

# Integrated Board Assurance Report

## Reporting to November 2022

Description	Provider/Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Quality															
CQC Rating	SFT	-	Good												
	YDH	-	Requires Improvement												
Patient experience of GP services	Somerset ICB	-	Current 2022 Survey 76% GOOD												
% Absence rate YDH and SFT	YDH	≤3.5%	3.86%	3.78%	3.93%	4.12%	3.55%	4.50%	4.50%	4.60%	4.76%	4.72%	4.72%	4.72%	Data Awaited
	SFT	≤4%	4.89%	5.00%	5.10%	5.30%	5.50%	5.70%	5.80%	5.90%	6.00%	6.00%	6.00%	5.90%	5.90%
% of all staff completed all mandatory training	YDH	≥85%	86.12%	85.98%	86.55%	89.48%	88.69%	87.25%	88.01%	87.20%	86.33%	87.04%	86.81%	87.65%	86.77%
	SFT	≥90%	91.90%	92.02%	92.00%	91.84%	92.12%	92.00%	92.40%	92.50%	92.40%	93.00%	92.90%	92.30%	92.10%
Rate of slips, trips and falls (irrespective of grade) per 1000 beds	YDH	0	7.22	8.86	8.48	7.96	9.42	9.20	6.95	5.17	6.10	7.59	6.63	6.09	7.00
	SFT	0	9.04	8.92	8.64	7.45	9.63	8.61	6.39	7.43	7.71	7.96	7.32	7.55	5.50
% of adult inpatients reported as having had nutrition screening using a validated tool	YDH	≥90%	48.00%	49.20%	56.00%	62.80%	57.00%	58.00%	70.00%	65.00%	57.00%	60.70%	54.00%	47.00%	55.20%
	SFT-Acute		90.94%	86.44%	83.95%	90.59%	85.14%	90.06%	85.34%	83.24%	79.12%	80.70%	80.10%	80.06%	78.55%
	SFT-Community		89.16%	86.75%	87.58%	87.77%	81.40%	84.83%	85.33%	86.36%	86.61%	89.61%	82.86%	88.97%	84.06%
Number of hospital acquired pressure ulcers (category 2 and above) per 1000 bed days	YDH	0	1.09	1.10	1.31	1.33	1.05	0.82	1.07	0.75	0.87	0.87	0.83	0.42	0.87
	SFT -Acute		0.22	0.48	0.63	0.51	0.56	0.37	0.78	0.21	1.03	0.82	0.79	0.65	Awaiting data
	SFT -Community		0.71	1.02	0.49	1.35	1.27	0.82	0.64	1.05	0.52	0.51	1.28	0.62	Awaiting data
	SFT -District nursing		1.13	1.24	1.39	1.10	1.20	1.42	1.91	0.92	1.36	1.49	1.67	1.73	Awaiting data
	SFT -Mental Health		0.00	0.28	0.00	0.00	0.00	0.29	0.00	0.28	0.00	0.00	0.00	0.00	Awaiting data

Description	Provider/Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Klebsiella - Overall	Somerset ICB	≤23	10	17	10	10	11	13	10	11	11	15	17	10	18
Pseudomonas Aeruginosa - Overall	Somerset ICB	≤12	5	2	2	6	4	2	3	5	2	5	5	6	2
MRSA - Overall	Somerset ICB	0	1	2	1	0	2	0	0	0	1	0	1	2	0
C Diff - Somerset Overall	Somerset ICB	≤41	8	18	13	10	9	14	10	6	12	20	12	10	8
E Coli - Somerset Overall	Somerset ICB	≤73	29	39	39	36	35	36	47	39	54	43	49	42	39
% of adult patients having a VTE assessment within 24 hours of admission	YDH		95.70%	94.84%	95.24%	95.06%	94.62%	96.60%	95.53%	94.33%	94.87%	95.65%	94.25%	93.55%	94.02%
	SFT - Acute	≥95%	91.61%	93.09%	91.73%	86.38%	90.41%	88.37%	88.68%	93.17%	92.94%	92.09%	92.62%	93.89%	93.61%
	SFT - Community		97.24%	98.97%	97.09%	98.88%	97.44%	99.44%	98.77%	68.50%	97.90%	97.16%	98.03%	95.65%	98.87%
CHC 28 Day Quality Premium		≥80%	88.10%	82.10%	70.30%	89.40%	77.40%	86.20%	87.10%	97.10%	85.71%	91.66%	93.75%	94.12%	96.88%
CHC - Fast Track Referrals completed within 48 hours New measure from April 2022	Somerset ICB	N/A	-	-	-	-	-	82%	91%	85%	83%	86%	74%	72%	92%
CHC - Number of Fast Track Discounted Referrals		N/A	17	49	27	28	41	30	32	26	28	32	27	36	19
CLA - Percentage of children who received an Initial Health Assessments within 20 working days	Somerset ICB	≥90%	58.3%	76.5%	66.7%	66.7%	86.67%	93.33%	92.31%	64.00%	43.33%	25.81%	26.67%	20.83%	22.22%
CLA - Percentage of children Looked After for more than one year that have had their dental checks			59.21%	59.95%	69.54%	65.14%	63.83%	59.47%	58.18%	54.92%	58.85%	57.62%	58.85%	58.27%	60.37%
CLA - Percentage of children aged 4 plus who have been Looked After for more than one year that had an SDQ score recorded			83.13%	86.15%	84.26%	85.49%	85.45%	83.94%	82.63%	81.63%	79.76%	77.40%	79.17%	79.53%	83.24%
Total number of Serious Incidents	SFT - Phys	-	3	1	1	1	0	3	2	2	1	5	1	0	3
	SFT - Mental He	-	1	0	0	0	3	1	1	1	2	1	2	0	1
	YDH	-	1	1	0	0	1	0	0	2	1	0	1	0	1
Number of Never Events (of the total of Serious Incidents)	SFT - Phys	-	0	0	0	0	0	1	1	0	0	0	0	0	2
	SFT - Mental He	-	0	0	0	0	0	0	0	0	0	0	0	0	0
	YDH	-	0	0	0	0	0	0	0	0	1	0	0	0	0
Total number of Complaints received	SFT	-	38	24	28	0	0	31	40	44	47	49	47	32	Data Awaited
	YDH	-	5	4	2	3	8	1	7	5	10	7	6	11	6
Total number of PALS contacts	SFT	-	231	238	239	231	223	245	210	219	184	187	185	175	Data Awaited
	YDH	-	48	39	42	33	49	33	32	30	32	33	38	36	32
Mortality - HSMR (rolling 12 months, data source: HED)	SFT		118.0	120.8	121.1	122.9	124.8	128.1	129.4	131.5	133.3	135.5	133.4	132.3	Awaiting data
	YDH		92.0	92.3	92.0	93.7	96.1	95.8	95.5	95.1	93.6	93.0	92.5	90.6	Awaiting data
Mortality - SHMI (rolling 1-month, data source: HED)	SFT	<100	89.7	108.2	118.1	103.9	113.9	117.2	114.0	107.3	117.8	102.1	101.4	Awaiting data	Awaiting data
	YDH		85.1	106.4	90.7	113.6	97.5	86.4	105.4	79.4	87.5	91.6	77.0	Awaiting data	Awaiting data

# Quality Reporting – Infection Prevention Control

## Performance

- E Coli/UTI – Somerset has 5<sup>th</sup> highest rate in England and the highest across the Southwest
- MRSA – Somerset has the 2<sup>nd</sup> highest rate across the South West
- C Diff – Somerset is a national and regional outlier for C diff Infection rates.

## Actions

### E Coli/UTI

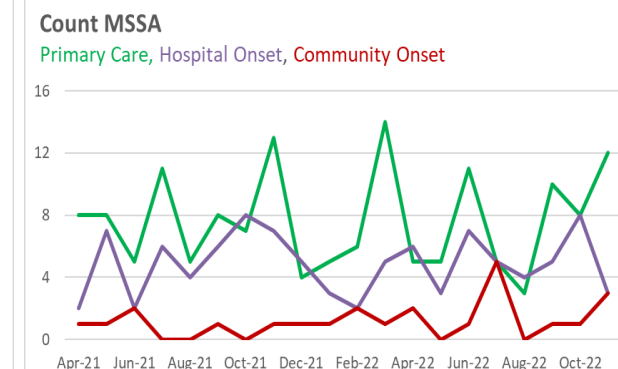
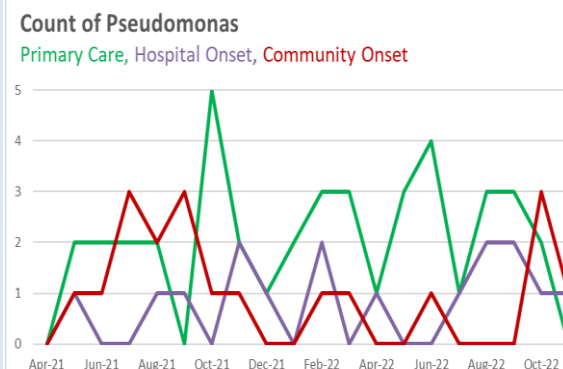
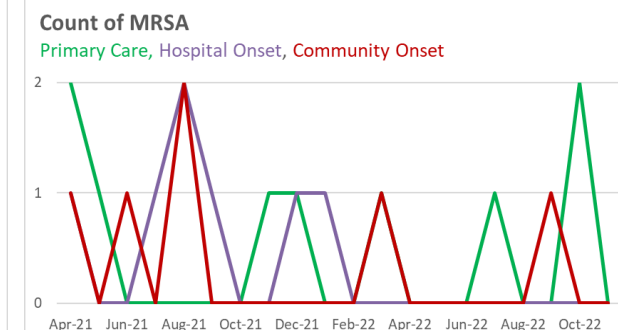
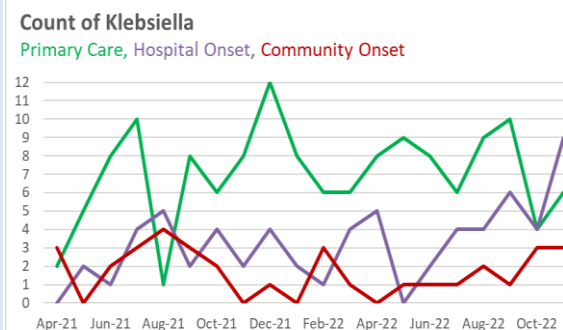
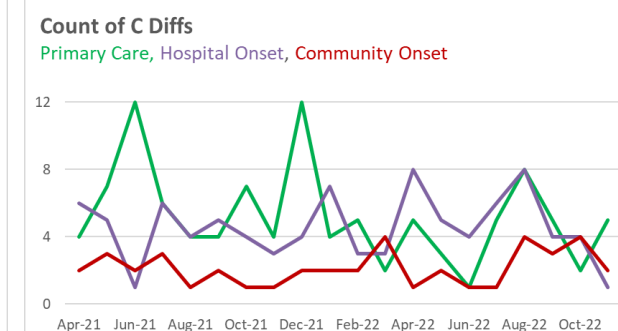
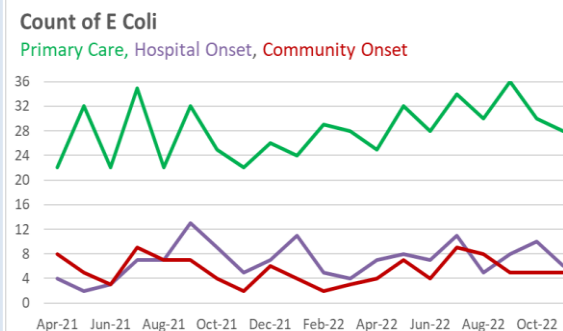
- Leading with South West Leadership Academy to support whole system quality improvement projects
- Three stakeholder workshops to articulate the problem and generate ideas
- Conference planned Spring '23
- Quality improvement projects such as hydration smart technology mugs. Poster development for Somerset population and UTI screening pathways.

### MRSA

- PIR's have identified the most "At risk group" are related to IVDU's
- Table top discussion with system wide workers which has identified several actions and quality improvement suggestions to be discussed at the next workshop.

### C Diff

- IPC C diff collaborative across the Somerset system reviewed the PIR process to focus on quality improvement instead of investigation.
- Aligning the PIR process with PSIRF
- Identified workstreams focusing on quality improvement



# Quality Reporting – Pressure Ulcers, Falls and Nutritional Screening

## Performance

### Pressure Ulcers:

**Somerset FT:** Pressure care has been improving since July to October (latest data available). A total of 13 cases were recorded (acute setting), the lowest since June. Performance is impacted by staff shortages and dependency on agency staff. Reduced knowledge/skills in skin integrity management, increased acuity of patients, high demand for use of escalation beds across inpatient areas.

**YDH FT:** Rates of Pressure Ulcers have been static apart from October when the rate has almost halved and in November it has returned to the higher rate, similar to the summer period. The steady performance is driven by better documentation, assessment, training, revalidation of pressure ulcer category. The Tissue Viability Team and the Pressure Ulcer Steering Group assists with the work being undertaken across both Trusts. Improvement work being undertaken including ensuring the policy is aligned with SFT, introduction of Waterlow which is being trialled on wards. One ward has seen a reduction in the number of PU's however further work is underway.

### Falls

**Somerset FT:** The rate of falls have decreased significantly and in November it is the lowest in the last 20 months  
**YDH FT:** Falls rate has been increasing overall since June. Noted that the harm from falls remains 'no harm'.

### Nutritional Screening

**Somerset FT -** Nutritional screening assessments have been static since July and has not been achieving the 90% standard in the acute setting, it has also declined in the community settings.

**YDH FT -** Nutritional screening remains below the 90% standard, and has been deteriorating since May from 70% to 55% in November. Acknowledged within the team and improvement work is underway.

## Actions

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

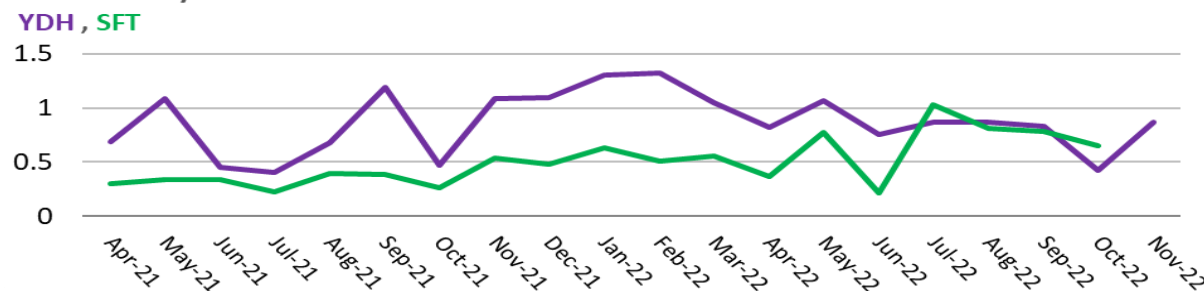
The Pressure Ulcer Network Group is collaborating on a piece of work to develop training to support education and prevention in care homes and community settings. Clinical /patient facing staff prioritise Pressure Ulcer Prevention and Management eLearning. Addition education provision requires increased tissue viability nursing resources – a business case in under development.

