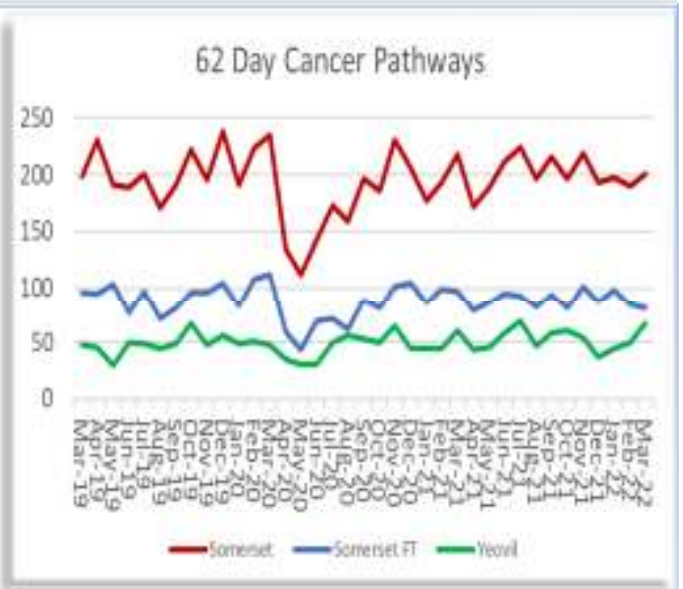
  - Dexa Scans 6 Week Waits reduced by 101 from 149 in March 2021 48 in March 2022 and has reduced by 48.4% since April 2021 when the backlog reached the highest point in 2021
  - Audiology Assessments: 6 Week Waits increased by 203 from 63 in March 2021 266 in March 2022 and has reduced by 10% since January 2022 when the backlog reached the highest point since August 2021
  - Echocardiography: 6 Week Waits increased by 424 from 1,615 in March 2021 2,039 in March 2022 but has reduced by 11% since August 2021 when the backlog reached the highest point in 2021
  - Peripheral Neurophysiology: 6 Week Waits increased by 7 from 16 in March 2021 23 in March 2022 and the backlog has remained at a low level throughout 2021
  - Sleep Studies: 6 Week Waits reduced by 46 from 48 in March 2021 2 in March 2022 and the backlog has remained at a low level throughout 2021
  - Urodynamic: 6 Week Waits reduced by 139 from 175 in March 2021 36 in March 2022 and has reduced by 80.3% since April 2021 when the backlog reached the highest point in 2021

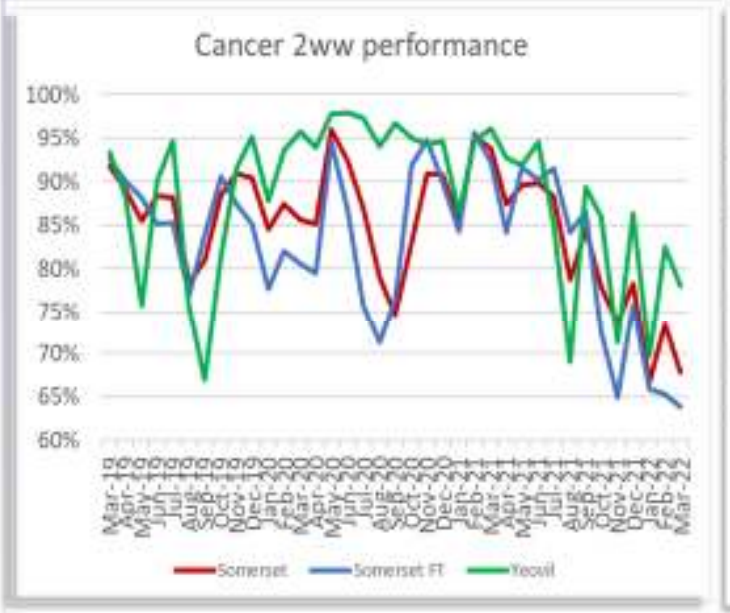
Cancer

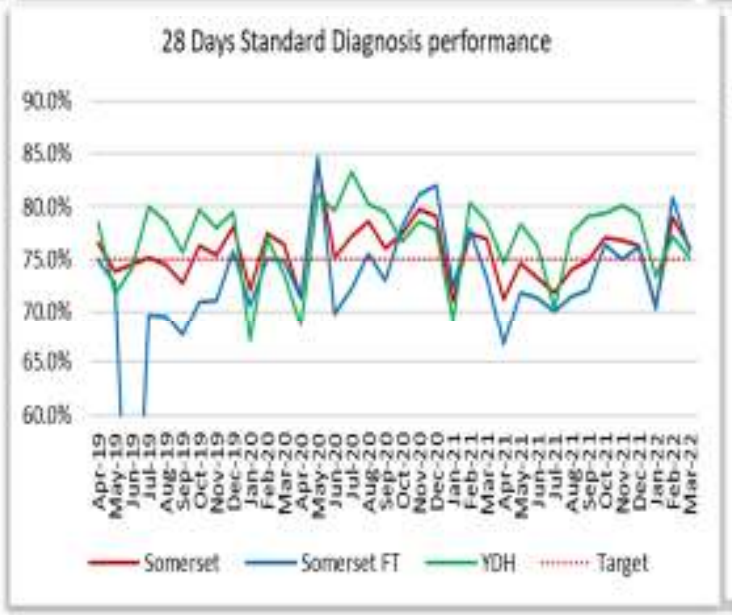
NHS
Somerset
Clinical Commissioning Group

