

Report to the NHS Somerset Clinical Commissioning Group on 28 January 2021

Title: GOVERNING BODY QUALITY, SAFETY AND PERFORMANCE EXCEPTIONS REPORT 2020/21 1 MARCH 2020 – 30 NOVEMBER 2020	Enclosure I
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Executive Lead	Alison Henly, Chief Finance Officer and Director of Performance Val Janson, Acting Director of Quality and Nursing
Clinical Lead:	N/A
Author:	Alison Henly, Chief Finance Officer and Director of Performance Val Janson, Acting Director of Quality and Nursing

Summary and Purpose of Paper

Following discussion at the Finance and Performance Committee meeting held on 16 December 2020, the enclosed paper provides a summary of escalation issues for quality and performance against the constitutional and other standards, for the period 1 April 2020 to 30 November 2020, and provides a detailed summary for the following areas:

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

Recommendations and next steps

The Somerset CCG Governing Body is asked to discuss the performance position for the period 1 April 2020 to 30 November 2020.

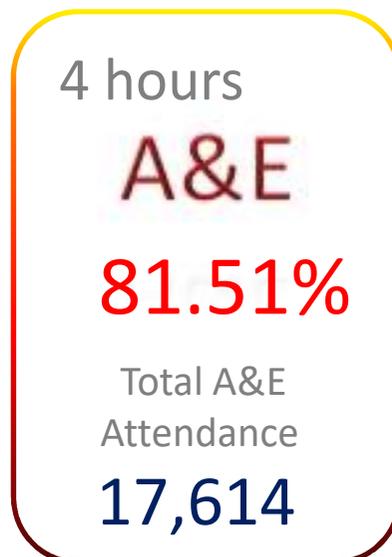
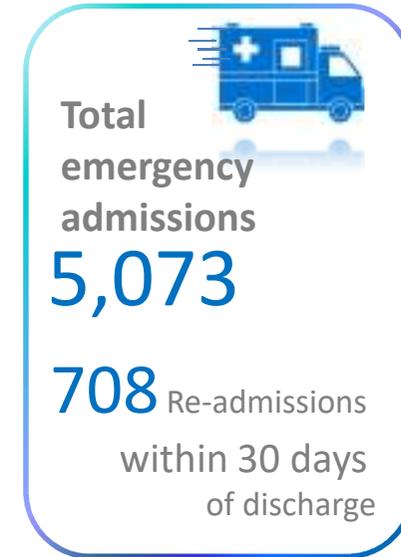
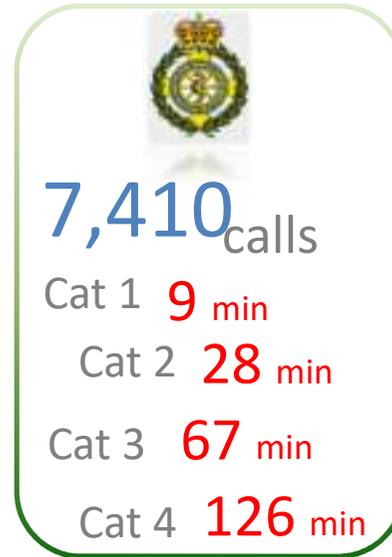
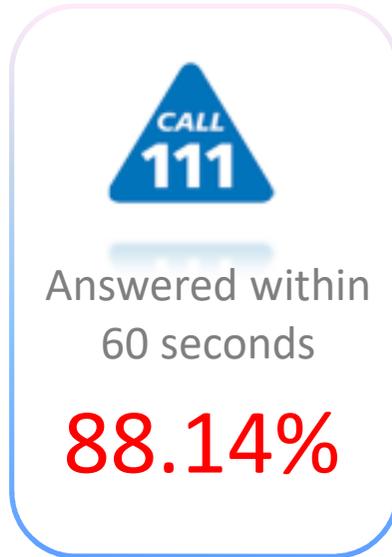
Impact Assessments – key issues identified

Equality	Equality and diversity are at the heart of Somerset Clinical Commissioning Group's work, giving due regard to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, in its functions including performance management.
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Quality	Decisions regarding improvements against the performance standards are made to deliver with regard to the best possible value for service users.			
Privacy	No issues identified.			
Engagement	All discussions regarding performance improvement have been detailed in the enclosed report.			
Financial / Resource	The current resource allocation for NHS Somerset Clinical Commissioning Group is £971,746,000 for 2020/21.			
Governance or Legal	Financial duties of Somerset Clinical Commissioning Group not to exceed its cash limit and comply with relevant accounting standards.			
Risk Description	The Somerset Clinical Commissioning Group must ensure it delivers financial and performance targets.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
	3	2	6	SC17

Integrated Board Assurance Report November 2020

Somerset System overview – November 2020



Somerset System overview



Referral to
treatment

10,569

Clock
starts



66.31% <18 weeks

1,849 people waiting >52 weeks

5,395 people waiting >40 weeks



Diagnostics

Waiting list

10,760

>6 weeks 3,342

31%



Cancer
Total
2ww

2,109

192 >2ww waits

31 day performance

97.2%

62 day performance

80.5%



IAPT - Improving Access
to Psychological Therapies
access

15.2%

59.9 % moving to **recovery**

CYPMH

Children and Young People's Mental Health
access

13.9%

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Quality Monitoring Reporting Development

The current quality and safety metric data includes YDH FT (Yeovil District Hospital NHS Foundation Trust) and Somerset FT. (Somerset NHS Foundation Trust). This will be extended to capture UHBW (University Hospitals Bristol and Weston NHS Foundation Trust) and RUH Bath (Royal United Hospitals Bath NHS Foundation Trust) , where this is available to the CCG.

Note: NHS Trust data return requirements have been reduced in line with national direction under Reducing the Burden when data returns are following Covid-19 Reducing the burden and releasing capacity arrangements. Whilst some reporting has resumed, not all reporting has been stood back up as yet.

<https://www.england.nhs.uk/coronavirus/publication/reducing-burden-and-releasing-capacity-at-nhs-providers-and-commissioners-to-manage-the-covid-19-pandemic/>

Further development work on quality and safety reporting is in progress :

- Further revision to the user interface
- Extend the time series for trend analysis with benchmarking against previous periods
- Extension of the metrics to be more representative of the wider health system, to include primary care and urgent and emergency care services. This primarily includes metrics which are captured less frequently, such as annually
- Organise the metrics into a logical functional 'dashboard'
- Service provider analytics for NHS Trust contracted services

During 2020-21 the merger of Taunton and Somerset NHSFT and Somerset Partnership NHSFT had taken place and the new Somerset NHS Foundation Trust having been changing their organisational structure with a consequent impact on incident reporting arrangements which are still in transition. The new Trust having implemented a new computer platform for reporting and also developing their new internal board reporting structure. For continuity during 2020/21 contractual reporting to the CCG has retained the structure of the former trusts. Community includes community hospitals and mental health wards

Acute includes Musgrove Park Hospital wards. For consistency this will continue until 31 March 2021.

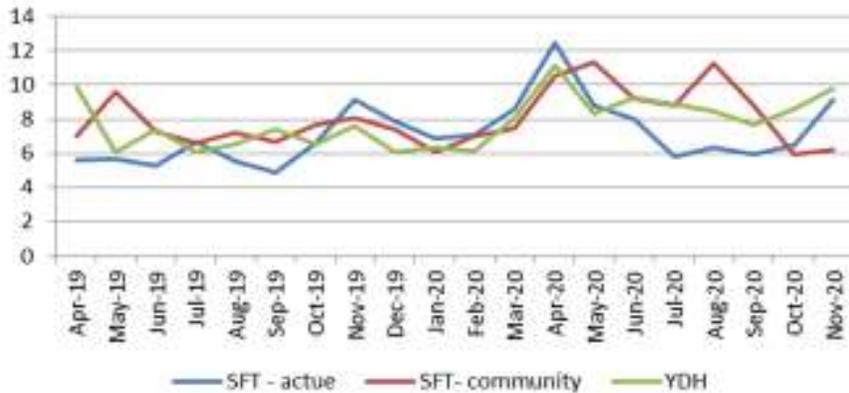
From 1 April 2021 there will be changes to reporting in accordance with the new Trust's internal organisational governance. This will be agreed in collaboration with Somerset CCG.

Quality Reporting as at November 2020

Rate of Slips, Trips and Falls (per 1,000 bed days)



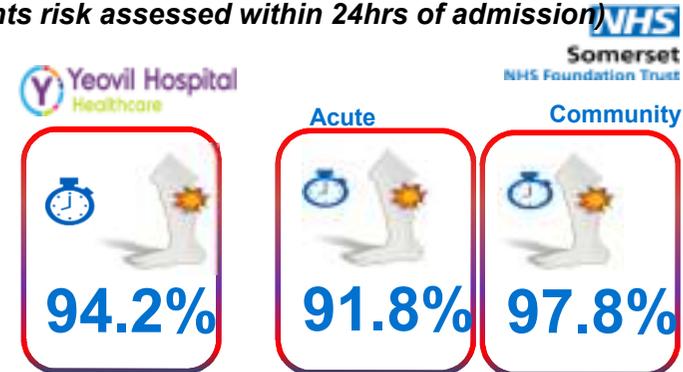
Rate of slips, trips and falls (irrespective of grade) per 1000 bed days



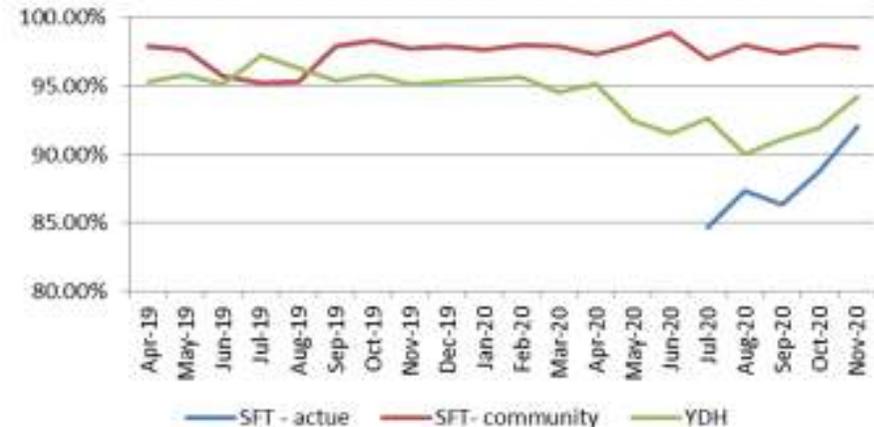
SFT: An increase in community falls in August was generated by one patient.
SFT Patients with Covid-19 are accommodated in single rooms, when normally they are placed in high visibility beds on medical wards. The trust reports an they have noted and associated increase in falls on the Covid-19 wards.

$$\text{Calculation of rate of falls} = \frac{\text{Number of falls}}{\text{number of bed days}/1000}$$

Venous Thromboembolism (VTE) (% of adult patients risk assessed within 24hrs of admission)



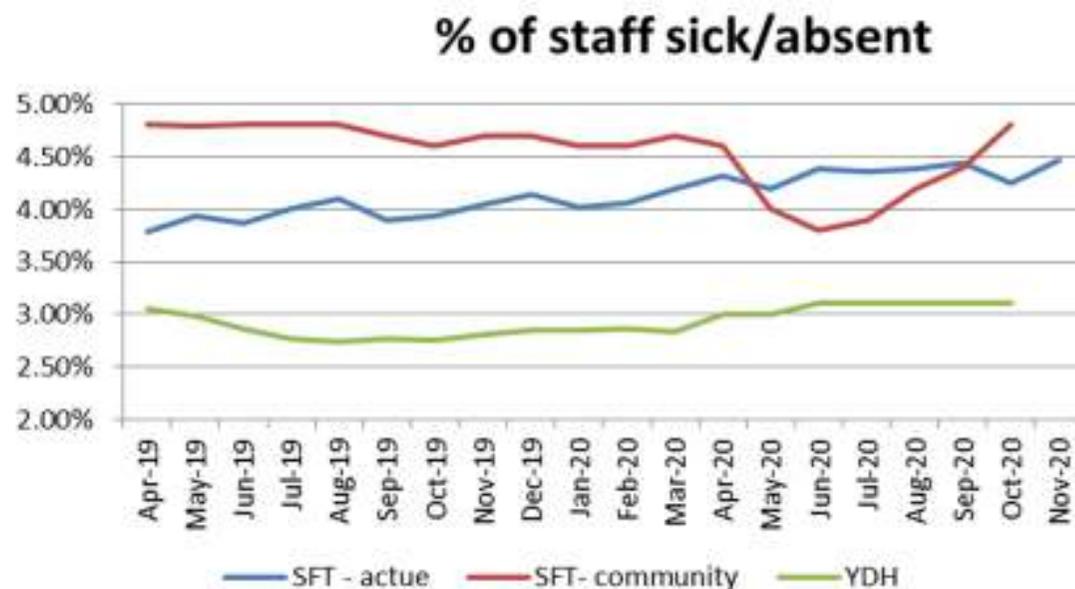
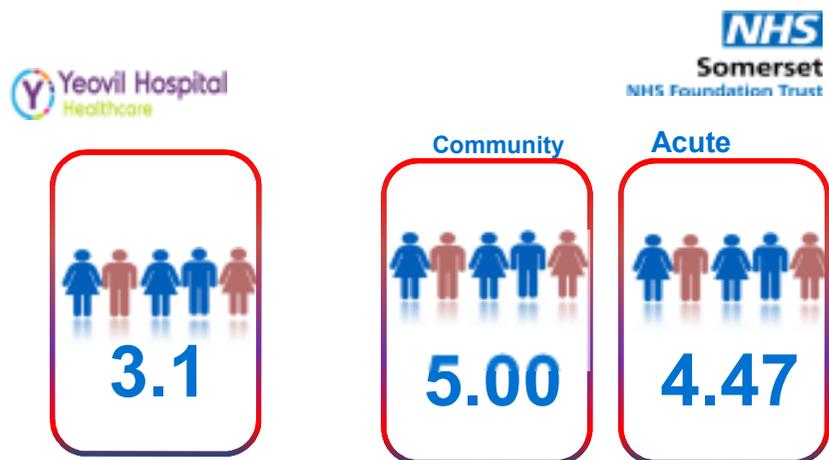
Total number of Admissions (%) that have been VTE assessed



VTE assessment on admission has declined at YDH FT. The Trust is reviewing this worsening of performance and are increasing their focus on compliance using the expertise of ward sisters which is having a positive impact. Somerset FT VTE group have identified some recording issues on some of their wards and are reviewing alongside compliance improvement work.