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

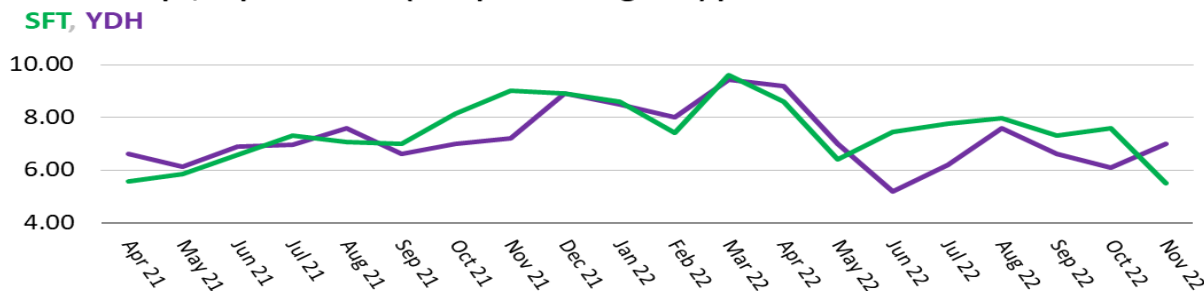
**Falls:** The trusts are reviewing fall rates on a regular basis and there is a programme of work in place focussing on improving this. Urgent Care falls improvement work also continues through the Aging Well Programme. A Strategic Falls Network is being re-established to bring key stakeholders together to collaborate on further improvement work.

**Nutritional Screening:** The Nutrition and Hydration groups are being integrated across both organisations, with a focus on improvements and training.

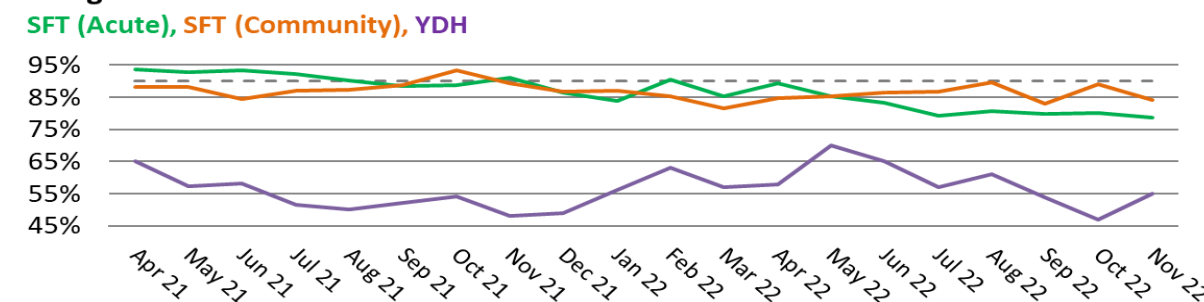
Number of hospital acquired pressure ulcers (category 2 and above) per 1000 bed days



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



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



# Quality Reporting – Workforce and Mandatory Training

## Performance

### Workforce

- Sickness and absence levels at Somerset FT is static at around 6% in the last 5 months on a rolling 12 month basis, however the monthly rate of sickness has reduced from 6.6% in July to 5.5% in November and has been above the national average since February 2022.
- YDH FT's sickness rate has been static since July and below the national average, however above their internally set threshold of 3.5%

### Mandatory Training

- **Somerset FT** – In November 92.1% of staff completed their mandatory training against the 90% national target. This is due to a review of the training needs and a change in delivery of the training.
- **YDH FT** - Mandatory training continues to be over the 85% target (agreed by CQC), and remains around 86-88%. The Trust is working to improve this where possible, but clinical demand remains a challenge against completing mandatory training.
- Failure to attend rates remain high for most face-to-face courses, this pressures the training teams to try to resource to address a backlog and also compensate.

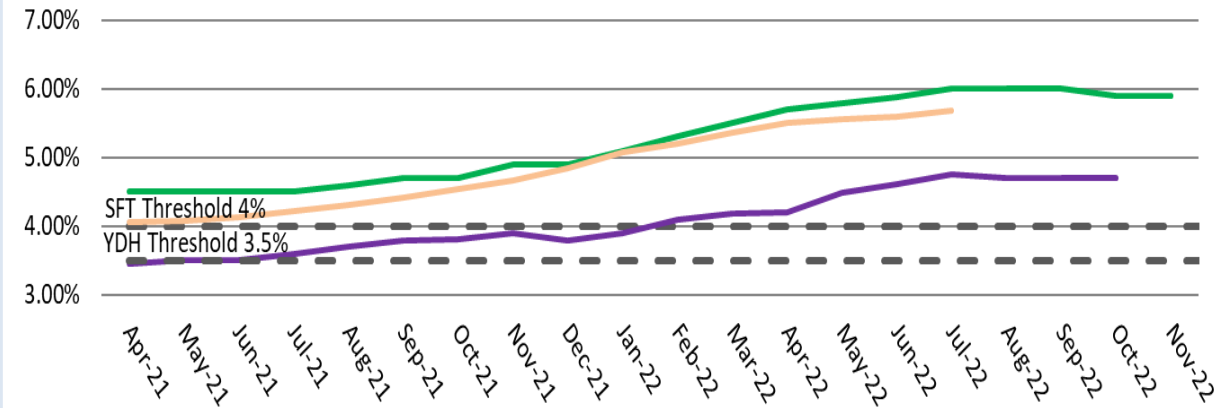
## Actions

### Focus of improvement work

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

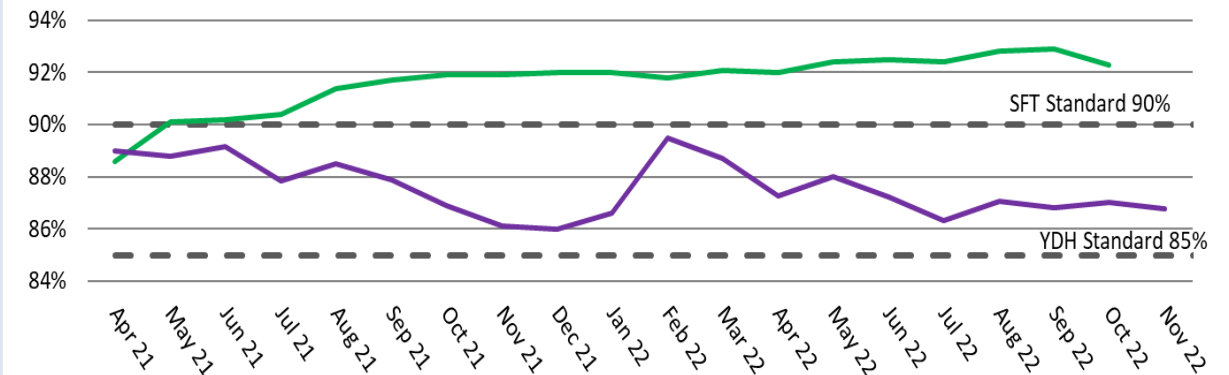
Percentage Staff Absence Rate 12 month rolling period

SFT, YDH, National average



Percentage of all staff who have completed all mandatory training

SFT, YDH





# Quality Reporting – Children Looked After (CLA)

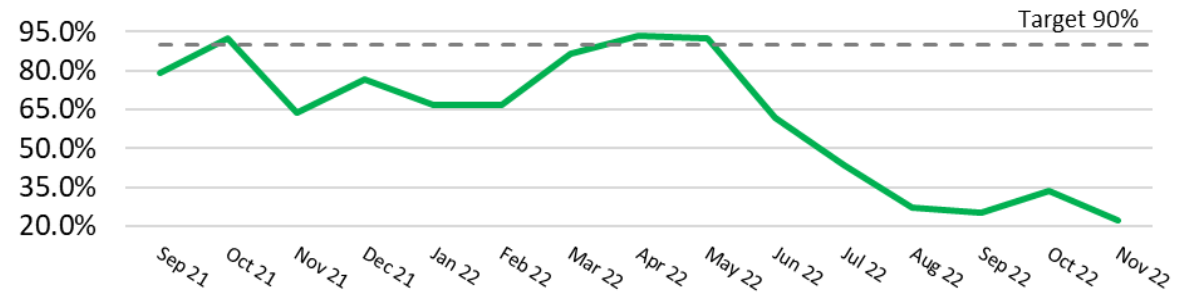
## Performance

- Initial Health Assessment performance has struggled to recover from the high numbers of children who became looked after in the summer. The backlog has been exacerbated by a higher than usual number of assessments being cancelled at short notice or declined. Similarly performance has been impacted by out of area providers failing to provide assessments within statutory timeframes. Escalation work to resolve these issues is ongoing. The ICB has commissioned 10 additional health assessments to help ease the pressure on this service
- There has been a very small improvement in the number dental assessment completed. There have been several successful escalation to NHS E South West in this period resulting in ;children and young people accessing dental assessments and treatment. A new team has taken over the Dental Reform Programme at NHS E SW but Somerset has not yet seen any improvements as a result of this change.

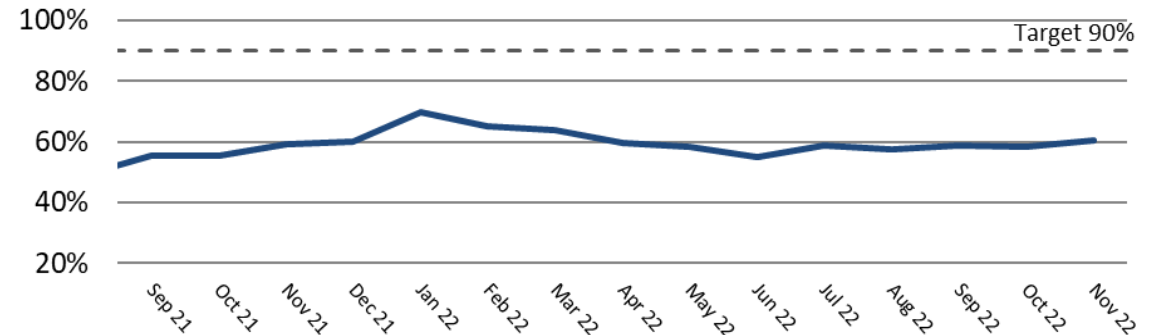
## Actions

- IHAs: 10 additional appointments commissioned in December 2022 to help manage backlog. Designates meeting with Local Authority Deputy Directors in January to discuss ongoing quality issues. IHA pathway currently being updated to ensure needs of UASC are adequately provided for and non attenders are correctly manager
- Dental: still awaiting ICB level dental access pathway from NHS E SW dental commissioners. Currently planned to be available by end of January 2023. In the interim cases of poor dental access continue to be escalated to Dental Commissioners for resolution

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



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



# Continuing Healthcare

## Performance

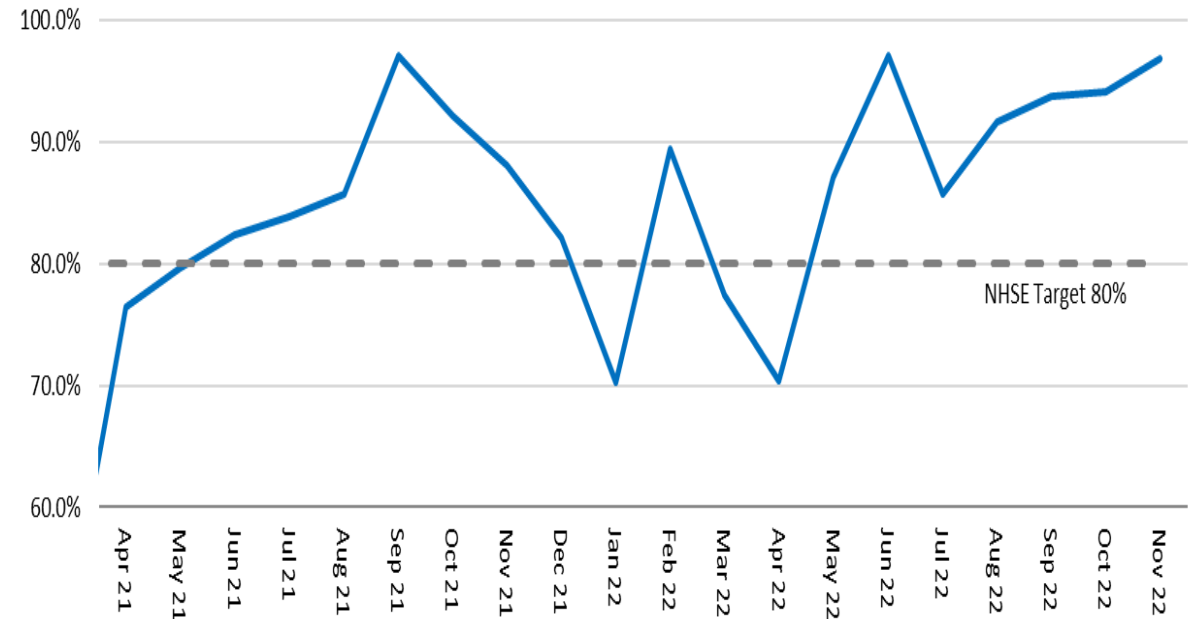
- **Background:** The focus of NHS England's CHC Assurance during 2021/22 will be on the system recovery and recovering performance on the following standards/KPIs:
  - 28 Day Standard - =>80% of Referrals are concluded within 28 Days;
  - 28 Day Backlog – Ensuring there are no referrals breaching 28 days by more than 12 weeks
- **28 Day Standard:** Monthly performance attainment for November 2022 was recorded at 96.9%, above the National NHSE Target of 80%.
- **28 Day Backlog:** Monthly performance attainment since August 2021 has been recorded at no referrals exceeding 28 days by more than 12 weeks.
- **Background (Fast Track) :** This is an internal performance assurance metric, which was introduced as a result the CHC Service recommencing on the 01 September 2021, following the service being deferred due to COVID-19.
- **% of Fast Track Referrals Ratified within 48 Hours:** Monthly performance attainment for November 2022 was recorded at 92%.

## CHC Updates

- Successfully achieving the required performance attainment for Q2 2022/23 for both NHSE CHC KPIs (28 Day Standard & CHC Backlog KPIs).
- Successful implementation and data submission of the NHS E CHC 'Patient Level Data Set' (PLDS).
- Successfully applying the national FNC Fees uplift for 2022/23 as well as administering the retrospective FNC Fees uplift and backdated payments for 2021/22 for all eligible Nursing Homes.