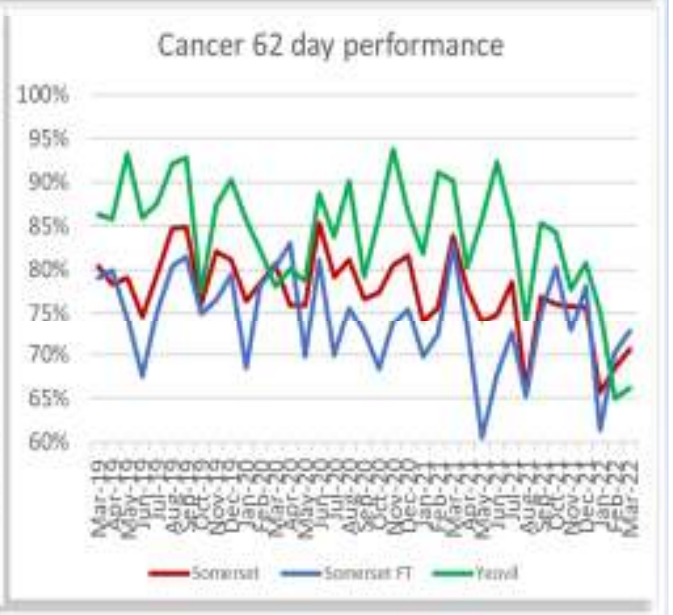












Cancer - March

NHS Somerset Clinical Commissioning Group

- **Volume of 2 week wait referrals:**
  - Somerset: +24.5% (+486), Somerset FT: +28.8%, (+239); YDH FT: +25.2% (+154), RUH: +15.2% (+41), UHBW: +17.9% (+40), Others: +25% (+12) (all compared to the previous reported month of January 2022)

- **2 week wait Performance (target 93%):**
  - Somerset: 67.8% (+1%), Somerset FT: 63.8% (-2%), YDH FT: 78.1% (+8%), RUH Bath: 83.5% (+11%), UHBW: 36.1% (-23%), Others: 66.7% (+23%) all compared to the previous reported month of January 2022.

- **2 week wait breaches predominantly in:**
  - suspected breast cancer (mainly Somerset FT – due to inadequate Outpatient capacity)
  - lower GI (mainly Somerset FT, YDH FT – inadequate outpatient capacity, patient choice and administrative delay,)
  - Skin cancers (mainly YDH FT and also SFT - predominantly due to Outpatient capacity and patient's choice)

- **Volume of First definitive treatment within 62 days from GP referral**
  - In March 2022 the number of patients in Somerset on a 62 day pathway who received their first definitive cancer treatment following GP referral has increased by 1.5% (+3) when compared to the previous reported month of January 2022, breakdown of trusts:
  - Somerset FT: -18.3%% (-18); YDH FT: +49.4%, (+22), RUH: -28.3% (-7.5), UHBW: +30.8% (+6), Other Providers: 5.6% (+0.5)

- **62 Day Performance (target: 85%):**
  - Somerset System: 5% increase in performance to 70.6%. (all compared to the previous reported month of January 2022)
  - Somerset FT: 72.7% (+11%), YDH FT: 66.2% (-9%), RUH: 68.4% (+2%), UHBW: 78.4% (+7%), Other Providers: 68.4% (+18%)

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

Cancer

NHS Somerset Clinical Commissioning Group

- **Volume of 28 day Faster Diagnosis Standard referrals:**
  - Somerset: +24% (+484), Somerset FT: +17%, (+173); YDH FT: +32%, (+184), RUH: +15% (+37), UHBW: +53% +78), Others: +31% (+12) (all compared to the previous reported month of January 2022)

- **28 day Faster Diagnosis Standard Performance (target 75%):**
  - Somerset: 76.2% (+8%), Somerset FT: 75.7% (+8%), YDH FT: 75.1% (+2%), RUH Bath: 75% (+22%), UHBW: 81.8% (+2%), Others: 86.3% (+53%) all compared to the previous reported month of January 2022.