Quality Reporting as at November 2020

Workforce Absence Rate (%)



National NHS average absence rate in April 2020 was 6.4% (Source: NHS Digital), with most frequently reported causes as anxiety, stress and depression. Whilst the local absence rates have remained relatively stable over the summer period, data is not yet available for the current Covid-19 third wave escalation. It has been reported rates have increased and mutual aid is operating across health and in some cases to social care services.

Quality Reporting as at November 2020

Rate patients who developed pressure ulcers after admission

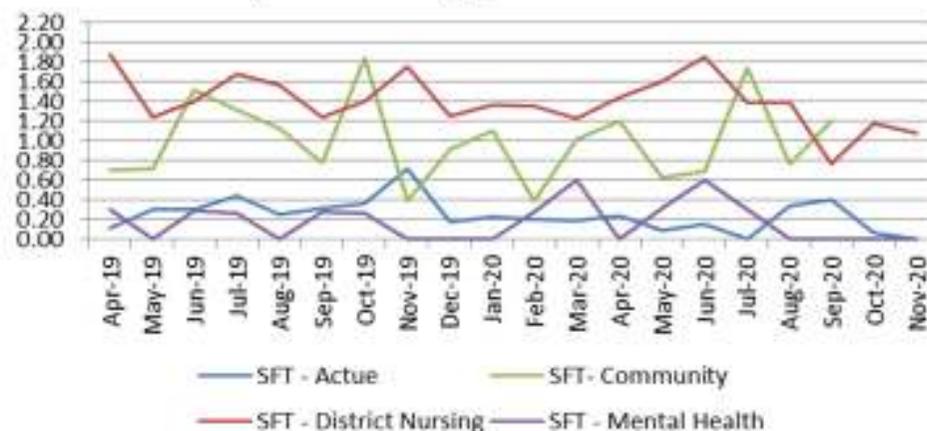
(Cat 2+)
(per 1,000 bed days)



Rate of patients who have developed one or more new pressure ulcer(s) grade 2 and above



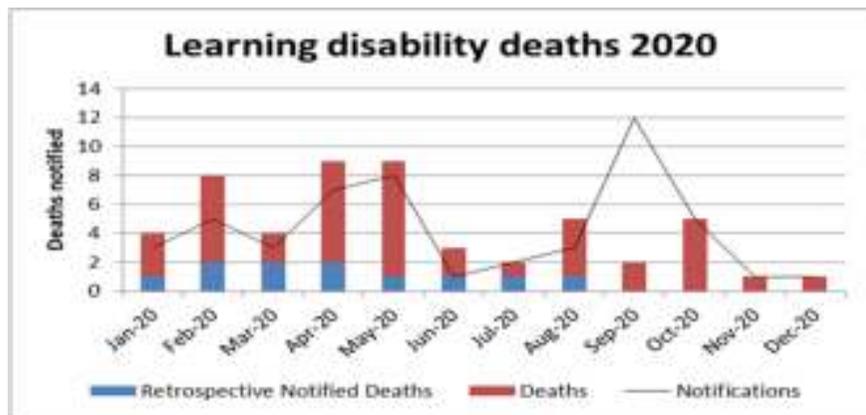
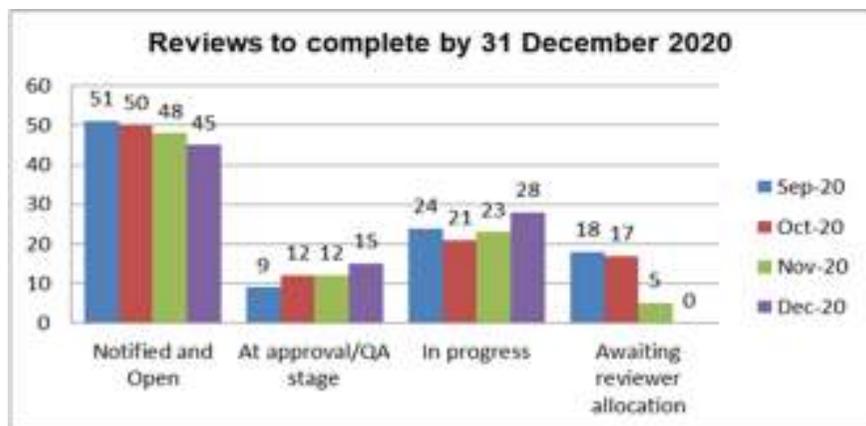
Rate of patients who have developed one or more new pressure ulcer(s) grade 2 and above



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

Quality Reporting as at November 2020

Learning Disability Mortality Reviews (LeDeR)

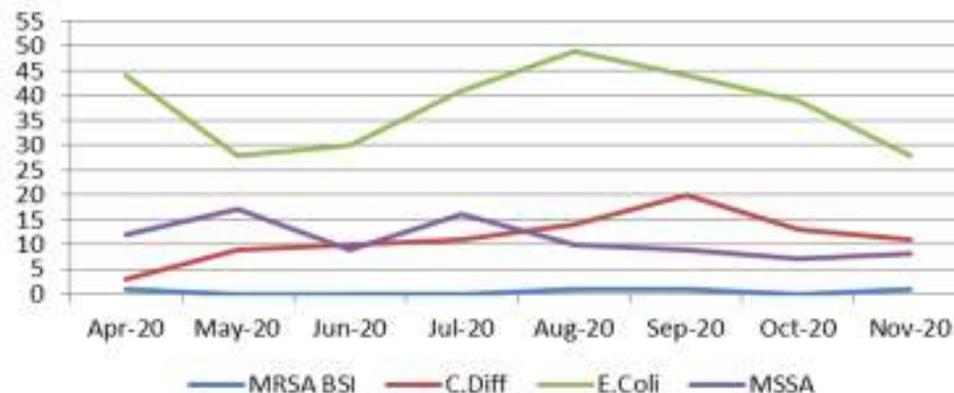


Due to loss of voluntary reviewers and increased death notifications in 2020 the rate of completed reviews during the year has not kept pace with demand/targets. Two bank reviewers were recruited in October. HR screening, training and sourcing IT equipment meant they could not be mobilised as quickly as expected. However this will assist with increasing throughput in 2021. See also LeDeR Programme Update on slide 37.

Infection Prevention Control (IPC)

MRSA 1 **MSSA 8**
C.diff.11 **E.Coli 28**

Outcome measures - total for NHS Somerset CCG



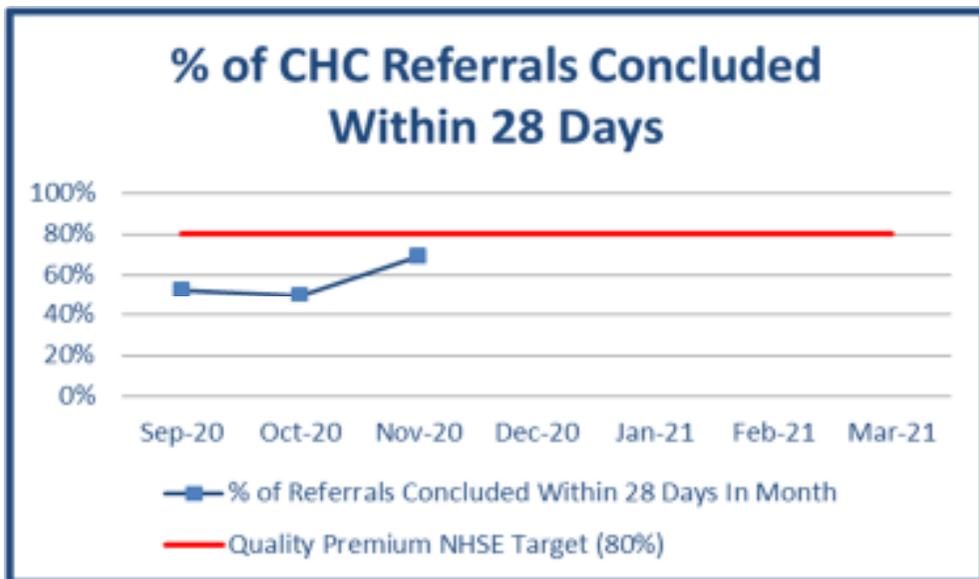
There was a significant increase in Clostridium Difficile at Somerset FT and all cases have been reviewed by SFT and the CCG. Most cases are community acquired and it was noted that there were 2 potential lapses in care.

- Antibiotics could have been stopped earlier with a choice of a lower risk one.
- Possible hand hygiene and environmental issues.

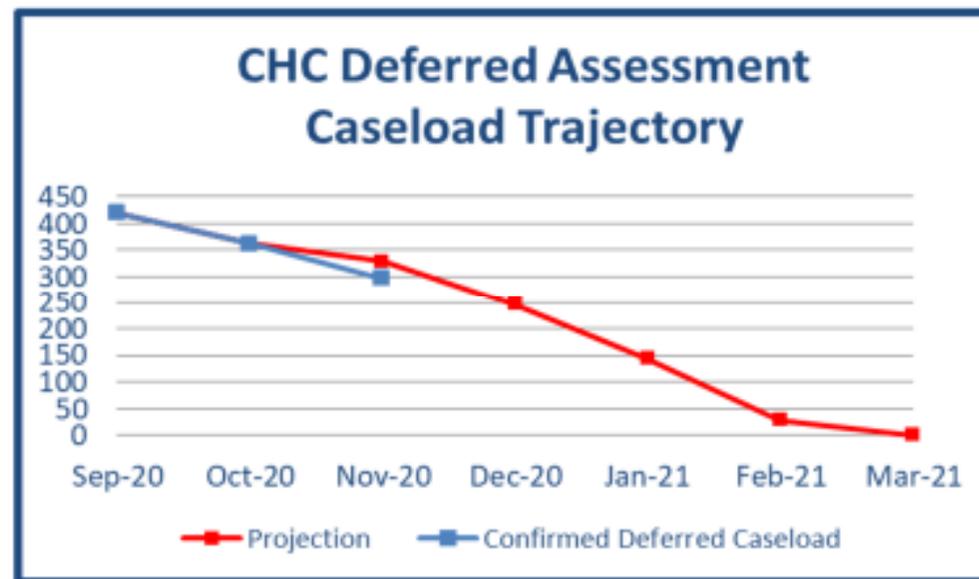
Extensive work completed with wards and matrons – improvements being seen.

Quality Reporting as at November 2020

Continuing Healthcare (CHC) Quality Premium and Deferred Assessment Position

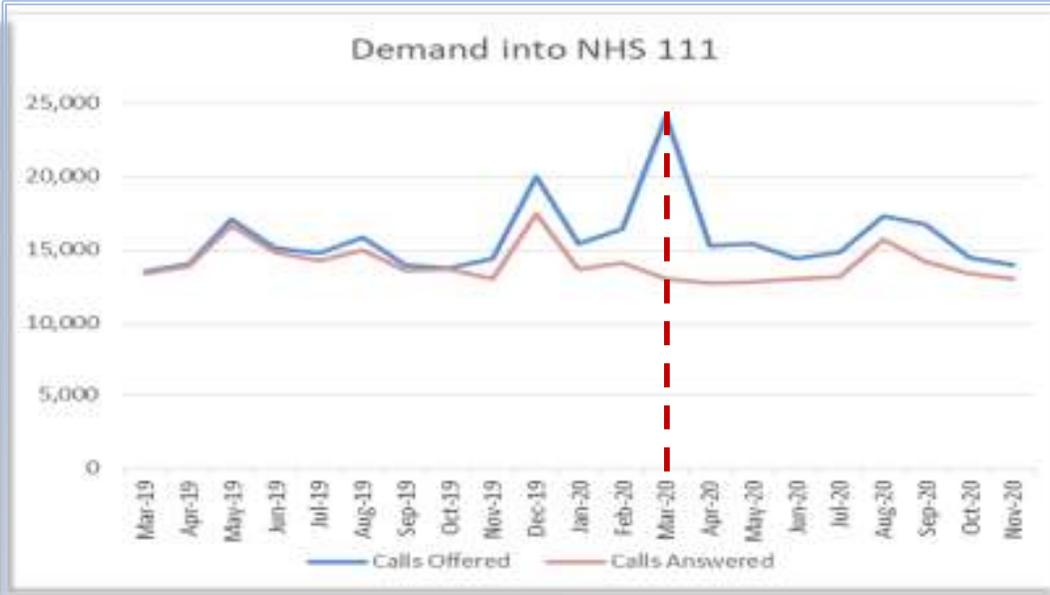


Performance against the 28 Day Quality Premium (QP) Target has been compromised due to Covid-19 backlog, achieving 53% in September, 50% in October (Revised from 53%) and 69% in November. The priority by NHS England is now being focused on the CHC Deferred Assessments. CHC has a second QP which is that they should undertake **less than** 15% of all assessments in the acute sector. This has always been achieved with no assessments taking place by Somerset because we do not routinely support assessments outside of a patient's permanent place of care i.e. own home or residential care. This is an agreed system approach because care needs may be unstable or uncertain during an acute inpatient stay making assessments unreliable.



Recommencement of the CHC Service from 01 Sept 2020 has resulted in the Deferred Assessment Caseload reduction of -29.12% as at the end of November 2020. CHS healthcare have been commissioned to support the reduction of this backlog in line with the trajectory above and CHC provide a 2 weekly SITREP to NHS England. As of the end of September CHC had over 400 deferred assessments and as of end of November this figure stands at 297.