## Number of referrals concluded within 28 days

Somerset System





# System Resilience (System Control Centre)

## Performance

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

# Somerset Integrated Urgent Care – NHS 111

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Average speed to answer calls (seconds) (KPI 2)	Meddcare Somerset	≤20 seconds	228.7	350.0	288.4	208.0	368.5	383.5	371.9	548.6	781.9	805.6	386.6	402.4	347.9
Proportion of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes (KPI 5a)		≥90%	59.7%	70.6%	64.2%	57.8%	60.8%	59.8%	61.5%	60.2%	55.0%	67.0%	76.2%	69.1%	74.1%
Proportion of callers who needed to speak to a clinician or Clinical Advisor Over a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe (KPI 5b)		≥90%	-	-	-	-	-	42.9%	44.8%	47.2%	40.8%	62.1%	64.4%	68.8%	80.3%
Proportion of calls assessed by a clinician or clinical advisor (KPI 4)		≥50%	66.8%	68.3%	73.2%	70.5%	67.3%	71.0%	68.2%	66.4%	63.8%	67.7%	68.0%	73.1%	73.0%
Proportion of calls abandoned (KPI 1)		≤3%	15.4%	19.2%	17.6%	15.0%	20.2%	21.8%	21.0%	28.0%	32.2%	33.2%	20.6%	20.1%	17.5%
Number of calls received		NA	15,426	18,676	15,462	13,783	15,602	16,560	18,115	19,521	19,167	17,444	16,034	17,286	16,117
Proportion of callers given an appointment or booked time slot with any service (KPI 16)		NA	37%	40%	41%	37%	34%	36%	35%	35%	35%	30%	34%	44%	48%
Proportion of patients receiving a face-to-face consultation within their home residence within the specified timeframe (KPI 17)		≥95%	72.80%	66.32%	70.75%	68.72%	64.92%	71.22%	74.42%	74.87%	76.72%	73.37%	73.45%	71.03%	68.60%
Proportion of patients receiving a face-to-face consultation in an IUC Treatment Centre within the specified timeframe (KPI 18)		≥95%	92.10%	80.38%	91.21%	85.63%	84.82%	85.84%	82.05%	86.09%	86.36%	86.48%	85.16%	85.88%	85.40%

# Integrated Urgent Care Service: NHS 111 Calls

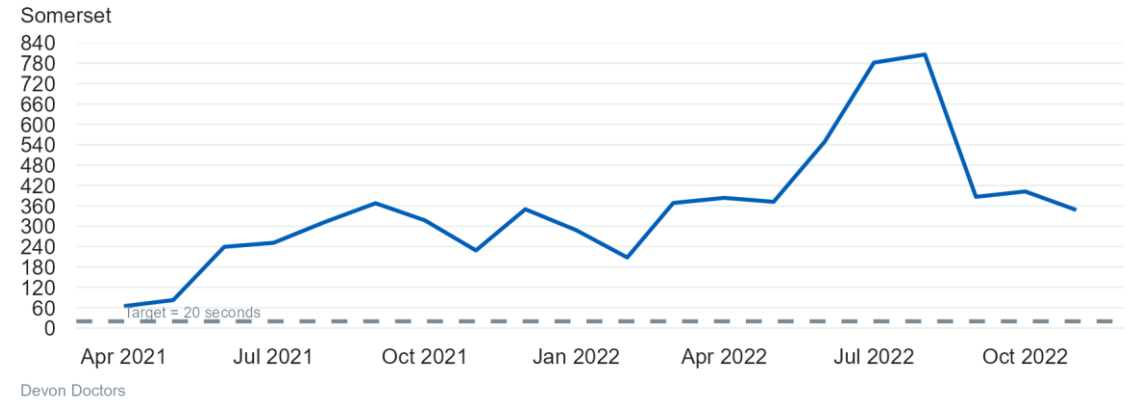
## Performance

- Practice Plus Group (PPG) reports that performance remains affected by continuing pressures within 111 across its network. The service is also under resourced on clinical advisors (an issue across all 111 providers), which then negatively impacts on call answering performance. This is due to call handlers being taken away from call answering at times when the clinical is high to undertake patient safety calls. This coupled with activations of national contingency across the NHS 111 network (all providers) results in higher average handling times and reduced call answering performance.
- PPG reports Somerset SLA (calls answered within 60 secs) was 43.7% for November 2022, a 3.2% increase on October 2022. Somerset abandonment rate was at 17.5% which is a decrease of 2.6% from October
- Somerset 'average speed to answer' at PPG was 348 seconds for November 2022, 40 seconds quicker than the national average.
- PPG notes 28 separate periods of National Contingency (mutual aid across 111 providers), totalling 282 hours in November 2022, a 188% increase on October 2022. Two of these were from PPG totalling 20 hours.
- The Health Advisor (non-clinical call handling) and Clinical Advisor capacity has improved; although was down on previous months with 56 new staff starting In November 2022 across the network. Attrition continues to show a cautious improvement.

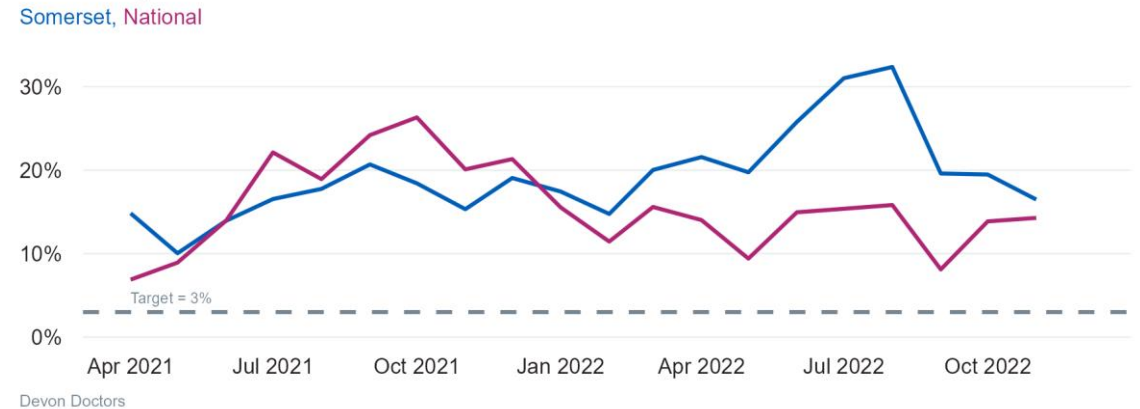
## Action

- PPG has arrangements in place for ongoing resiliency support from partner 111 organisations: this means for Somerset, a proportion of calls is taken by HUC.
- Meddcare, as IUC lead provider, and PPG have an agreed Remedial Action Plan with weekly updates provided to NHS Somerset. This plan focuses on a number of call answering and staff-related metrics to monitor a sustained 111 performance improvement against trajectory. This plan is designed to support Somerset 111 call answering in its entirety across both PPG and Meddcare, both of which have been seeing challenges in staffing and call answering performance.
- Both providers remain under trajectory for both non-clinical and clinical 111 staff, with PPG bolstering clinical staff through agency. Meddcare Somerset was unable to recruit the expected number of call handlers during October / November 2022, and anticipated improvement in their performance was not evident. Recruitment continues with 5 new Service Advisors starting 16 January 2022: an update is expected at the 25 January Monthly Contract Review Meeting.
- Since May 2022, Somerset 111 has seen a significant increase in dental calls following a change in how patients access a local urgent dental care triage helpline. NHS Somerset continues to facilitate discussions with NHSE to support a resolution to this. An NHSE-led meeting was expected to take place December 2022 and Somerset ICB will be following up on when that meeting is re-scheduled.

## Average time to answer calls (seconds)



## Percentage of calls abandoned



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

- Somerset 111 average: 303 seconds
- National average: 386 Seconds
- South West average: 217 seconds

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

- Somerset 111 average: 15.4%
- National average: 14.9%
- South West average: 10.9%

# Integrated Urgent Care Service: Clinical Staffing

## Performance

- Somerset Integrated Urgent Care Service (IUCS) has seen significant consistent improvement in rota fill since end of September 2022, particularly in relation to remote clinicians supporting triage and CAS clinical validation. This has had a positive impact on service provision with reduced number of treatment centres closures (due to lack of clinical resourcing) and improved overnight clinical cover. Rota fill for support staff (operational assistants and drivers) has also seen an improvement with reduced gaps in cover.
- Twice weekly meetings with Meddcare Somerset (trading name for Devon Doctors) provides assurance on rota fill alongside mitigations for covering any gaps.
- Provisional national data shows that triage performance remains consistent compared to previous months. In November 2022 for Somerset 73.7% of patients offered a call back by a clinician within 20 mins (immediately – KPI5a) compared to 40.4% nationally.

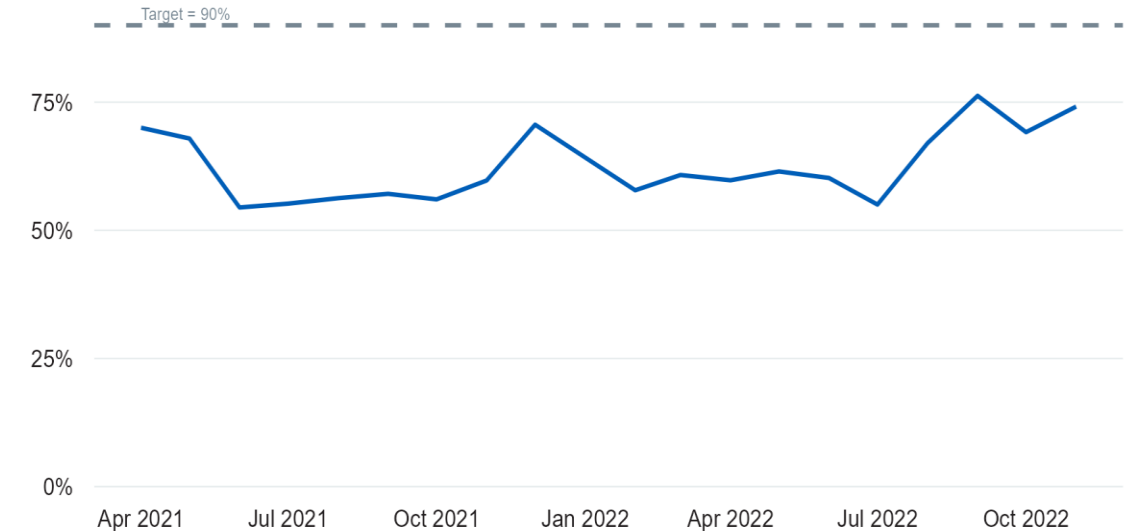
## Action

- As noted overleaf, a performance improvement plan is agreed with the service providers, the metrics and improvement trajectories include recruitment / attrition alongside staff unplanned absence. Meddcare Somerset continues with clinical resourcing and recruitment work for the other elements of Somerset IUCS
- KPI performance for both treatment centre and home visits has remained consistent with previous months though treatment centre activity has seen an increase. Meddcare Somerset will be undertaking some work (timescale to be confirmed due to the need to consolidate HUC and Meddcare Somerset data source due to the recent organisation changes). This is something that continues to be monitored through the Monthly Contract Review Meeting Process: next meeting 25 January 2022.
- Despite this, the number of cases handed back into in-hours primary care each weekday morning has decreased significantly, in line with improved rota fill. This indicates the service is dealing with more of its out of hours patient, thereby reducing pressure on in-hours services.

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

Somerset

100%



Devon Doctors

### KPI5a - How do we compare (November 2022)

- National average is 40.4%
- South West average 55.5%
- Somerset Average: 73.7%

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

## Performance

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

- 68.6% of patients received a face-to-face consultation at their home residence within the specified timeframe against the 95% target.

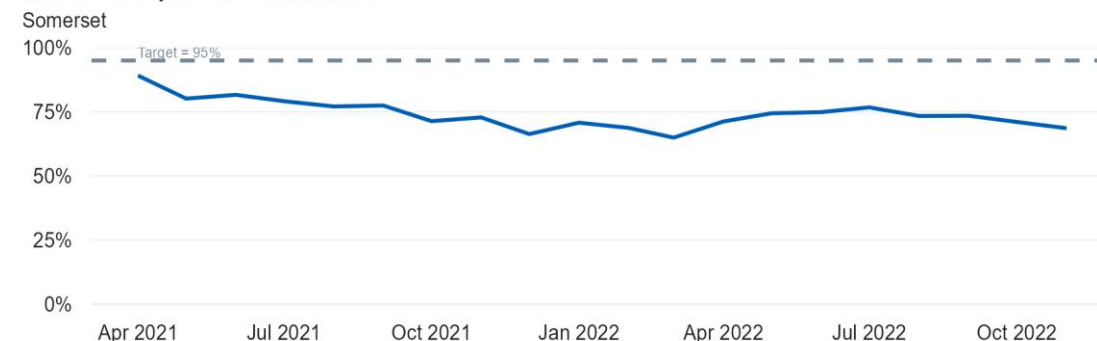
### Proportion of patients receiving a face-to-face consultation in a Treatment Centre within the specified timeframe (KPI 18)

- 85.4% of patients received a face-to-face consultation in an IUC Treatment Centre within the specified timeframe against the 95% target.

## Action

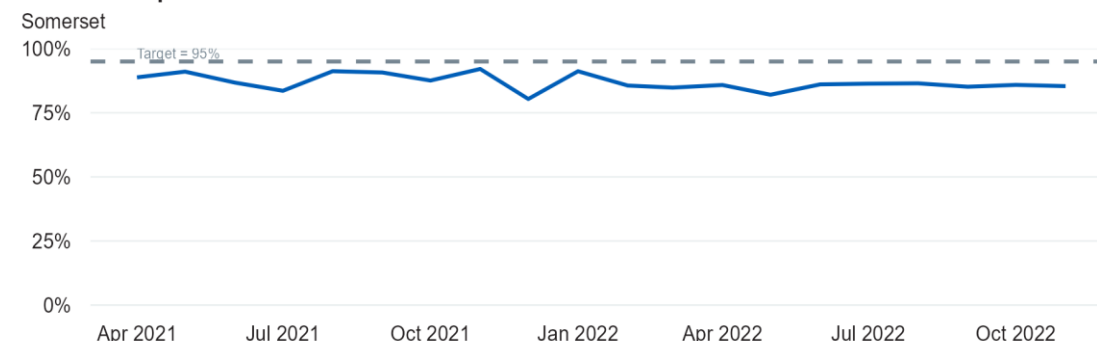
- As noted earlier, a performance improvement plan is agreed with the service providers, the metrics and improvement trajectories of which includes recruitment / attrition alongside staff behaviour (planned vs unplanned absence). Meddcare Somerset continues with clinical resourcing and recruitment work for the other elements of Somerset IUCS.
- KPI performance for both treatment centre and home visits has remained consistent with previous months though treatment centre activity has seen an increase. Meddcare Somerset will be undertaking some work (timescale to be confirmed due to the need to consolidate HUC and Meddcare Somerset data source due to the recent organisation changes). This is something that continues to be monitored through the Monthly Contract Review Meeting Process: next meeting 25 January 2022.
- Despite this, the number of cases handed back into in-hours primary care each weekday morning has decreased significantly, in line with improved rota fill. This indicates the service is dealing with more of its out of hours patient, thereby reducing pressure on in-hours services.