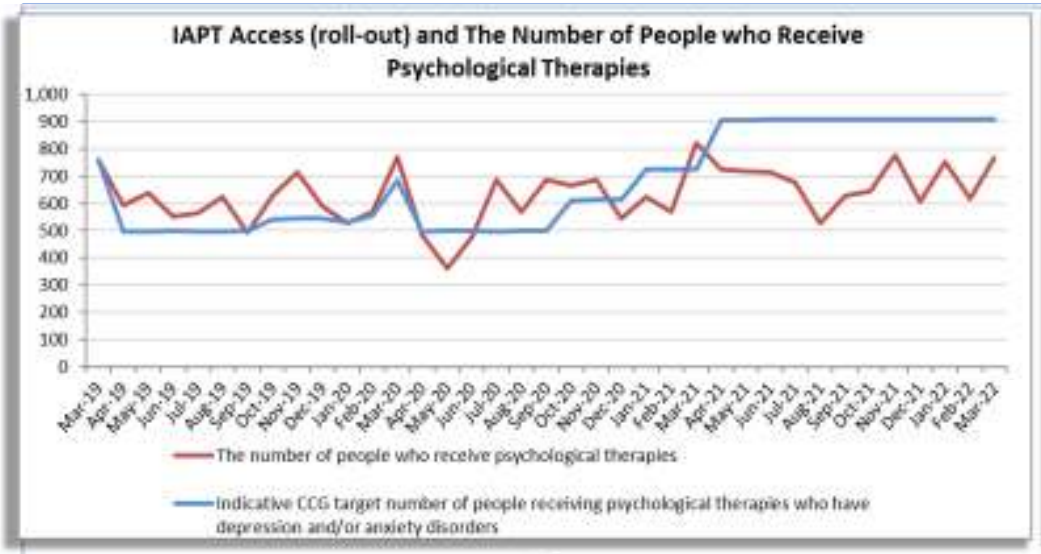
- **28 day Faster Diagnosis Standard breaches predominantly in:**
  - 2WW - Lower GI, Gynaecological, Urological, Breast cancer, Head and Neck, Upper GI, Breast and Skin cancers (mainly due to inadequate outpatient capacity, inadequate elective capacity, administrative delay, complex diagnostic pathway)

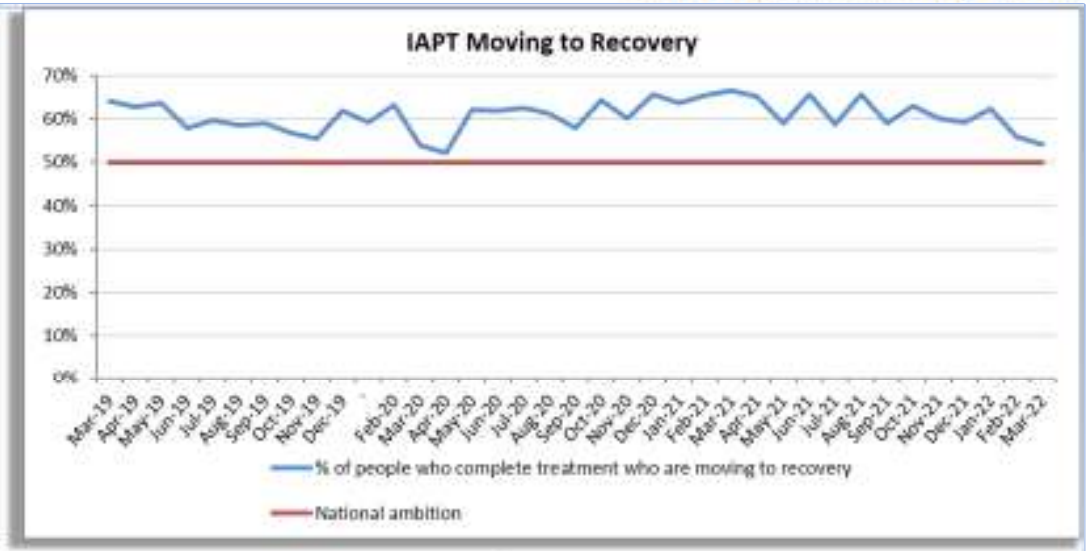
Actions to improve performance include:

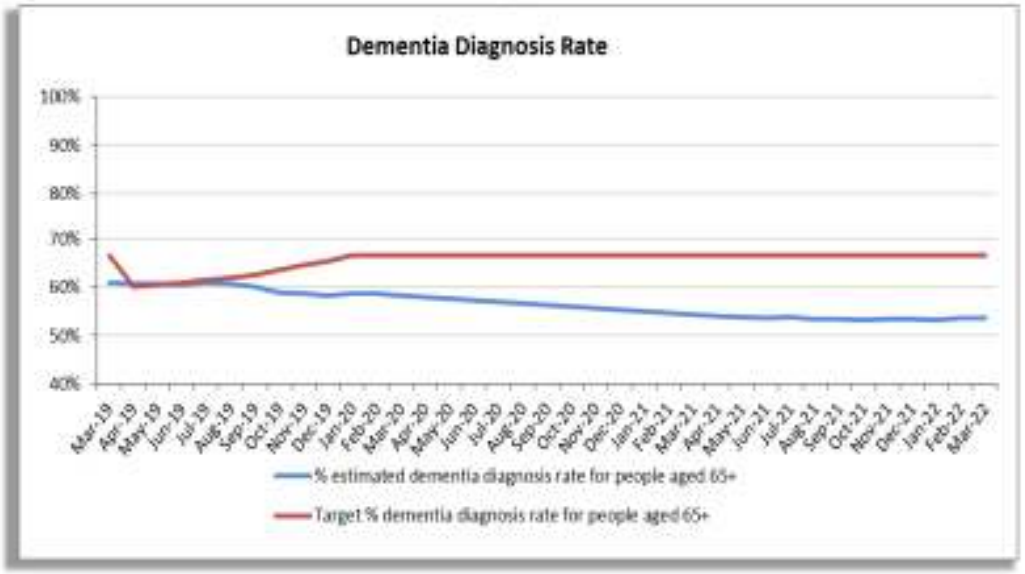
- Introduction of additional Endoscopy capacity from Q2 and improvements theatre throughput and list utilisation
- Continuation of additional MRI/CT mobile capacity (re-sited to South Somerset – Yeovil/South Petherton)
- Service Delivery Funding approved by SWAG CA (Somerset, Wiltshire, Avon and Gloucestershire 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.
- The system is working up self referral pilots for certain cancer symptoms (post menopausal bleeding and breast cancer) to speed up the referral process.