Emergency – NHS 111 Performance



Emergency – NHS 111 and Integrated Urgent Care Service

- Demand into NHS 111 increased in March 2020 to 24,164 calls offered, which is almost double the number of calls when compared to the same month in the previous year (13,450 calls in March 2019); demand has since reduced to 14,545 calls received in October 20, and November there were 13,990
- Weekly performance for November for 60 second call answering rate (source 111 MDS) ranged from 86.9% to 90.9% against the national target of 95%, albeit consistently above national average which ranged 78.4% - 83.7% for the same period.
- The weekly performance relating to 30 second call abandonment rate for November (source 111 MDS) ranged from 2.9% - 3.7% against national target of below 5%, and was consistently in line with national average which ranged 3.5% - 5.2% for the same period.
- Dental call demand has increased across all IUC providers and continues to be at high levels due to changes in access to dental services as a result of the Covid-19 response: this is a national issue. Somerset CCG has been liaising with NHSE/I as the commissioner of dental services to better understand the situation and what improvements are being put in place. A call with NHSE/I, was facilitated by Meddcare Somerset (a trading name of Devon Doctors Limited and is the provider of Somerset's Integrated Urgent Care Service) on 3 November and an NHSE/I / SW IUC Commissioner call followed on 3 December 2020. Another NHSE/I led meeting is expected January 2021 when a further update on national mitigation measures being developed will be available.

- Meddcare Somerset, a trading name of Devon Doctors Limited (DDOC), is the provider of Somerset's Integrated Urgent Care Service. In July 2020, the Care Quality Commission (CQC) carried out an announced focussed inspection of the service which resulted in the application of urgent conditions to the provider registration of Devon Doctors Limited. The Care Quality Commission Report was published on 14 September 2020 and noted some Requirement Notices relating to regulations that had not been met.
- Following inspection, Meddcare Somerset developed and has been implementing a detailed improvement plan, with weekly meetings with Somerset CCG (in partnership with the Care Quality Commission and Devon CCG) providing assurance on progress. Meddcare Improvement Plan describes how they will work towards rectifying the urgent conditions and regulatory notices and below are examples of some of the improvement measures that have already been put in place:
 - Introduction of comfort calling - strengthened with appropriate training for staff to undertake this at times of escalation. They are now taking place for both breaches of Home Visits and Triage.
 - Introduction of an Integrated Urgent Care Service Lead Clinician
 - Clinical Recruitment Plan - There has been appointment on a temporary basis of an Turnaround Director who has been working closely with Meddcare and the CCG.
 - Clinical Governance structure changes
 - Lead IUCS (Integrated Urgent Care Service) clinician to have oversight of the clinical queue between Sat and Sun, 0800-2300 which provides increased safeguards to prevent potential patient harm
 - Revised Governance process to influence change within the organisation, based on quality reporting; awaiting cycles of change before being able to evidence impact of the revised process

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

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

- 7.1% of patients are receiving a face to face consultation in an IUC Treatment Centre within 1 hour, England average is 19%
- 72.6% of patients are receiving a face to face consultation in an IUC Treatment Centre within 2 hours, England average is 55.58%
- 94.9% of patients are receiving a face to face consultation in an IUC Treatment Centre within 6 hours, England average is 81.3%

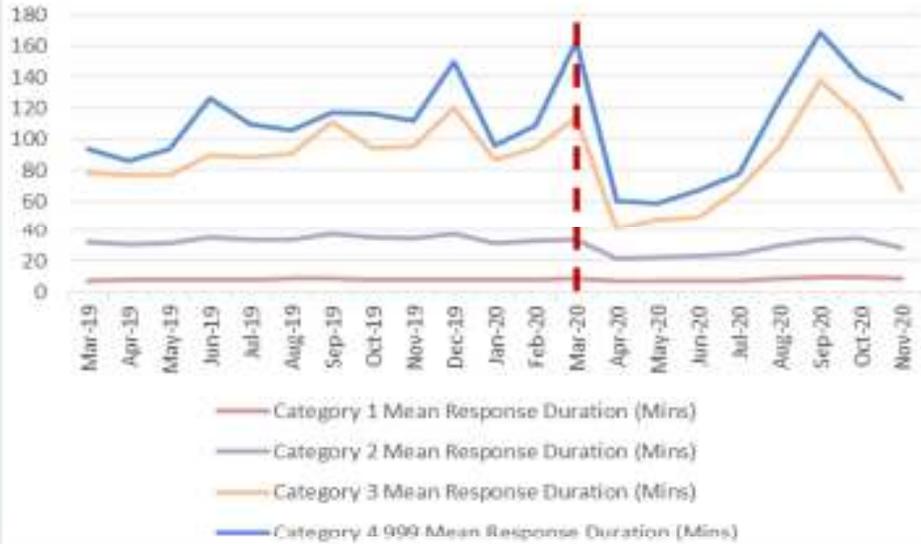
KPI 14 - Proportion of patients receiving a face to face consultation within their home residence within the specified period November

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

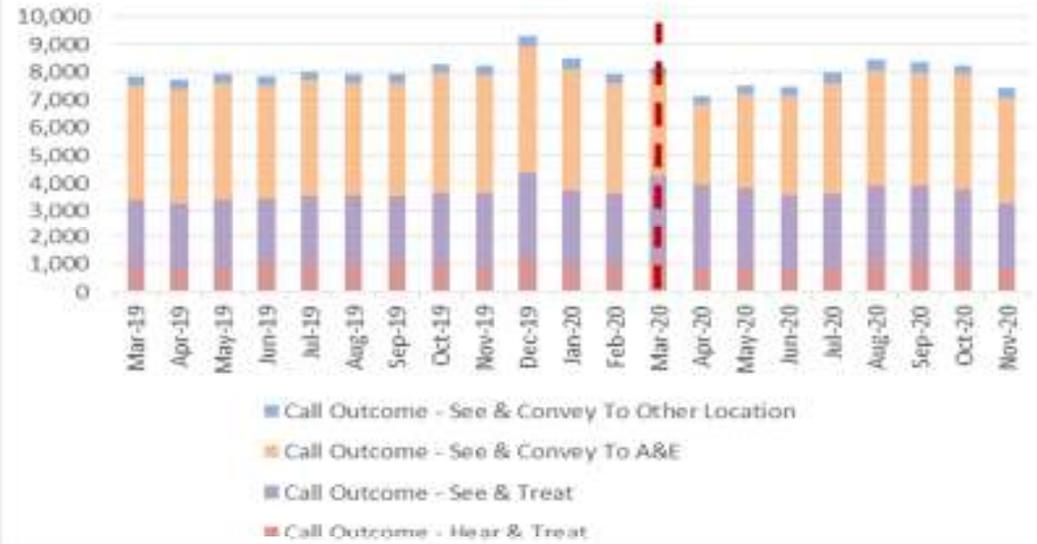
33% of patients are receiving a face to face consultation within their home within 1 hour, England average is 50%
51.3% of patients are receiving a face to face consultation within their home within 2 hours, England average is 74.95%
80.7% of patients are receiving a face to face consultation within their home within 6 hours, England average is 90.67%

Emergency – SWAST Performance

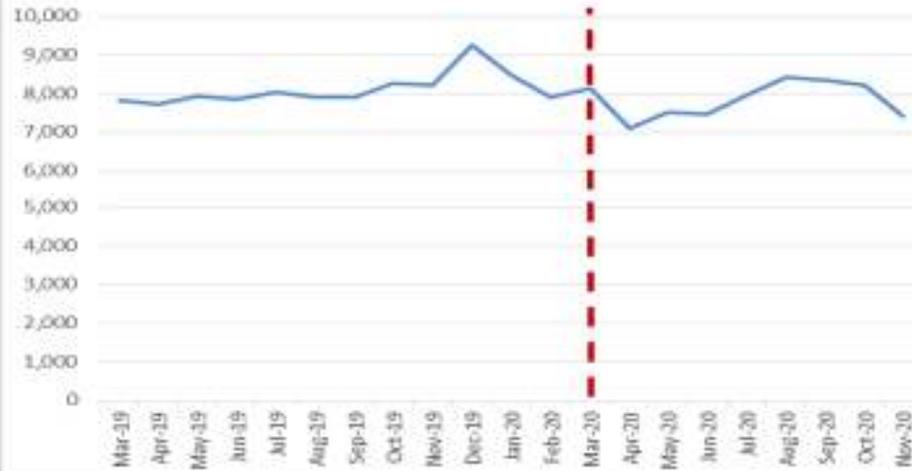
Ambulance Mean Response Times



Ambulance Outcomes



Total Number Of Calls



Emergency – SWAST Performance

Areas of focus during Covid-19:

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

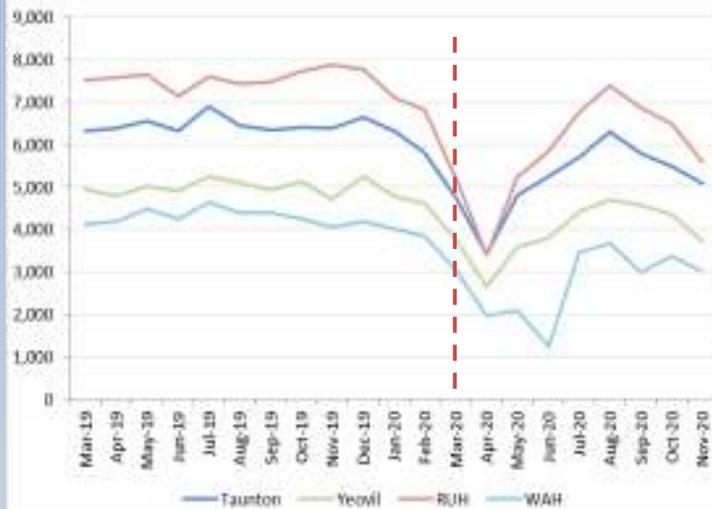
Month 2020	Cat 1 (Mean 90th Percentile)		Cat 2 (Mean 90th Percentile)		Cat 3 120 mins	Cat 4 180 mins
	7 Mins	15 mins	18 mins	40 mins		
April	7.3	13.1	21.1	41.1	93.3	152.6
May	7.3	14.4	22	42.7	100.7	138.8
June	7.2	13.5	22.8	44.7	109.1	150.3
July	7.3	14	24.7	47	152.9	205
August	8.4	16	29.4	57.1	236.1	341.8
September	9	17	33.8	66.6	331.4	362.4
October	9.5	17.6	34.2	68.6	271.4	254.9
November	8.8	15.5	28	53.7	152.4	224.3

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

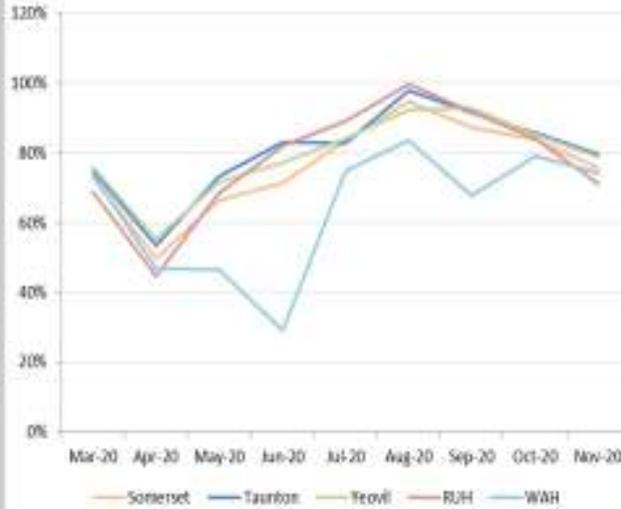
- The IUC clinical validation work with Meddcare Somerset and Practice Plus Group aims to support reducing low acuity 999 dispositions and Emergency Department (ED) walk-ins, enabling 999 resourcing to be better able to meet ARP standards as well as improve Emergency Department flow, increase capacity for higher acuity patients and also mitigating the risk of ambulances queueing.
- Although 999 activity significantly reduced during the first peak of Covid-19 Somerset CCG continues to be an outlier as is reporting the highest level of demand across the South West. Following on from a meeting between the CCG and SWAST on the 6 August 2020 to discuss the level of NHS111 referrals to the SWAST 999 service with further information supplied to both Meddcare Somerset and PPG. A follow up CCG-led meeting to discuss the NHS111 outlier position took place with both organisations on the 9 November and work continues to address this issue with progress monitored via the Meddcare led Contract Meeting with Practice Plus Group (PPG, formally known as Care UK) and via the SWAST and NHS111 Monthly Contract Review meeting process. Somerset 111 outlier position has continued to be monitored and the situation has seen an improved since October 2020 with Somerset no longer seeing the consistent outlier position evident during April 2020 – Sept 2020 inclusive. It is thought that the IUC CAS validation work that was initially piloted throughout October 2020 before going live 2 November 2020 may have led to such an improvement. Given such improvement has only been seen for 2- 3 months the CCG continues to monitor any outlier status to ensure this is a consistent ongoing improvement and will raise any concerns with Practice Plus Group via the Meddcare-led Contract Meeting.
- Somerset CCG have mobilised all 3 schemes in line with the Transformation Plan featured as part of the South West Ambulance Commissioning Strategy. This is a range of commissioner-led initiatives being taken forward across the south west to support provision of patient care delivered at the right place at the right time and aim to support mitigation of 999 activity growth within Somerset:
 - Validation ED and Cat 3 and 4 calls
 - Think 111 First
 - High Intensity Users (HIU) which were committed to under the former transformation plan and we will monitor these to understand if they are achieving the desired impact on ambulance activity