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



Devon Doctors

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



Devon Doctors

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

- National average: 68.6%
- South West average: 84.8%
- Somerset Average: 68.6%

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

- National average: 75.5%
- South West average: 86.3%
- Somerset Average: 85.4%

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Ambulance mean response times CAT 1 (Mins)	Somerset ICB	≤7	11.90	12.20	10.90	12.50	14.10	12.50	11.80	12.30	12.40	11.60	12.00	12.40	11.80
Ambulance mean response times CAT 190th Centile (Mins)		≤15	21.90	22.30	19.80	22.90	25.10	23.50	21.90	22.80	21.90	20.70	21.70	22.40	21.90
Ambulance mean response times CAT 2 (Mins)		≤18	66.30	56.10	41.20	51.10	81.10	53.30	46.90	50.60	55.80	40.90	50.60	56.90	50.60
Ambulance mean response times CAT 2 90th Centile (Mins)		≤40	137.60	119.10	87.00	106.70	172.60	107.50	97.70	107.70	116.70	81.90	103.20	118.20	107.00
% Ambulance Handovers over 15 minutes	Somerset ICB	≤35%	43.5%	41.7%	44.7%	41.4%	56.5%	45.5%	46.5%	48.1%	50.0%	55.7%	55.5%	65.7%	55.9%
	SFT (Trust-wide)		41.9%	38.6%	42.9%	40.3%	58.0%	48.7%	44.5%	51.5%	51.3%	60.6%	56.0%	66.7%	52.7%
	YDH (Trust-wide)		35.0%	33.9%	34.9%	29.6%	42.0%	39.7%	37.4%	42.0%	47.6%	46.4%	54.6%	63.8%	61.7%
% Ambulance Handovers over 30 minutes	Somerset ICB	≤5%	14.75%	14.30%	15.86%	14.26%	27.88%	18.79%	16.98%	19.18%	19.13%	26.15%	23.17%	37.24%	21.28%
	SFT (Trust-wide)		10.89%	9.65%	13.18%	10.57%	28.37%	22.78%	17.46%	23.09%	21.60%	33.54%	26.73%	42.85%	21.99%
	YDH (Trust-wide)		9.23%	8.69%	8.02%	8.40%	11.52%	11.55%	9.89%	11.94%	14.66%	12.01%	16.91%	27.24%	20.02%
% Ambulance Handovers over 60 minutes	Somerset ICB	0%	4.98%	4.15%	5.26%	4.71%	12.98%	8.39%	5.23%	7.31%	6.34%	11.28%	7.75%	17.89%	5.80%
	SFT (Trust-wide)		2.36%	0.91%	3.08%	2.18%	12.42%	12.46%	6.76%	9.88%	8.44%	16.27%	10.83%	23.13%	6.04%
	YDH (Trust-wide)		0.92%	0.94%	1.16%	1.04%	1.76%	0.98%	2.31%	2.56%	2.54%	1.75%	2.35%	8.55%	5.37%
Lost Hours > 15 Minutes	Somerset ICB	N/A	-	-	-	-	-	-	-	-	-	-	-	-	-
	SFT (Trust-wide)		211	173	264	191	643	651	416	587	489	921	694	1,245	401
	YDH (Trust-wide)		91	86	91	72	104	97	104	118	141	122	157	297	221



# Ambulance Mean Response Times: Categories 1 and 2

## Performance

- The ambulance response times' standard continue not to be met; the Category 1 mean response time in November 2022 was 11.8 minutes against the 7 minute standard and Category 2 was 50.6 minutes against the 18 minute standard. Ambulance Response Times performance in Somerset for Cat 1 during November 2022 was worse than the SWAST and National average. For Cat 2 response times Somerset's performance ( 50.6 min) saw an improvement on the overall SWAST position of 55.5 mins, and slightly above the national average of 48 min.
- Ambulance demand in Somerset has been variable over the past year. November 2022 demand was 7.15% above anticipated levels. Demand was also 1.39% below 2019/20 levels but 9.34% above 2020/21.
- There are a number of factors impacting upon Ambulance Response Time performance including staff sickness and covid related isolation and a strong relationship between ambulance handover delays which is significantly impacting upon available resources.

## Action

- SWAST's 2022/23 Trust plan includes 10 key programmes of work: optimal call handling, right clinical model, increased frontline resourcing, performance and safety management, system approach, infrastructure improvements, workforce improvements, risk management, strategic planning communication and engagement
- As part of the Commissioner/SWAST Monthly Contract meetings Somerset ICB and the other 6 systems are monitoring their Ambulance Response Times.
- From a Patient and Safety perspective Ambulance Response Times are being monitored through PALS, complaints, incidents and soft intelligence from other colleagues within the system e.g. Primary Care
- Ambulance Response Times for Somerset are also monitored through the A&E Delivery Board, Urgent Care Operational Group and the Quality Committee.

## Ambulance mean response times CAT 1 (Mins)

Somerset, England, SWAST



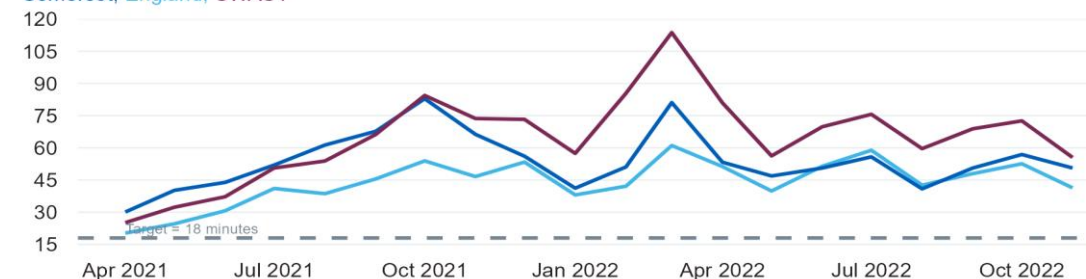
SWAST M032 and <https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/>

## How do we compare

**Somerset:** Mean – 11.8 minutes, 90<sup>th</sup> Percentile – 21.9 minutes  
**SWAST:** Mean – 10.11 minutes, 90<sup>th</sup> Percentile – 18.51 minutes  
**England:** Mean – 9.26 minutes, 90<sup>th</sup> Percentile – 16.51 minutes

## Ambulance mean response times CAT 2 (Mins)

Somerset, England, SWAST



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

## How do we compare

**Somerset:** Mean – 50.6 minutes, 90<sup>th</sup> Percentile – 107.0 minutes  
**SWAST:** Mean – 55.5 minutes, 90<sup>th</sup> Percentile – 120.7 minutes  
**England:** Mean – 48.08 minutes, 90<sup>th</sup> Percentile – 105 minutes

# Ambulance Handover Performance

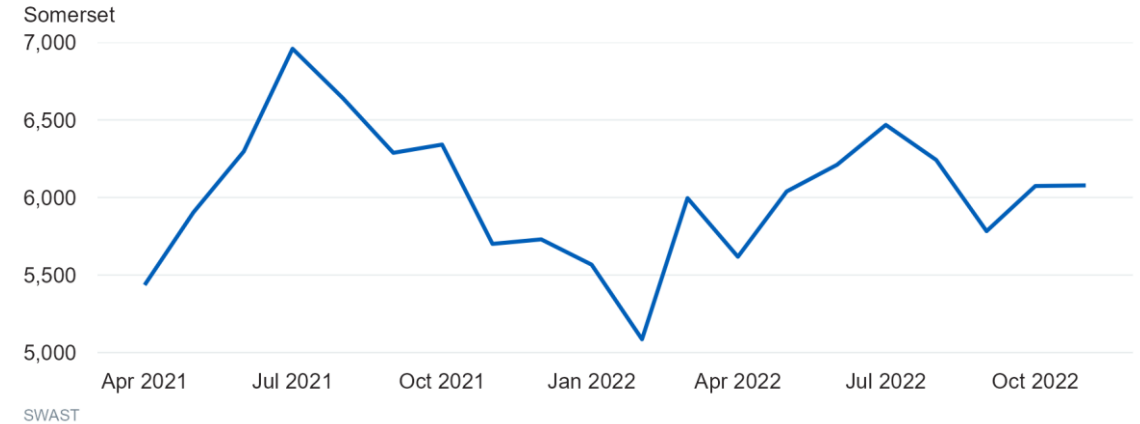
## Performance

- During November 2022, Ambulance arrivals to hospitals across the Somerset population have increased by 2.78% when compared to October 2022. At Somerset FT it had increased by 2.99% and at YDH FT it had increased by 2.39%.
- The proportion of ambulance arrivals not handed over to the care of the hospital within 30 minutes in November 2022 was 21.3% (763 patients) which is an improvement of 15.8% on the previous month. This is in comparison to 48.12% across the whole SWAST footprint.
- In November 2022 the number of lost hours was 621 in Somerset, an improvement of 893 hours compared to October 2022 and was 2.02% of SWAST overall lost hours of 30,806
- The top three areas in November 2022 of Handover Targets Under 15mins are Somerset (44.0%), Dorset 38.4%) and BSW (32.15%).

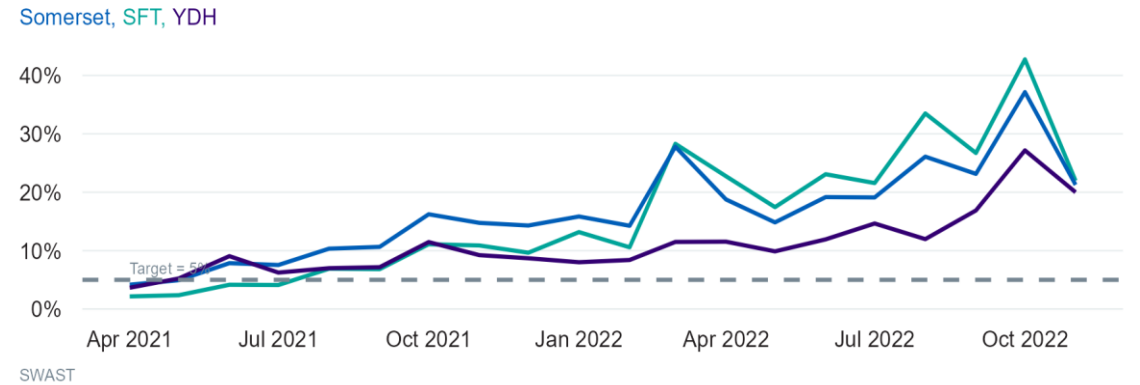
## Action

- SWAST are working with system partners to increase the focus on ambulance handover performance and to develop plans which significantly reduce handover delays. Focus of the plans are to maximise every opportunity to avoid patients attending A&E, and to ensure efficient and effective processes are in place when patients do attend
- Somerset has implemented a working group collaborating with SWASFT FT and both Somerset FT and YDH FT to look at an Ambulance Handover Trajectory Improvement Plan to achieve the National Standards. Proposed actions and schemes implemented to improve ambulance handover performance and in turn response times include:
  - Somerset Ambulance Doctor Car,
  - Category 3 and 4 calls validated within 111,
  - Rapid Assessment Triage, Hospital and Liaison Officer (HALO),
  - Acute Hospital Escalation Plans,
  - Virtual Wards,
  - Direct admissions to Emergency Assessment Unit and Direct SWAST admission to Same Day Emergency Care (SDEC)

## Total number of calls to SWAST



## Percentage of Ambulance Handovers over 30 minutes



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

**Somerset:** >30 Minutes – 21.3%, Lost Hours (>15 Minutes): 622

**SWAST:** >30 Minutes – 48.0%, Lost Hours (>15 Minutes): 30,806

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Number of A&E Attendance	Somerset ICB	N/A	22,463	21,344	20,998	20,376	23,544	22,390	24,569	24,338	24,944	23,585	23,921	24,358	24,314
	SFT		6,520	6,233	5,906	5,699	6,626	6,354	7,030	6,893	7,092	6,611	6,622	6,701	6,530
	YDH		4,952	4,578	4,846	4,585	5,247	5,012	5,511	5,617	5,826	5,513	5,677	6,024	5,737
4 hour performance	Somerset ICB	≥95%	66.06%	66.73%	67.10%	66.05%	59.02%	60.24%	62.68%	61.25%	58.13%	58.72%	57.68%	52.07%	57.22%
	SFT		55.98%	57.16%	57.96%	56.87%	49.43%	52.72%	50.47%	47.25%	47.90%	45.77%	48.43%	43.40%	53.98%
	YDH		86.01%	85.65%	85.12%	86.28%	77.68%	77.99%	84.52%	84.37%	77.98%	78.20%	72.17%	66.53%	69.17%
Number of 4 Hour Breaches	Somerset ICB		7,624	7,101	6,909	6,917	9,649	8,903	9,169	9,431	10,445	9,735	10,123	11,674	10,402
	SFT		2,870	2,670	2,483	2,458	3,351	3,004	3,482	3,636	3,695	3,585	3,415	3,793	3,005
	YDH		693	657	721	629	1,171	1,103	853	878	1,283	1,202	1,580	2,016	1,769
12 Hour trolley Breaches	Somerset ICB	0	43	27	118	85	179	179	56	44	66	177	64	178	33
	SFT		43	27	118	85	179	179	56	44	66	177	64	178	33
	YDH		0	0	0	0	0	0	0	0	0	0	0	0	0
% patients admitted from A&E	Somerset ICB	N/A	19.71%	20.97%	20.34%	18.20%	16.80%	17.41%	17.13%	16.27%	16.00%	17.48%	17.91%	16.39%	18.26%
	SFT		12.59%	13.32%	12.39%	10.60%	9.73%	9.63%	8.25%	7.00%	7.63%	8.96%	9.33%	8.01%	9.42%
	YDH		29.75%	31.56%	31.49%	28.35%	25.97%	25.60%	26.53%	26.70%	24.09%	25.25%	25.78%	23.14%	25.57%
Proportion of ED patients who turn up unheralded (self Presentation)	Somerset ICB	N/A	68.57%	66.55%	66.52%	68.49%	73.00%	72.78%	72.04%	71.76%	73.07%	71.23%	72.68%	73.39%	70.56%
	SFT		65.63%	62.95%	62.62%	65.11%	69.37%	69.40%	69.02%	68.47%	69.13%	66.53%	69.13%	69.01%	66.31%
	YDH		74.90%	73.97%	73.29%	75.43%	79.42%	78.62%	78.51%	78.92%	79.75%	79.44%	78.53%	80.48%	78.40%
Average LOS	Somerset ICB	N/A	7.1	6.6	7.0	7.1	6.7	7.4	7.2	7.1	7.2	7.2	6.7	7.0	7.8
	SFT		7.3	7.5	8.3	8.6	7.6	8.6	8.1	8.0	7.8	7.6	7.2	8.2	8.6
	YDH		6.7	5.6	5.7	5.7	5.7	6.4	6.3	5.9	6.1	6.7	6.7	6.1	6.7

## Performance

- In November 2022, A&E 4-hour performance at Somerset FT was at 53.98%, an improvement compared to previous months, combined with MIU, performance is at 70.3%. YDH's performance has improved to 69.17% similar trend to our border hospitals. YDH is both above the National and South West average.
- When comparing the cumulative period April-November 2022 to the same period of 2019 overall A&E demand has increased by 3%, with Somerset FT seeing a 4.1% and YDH FT 12.7%, Royal United Hospital Bath 2.7% increase, however Weston Hospital is seeing a -9% reduction in demand.
- The delivery of the 4-hour performance standard has been impacted by a number of factors including increased patient acuity, ambulance handover delays and patient flow issues due to operational pressures across the hospital
- In November 2022 there were 33 12-hour trolley breaches at Somerset FT (compared to 177 in October 2022) and zero at YDH FT (compared to 1 in April 2022)

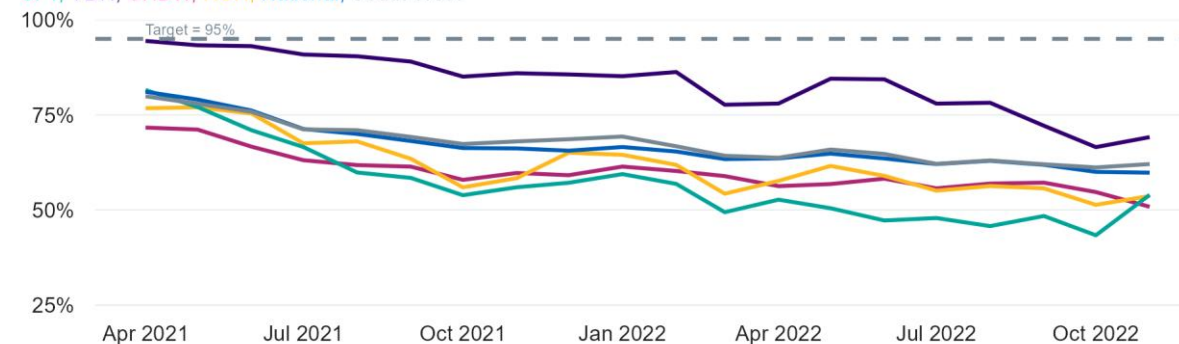
## Actions

### Actions to support patient flow:

- Work continues with Intermediate Care to support an increase in domiciliary care and bedded capacity to deliver a reduction in the volume of patients with No Criteria to reside. This increase in capacity is due to gradually come online from November and anticipated benefits are expected after this time.
- Implementation of schemes to avoid admission and reduce hospital long lengths of stay include increasing virtual ward capacity, transport, same day emergency care, enhanced urgent crisis response (including new falls service) and strengthening the workforce (including recruitment of discharge facilitators).