Mental Health

NHS Somerset Clinical Commissioning Group





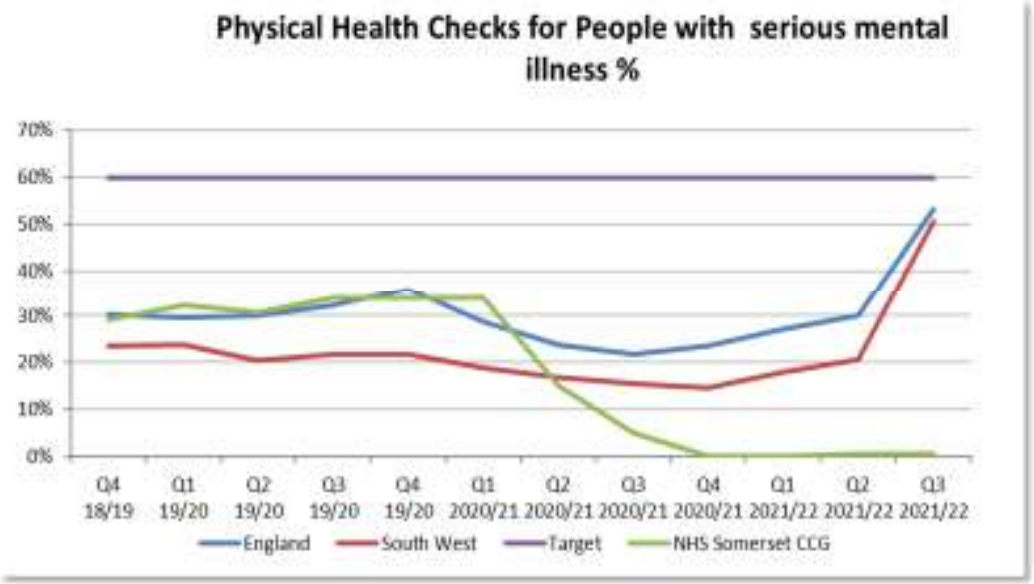


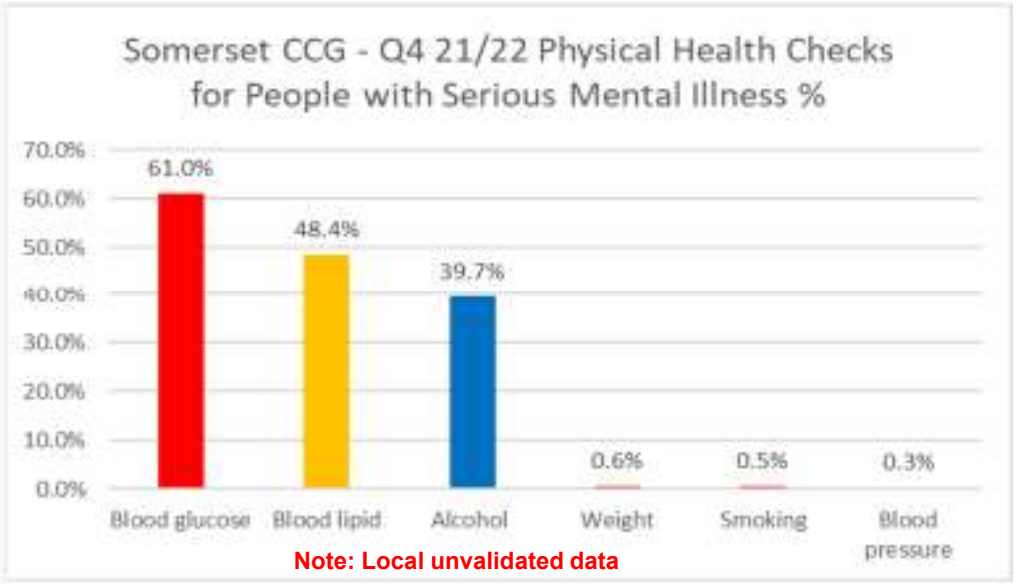
Definitions:

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

Mental Health

NHS Somerset Clinical Commissioning Group





Note: Local unvalidated data

NHS Somerset Clinical Commissioning Group

Improving Access to Psychological Therapies (IAPT)

- The number of people accessing treatment for 2021/22 was 8,155 against a local target 10,307 (79% delivered); performance for the period is lower than plan, due to workforce issues within the service, including vacancies, maternity leave, long term sickness and trainee drop out. In addition, we were not able to make the progress we anticipated in the Long Term Conditions roll out. This is because this route is most effective when the mental health and physical health services are co-located and the COVID restrictions impacted this. Surrounding systems are in a similar position to Somerset. However, for 2022/23 we will be relaunching our LTC programmes, increasing our trainee take and reviewing the management infrastructure to ensure sustainability of the service going forward.