Emergency – A&E

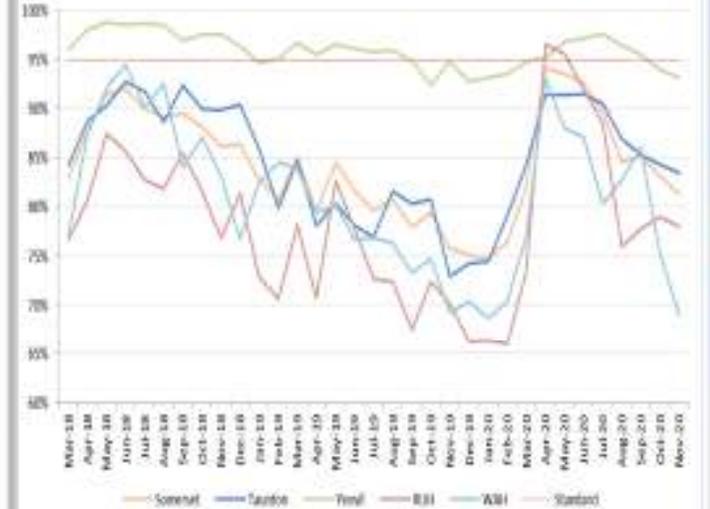
A&E Attendances



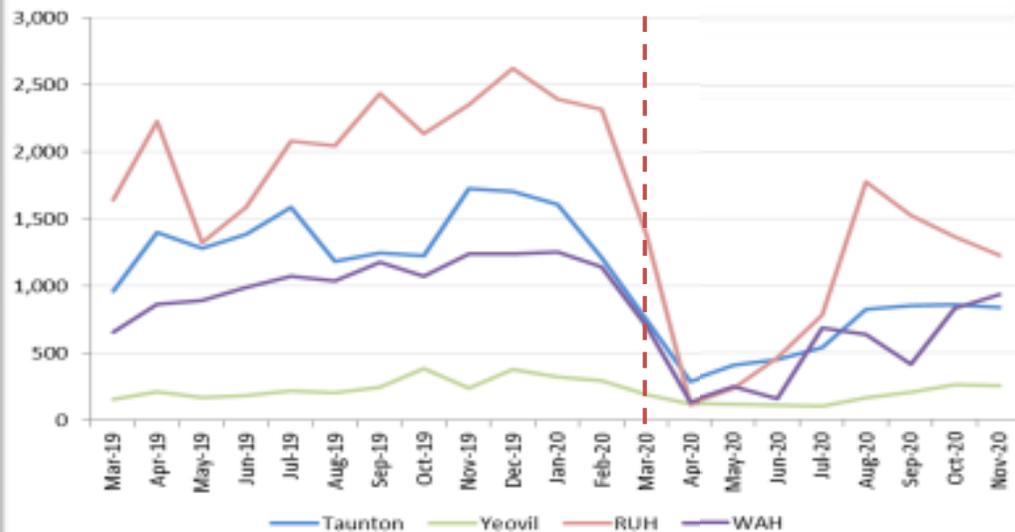
A&E Attendances %



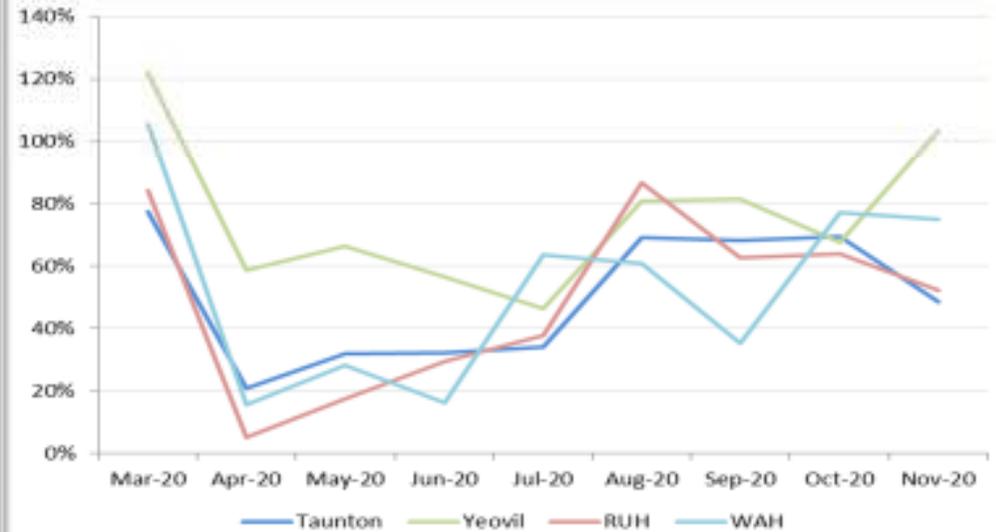
A&E 4-Hour Performance



A&E 4-Hour Attendance Breaches



A&E 4-Hour Attendance Breaches %

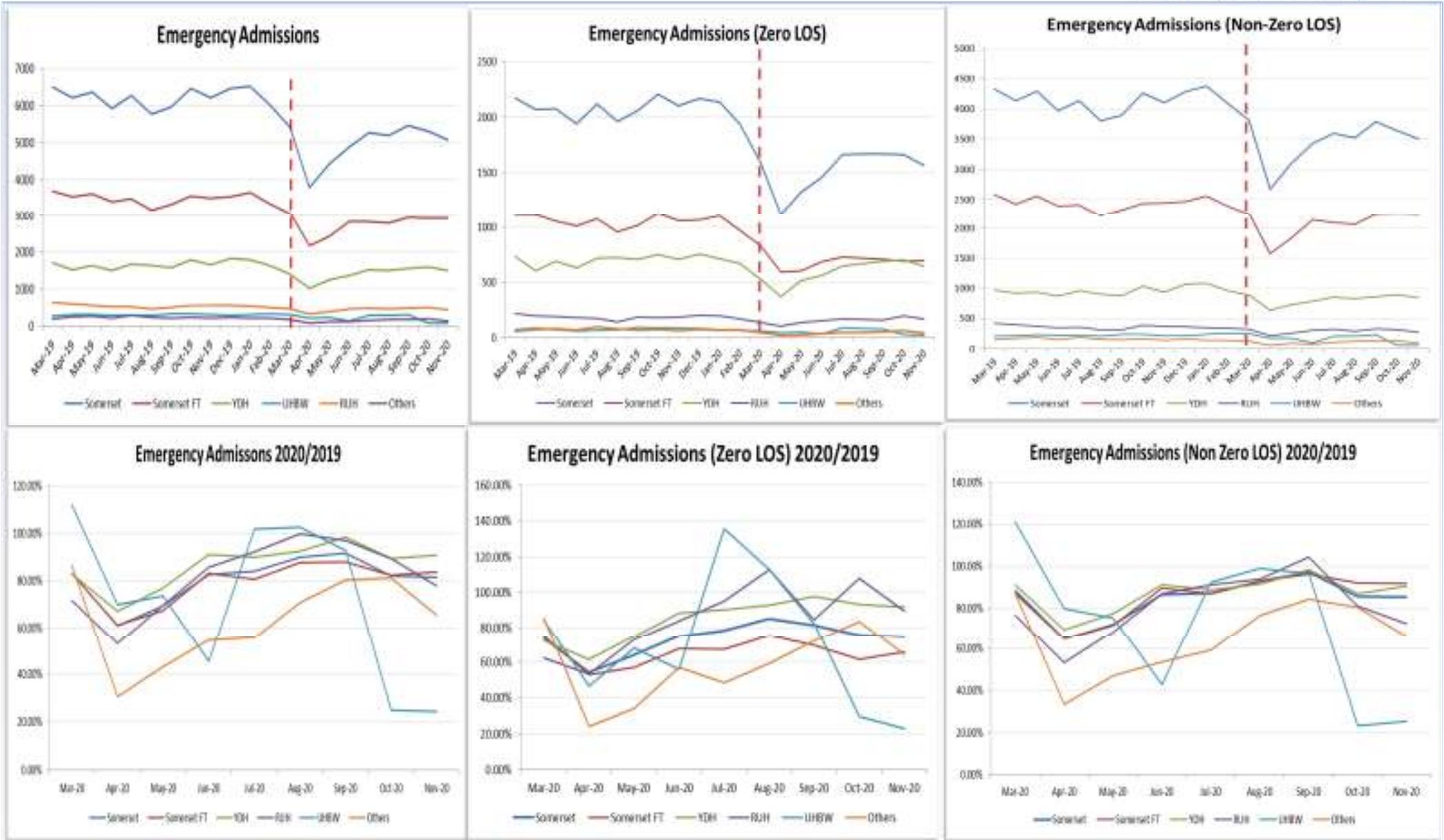


- **Somerset FT:** The number of patients attending the A&E Department in November was lower (-921) than the same month in the previous year
 - During the cumulative period April-November, attendances were 19.8% lower (-11,489) than the same period in the previous year
 - 4-Hour performance in November was 83.49% and during the cumulative (April-November) period was 88.1%
- **YDH FT:** The number of patients attending the A&E Department in November was 21.3% lower (-1,004) than the same month in the previous year
 - During the cumulative period April-November, attendances were 20.6% lower (-9222) than the same period in the previous year
 - 4-Hour performance in November was 93.17% and during the cumulative period was 95.8%
- **RUH Bath:** The number of patients attending the A&E Department in November was 26.4% lower (-2077) than the same month in the previous year
 - During the cumulative period April-November, attendances were 22.1% lower (-15,023) than the same period in the previous year
 - 4-Hour performance in November was 77.8% and during the cumulative period was 85.4%
- **UHBW:** The number of patients attending the Weston site A&E Department in November was 25.8% lower (-1,044) than the same month in the previous year
 - During the cumulative period April-November, attendances were 36.0% lower (-13,947) than the same period in 2019
 - 4-Hour performance in November was 69.0% and during the cumulative period was 82.7%

Challenges During Covid-19 Period

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

Emergency – Emergency Admissions



Emergency – Emergency Admissions

- **Somerset:** The number of emergency admissions in November was 18.3% lower (-1,137) than the same month in the previous year and during the cumulative period April-November the number of emergency admissions were 19.83% lower (-9,748) than the same period in the previous year. Whilst the reduction in demand has been seen across both the zero and non-zero LOS admissions, the biggest percentage reduction was in the number of zero LOS admissions which aligns to the reduced A&E demand and is the position mirrored across all our main Acute Providers
- **Somerset FT:** The number of emergency admissions in November was 16.2% lower (-567) than the same month in the previous year and during the cumulative period April-November the number of emergency admissions were 20.9% lower (-5,767) than the same period in the previous year
- **YDH FT :** The number of emergency admissions in November was 9.1% lower (-149) than the same month in the previous year and during the cumulative period April-November the number of emergency admissions were 12.8% lower (-1,662) than the same period in the previous year
- **RUH Bath:** The number of emergency admissions in November was 22.1% lower (-124) than the same month in the previous year and during the cumulative period April-November the number of emergency admissions were 17.76% lower (-764) than the same period in the previous year
- **UHBW:** The number of emergency admissions in November was 75.4% lower (-227) than the same month in the previous year and during the cumulative (Covid-19) period March-November the number of emergency admissions were 33.6% lower (-811) than the same period in the previous year
- During November the average Opel level across the Somerset System was Opel Level 3

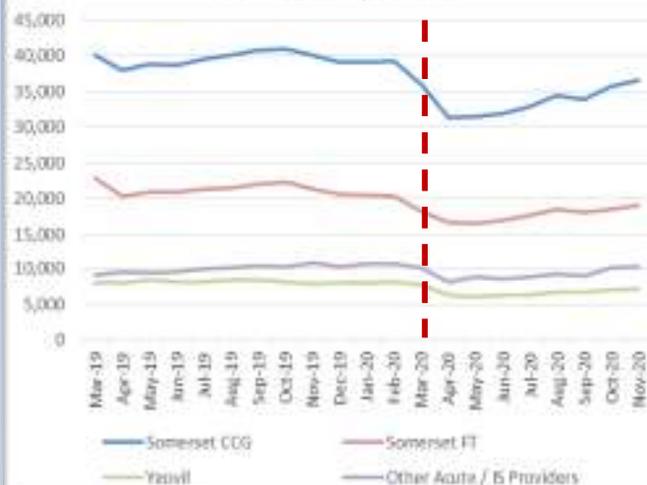
Challenges During Covid-19 Period

- Acute staffing is extremely challenging.
- Reduction in the number of beds due to patient cohorting, which has impacted upon patient flow across the hospital
- Zoning to separate positive / query positive and negative Covid-19 patients and Covid-19 testing regimes on admission
- Overall reduction in emergency admission demand, but a higher proportion of activity is non zero length of stay patients; the average length of stay has increased due to the patients being admitted having more complex needs and a significant rise in Covid-19 patients. The population use of hospital beds (bed days) following emergency admission was 30,985 in November which shows a 4.6% increase since October and it has surpassed the level of hospital bed use in the same month the previous year (30,905).