## A&E 4 Hour Performance

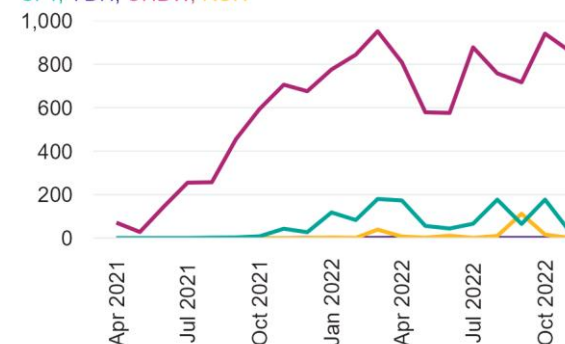
SFT, YDH, UHBW, RUH, National, South West



NHSE: A&E Attendances and Emergency Admissions

## Total number of 12 hour trolley breaches

SFT, YDH, UHBW, RUH



NHSE: A&E Attendances and Emergency Admissions

## Patients admitted from A&E

SFT, YDH, UHBW, RUH, National



NHSE: A&E Attendances and Emergency Admissions

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

- Somerset:** 4 hour % - 57.22%, 12 Hour Trolley waits – 221, % patients admitted via A&E – 20.3%
- National:** 4 hour % - 54.5%, 12 Hour Trolley waits – 1743, % patients admitted via A&E – 17%
- South West:** 4 hour % - 53.9%, 12 Hour Trolley waits – 2392, % admissions via A&E – 19.5%

# Emergency Admissions

Description	Provider/Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Number of 0 LOS	Somerset ICB	N/A	2,093	2,021	1,977	1,877	2,119	1,847	2,223	2,007	1,912	1,955	1,980	1,971	2,070
Number of Non 0 LOS	Somerset ICB	N/A	4,027	4,255	3,697	3,493	3,711	3,401	3,991	3,375	3,929	4,065	4,230	4,021	4,311
Emergency readmissions within 7 days	Somerset ICB	N/A	374	363	327	316	357	300	430	359	362	389	377	345	373
Emergency readmissions within 30 days	Somerset ICB	N/A	761	773	669	682	783	702	829	761	757	798	797	750	806
Average LOS	Somerset ICB	N/A	7.1	6.6	7.0	7.1	6.7	7.4	7.2	7.1	7.2	7.2	6.7	7.0	7.8
	SFT		7.3	7.5	8.3	8.6	7.6	8.6	8.1	8.0	7.8	7.6	7.2	8.2	8.6
	YDH		6.7	5.6	5.7	5.7	5.7	6.4	6.3	5.9	6.3	6.7	6.7	6.2	6.7
Reducing Length of Stay for Patients in Hospital >21Days	Somerset ICB	N/A	157	169	169	198	223	240	215	182	196	213	201	200	188
	SFT		110	113	113	139	135	152	134	113	124	128	120	122	99
	YDH		47	56	56	59	87	88	81	69	72	85	81	78	89
No Criteria to Reside (Daily Average)	Somerset ICB (Acute only)	≤77	182	177	182	220	223	246	233	208	214	221	224	229	234
	SFT (Acute)	≤51	115	116	122	143	147	151	140	114	132	131	127	134	133
	YDH	≤26	66	60	59	77	76	95	93	93	82	90	96	95	101
G&A Bed Occupancy	Somerset ICB	-	95.8%	94.3%	95.8%	95.6%	95.5%	95.0%	94.5%	94.1%	94.7%	96.7%	94.2%	95.9%	95.1%
	SFT	≤95%	95.8%	94.0%	95.9%	94.9%	95.7%	94.8%	94.6%	94.8%	94.6%	96.0%	94.6%	96.0%	93.5%
	YDH		95.7%	94.8%	95.7%	96.8%	95.2%	95.4%	94.4%	92.7%	94.8%	98.0%	93.5%	95.7%	96.6%
Discharge pathway	Somerset ICB	All Pathways	3,167	3,245	2,779	2,751	3,090	2,827	3,329	3,150	2,715	2,978	3,027	3,077	3,341
		Pathway 0 ≥87%	82.1%	84.1%	82.3%	82.2%	85.4%	83.0%	83.9%	84.9%	84.4%	84.0%	84.4%	85.0%	83.7%
		Pathway 1 ≤7%	7.4%	6.6%	9.5%	7.8%	7.1%	6.7%	6.6%	6.1%	6.7%	5.9%	6.2%	5.9%	5.9%
		Pathway 2 ≤4%	6.6%	6.1%	5.3%	6.7%	4.9%	6.5%	6.2%	5.3%	4.8%	6.1%	5.7%	5.1%	5.7%
		Pathway 3 ≤2%	3.9%	3.3%	2.9%	3.3%	2.7%	3.7%	3.4%	3.7%	4.1%	4.0%	3.7%	4.0%	4.7%



# Emergency Admissions

## Performance

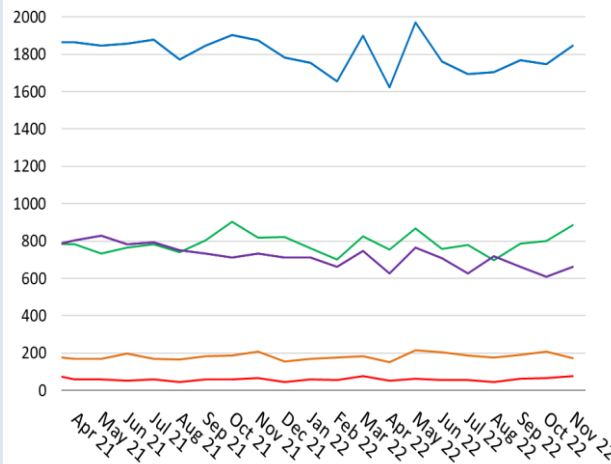
- The number of Somerset patients admitted to hospital as an emergency has reduced by 10.5% (-14.4% zero and -8.5% non-zero length of stay admissions) when comparing the period April to November 2022 to the same period in 2019/20. With the exception of YDH (who have seen an increase of 1.1% (-2.5% zero and +3.8% non-zero length of stay admissions) all local Providers have seen a reduction in admissions and this is a pattern seen across the Region and Nationally
- Average length of stay in Somerset was 8 days in November, 5 days longer than in the same month in 2019 and the longest in the last two years.
- Whilst there has been an overall reduction in non-elective admissions bed occupancy has remained consistently above 95% due to an increase in the average length of stay as a consequence of the high volume of patients staying in hospital greater than 7, 14 and 21 days
- The overall increase in length of stay is due to the combination of patient acuity and the high level of patients with no criteria to reside as a result of domiciliary capacity challenges and a shortfall in bedded care packages
- Emergency re-admissions have increased in November 2022 compared to October ( $\leq 7$  days from 345 to 373 and  $\leq 30$  days from 750 to 806) and comparing to November 2019/20: re-admissions within 7 days and 30 days has increased by 24% and 78% respectively.

## Actions

- NHS England launched a '100-day discharge challenge' to focus on opportunities to improve discharge processes, with an aim to release capacity within acute providers. The aim of the 100-day challenge was to improve the current position by 30 September 2022. Regional clinical and operational input has been provided for each system. This work remains ongoing and a focussed workplan has been created with action to address the position and is monitored through the Weekly System Operational Delivery Group. Some of the actions within this work plan are anticipated to result in an impact on the length of stay of patients.
- Through a Demand and Capacity Submission to NHS England, with the aim of mitigating any bed deficits across Winter, additional schemes have also be implemented to support discharge, this includes additional bedded provision within intermediate care, care pods, additional transport, extension to discharge lounges and discharge facilitators. It is hoped that these schemes, along with the focussed work being undertaken within the 100 day discharge challenge will both improve flow and discharges therefore reducing the number of patients no longer meeting criteria to reside but remaining in hospital.
- Further schemes to support discharge have also been identified through the ASC Discharge Fund, with the anticipation of improving discharge by March 2023. These schemes include support from the voluntary sector, recruitment incentive schemes for social care, on-call weekend trusted assessors, same day discharge payments for earlier discharge, OPMH support, Self funder support, on-site Discharge to assess support, community navigators and many more. This submission was completed in December and is expected to come online during January.

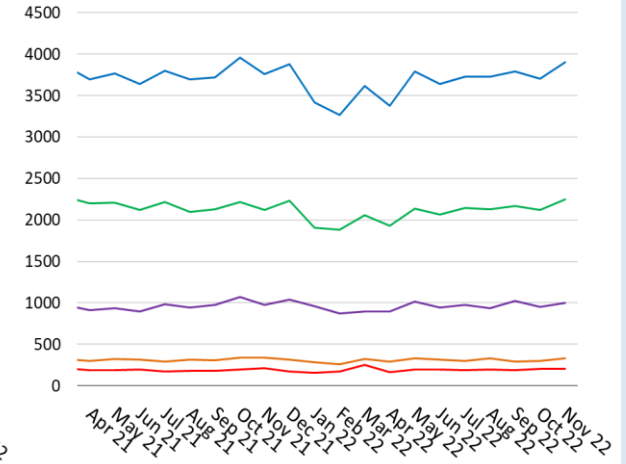
### Non-Elective 0 LoS Activity

SFT, YDH, UHBW, RUH, Somerset System



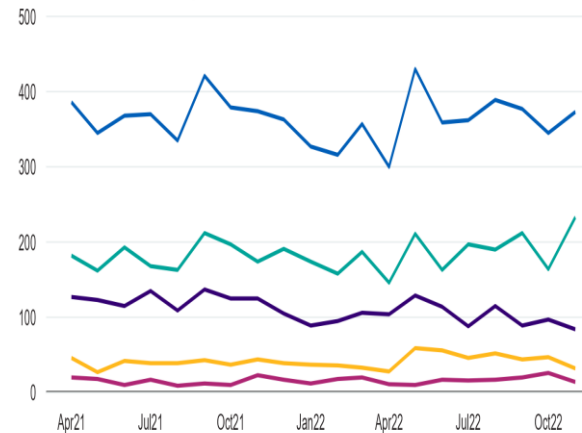
### Non-Elective 1+ LoS Activity

SFT, YDH, UHBW, RUH, Somerset System



### Readmissions <= 7 days Activity

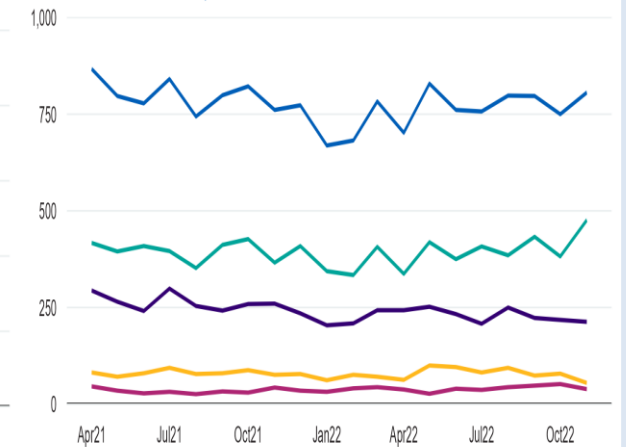
SFT, YDH, UHBW, RUH, Somerset System



Data source: SUS, updated on 05 January 2023

### Readmissions <= 30 days Activity

SFT, YDH, UHBW, RUH, Somerset System



Data source: SUS, updated on 05 January 2023



# Discharges and No Criteria to Reside

## Performance

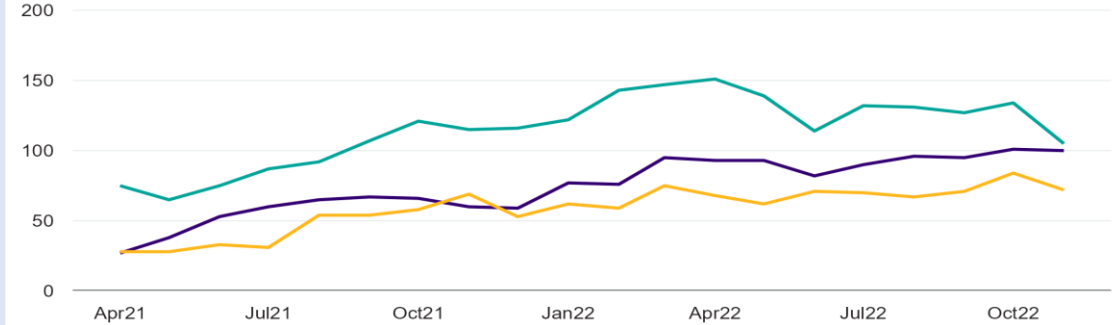
- Across Somerset and YDH FTs the average number of patients per day whose in-patient stay exceeded 21 days in November 2022 was 187 which is an increase of 31 when compared to an average of 156 patients per day in November 2021 and is underpinned by the high level of patients residing in an acute hospital bed who do not meet the criteria to reside. However it should be noted that there has been an improvement when compared to an average of 206 patients per day during cumulative period in 2022/23 to date. The most predominant reasons for delay are patients waiting for packages of care to be discharged to their own home or awaiting pathway beds in Care Homes for additional out of hospital care. As at the end of November census 19.23% occupied beds in an Acute Hospital were with patients with No Criteria to Reside (or 188 patients, which is a reduction of 30 when compared to the previously reported position of 218 in September). In addition, 32.73% of occupied beds in a community hospital were with patients with No Criteria To Reside (which equates to 72 patients). Somerset System: 188 with 98 at Somerset FT (15.99% of beds) and 89 at YDH FT (24.73% of beds)). The latest position as at 29 December 2022 has improved to 175 (or 16.73% lost beds) due to no criteria to reside
- In November 2022, 83.66% of the patients were discharged on Pathway 0 (returning to their usual place of residence and 16.34% were discharged with either a domiciliary care package (5.90%) or discharged to a bedded facility (10.45%). The proportion of Pathway 0 discharges is expected to increase once the current no criteria to reside backlog is cleared

## Actions

- Winter funding has been awarded to the Somerset System with a focus on discharge and plans continued to be progressed to make improvements to the discharge pathway. Detailed action plans are tracked through the new Urgent Care Board Assurance which is shared with NHS England monthly and include: additional beds (to a maximum of 109 beds) to support hospital discharge and virtual ward beds to a maximum of 246 by March 2023. Plans also include increasing Domiciliary Care with an additional 1,000 hours of care being stood up to support discharge. In addition to the aforementioned winter funding a separate discharge fund has also been awarded; this fund is being used flexibly upon interventions that lead to an increase in the number of patients discharged from hospital to the most appropriate location for their ongoing care and fortnightly monitoring is in place to track scheme progress and outcomes
- The schemes to avoid admission and reduce hospital lengths of stay include increasing external bedded and virtual ward capacity, same day emergency care, enhanced urgent crisis response including new falls service and strengthening the domiciliary care workforce (and recruitment of care of discharge facilitators