- The IAPT recovery rate for March is 55.9%. The national ambition of 50% continues to be met and exceeded, and Somerset is one of the top performing systems nationally.

- The IAPT service continues to meet the 6 and 18 week national ambitions. In March, 62.3% of patients referred for treatment were seen by the service within 6 weeks against the 75% national ambition, and 97.9% were seen and received treatment within 18 weeks from referral against the 95% national ambition. The service has expressed concern about ongoing delivery of the 6 week wait standard on the basis of a sudden surge in the number of referrals/people entering treatment. We continue to monitor this, but anticipate it will naturally resolve as the new trainees commence in post.

.

Mental Health

NHS Somerset Clinical Commissioning Group

Community Mental Health Services

- The Community Mental Health Services transformation programmes; a collaboration between Somerset FT and a range of VCSE (Voluntary, Community and Social Enterprise) partners, is operating under 'Open Mental Health'. In March 2022, there were 1,948 contacts with the SFT service (data still being aggregated for VCSE partners). More than 90% of people accessing Open Mental Health wait less than 4 weeks to be seen. We are currently working with NHSEI to develop a comprehensive assurance framework.

Mindline 24/7 Crisis Line

- In March 2022, Mindline received 3,450 calls, a circa 10% increase on the previous two months. Approximately 3% of these calls were from Children and Young People. Fewer than 1% of total calls were directed towards the ambulance service or the police, and fewer than 1% 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. The tool will be designed to look at the interaction between services across the community, internal referrals and the onward impacts of any change

- A workshop was held in December, and a second data workshop was held in January. The CSU team are now working to develop the model based on the outcomes. A further discussion around data quality with Somerset FT is being arranged around Open Mental Health specifically; due to the nature of the model, this is proving complex to feed into the tool. With a further meeting planned for late January to take this work forward. The modelling has been delayed due to some data quality issues, but we are proposing using the DQIP (Data-driven Quality Improvement in Primary Care) for 2022/23 to take this forward in the new financial year

Mental Health

NHS Somerset Clinical Commissioning Group

Children and Young People's Mental Health (CYPMH)

- The access measurement* for CYP has changed from April 2021 and systems will be monitored using one contact (previously two contacts). The national position shows that Somerset has delivered 4,075 contacts during the 12 month period to January 2022 (latest national data), against the ambition of 6,167 for 2021/22. This position is likely to improve in the coming months as work is underway with our smaller Tier 2 providers to flow data into the Mental Health Services Data Set.

- A reconciliation of national access data against local data (7,588 contacts to January 2022) is underway as there appear to be data quality issues with the datasets 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 NHSEI. Somerset CCG's Performance Team and CYPMH Commissioning Team are implementing plans to support smaller providers with new CYPMH reporting requirements and are also working with providers to produce an internal access trajectory for 2022/23.**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*

  Young Somerset have completed their restructuring process and are now finalising recruitment. There is a plan set to align with Mental health Support Teams (MHSTs) with young Somerset's Community Wellbeing Service. The MHSTs have appointed 2 new Service Managers; these posts will prioritise engagement with school settings, and have a clear focus on health inequalities.

  Somerset CCG are working with CAMHS, SCC and young Somerset to co-produce a young person's version of the CYP MH Local Transformation Plan.

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 have faced challenges in terms of recruitment, in particular recruitment to one of the Clinical Psychologist posts. A soft launch commenced 4 April 2022 and people are now being contacted. A social media feature and article will help promote the service during Maternal MH awareness week

- Somerset's Perinatal MH (PNMH) Team have developed plans for the Perinatal MH Long Term Plan ambitions which includes offering partner assessments, increasing psychological therapies and access into the service, and extending how long care can be provided by the specialist PNMH Service from preconception to 24 months after birth. Additional recruitment to both the PNMH and MMH teams has commenced and this will help support expansion from 12 to 24 months and increased demand on both teams

- We are working with NHSEI colleagues to explore and help understand the known differences between national and local perinatal MH data. The national position shows a perinatal access rate of 5.6% for the rolling 12 month period to February 2022, against national ambition of 8.6%. Performance is significantly understated and data quality potentially links to implementation of the new MHSDS version 5.0, the majority of systems within the South West have potentially been effected.

Mental Health

NHS Somerset Clinical Commissioning Group

- Somerset CCG's dementia diagnosis rate performance for March 2022 is 53.6%, 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 two years. This has affected the previously proposed approach to improving 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 (DOOG) and an associated Dementia Task and Finish Group were established to look holistically at the entire Dementia pathway (including diagnosis) and services offered in Somerset. Somerset FT have recruited 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 was established and has met five times to date; the gaps identified and feedback from the group is used to inform the development and ongoing service improvement of the Somerset Dementia Wellbeing Model.

- The Dementia Operational Oversight Group and Task and Finish Group have worked together to design a Somerset Dementia Wellbeing model (SDWM) that is based upon the Bristol Dementia Wellbeing model and the Sandwell model which is being held as an exemplar by NHSEI. 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 is also being 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. Some funding from the Service Reform Fund (SRF) pot has been used to grant to Spark Somerset to recruit an independent facilitator post; the postholder will work proactively to encourage collaborative working between our VCSE providers and begin the process of creating a formal VCSE Dementia Collaborative Alliance that will deliver most of the SDWM elements in partnership with statutory providers, such as Open MH.