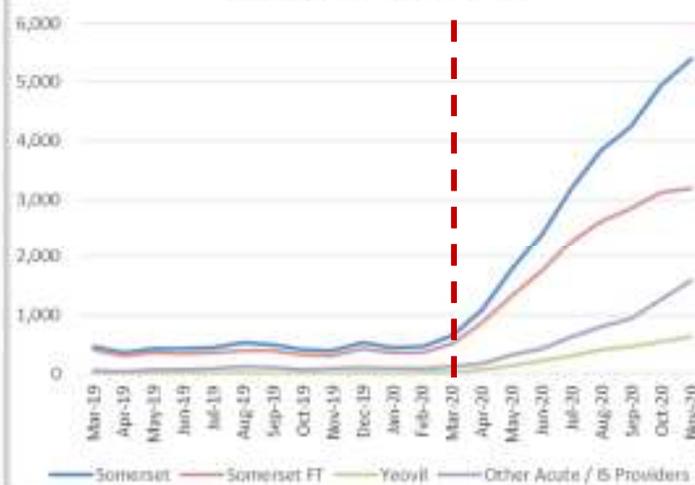
- Sir Simon Stevens and Amanda Prichard communicated in their joint letter dated 17 March 2020 the immediate requirement to postpone all non-elective operations for a period of at least 3 months to enable Trusts to free up general and acute beds in order to expand critical care capacity; as a consequence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

Referral to Treatment

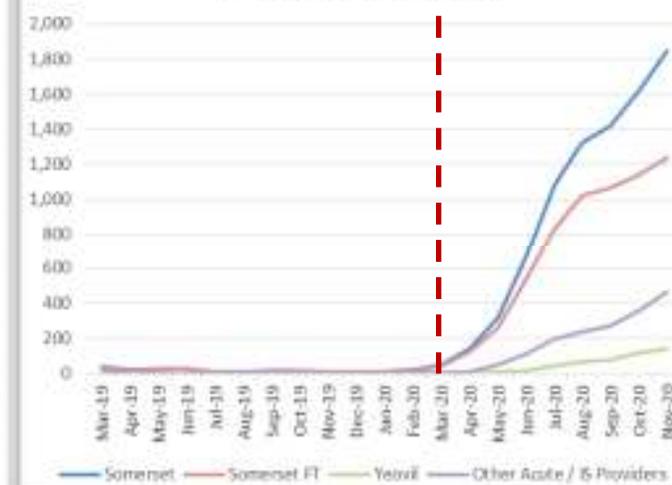
RTT - Waiting List Size



RTT - Patients >40 weeks



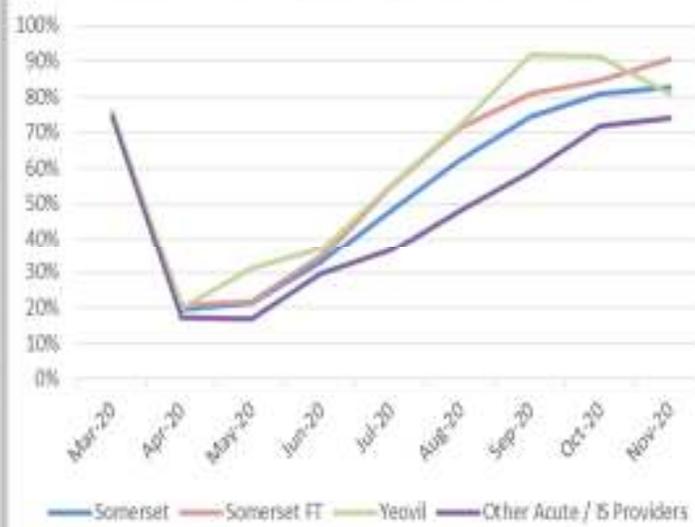
RTT - Patients >52 weeks



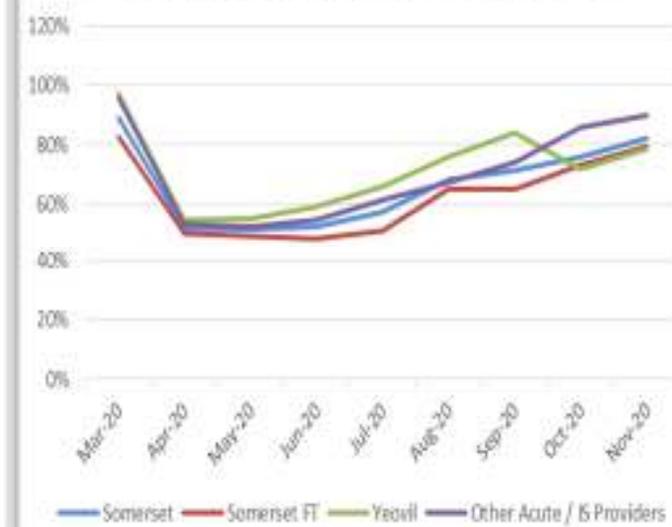
RTT Clock Starts



Admitted activity compared to pre-COVID



Non-admitted activity compared to pre-COVID



Key Challenges

- All RTT performance measures continue to be heavily impacted by the Covid-19 outbreak due to the reduction in out-patient and surgical capacity during the pandemic
- There has been a reduction of 52,629 new clock starts (a measure of referral demand) when comparing the cumulative period March to November 2020 to the previous financial year and could be an indication of potential unmet demand
- During November 2020 there were 10,569 new clock starts which is comparable to previous month with the average number of daily referrals in November of 503 compared to 502 in October. When compared to the previous year, during November 2019 the average daily rate of referral was 673 which is 25.3% higher than of the level of demand seen in November 2020. Whilst suspected cancer and urgent demand has broadly returned to expected levels routine referrals remain lower despite primary care demand now exceeding pre Covid-19 levels
- In November there were 36,566 patients on an incomplete pathway awaiting their first definitive treatment which is a reduction of 2,721 patients when compared to the pre Covid-19 level in February 2020. After a initial steep reduction between February and April the overall waiting size has been steadily increasing and this underpinned by the increase in referral demand (new clock starts).
- During the first wave of the Covid-19 pandemic there was a reduction in referrals and a high proportion of those received were patients on either a suspected cancer or urgent pathway and clock stop within 18 weeks. In addition there was a significant reduction in the number of patients receiving treatment from the over 18 week category (seen as a reduction in clock stops). The combination of these factors resulted in the initial deterioration in 18 week performance dropping from 81.3% in February to 43.5% in July. However as result of the increased demand the number of patients on the waiting list waiting less than 18 weeks has been steadily increasing and as a result of the elective re-start the number waiting in excess of 18 weeks has started to reduce with performance reaching 66.31% in November
- Whilst the number of patients waiting in excess of 18 weeks in November has reduced for a second consecutive month this is across the shorter waiting time bandings (namely 23-40 weeks) with reductions observed in general surgery, ENT, ophthalmology and orthopaedics. However, the number of patients waiting in excess of 40 weeks has risen by 448 (to 5,395) of which 1,849 are waiting in excess of 52 weeks
 - The number of patients waiting in excess of 52 weeks in November was 1,849 (which is an increase of 230 patients on the previous month) and in comparison to 21 in February with the increase in waiting times attributed to a combination of reduced capacity due to Covid-19, the prioritisation of urgent and cancer patients and an increase in the number of patients choosing to delay treatment

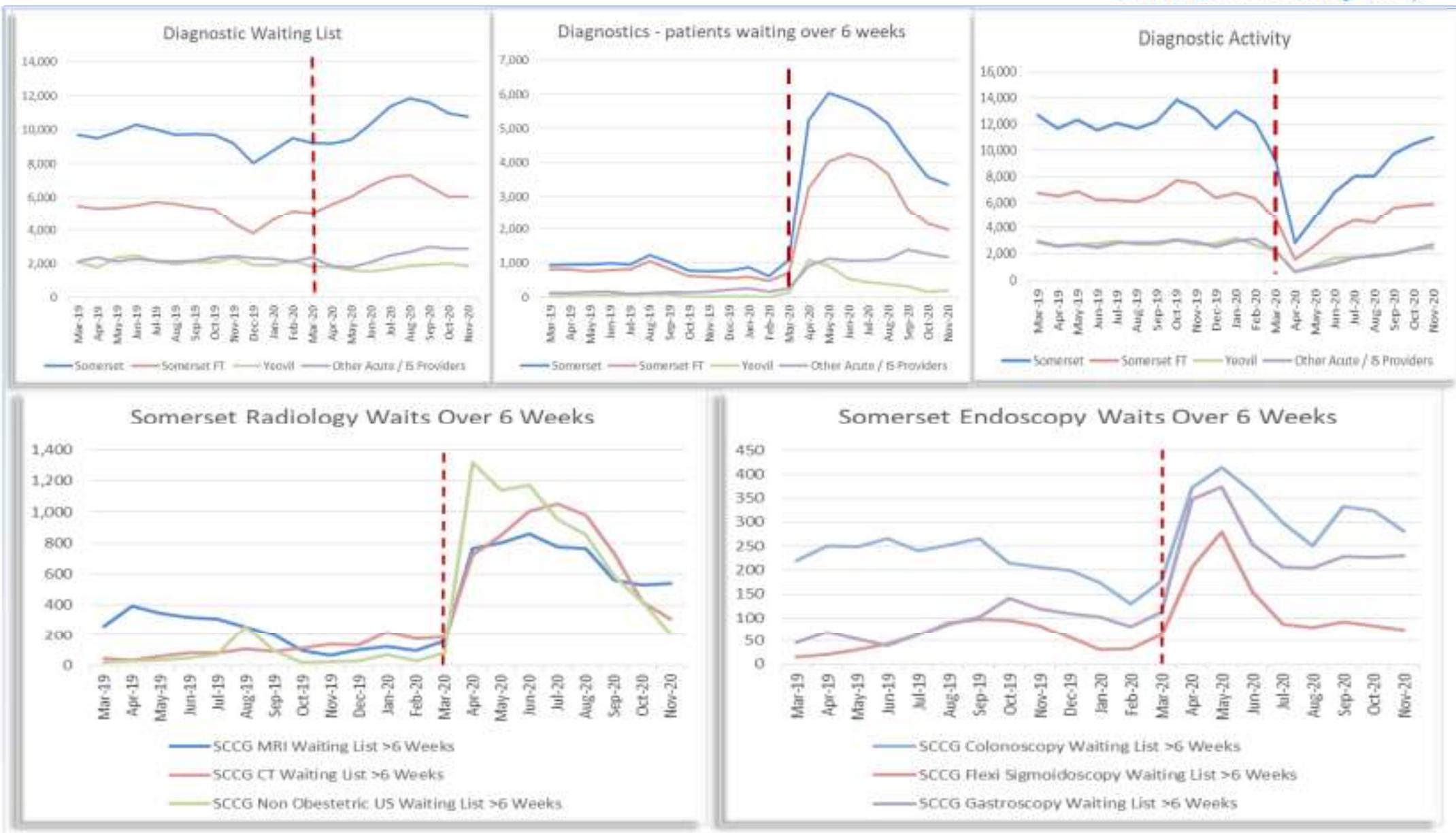
Key Challenges

- The number of patients whose wait exceeds 40 weeks has increased by 4,937 patients since February and has increased month on month (from 458 in February to 5,395 in November) due to the initial stand down of non-urgent elective activity and the increase in cancer demand over recent months. The breakdown by Provider is as follows: Somerset FT 3,184, YDH FT 631, RUH Bath 330, UHBW 339, SMTC 392 and Other Providers 519. Providers who have not previously seen long waits (including YDH FT and the smaller and independent sector providers) have also seen a deterioration in waiting times and a significant increase in very long waits
- The number of patients whose waiting time exceeds 52 week waits has increased by 1,828 since February (from 21 in February to 1,849 in November): Somerset FT 1240, YDH FT 142, RUH Bath 96, UHBW 114, SMTC 75, and Other Providers 182. As a result of the prioritisation of long wait patients and the increase in elective activities the rate of increase in the number of patients waiting in excess of 47 weeks is starting to slow
- Nationally the number of patients who exceeded 52 weeks has significantly increased from 1,724 in February to 163,361 in October (latest national data available) and across the South West Region there were 15,626 patients. This ranked the CCG as the 23rd highest commissioner (out of 157) with Devon, Dorset, Bath & East Somerset, Swindon and Wiltshire, and Bristol, North Somerset and South Gloucestershire CCG's all reporting a higher level of 52 week waits than Somerset.
- The admitted waiting list reduced by 1,033 patients (from 10,753 in February to 9,720 in November) due to the lower demand and out patient throughput during the spring and summer reducing the number of patients being added to the admitted waiting list. However we are starting to see an increase in demand and the treatment of admitted patients resulting in the admitted waiting list stabilising at 9,720 over the past 2 months
 - The number of patients treated as a day case in November continues to increase month on month and when comparing November 2019 to November 2020 the re-start percentage is 79.4%
 - The number of patients treated as an overnight elective in November has doubled since July and when comparing November 2019 to November 2020 the re-start percentage is 70.6%
 - Most challenged admitted specialities (and those with the longest waits) are General Surgery, Urology, Trauma and Orthopaedics and ENT
 - Plans to deliver the national re-start goals include restoring repurposed capacity, securing additional internal capacity and partnership working in key specialities.
 - There has been a significant increase in the number of Covid-19 positive in-patients in December and January resulting in a small number of elective cancellations. This will likely have an impact on the re-start percentage and result in an increase on the incomplete pathway admitted waiting list

Key Focus

- Non-Admitted waiting list has reduced by 1,688 patients (from 28,534 in February to 26,846 in November) due to the initial reduction in the number of clock starts earlier in the year. Whilst demand remains lower than the pre Covid-19 levels there has been an incremental increase in the number of in clock starts since the summer and as a result of the increase in non-admitted clock stops the waiting list has reduced by 283 patients in November when compared the previous month
 - Non admitted long waits have increased in many of the medical and surgical specialities (biggest increases seen in Gastroenterology, ENT, Ophthalmology, General Surgery, Dermatology and Rheumatology)
 - Non-admitted waiting times have significantly deteriorated due to the initial stand down of routine elective services
 - The number of patients who attended a first out patients has continued to increase month on month throughout the year as a result of routine out-patient clinics being stood back up following the first wave of the pandemic. This has been supported by a significant increase in the number virtual consultations and when comparing November 2019 to November 2020 the percentage restart is 105.4%
 - The volume of follow up out patients has continued to increase month on month throughout the year and when comparing November 2019 to November 2020 the percentage restart is 94.5%
 - During 2019/20 5.5% of out patient activity was delivered virtually and the aim in the long term plan was to reduce a third of out patient visits by 2023/24 by transforming services. During the Covid-19 response services were rapidly re-designed and supported by digital technologies and the roll of 'Attend Anywhere' resulting in 28.4% of out patient consultations in November being delivered virtually
- The Somerset system has set four key priorities and 8 strategic changes for elective care in order to :
 - reduce referrals into secondary care where better care can be provided in the community
 - maximise elective activity achieving the NHSEI Phase 3 re-start ambitions
 - reduce the volume of longest wait patients, particularly 52 week patients
 - maximise use of the independent sector
- Development of a 3 year operational Demand and Capacity model for the Somerset System is underway, working with system partners to agree the methodology and build, which will underpin the system recovery and 2021/22 operational plan