### No Right to Reside

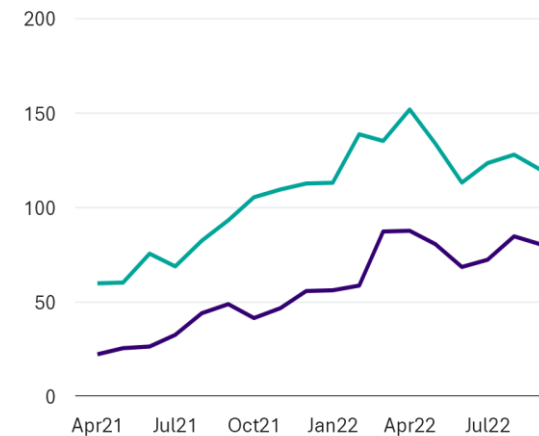
SFT (Acute), YDH, SFT (Community)



Data source: NRTR, updated on 14 December 2022

### >21 Day Length of Stays

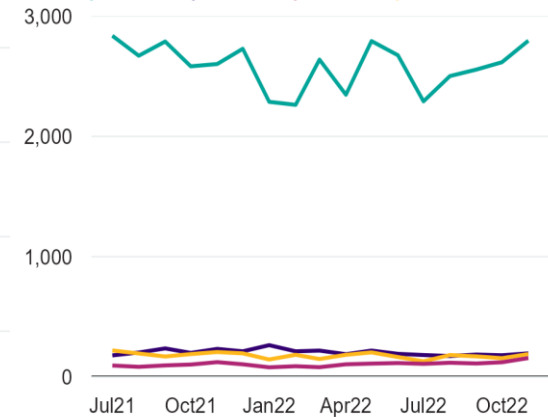
SFT, YDH



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

### Discharge Pathways

Pathway 0, Pathway 1, Pathway 2, Pathway 3



Data source: Pathways Return, updated on 14 December 2022

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

- **Somerset:** 187, rate per 100,000 population – 29.7
- **South West:** 1995, rate per 100,000 population – 32.8

# Primary Care

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Primary Care															
GP Consultations - All	Somerset ICB	-	305,468	246,848	246,162	241,483	280,466	229,796	285,205	265,630	272,565	280,894	297,670	364,651	339,782
GP Consultations - Face-to-Face		-	174,582	133,594	129,994	129,257	151,232	124,061	147,171	136,905	140,260	146,811	165,834	228,269	200,260
GP Consultations - Virtual		-	98,598	86,711	90,000	85,935	98,452	79,927	91,752	86,483	87,938	90,066	87,661	88,142	93,416
GP Consultations - Unknown				32,288	26,543	26,168	26,291	30,782	25,808	46,282	42,242	44,367	44,017	44,175	48,240
GP Consultations - % Face-to-Face	Somerset ICB	-	57%	54%	53%	54%	54%	54%	52%	52%	51%	52%	56%	63%	59%
GP Consultations-% Unknown			11%	11%	11%	11%	11%	11%	16%	16%	16%	16%	15%	13%	14%
GP Consultations - % Virtual		-	32%	35%	37%	36%	35%	35%	32%	33%	32%	32%	29%	24%	27%
Antimicrobial Stewardship - Co-amoxiclav Cephalosporins & Quinolones % of all Antibiotics	Somerset ICB	<10%		4.8%			4.6%			4.6%			4.60%		
Antimicrobial Stewardship: Antibacterial items per STAR PU	Somerset ICB	≤0.871		0.738			0.760			0.783			0.788		

# Primary Care Access

## Performance

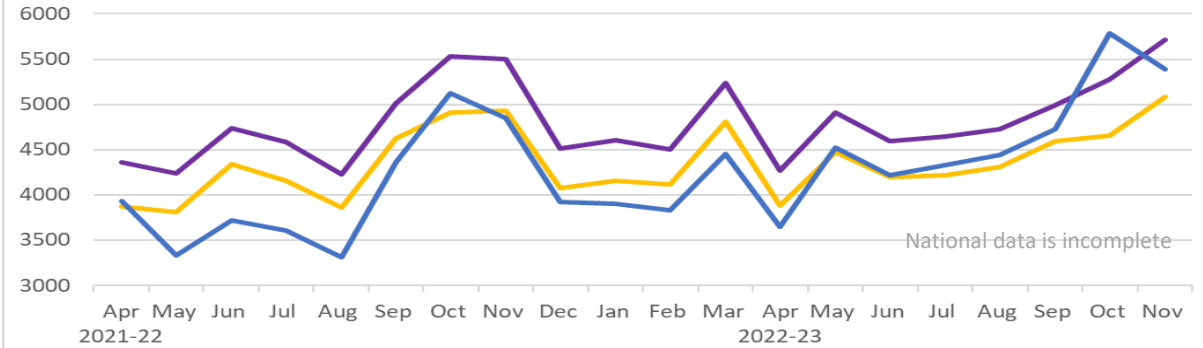
- **Demographic:** The GP registered population of Somerset is significantly older and has a higher level of healthcare need than the national distribution
- **CQC ratings:** There is one practice rated 'Inadequate' across Somerset. The practice is being supported by the ICB and Symphony Healthcare Services to meet the needs of patients.
- **Patient experience:** Somerset ICB is performing better than the national position in respect of overall patient satisfaction with GP services.
- **Consultations:** In November 2022, Somerset seen 5,393 consultations per 10,000 population 6.2% higher than the national average and 5.6% below the South West average.
- **Primary Care Pressures:** Primary Care services have continued to experience considerable operational challenges in November 2022 with approximately half of the GP practices reporting their OPEL status as OPEL 3 (Operational Pressures Escalation Levels).

## Actions

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

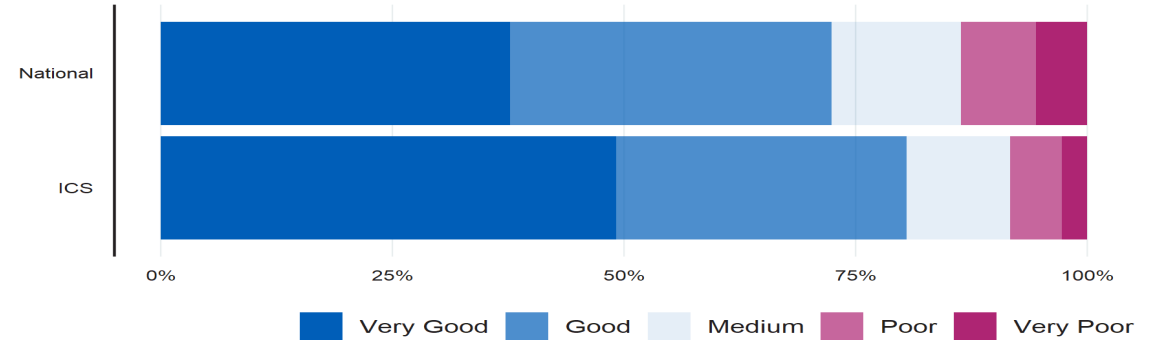
## Consultations Per 10,000 Population

Somerset System, South West, England



## 2022 GP Patient Survey Results

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



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

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

- Somerset: 5,393 (November 22)
- National: 5,078 (November 22)
- South West: 5,713 (November 22)

# Primary Care Access

## Performance

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

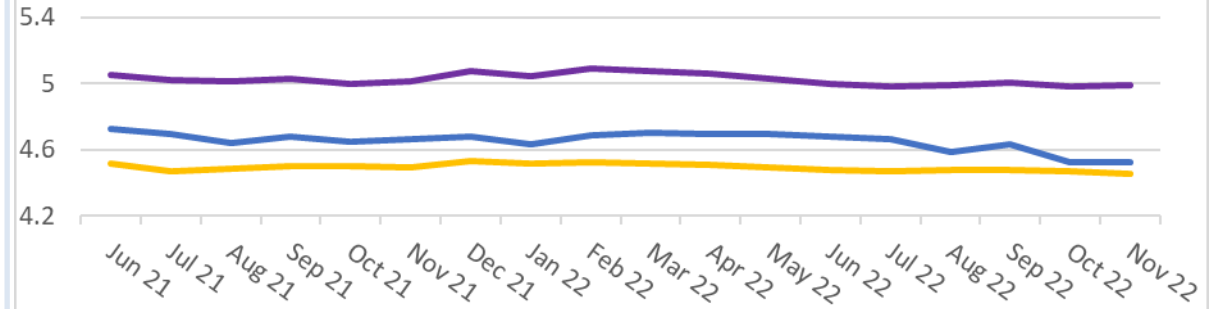
- **FTE (Full time equivalent) GPs per 10,000 population** in November decreased to 4.52 from 4.6 in September, and slightly above the National average and slightly below the South West average. This is a Long Term Plan aim to expand the number of GPs through recruitment and retention in order to make progress delivering more appointments in general practice.
- **DPC (Direct Patient Care) staff per 10,000 population** in November increased to 3.3 from 3.2 in October. It is above the National average and below the South West average. The Long Term Plan called for the establishment of multidisciplinary teams to deliver care at neighbourhood level, the Additional Roles Reimbursement Scheme (ARRS) was set up to provide funding for Primary Care Networks (PCNs) to recruit more staff to specific direct patient care roles to help deliver these objectives.
- **Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from general practice** was at 1,186 in November

## Actions

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

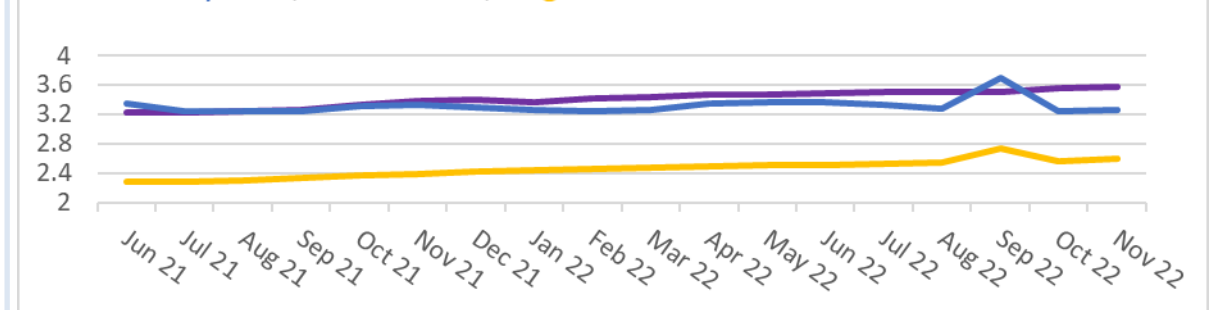
## Full time equivalent GPs per 10,000 Population

Somerset System, South West, England



## Direct Patient Care staff per 10,000 Population

Somerset System, South West, England



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

- Somerset: 4.52
- National: 4.45
- South West: 4.99

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

- Somerset: 3.3
- National: 2.6
- South West: 3.6

## Impact of price concessions across NHS England

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

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

Over the last 12 months we estimate that price concessions have cost NHS England an additional **£235,100,000** (of which **£215,040,000** is in the current financial year)



Supply shortages of generic medicines have rapidly grown during 2022. This has had a number of knock on effects; A significant increase in the costs of medicines over and above that budgeted such that the prescribing budget is now expected to over spend. Additional workload for Community Pharmacies and GP practices in sourcing replacement medication Clinical risk for some patients who have missed doses of medication because of the shortages.

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Elective Care															
Overall Number of Incomplete Pathways	Somerset ICB	-	49,611	49,313	49,728	50,472	51,306	52,137	53,135	54,427	54,532	55,366	56,513	58,259	58,786
>52 Weeks Wait	Somerset ICB	0 by Mar25	2,726	2,653	2,635	2,594	2,638	2,828	2,807	2,892	2,894	2,886	2,950	2,956	2,820
>65 Week waits	Somerset ICB	0 by Mar24	1,317	1,342	1,412	1,425	1,337	1,368	1,280	1,198	1,190	1,207	1,229	1,127	982
>78 weeks wait	Somerset ICB	0 by Mar23	772	711	761	643	599	671	622	500	452	422	397	347	300
>104 Weeks wait	Somerset ICB	0 by Jun23	145	171	188	201	159	141	98	49	32	27	21	22	12
Elective (Restoration)	Somerset ICB	≥110%	92.83%	92.98%	90.53%	82.78%	95.40%	84.15%	91.61%	86.06%	82.43%	84.27%	89.31%	100.19%	100.60%
Day Case (Restoration)	Somerset ICB	≥110%	98.81%	97.76%	94.77%	88.91%	100.78%	88.94%	96.21%	88.06%	84.39%	86.17%	89.82%	103.42%	103.43%
Inpatient (Restoration)	Somerset ICB	≥110%	58.83%	64.57%	63.00%	49.87%	66.53%	59.02%	66.79%	74.98%	70.89%	73.09%	86.30%	82.57%	84.52%
First Outpatient Appointments (Restoration)	Somerset ICB	≥110%	108.16%	105.05%	108.66%	102.53%	138.53%	107.21%	116.66%	115.88%	106.43%	110.71%	111.57%	113.32%	121.58%
Follow Up Outpatient appointment (Restoration)	Somerset ICB	≥110%	101.33%	99.35%	100.92%	97.56%	125.48%	100.98%	109.06%	107.76%	102.86%	102.00%	98.43%	105.78%	111.43%
Clock Starts (Recovery %)	Somerset ICB	N/A	94.2%	90.7%	99.7%	91.9%	90.7%	92.3%	100.7%	99.8%	97.4%	108.8%	95.9%	98.9%	103.0%
Clock Stops - Non-Admitted (Recovery %)	Somerset ICB	≥110%	106.8%	101.7%	100.8%	103.4%	95.4%	98.9%	108.9%	102.6%	102.4%	110.1%	98.5%	105.4%	108.0%
Clock Stops - Admitted (Recovery %)	Somerset ICB	≥110%	78.8%	78.8%	78.8%	78.8%	78.8%	78.8%	78.8%	78.8%	78.8%	78.8%	78.8%	78.8%	78.8%
Number of Cancellations	Somerset ICB	0	347	240	495	466	319	155	133	216	316	169	279	227	170



# Long Waits: >78 and >104 Week Waits

## Performance

- 104 Week Waits:** In November there were 12 patients waiting in this long wait patient cohort, which is a 45% (-10) reduction compared to October 2022 with 1 from Somerset FT, 1 from YDH FT and 10 patients from other smaller (including border) hospitals. Looking ahead to December on a Trust-wide basis (as at week ending 18/12/22) Somerset FT has 3 patients at risk of waiting in excess of 104 weeks by the end of December 2022 (due to a level of complexity) there is none at YDH FT.
- 78 Week Waits:** The Somerset System is expecting to have 300 patients waiting in excess of 78 weeks as at the end of March 2023 due to a revision of the 78 week wait plan however the target will not meet the national ambition of zero. The reason for non-delivery is due to a combination of referral demand recovering to near pre-pandemic levels alongside a reduced level of treatments taking place over the last 6 months thus resulting in an increased cohort of patients reaching 78 weeks from early winter. In November 2022 there were 300 patients in excess of 78 weeks which is a reduction of 47 patients upon the previous month; 223 of these patients are from Somerset and Yeovil Hospitals, and 77 patients from smaller (including border) hospitals
- The specialities with the greatest backlog are Trauma and Orthopaedics, ENT and Surgical Specialities
- There continues to be significant operational pressures due to increased non-elective demand, patients staying longer due to increased acuity and higher levels of patients with no criteria to reside which has impacted upon elective flows (regrettably including patient cancellations)

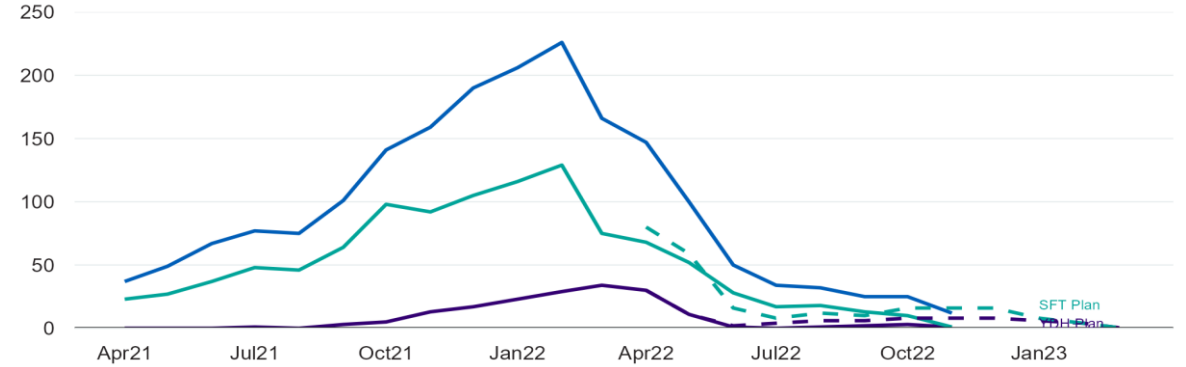
## Actions

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

- Shared use of capacity across the system and maximising use of Independent Sector capacity
- Programmes of work to support the re-routing demand
- Physical capacity expansion during 2022/23 including ringfenced elective beds
- Optimising for Surgery (e.g. My Planned Care, Peri-Operative Pathways and Safety-netting)
- Theatre productivity programme (e.g. STEP, GIRFT HVLC pathways and Theatre Workforce Strategy)
- No serious incidents have been declared due to patient harm being sustained from long waits on the elective pathway.