- Following the system prioritisation exercise of 2022/23 business cases, we have received £350k for the dementia model. This is less than we had originally anticipated, and work is now underway with partners to prioritise the spend elements.

- The DOOG successfully bid for funding from a Winter Pressures Mental Health funding pot. The funding received is being used to realise two elements of the SDWM earlier than expected; an increase in the number of Dementia Support Workers in the county and the provision of a localised version of the Dementia Connect phoneline. Recruitment for these posts is now almost complete.

Physical health checks for people with a serious mental illness (PHSMI)

- 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 0.3% against the 60% national ambition in Q4 2021/22 (local unvalidated data). 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 data flow issue (we are using an old system for the data collection; a new system is being developed to extract the data using the new read codes).

- It is a priority to improve the number of people with serious mental illness receiving a heath check 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.

Learning Disabilities & Autism

NHS Somerset Clinical Commissioning Group

Learning Disability and Autism programme update

- 3 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, and for C&YP - a pilot for rapid assessment of autism, and establishment of a 'taking a break from care fund' to help avoid crises and admissions. An assistant psychologist lead for the Keyworker project has been recruited and work begins on implementing the programme. Work continues to improve crisis provision for people with a learning disability and/or autism, to avoid unnecessary admission to mental health wards and to improve patient experience and shorten length of stay where admission is required.

Reliance on Inpatient Care

- The table shows the number of Somerset patients with a learning disability and/or autism in specialist learning disability or autism hospital placements (including mental health inpatient units). The March 2021 target was achieved. Whilst the target for March 2022 was not me, Somerset compares favourably both regionally and nationally, with consistently low use of inpatient services for people with a learning disability and/or autism. More realistic targets, which meet the requirements of the NHS Long Term Plan, have been agreed for 2022/23.
- Safe and Wellbeing reviews were carried out for all inpatients (as at 31 October) and were reviewed at local oversight panels in March, with themes and learning presented to regional oversight panel in April.

	Actual March 2021	Target March 2021	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Target March 2022
Adults, non-secure (CCG)	3	3	4	6	9	8	3
Adults, secure (NHSEI)	7	7	6	6	6	6	5
C&YP (NHSEI)	1	1	2	2	0	0	1
Total	11	11	12	14	15	14	9

Autism pathway – children and young people

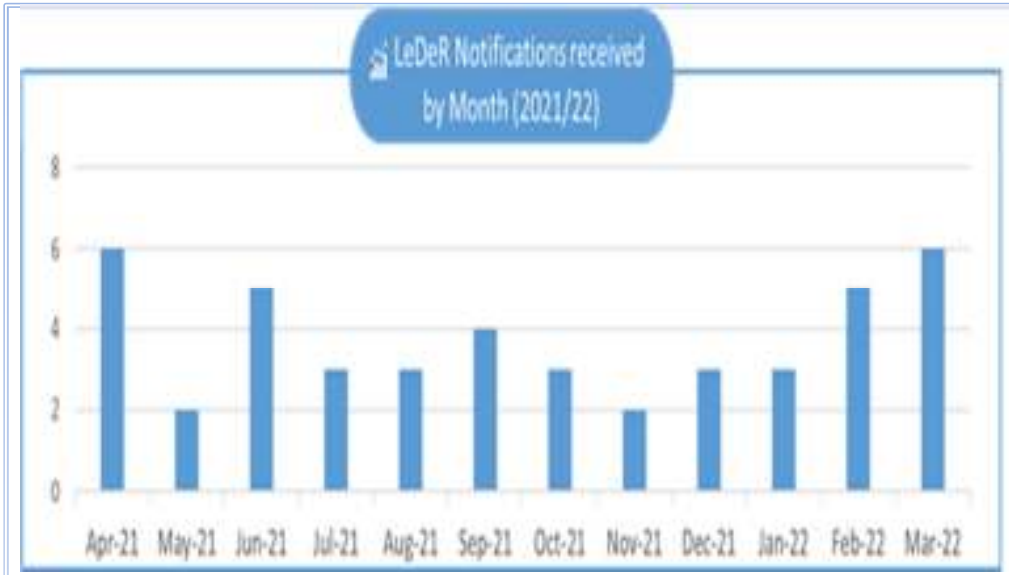
- The Ofsted/CQC local area inspection and the local review found areas where improvements in services for people with autism are required. These include diagnosis, pre-diagnostic and post diagnostic support and services. 'Next steps' pre-assessment pathway and Multidisciplinary triage and assessment is in-place across the County, with benefits including reduced waiting times for assessment and a reduction in rejected referrals. Next steps include improving the post-assessment pathway and the assessment of ADHD.

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. This work is an integral part of the LeDeR Learning Into Action workstream and set out in our LeDeR 3 year strategy. 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. The focus of recent work has been on supporting primary care to achieve the NHSE/I target i.e. to ensure that at least 70% of people with Learning Disabilities who are on the LD GP Register receive an Annual Health Check. Early indications are that Somerset has achieved 77% at the end of March although we are waiting for the final figures to be confirmed. Part of the quality improvement work is also focusing on improving access to Advance Care Planning services including a Train the Trainer project called 'No Barriers Here'; the Talk About Project and the development of a co-produced video to explain the Treatment Escalation Plan.