Diagnosics



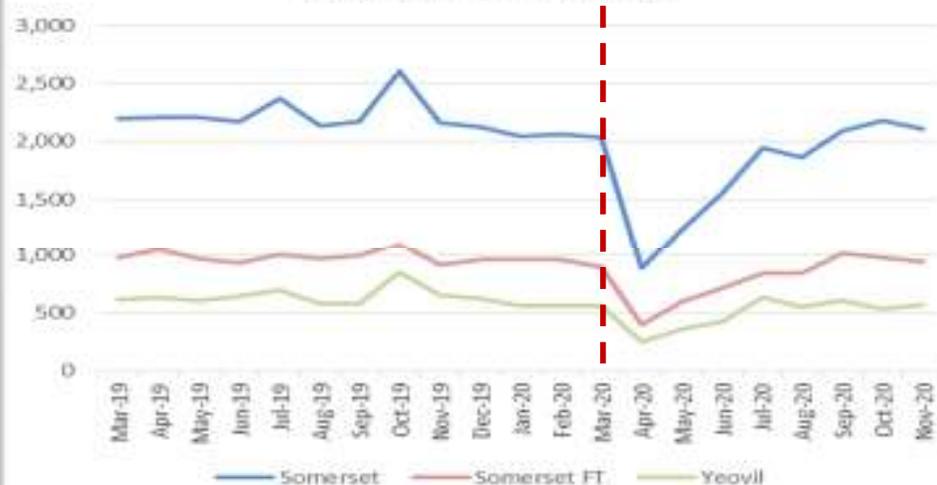
Key Challenges

- As a result of the stand down of routine diagnostic tests and procedures during the first wave of Covid-19 and the aftermath all Somerset Providers have experienced an increase in the number of patients waiting in excess of 6 weeks from 610 in February to 3342 in November resulting 6 week performance of 68.94%, an improvement of 1.6% compared to the previous month
- The number of patients whose wait exceeds 13 weeks significantly increased from 124 in February to 4,032 in July when the number of very long waits peaked; however the position has significantly improved with the number of patients waiting in excess of 13 weeks reducing to 1,579 in November
 - Number of patients waiting in excess of 6 weeks by Provider: Somerset FT 1,975, YDH FT 198, Other Providers 1,169
 - Number of patients waiting in excess of 13 weeks by Provider: Somerset FT 896, YDH FT 45, Other Providers 638
- When comparing November to the previous month, whilst the number of >6 week waits has reduced in CT and Non-Obstetrics Ultrasound there has been an increase in long waits in Audiology at Somerset FT
- Following Wave 1 of the Covid-19 pandemic NHS England and Improvement established the Adapt and Adopt programme; under this programme plans were developed in order to drive service improvements which lead to the services delivering activity levels akin to the period in the previous year.
 - Somerset continued to treat endoscopy patients and is achieving the Phase 3 recovery ambition of a re-start percentage of 100% by October and in comparison to peers is delivering very strong performance. Both Somerset FT and YDH FT have made improvements in CT but has fallen behind the MRI plan due to capacity constraints. However, due to the increase in Covid-19 cases in Somerset and an increase in the level of sickness across both Somerset and YDH FT there has been a deterioration in endoscopy performance from January 2021
- The volume of diagnostic tests or procedures carried out has continued to increase month on month throughout the year and when comparing November 2019 to November 2020 the percentage restart across all diagnostic modalities is 89.1% and there is some variability at a diagnostic modality level: (MRI: 81%, CT: 94%, Audiology Assessments: 56%, Colonoscopy: 82%, Flexi Sigmoidoscopy: 100% and Gastroscopy: 100%)
- Audiology – the overall number of Audiology 6 Week Waits climbed steeply from 23 in February to 622 in June where the number of long waits peaked. The number of long waits reduced to 350 in September but has increased over the past 2 months to 511 in November

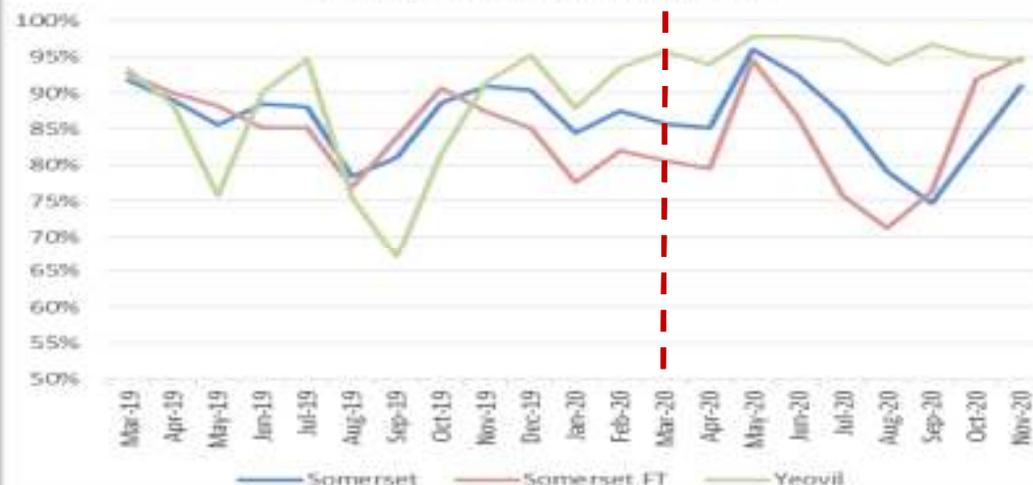
- Radiology – the overall number of Radiology (MRI, CT and Non Obstetric Ultrasound) 6 Week Waits climbed steeply from 296 in February to 3033 in June where the number of long waits peaked. Due to the additional capacity put in place the in November the number of patients awaiting a Radiology diagnostic test of procedure reduced to 1058 in November
 - MRI 6 Week Waits increased from 96 in February and peaked at 856 in June; the number of long waits has reduced to 540 in November
 - CT 6 Week Waits increased from 173 in February and peaked at 1051 in June; the number of long waits has reduced to 310 in November
 - Non-Obstetric Ultrasound 6 Week Waits has increased from 27 in February and peaked at 1173 in June; the number of long waits has reduced to 208 in November
- Endoscopy – the overall number of Endoscopy 6 Week Waits has increased from 245 in February and peaked at 1145 in May; the number of long waits has reduced to 625 in November
 - Colonoscopy 6 Week Waits has decreased in November by 15.6% compared to the previous reporting period (September) and stands at 281 (at its highest point the endoscopy >6 week waiting list peaked at 414 in May) and it is 3.6% higher than in November 2019. Compared to the last month unaffected by Covid-19 (February) the increase is 116.15%
 - Flexi Sigmoidoscopy 6 Week Waits has increased from 32 (February) to 75 in November (at its highest point the endoscopy >6 week waiting list peaked at 280 in May) but it has decreased by 19.35% since the previous reporting period (September). Compared to the last month unaffected by Covid-19 (February), the increase is 134.38%
 - Gastroscopy 6 Week Waits has increased by 149 patients from 82 (February) to 231 in November. At its highest point the endoscopy >6 week waiting list peaked at 373 in May). Compared to the last month unaffected by Covid-19 (February), the increase is 181.71%
- Actions to Improve Waiting Times for Diagnostics:
 - Implement further solutions to reduce the number of patients who do not attend for their appointment (DNAs)
 - Optimising productivity
 - External MRI and CT modular capacity
 - Maximise use of Independent Sector diagnostic facilities
 - The upgrade of Somerset FT's second CT scanner has now completed
 - Decommissioned MRI scanner at Somerset FT to be reinstated at the end of February following upgrade
 - Strengthened gastroenterologist workforce at Somerset FT
 - Locum for Echo Cardiology at Somerset FT

Cancer

2 Week Wait Pathways



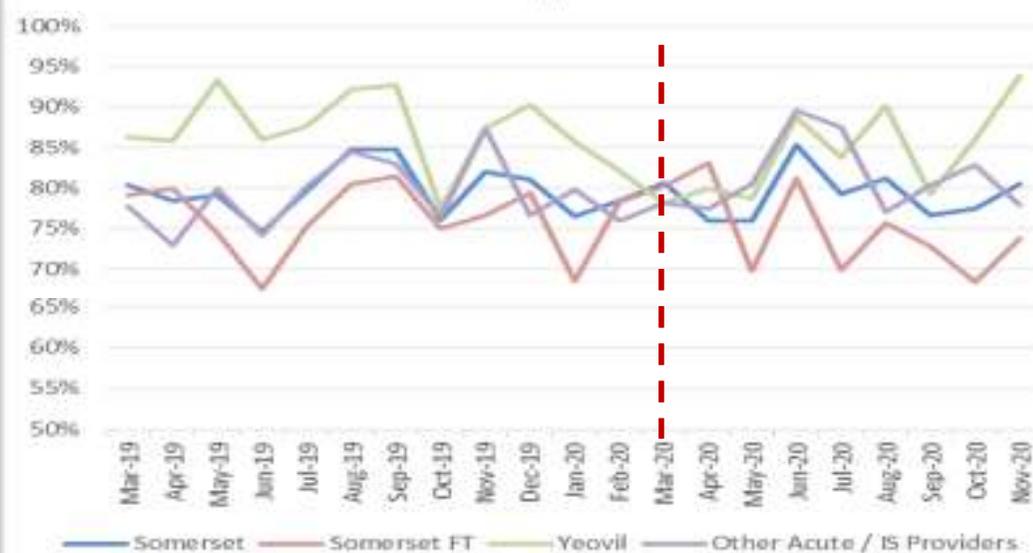
Cancer 2ww performance



62 Day Cancer Pathways



Cancer 62 day performance



Key Challenges:

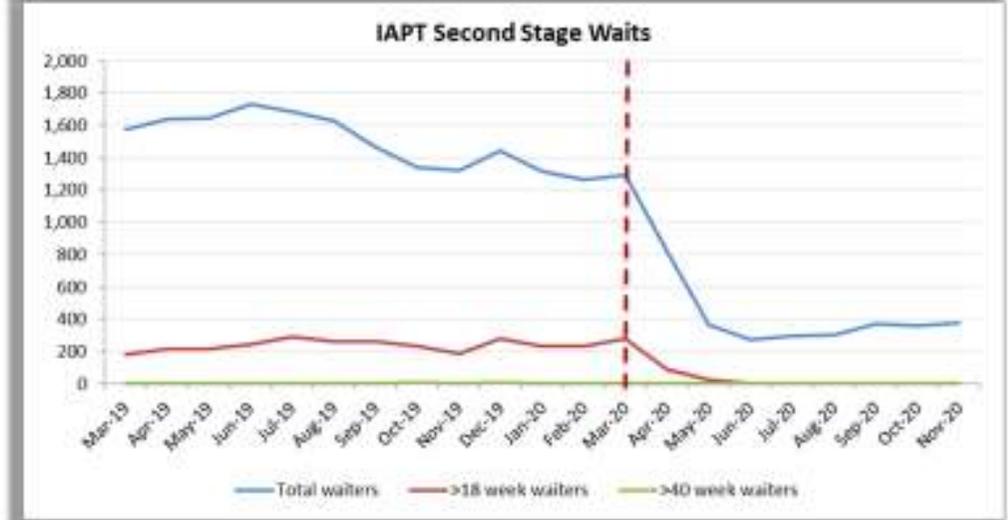
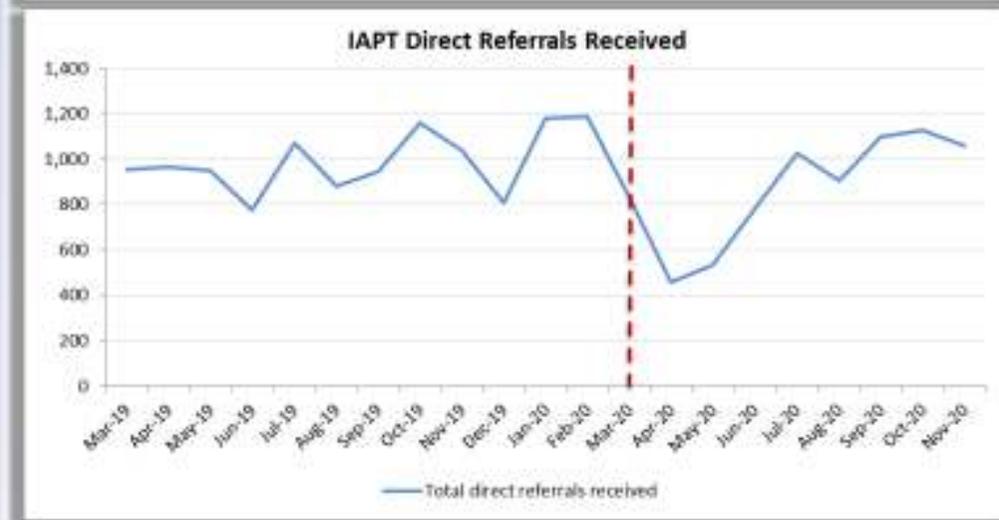
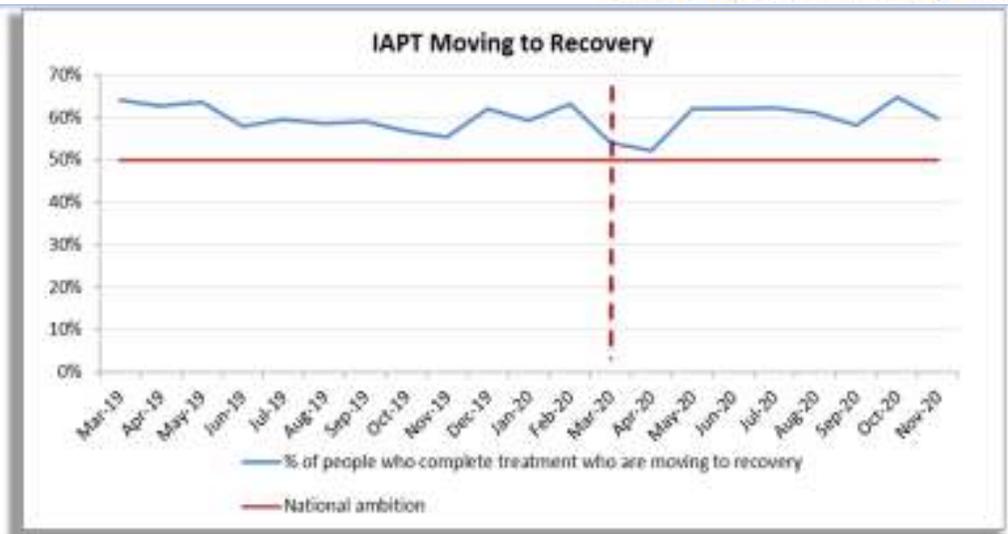
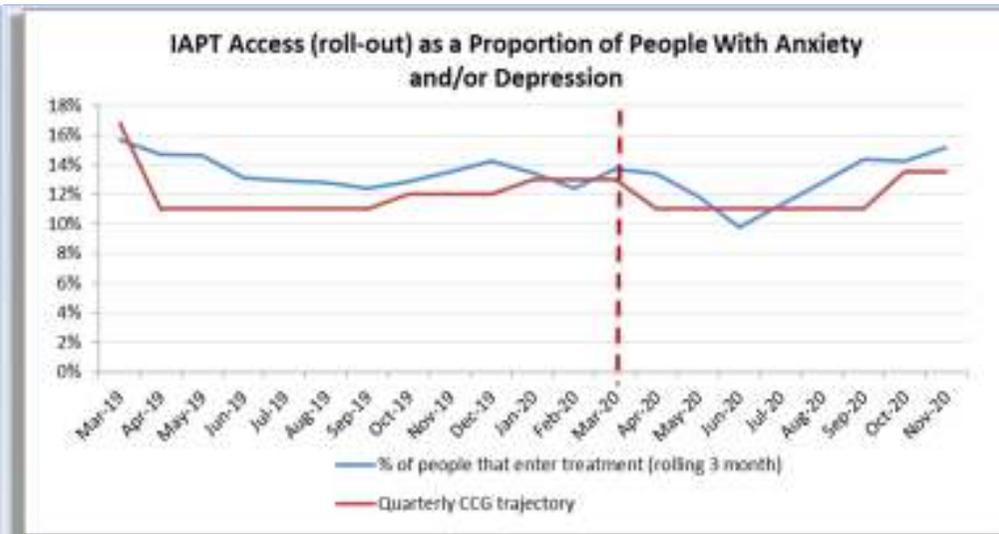
- Following the first Covid-19 lockdown there was a significant reduction in cancer referrals, although the level of referrals has been steadily increasing from May and in November 2020 (when compared to February 2020, the last month unaffected by Covid-19) there has been a 2.23% (+46) increase in the number of patients referred on a 2 week pathway:
 - Somerset FT: -2.5%, (-24); YDH FT: +1.07%, (+6), RUH: +29.33 (+67), UHBW: -9.71% (-27), Others: +64.86% (+24)
- The proportion of patients on a suspected cancer pathway waiting less than 2 week wait initially declined in April and May prior to performance peaking in May at 96.0%; however alongside the increase in referrals the 2 week wait performance has steadily declined mainly attributed to other providers. November performance:
 - Somerset FT: 94.77%, YDH FT: 94.34%, RUH Bath: 73.56%, UHBW: 93.63%, Others: 72.1%
- When comparing the level of 2 week wait breach in November (to February 2020) they are predominantly within suspected skin, lower and upper gastroenterology at RUH Bath and UHBW.
- In November 2020 Somerset CCG saw a 16.7% increase in the number of patients on a 62 day pathway who received their first definitive cancer treatment when compared to November 2019:
 - Somerset FT: +5.2% (+5); YDH FT: +35.8%, (+17), Other Providers: -7.1%, (-0.5)
- The percentage of patients in Somerset receiving their first definitive cancer treatment within 62 days was 80.52% in November.
 - Somerset FT: 73.76%, YDH FT: 93.8%, Other Providers: 53.8%
 - Breaches predominantly in
 - Lower Gastrointestinal cancer (health care provider initiated delay to diagnostic test or treatment planning, elective capacity inadequate, complex diagnostic pathway)
 - Skin cancers (outpatient capacity inadequate, healthcare provider initiated delay to diagnostic test or treatment planning)
 - Urological cancers (predominantly delay to diagnostic tests by health care provider)

Actions to support cancer services:

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

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

Mental Health

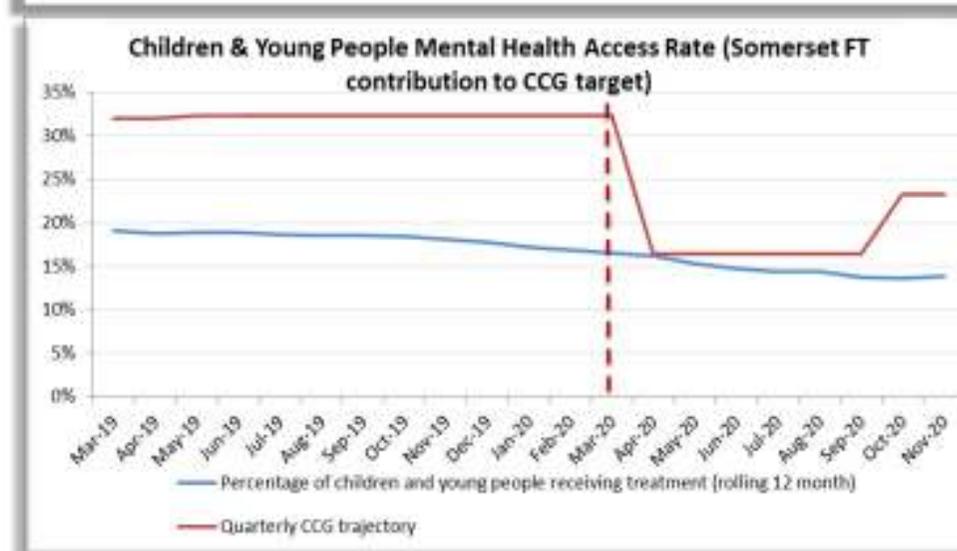
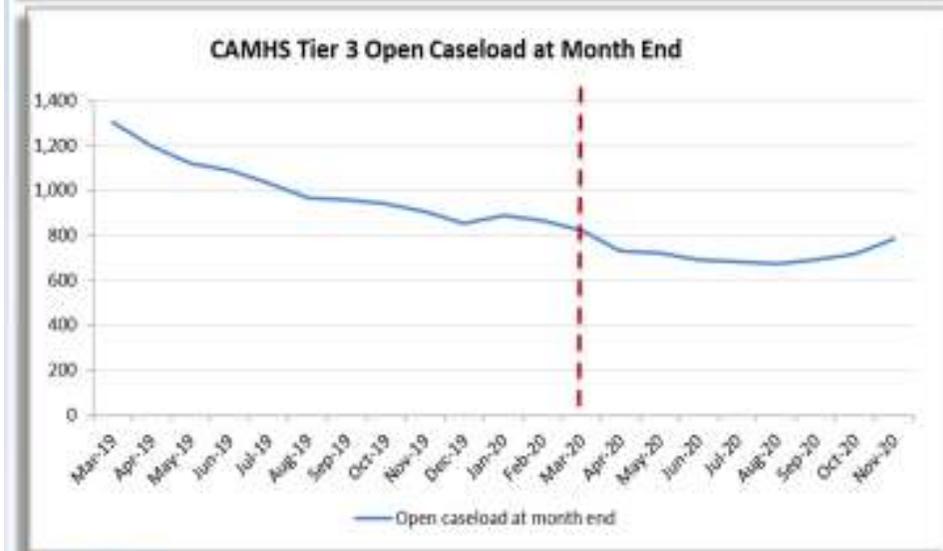
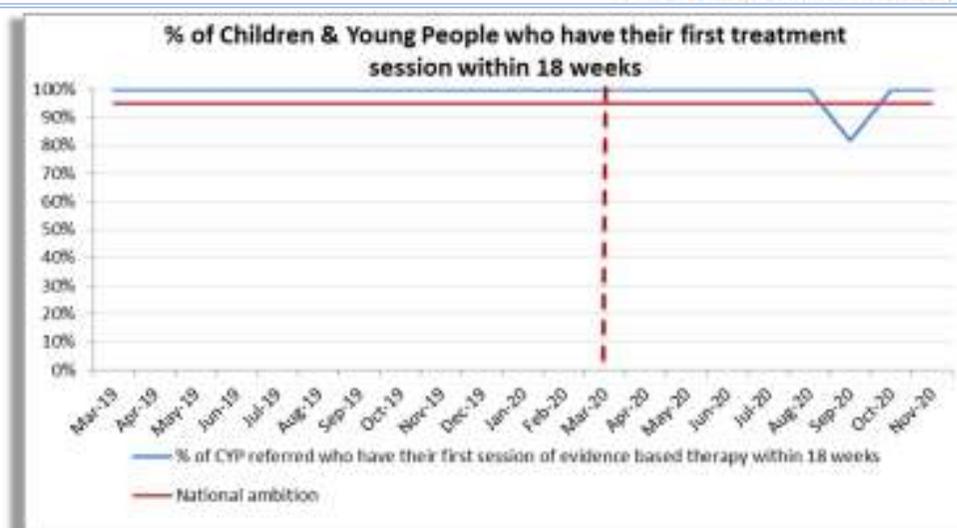
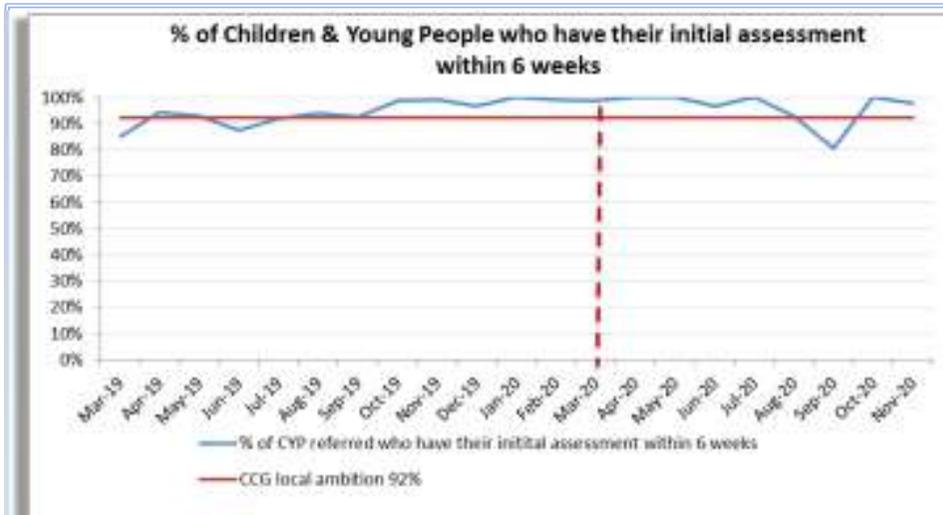


Definitions:

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

IAPT second stage waits measures those people waiting for second treatment appointment, following their first treatment appointment



Definitions:

CYP within 6 weeks measures the percentage of CYP who have had their initial assessment within 6 weeks of referral (local measure)

CYP within 18 weeks measures the percentage of CYP who have had their first therapeutic treatment session within 18 weeks of referral

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

Improving Access to Psychological Therapies (IAPT):

- Somerset Foundation Trust (Somerset FT) has reported that there were 1,059 referrals to the IAPT service in November 2020. Referrals are now fairly similar to the pre Covid-19 period, and have been supported by a communications campaign (radio and business cards). We are also looking at how IAPT could be used to support patients recovering from Covid-19, long Covid-19 and the Covid-19 vaccination programme as we move into winter and beyond
- The reported IAPT recovery rate for November is 59.9%, the national ambition of 50% continues to be met and exceeded
- The un-validated data shows that Somerset FT delivered an IAPT access rate for the rolling 3 month period to November of 15.2%, against the draft Quarter 3 Somerset CCG trajectory of 13.5%. This shows an overall upward trend in access rate for 2020/21 to date
- The IAPT service continues to consistently meet and exceed the 6 and 18 week national ambitions. Un-validated data tells us that in November, 93.2% of patients referred for treatment were seen by the service within 6 weeks against the 75% national ambition, and 99.1% were seen and received treatment within 18 weeks from referral against the 95% national ambition
- Following the start of Covid-19 lockdown the IAPT service within Somerset has continued to run and Somerset FT has successfully mobilised its clinicians to work from home and succeeded in maintaining its services by dealing with referrals via telephone, video and webinar interventions (in person face to face by exception where clinically appropriate).