### Number of Patients Waiting >104 Weeks

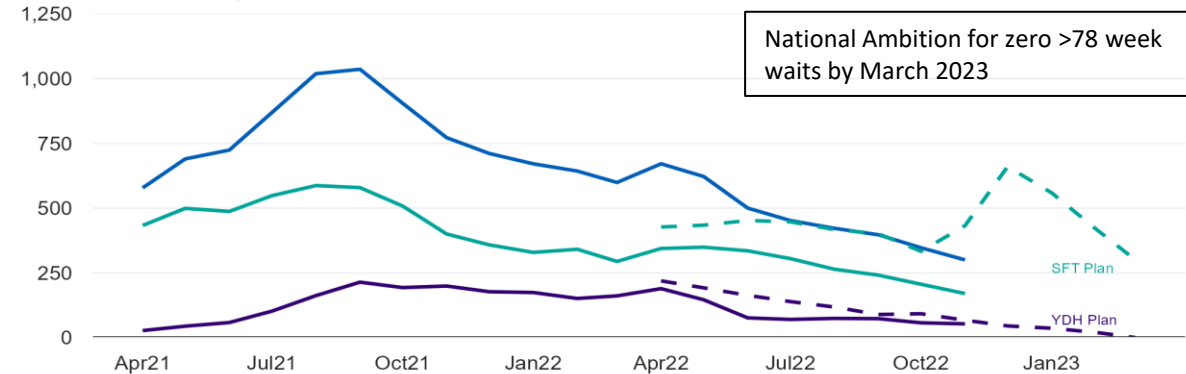
SFT, YDH, Somerset System



Source: Referral to Treatment MDS, updated on Thursday 05 January 2023

### Number of Patients Waiting >78 Weeks

SFT, YDH, Somerset System



Source: Referral to Treatment MDS, updated on Thursday 05 January 2023

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

- Somerset:** 78 Week Waits 47.6, 104 Week Waits: 1.9
- National:** 78 Week Waits 73.9, 104 Week Waits: 2.3
- South West:** 78 Week Waits 91.0, 104 Week Waits: 9.4

# Elective Restoration

## Performance

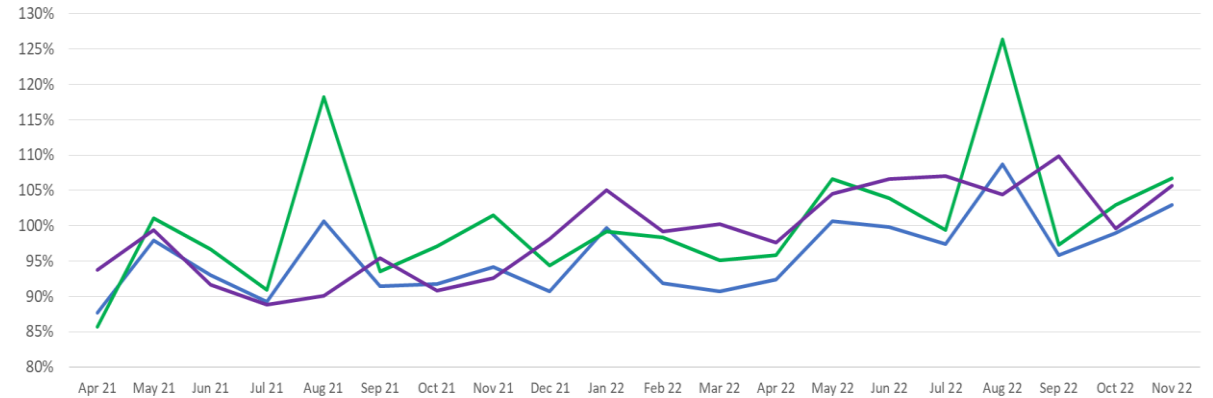
- The national ambition is for elective activity (in-patient and outpatients combined) to recover to 110% of pre-pandemic (activity, with follow up out-patients not expected to exceed 85% of 19/20 levels) and 104% (costed activity) levels during 2022/23 in order to reduce the level of backlog
- There continues to be significant operational pressures due to increased non-elective demand, patients staying longer due to increased acuity and higher levels of patients with no criteria to reside as well as a recent upsurge in covid-19 cases with all factors impacting upon elective flows.
- **RTT Clock Starts:** Referral demand has returned to pre-pandemic levels with a stepped increase in referral demand during 2022/23. During November 2022 RTT referrals were 103% of the level received in November 2019 and a daily rate of 693 referrals per day (and during 2022/23, 99.5% of 2019/20 levels with an average of 667 referrals per day). This has resulted in the overall waiting list size increasing by 12.8% since April 2022 to 58,786 (or +6,649 patients) reaching its highest point.
- **Elective Recovery:** During the cumulative period April to November 2022 on an activity basis elective recovery (in-patient and out-patient combined) was 105.6% of 19/20 levels and the breakdown by elective pathway was: first out-patient attendances 113.3%, follow up out-patient attendances 105.3%, Day Case 92.4% and 75.9% Overnight In-Patients.
- **RTT Clock Stops:** During the cumulative period April to November 2022 overall there were 100.1% RTT clock stops relative to the same period of 2019/20, with admitted clock stop activity of 89.4% and non-admitted clock stop activity of 104.4%

## Actions

- There is a active programme of system-wide actions to support reduction in the backlog and longer term recovery (please see actions described on slide 28)

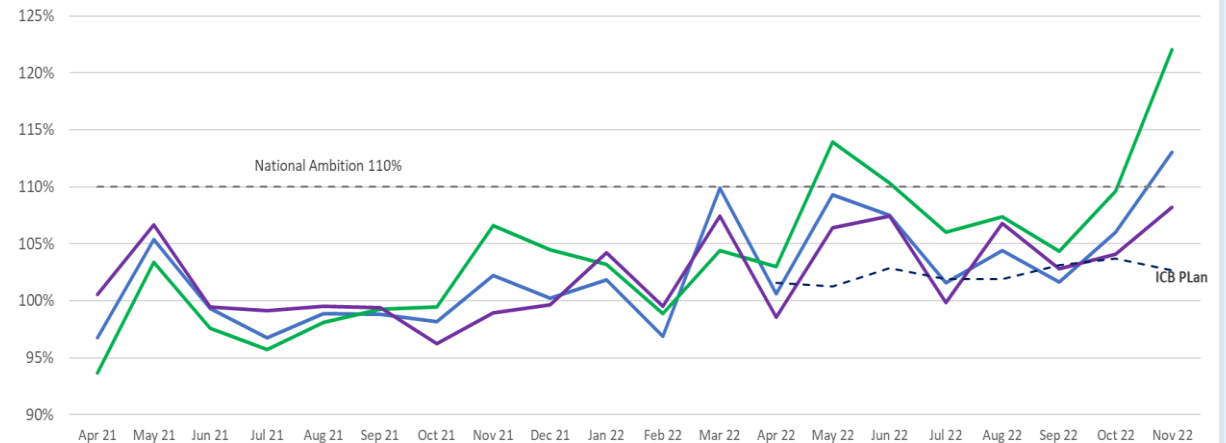
**Clock Starts Restoration**

SFT, YDH, Somerset System



**Elective Restoration (Outpatients and Inpatients Combined)**

SFT, YDH, Somerset System



# Outpatient Transformation

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
% of Out Patient Appointments Transferred/Discharged to Patient Initiated Follow Up (PIFU)	Somerset ICB	≥5%	5.99%	5.86%	5.77%	5.92%	5.97%	5.86%	6.37%	6.40%	6.25%	6.20%	6.16%	16.15%	Data Awaited
	SFT (Trust-wide)	≥5%	4.16%	4.10%	4.21%	3.99%	3.97%	4.17%	4.37%	4.35%	4.15%	4.10%	4.50%	3.99%	Data Awaited
	YDH (Trust-wide)	≥5%	9.85%	9.32%	9.01%	9.78%	9.91%	9.34%	10.89%	10.87%	10.89%	10.85%	10.32%	11.07%	Data Awaited
Advice and guidance Utilisation (Rate per 100 1st Out Patients) (EROCC)	Somerset ICB	≥16	27.6	28.2	27.0	28.9	30.1	29.9	35.2	29.0	29.6	29.4	26.9	26.3	30.3
	SFT	≥16	23.7	25.0	23.5	26.1	26.6	25.2	33.3	25.9	27.0	29.6	26.7	31.3	34.8
	YDH	≥16	1.6	1.7	1.7	1.7	2.4	1.3	1.5	0.8	1.0	0.7	1.0	1.3	1.2
Virtual Consultations	Somerset ICB	≥25%	23.0%	23.7%	21.9%	22.4%	21.4%	21.3%	20.0%	20.5%	19.7%	19.1%	19.1%	18.7%	18.6%
	SFT		22.8%	21.5%	21.5%	21.5%	22.1%	21.7%	22.3%	22.1%	22.0%	21.4%	21.2%	20.9%	21.1%
	YDH		18.8%	17.4%	17.2%	17.0%	17.4%	15.0%	17.4%	15.8%	16.2%	14.8%	15.3%	14.5%	14.6%
	Other providers		23.0%	23.7%	21.9%	22.4%	21.4%	21.3%	20.0%	20.5%	19.7%	19.1%	19.1%	18.7%	18.6%

# Out Patient Transformation

## Performance

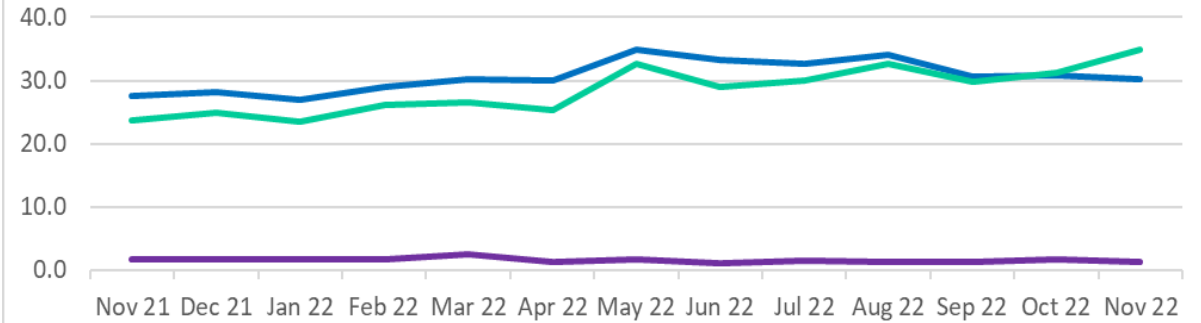
- Advice and Guidance:** In November 2022 of 7,653 referral requests received, Somerset ICS diverted 1,466 of these via Advice and Guidance or Referral Assessment Services which equates to a diversion rate of 19.2 and an Advice and Guidance utilisation rate of 30.3 per 100 first Out Patient attendances. The volume of diverted referrals and utilisation is expected to increase with the implementation of an Advice First solution
- Patient Initiated Follow Up:** In November 2022 3,676 patients in Somerset were moved to a PIFU pathway as an outcome of their out-patient attendance (or 5.8% of all out-patient attendances). Somerset is the 3<sup>rd</sup> highest performing ICS nationally (and the 2<sup>nd</sup> highest performer in the South West behind Gloucestershire ICS)
- Virtual Consultations:** The national requirement is for 25% of out-patient attendances to occur virtually and during the cumulative period April to November 2022 the proportion of patients who attended their appointment virtually was 18.5%
- Out-Patient Follow Up Appointments:** Follow up out-patients are expected to reduce by 25% when compared to 2019/20 by March 2023; during the cumulative period April to November 2022 the volume of out-patient follow up attendances relative to 2019/20 was 105.3%. A key reason for a higher level of out-patient follow up appointments is due to the clearance of follow-up and non-admitted long wait backlogs linked in part to the 78-week wait clearance programme

## Actions

- Advice and Guidance:** It is intended that all routine GP referrals will go through this route which will deliver significant improvements in numbers of A&G requests. A procurement of a digital solution to deliver this is about to commence.
- Somerset Transformation of Outpatient Care (STOC) Programme is up and running which will cover (amongst other areas) improvements in PIFU and virtual consultations. Programme priorities agreed are; Efficiency Productivity and Utilisation with a Clinic Utilisation of 95% by Dec, Communication - Appointment Letter Content with 20% of letters reviewed by Dec 23, Estates and Facilities with a Clinic Room Utilisation of 95% by Sept 23, Demand Management with the rate of episodes moved to PIFU to reach 6% by Mar 23, Digital - Patient Portal with 70% of patients receiving appointment information digitally by Jul 23.
- Patient Initiated Follow Up:** Whilst Somerset is performing well in comparison to Regional peers and against the National average, monitoring takes place at a specialty level to identify if there are opportunities to improve the PIFU take-up rate best practice is shared
- Virtual Consultations:** The Providers continue to Virtual Consultations at a specialty level to identify if there are opportunities to improve the level of non face-to-face consultations

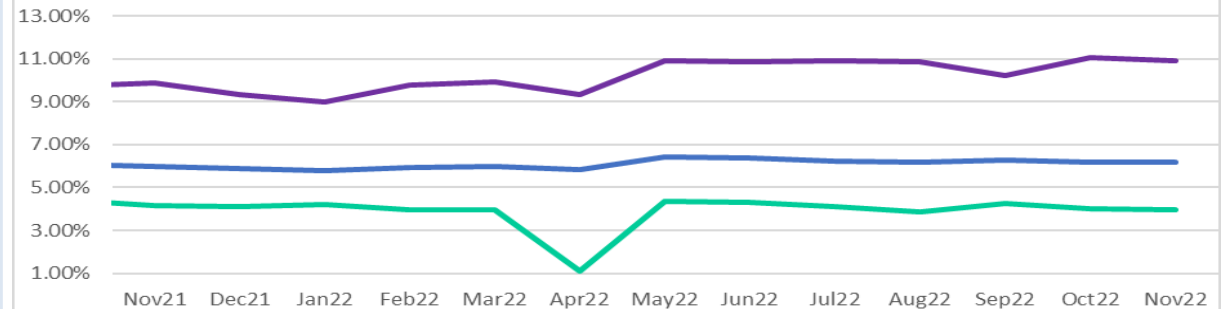
## Advice & Guidance rate per 100 First Outpatients