Learning Disability Mortality Reviews (LeDeR)

NHS Somerset Clinical Commissioning Group



Six Notifications were received into the Service in March 2022. Two of these were deemed Out of Scope, one because the learning disability was the result of an acquired brain injury in adulthood, the other due to lack of evidence of a learning disability. Three of these cases were allocated in March and the last one (received on 31.03.2022) in April. One case has since been 'paused' on the system awaiting a post mortem.

Seven Reviews were completed in March 2022, two of which fell outside the 6 month timescale KPI. One review was originally an Initial Review completed by NECS but when submitted to Somerset was found to require a Focused Review which was more complex than anticipated. The other falls outside by only a few days: it was notified on 2 September and completed on 4 March. We have strengthened our processes to ensure our Quality Assurance Panels happen in sufficient time to allow changes to be made and sign off to happen in line with our KPIs.

March Focus – In March we held the inaugural meeting of the LeDeR Governance Group. One of the main responsibilities of this group is to ensure that learning from LeDeR reviews is shared and actions agreed that generate change across systems. As the ICS is established this meeting will play a key role in ensuring better outcomes for people with Learning Disabilities.

Learning Disability Mortality Reviews (LeDeR)

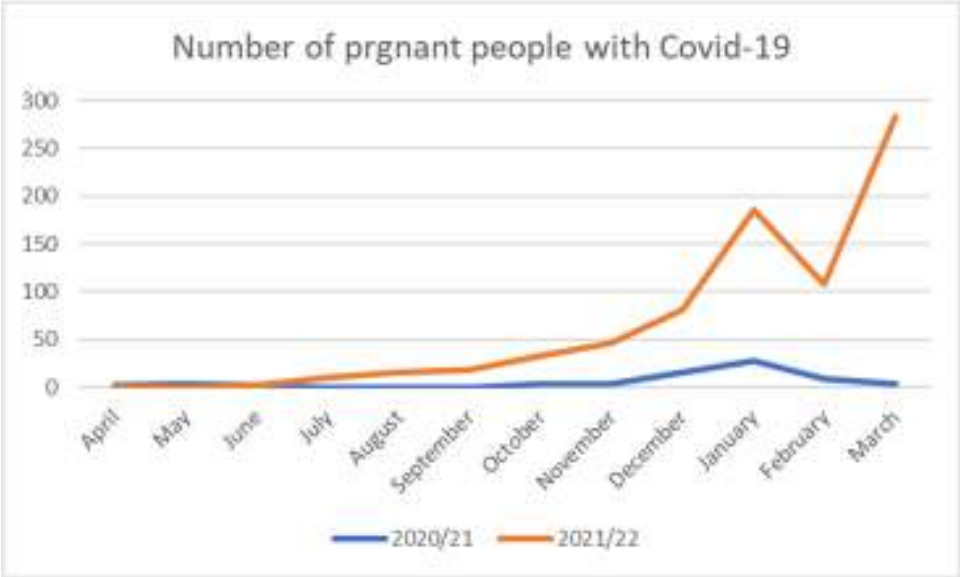
NHS Somerset Clinical Commissioning Group

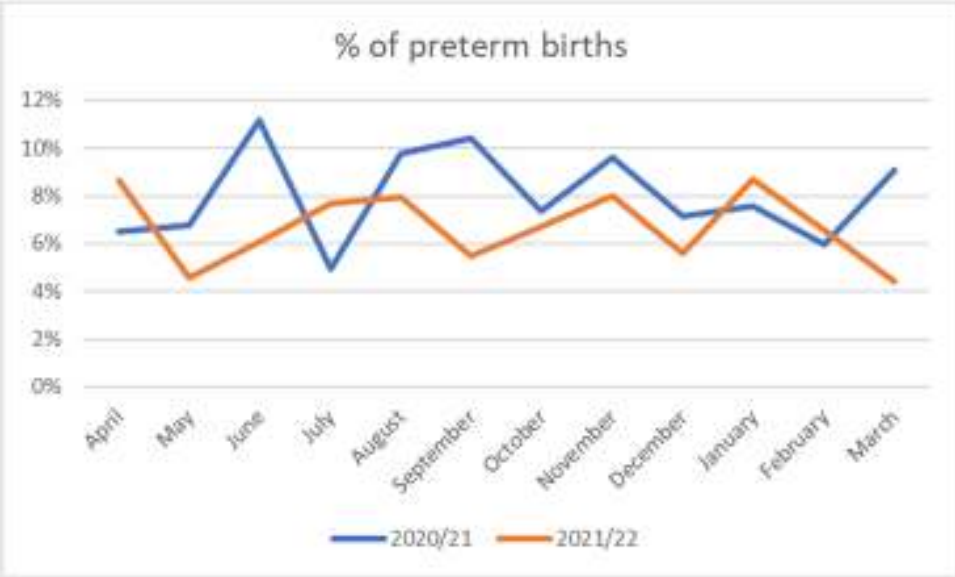
3 Month Allocation KPI – requires any Notifications received to be allocated to a Reviewer within 3 months of the Notification Date.
Five Reviews were allocated in March within the KPI. Two **of these were designated** Out of Scope.