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

- The CCG has planned to deliver 28.8% CYPMH access rate in 2020/21 with Somerset FT, digital therapy and other tier 2 providers contributing to the Somerset access rate, the CCG has planned to deliver an access rate of 23.3% in Quarter 3
- Un-validated data for the rolling 12 month period to November shows performance of 13.9% for Somerset FT; this is the provider's contribution towards the access rate and work is ongoing to report performance going forward for all providers and contributors to the CCG access rate
- Actions have been put in place following a Project supported by NHSEI to achieve the CYPMH Access Target. Somerset CCG has been working closely with CAMHS and Young Somerset to identify the complexities around this. This will be an ongoing piece of work
- Young Somerset Wellbeing Service has helped bridge the gap for early interventions to address the mental health and emotional wellbeing needs of CYP in Somerset aged 11-18, however there is an increase in demand for CYP who have higher complexity needs. CAMHS and Young Somerset are working together to develop a 'Getting Help Team' (name of service is currently being discussed by CAMHS Young People Participation Group). The team is set to go live in January 2021 and will be for those CYP whose needs are too complex to be seen by Young Somerset, but do not meet the criteria for CAMHS
- Overall, CAMHS/Young Somerset Wellbeing Service (CYP-IAPT) has a high acceptance rate of approximately 95%. The CAMHS service sees CYP that require a higher level of intervention with a defined mental health presentation and there are CYP with array of multi-faceted needs that are too complex for a low level intervention but are not appropriate for specialist CAMHS. A strategic system group convened to look at Somerset's gap in service provision and the prevailing needs; a combination of Children's and Mental Health commissioning, Local Authority, GPs and Providers
- Requests for Support are steadily increasing for the Mental Health Support Teams (MHSTs). Educational Mental Health Practitioners for the third and fourth teams have a start date of Monday 2nd November. The model (supporting a 'whole school approach') is currently in development with the system working through this to provide extra resource and to meet the needs of our CYP in Somerset
- There have been a number of technical issues around submitting data to the Mental Health Minimum Data Set (MHSDS) from the Wellbeing Service and Mental Health Support Teams via Young Somerset. However, with the support from the Information Governance Team at Somerset CCG, a process has now been put in place and the data will be submitted via MHSDS imminently.

Community Mental Health Services:

- The Community Mental Health Services transformation programmes; a collaboration between Somerset Foundation Trust and a range of VCSE partners, is operating under 'Open Mental Health'. Referrals into the service (April to August) total 1,314, with 2,498 interventions (as some service users will engage with multiple services under the collaborative model). Over 95% of people accessing the service are seen within 4 weeks. We are currently working on streamlining the dataset across the range of providers, including a consistent suite of outcomes metrics.

Mindline 24/7 Crisis Line:

- Mindline Somerset is commissioned by Somerset County Council (Public Health) for the Covid-19 response, the 24/7 service offers additional support from other Mental Health services provided by Mind. In Somerset services in collaboration with alliance partners have been in place since the beginning of the Covid-19 pandemic lockdown (week beginning 23 March) and is available to callers of all ages. Since launching the 24/7 service in late March the line has in total received 17,763 calls to week ending 29 November
- The Mindline 24/7 crisis line offers a supported conversation to callers and has increased access to availability of Mental Health Services within Somerset; the services include Mindline Enhanced, Somerset IAPT and Community Mental Health Teams, depending on the level of need
- Callers are presenting with an increasing range of issues and high levels of anxiety, depression, distress, isolation, family, physical health issues, service issues and concerns around Covid-19 are being seen, the main purpose of a call is the provision of emotional support, and the service is able to access other NHS or VCSE provided support for callers as appropriate
- Since 23 March there have been 1,483 calls from Children and Young People (aged 18 and under) and their families to week ending 29 November. Callers requiring non-urgent or wellbeing support are referred to the Young Somerset Wellbeing Service, those callers with an urgent MH issue are transferred to CAMHS Single Point of Access, Enhanced Outreach Team or 7 day Out of Hours.

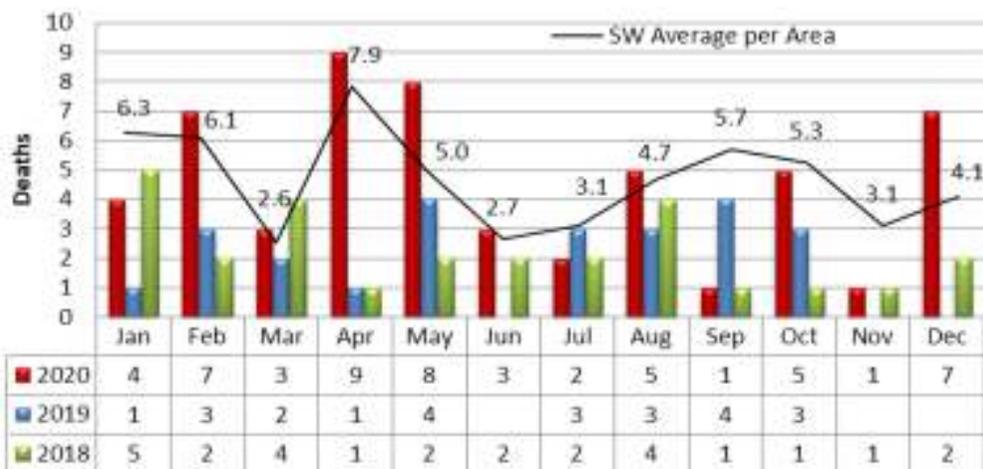
Demand and Capacity Modelling:

- As part of our planning for potential long-term implications of Covid-19, we have been undertaking demand and capacity modelling with a bespoke tool being developed by South Central West Commissioning Support Unit. This is intended to take into account the whole MH ecosystem, covering urgent activity, VCSE activity and social care alongside traditional mental health services. The first phase of modelling is broadly complete and the next phase is underway.

LeDeR as at 8 January 2020

Learning Disability Mortality Reviews (LeDeR)

Somerset Learning Disability Deaths (LeDeR)



Achievement against 31 December 2020 target (notifications up to 30 June 2020):

LAC/QA Process	13	Completed in 2020	18
Multi-Agency Review	4	Moved out of Scope	3
Assigned to Reviewer	20	Assigned Reviews on hold or delayed for specific reasons	16
To be allocated	0		
Total Cases Open	37/58		

Measures in place for January-February 2021 to complete remaining reviews including QA Panels, recruitment processes, SCWCSU and NECS support.

LeDeR Reviews in Progress (8 Jan 2021)



LeDeR Learning into Action

Key learning from LeDeR Reviews and improvement actions taken:

Improve uptake and quality of Annual Health Checks (AHCs)

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

Earlier recognition of swallowing problems/dysphagia and reduce occurrences of aspiration pneumonia (18% of deaths in Somerset)

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

Earlier recognition of deterioration and treatment escalation

- National Early Warning Score (NEWS2) information cascaded across the system and well received. Included as part of Care Home RESTORE2* mini project community to acute pathway development project. (*RESTORE2 is a physical deterioration and escalation tool for care/nursing homes based on nationally recognised methodologies)
- Working with Somerset FT to support GP Practices identifying those most vulnerable to give additional focussed support to people with LD during the winter and pandemic period. Includes communication of information and resources, SPA (Single Point of Access) referral form and AHCs.

Transforming Care

Inpatients: On trajectory to meet targets based on planned discharges and rates of admissions in previous years.

	Q1 20/21	Q2 20/21	Q3 20/21	Target March 2021
Adults, non secure (CCG)	5	3	4	3
Adults, secure (NHSE)	6	7	6	8
C&YP (NHSE)	0	0	1	2

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

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

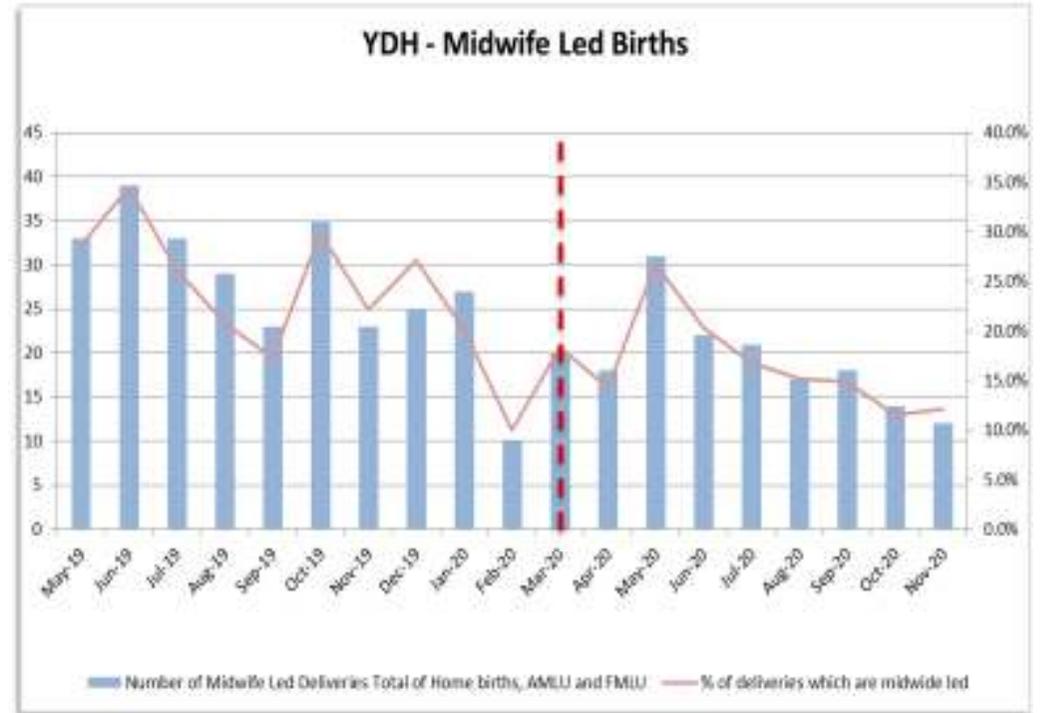
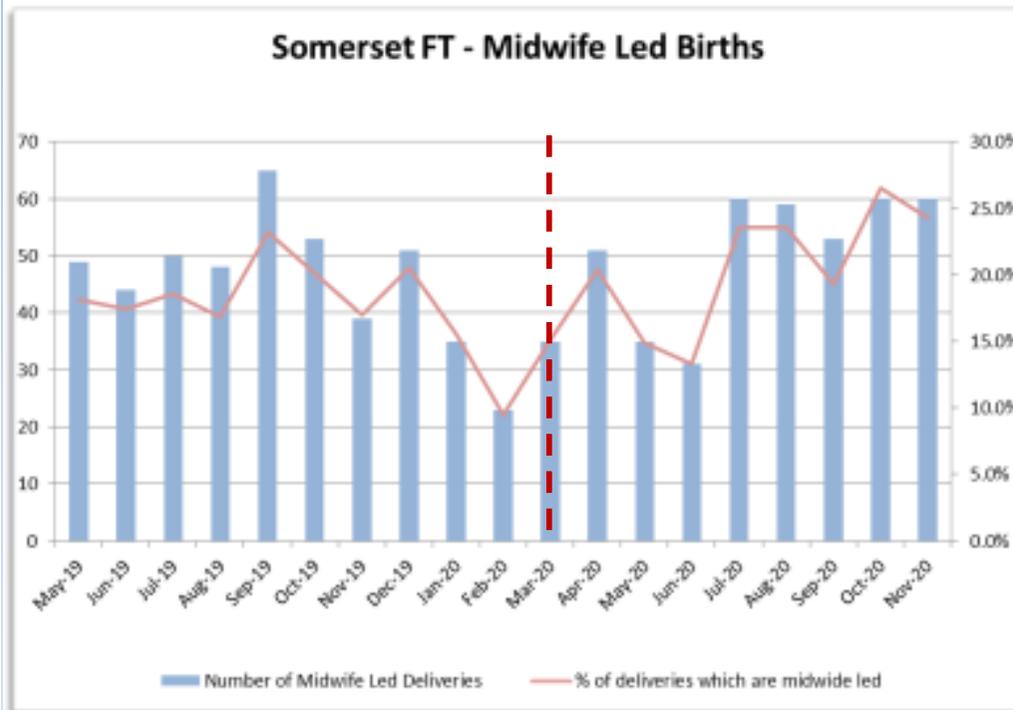
Local review of services:

The 'Independent Strategic systemic review of learning disabilities and autism for people aged 14 + in Somerset' was completed at the end of June (draft). A learning disability and autism programme (LDAP) working group tasked with taking forward the report's recommendations continues on a monthly basis. The first system-wide LDAP partnership board is scheduled for 29 January.

Autistic Spectrum Condition (ASC):

Both the recent Ofsted/CQC local area inspection and the local review found areas where improvements in services for people with ASC are required. These include diagnosis, pre-diagnostic and post diagnostic support and services. The written statement of action includes plans for improvement in this area and this is also a priority to be addressed via the working group mentioned above. 240k funding has been received from NHSE to help support improvements in this area including: training in education settings, diagnostic capacity and post-diagnostic support and transition.

Maternity



- During the Covid-19 period (March to November there have been 3,238 women that have delivered babies, 2,201 at Somerset FT and 1,037 at YDH FT.
- Emphasis on the increase of Midwife Led deliveries (goal $\geq 15\%$); Somerset performance for the Local Maternity System (LMS) is 20.8% for November, a 2.8% increase compared to the last reporting period (September). Compared to September Somerset FT seen a 5.0% increase from 19.3% in September to 24.3% in November. YDH FT seen a decrease of 2.8% from 14.9% in September to 12.1% in November.
- Somerset Maternity Voices Partnership (MVP) continue to support women during the pandemic, responding to concerns and raising queries with the maternity team. Access for partners has been a key theme and the MVP has been working closely with the trust to ensure that this has been facilitated wherever possible whilst balancing the need for safety.
- Actions to support maternity services:
 - A range of digital resources have been sourced to support Somerset women. This includes the award winning 'Mum & Baby' app, a maternity toolkit and a number of animations. All give support, advice and signposting and the app includes personalised care plans and opportunities for reflection. Formal launch for the digital resources in November using the Mycare logo – 'Somerset Better Births'
 - Funding has been agreed to support the full implementation of the National Bereavement Care Pathway across the LMS, to link with an enhanced perinatal mental health support offer.
 - A new role has been created for a Public Health Midwife, to work closely with maternity teams and our colleagues in Public Health supporting women to have a healthy pregnancy, including smoking cessation and healthy weight through pregnancy
 - Seven community hubs are now in use, including the newly refurbished Bracken Birth Centre. These hubs are staffed by small teams of midwives, allowing more Somerset women to receive Continuity of Carer during their pregnancy journey. These maternity hubs will include Health Visitors, and the opportunity exists to invite others to attend to work alongside midwifery teams, such as breast feeding supporters, smoking cessation advisors and more.