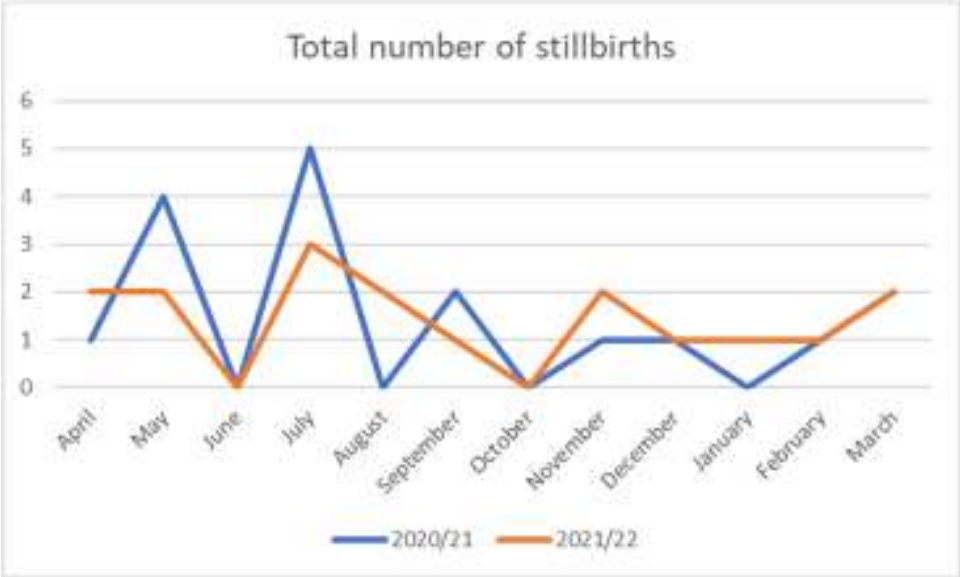
6 Month Completion KPI – requires all Reviews to be completed within 6 months of the Notification Date.
Five Reviews completed within the KPI, two outside the KPI (see above).

Maternity Key Performance Indicators

NHS Somerset Clinical Commissioning Group







Maternity

NHS Somerset Clinical Commissioning Group

During the year, the period of April-March 2021/22 there have been 4,293 women that have delivered babies, 2,992 at Somerset FT and 1,300 at YDH FT.

Both trusts are currently under pressure due to an increase in complexity (people giving birth in later life, rising levels in obesity and Covid in pregnant women), 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.

The second part of the Ockenden report was published on March 30th. This contains a further 15 essential actions for trusts to review and action plan for compliance where needed (Summary on next slide). Both Trusts are developing action plans and compliance is monitored by the LMNS (Local Maternity and Neonatal System). The CCG Quality and Safety team and NHSEI provide oversight for assurance of the submitted evidence and compliance with the recommendations. Early feedback from NHSEI is positive. The Kirkup (East Kent) report is expected during the autumn.

We have been experiencing high levels of Covid-19 in the community, which is related to an increased risk of preterm birth and stillbirth. In Somerset, we have continued to ensure we comply with all the recommendations in the Saving Babies Lives Care Bundle v2 so despite this increased risk, we have seen no real increase in these poor outcomes

.

Work is ongoing to further reduce the number of women smoking during pregnancy in line with LTP (Long Term Plan) requirements. Year to date the proportion of women who smoked at the time of delivery reduced by 0.61% compared to 2020/21, although this has been complicated by stopping CO monitoring during the pandemic. Both trusts have also implemented the PeriPrem Care Bundle to improve the outcomes for premature babies

The Maternal Mental Health Service launched on April 1st of this year to support women with baby loss, birth trauma and fear of giving birth.

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. This evidence based programme has been relaunched in a joint project with Maternity, Public Health and Children's Social 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.
- Work with the Neonatal Operational Delivery Network to implement the recommendations of the Neonatal Critical Care Review
- A Continuity of Carer planning document is in development to meet the LTP requirements
- Aligning digital systems

The Women's Health Strategy is due to be published in the spring of 2022 and is predicted to contain maternity recommendations around preconception health, bereavement, pelvic health and maternal safety and support during pregnancy. Maternity services will also be involved with other recommendations in the report such as mental health, fertility and violence against women. To achieve the outcomes required will involve working closely with a number of partners including safeguarding, Public Health and our Mental Health colleagues.

Maternity

NHS Somerset Clinical Commissioning Group

In 2017 Donna Ockenden was asked to review Maternity Services in the Shrewsbury and Telford Hospital Trust by the Secretary of State.

The inquiry covered 1,592 clinical incidents involving 1,486 families between 2000 and 2019, during which time it found there were more than 200 avoidable baby deaths or brain damage cases as a result of poor maternity care, including 131 stillbirths, 70 neonatal deaths and 84 cases of brain damage

The final report follows on from the first report which was published in December 2020. In addition to the seven Immediate and Essential Actions (IEAs) first identified, the final report identifies 15 new themes with a series of further recommendations. It contains 66 recommendations for local trust, 15 for the wider NHS and 3 for the Secretary of State.

Immediate and Essential Actions - first report

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

- Essential Actions - final report

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