SFT, YDH, Somerset System



## PIFU - Patient Initiated Follow Up

SFT, YDH, Somerset System

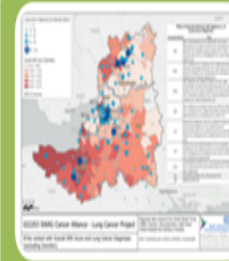


## How do we compare

- Somerset:** Diversion: 13.5%, RAS: 32.3%, All Diversion: 20.2%, PIFU: 5.8% (moved to PIFU)
- National:** Diversion: 32.9%, RAS: 12.4%, All Diversion: 18.4%, PIFU: 1.0% (moved to PIFU)
- South West:** Diversion: 34.0%, RAS: 13.0%, All Diversion: 19.2%, PIFU: 2.6%

# Health Inequalities – Data Programme

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



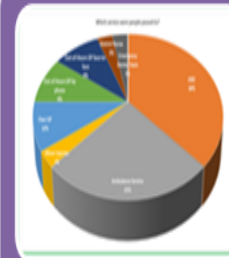
## Understanding existing patterns in how patients are accessing healthcare

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



## Using existing healthcare data to influence individual patient management

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



## Joining-up system healthcare data to help address inequalities

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

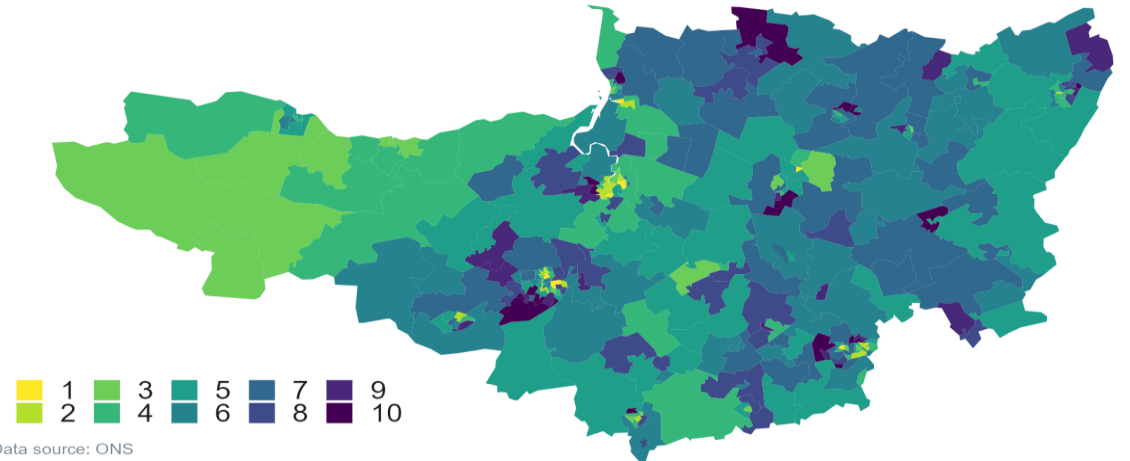


# Health Inequalities – Somerset Population

- There are seven main types of deprivation considered in the Index of Multiple Deprivation (income, employment, education, health, crime, access to housing and services, and living environment) and these are combined to form the overall measure of multiple deprivation as shown in the map and the chart for Somerset.
- The most deprived areas of the population is decile 1 and the least deprived is decile 10.
- An Inequalities in health care group is starting in January 2023 and will report into the Population Health Board. This group will take responsibility for setting out the health inequality priorities for Somerset Health and Care Strategy
- Somerset NHS Foundation Trust has sought approval to apply the following criteria to prioritise patients who are on their NHS waiting list:
  - Patients with learning disabilities
  - Patients with and open mental health referral and living in one of the areas that are in top two deciles of social deprivation
- This is a pilot which will be rolled out to Yeovil District Hospital if successful.

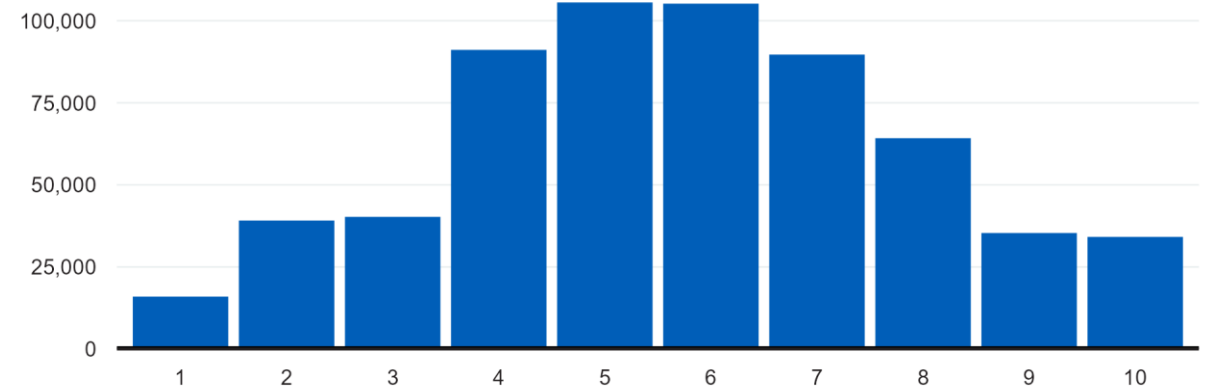
## Index of Multiple Deprivation Decile by LSOA

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



## Index of Multiple Deprivation Decile by LSOA

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



Data source: NHAIS, updated on Monday 09 January 2023



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

- The overall waiting lists have increased and patients are waiting longer for treatment since the onset of the covid-19 pandemic
- 15.4% of residents in Somerset live in the most deprived areas (deciles 1-3) compared to 16.2% of patients on a waiting list awaiting their first definitive treatment are from the most deprived areas
- 21.5% of residents in Somerset live in the least deprived areas (deciles 8-10) which is aligned to 21.6% of patients on a waiting list awaiting their first definitive treatment are from the least deprived areas

## Open Pathways - Deprivation

Snapshot taken on 01 January 2023 of Open Pathways for Somerset providers, split by deprivation

IMDDecile	Population	Population%	OpenPathways	OpenPathways%
1	15,978	2.6%	1,353	2.7%
2	39,141	6.3%	3,286	6.4%
3	40,263	6.5%	3,625	7.1%
4	91,122	14.7%	7,150	14.0%
5	105,560	17.0%	9,047	17.7%
6	105,200	16.9%	8,998	17.6%
7	89,687	14.4%	6,556	12.8%
8	64,224	10.3%	5,571	10.9%
9	35,346	5.7%	2,968	5.8%
10	34,161	5.5%	2,483	4.9%

Data source: Referral to Treatment MDS, updated on Monday 09 January 2023

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

- Of the overall number of patients on the waiting list awaiting treatment the proportion in deciles 1-3 (most deprived) is 16.3% of overall waiting list, with the least deprived (deciles 8-10) making up 21.8% of the overall waiting list
  - 78 Weeks (278 patients on 14<sup>th</sup> December 2022- snapshot view): of the patients waiting in excess of 78 weeks, 21.6% are from the most deprived areas of Somerset (deciles 1-3) and 18% from the least deprived areas of Somerset (deciles 8-10)
  - 104 Weeks (1 patient on the 14<sup>th</sup> December 2022- snapshot view): of the patients waiting in excess of 104 weeks, 0% are from the most deprived areas of Somerset (deciles 1-3) and 0% from the least deprived areas of Somerset (deciles 8-10)
- There are 2 specific elective projects currently underway DNAs and cancer access (including stage of presentation) and findings will be shared in future updates once improvement actions have been piloted

## Open Pathways - Deprivation

Snapshot taken on 04 December 2022 of Open Pathways for Somerset providers, split by deprivation

IMDDecile	Total	78+	78+%	104+	104+%
1	1,384	15	1.1%	0	0.0%
2	3,270	17	0.5%	0	0.0%
3	3,569	28	0.8%	0	0.0%
4	7,117	39	0.5%	0	0.0%
5	8,945	59	0.7%	0	0.0%
6	8,755	43	0.5%	0	0.0%
7	6,414	27	0.4%	1	0.0%
8	5,550	20	0.4%	0	0.0%
9	2,954	10	0.3%	0	0.0%
10	2,475	20	0.8%	0	0.0%

Data source: Referral to Treatment MDS, updated on Wednesday 14 December 2022

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

## Open Pathways - Ethnicity

Snapshot taken on 04 December 2022 of Open Pathways for Somerset providers, split by ethnicity

Ethnicity	Total	78+	78+%	104+	104+%
Asian	184	1	0.5%	0	0.0%
Black	61	0	0.0%	0	0.0%
Mixed	130	1	0.8%	0	0.0%
Not stated	10,318	44	0.4%	0	0.0%
Other	177	1	0.6%	0	0.0%
Unknown	5,544	32	0.6%	0	0.0%
White	34,142	200	0.6%	1	0.0%

Data source: Referral to Treatment MDS, updated on Wednesday 14 December 2022

## Median Wait Time - Ethnicity

Snapshot taken on 04 December 2022 of Open Pathways for Somerset providers, split by Ethnicity

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

Data source: Referral to Treatment MDS

Updated on Wednesday 14 December 2022

- In the Somerset System of the overall number of patients on the waiting list awaiting treatment the proportion of patients who are from Black, Asian and other minority groups makes up 1.1% of the waiting list with White making up 67.5% and Not Stated or Unknown making up 31.4%
- A key focus of the System Performance and Activity Group will be upon the RTTMDs ethnicity data quality and data completeness and an action plan will be developed to specifically address the 'unknown' patient cohort
- 78 Week Waits: 1.1% (3 patients) who identify as Black, Asian, Mixed or other minority groups are waiting in excess of 78 weeks for their first definitive treatment. 71.7% identify as white and 27.2% either Not Stated or Unknown
- 104 Week Waits: there are no patients who identify as Black, Asian or other minority groups who are waiting in excess of 104 weeks for their first definitive treatment, 100% who identify as white and no patients as either Not Stated or Unknown.

# Diagnostics

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Overall number of patients awaiting a diagnostic test or procedure	Somerset ICB	N/A	13,008	12,000	12,630	12,851	12,886	12,743	12,961	13,257	12,772	13,423	13,373	13,257	12,766
	SFT		7,198	6,368	6,326	6,807	7,262	7,156	7,134	6,934	6,602	6,999	6,968	6,916	6,946
	YDH		2,507	2,258	2,882	2,713	2,581	2,765	3,202	3,238	3,179	3,429	3,251	3,042	2,762
	Other NHS		3,281	3,345	3,385	3,303	3,005	2,784	2,579	3,050	2,966	2,972	3,126	3,262	3,009
Number of patients waiting >6 weeks for a diagnostic test or procedure	Somerset ICB	N/A	4,309	4,441	4,270	3,652	3,623	3,891	3,724	3,685	3,735	3,867	3,716	3,234	2,901
	SFT		2,515	2,339	2,119	1,848	2,033	2,178	1,917	1,766	1,496	1,524	1,608	1,224	1,093
	YDH		497	644	647	549	406	539	713	779	1,066	1,128	804	751	673
	Other NHS		1,296	1,453	1,497	1,249	1,178	1,169	1,081	1,131	1,162	1,203	1,299	1,250	1,127
% of patients waiting <6 weeks for a diagnostic test or procedure	Somerset ICB	75% by Mar23	66.9%	63.0%	66.2%	71.6%	71.9%	69.5%	71.3%	72.2%	70.8%	71.2%	72.2%	100.0%	77.3%
	SFT		65.1%	63.3%	66.5%	72.9%	72.0%	69.6%	73.1%	74.5%	77.3%	78.2%	76.9%	82.3%	84.3%
	YDH		80.2%	71.5%	77.6%	79.8%	84.3%	80.5%	77.7%	75.9%	66.5%	67.1%	75.3%	75.3%	75.6%
	Other NHS	0%	81.5%	76.9%	72.6%	77.4%	75.4%	70.3%	74.9%	75.5%	66.7%	64.0%	64.5%	70.9%	74.9%
Number of diagnostic tests or procedures undertaken (Recovery for selected diagnostic tests)  MRI, CT, Ultrasound, Colonoscopy, Gastroscopy, Flexi Sigmoidoscopy and Echocardiography	Somerset ICB	≥120%	101.1%	99.8%	109.4%	103.3%	140.8%	109.7%	110.8%	111.9%	112.5%	108.1%	111.1%	127.0%	113.0%
	SFT		96.7%	104.8%	110.7%	104.1%	141.2%	110.2%	110.2%	112.8%	114.6%	122.4%	105.2%	115.3%	125.0%
	YDH		110.5%	92.7%	104.1%	114.7%	150.4%	116.0%	115.4%	108.4%	103.4%	113.7%	124.4%	125.6%	125.6%
	Other NHS		123.6%	122.9%	119.8%	118.3%	166.6%	111.6%	127.9%	145.5%	118.2%	121.3%	287.2%	293.8%	135.1%
	Other IS		31.8%	38.6%	25.1%	44.2%	47.0%	46.4%	29.6%	58.1%	27.9%	19.3%	49.2%	24.9%	33.3%

# Diagnostic Waiting Lists

## Performance

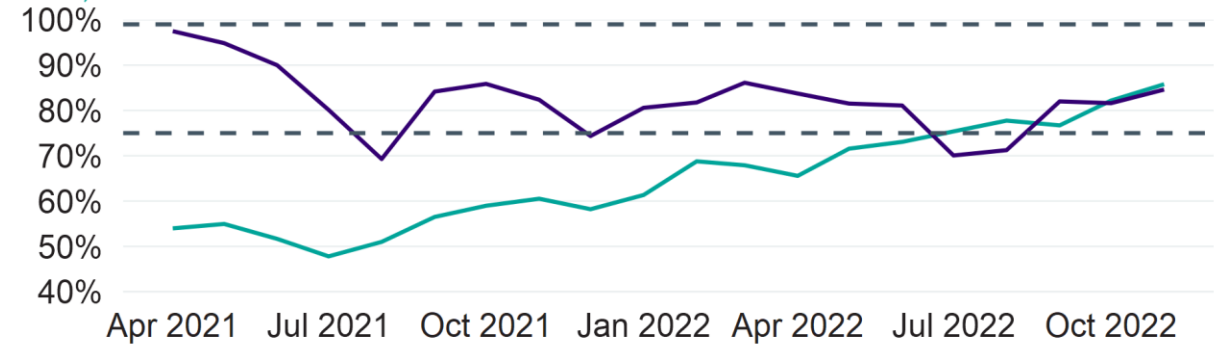
- Diagnostic Activity Recovery:** During the cumulative period April to November 2022, the level of diagnostic activity was 112.5% of the same relative period in 2019/20 (with unscheduled 144.4% and Waiting List 103.1%) against the 120% ambition
- Diagnostic Waiting List:** In November 2022 when compared to the previous month the overall number of patients awaiting a diagnostic test or procedure reduced by 492 to 12,766. On this same basis the >6 week backlog has decreased by 333 patients to 2,901 and the volume of patients waiting in excess of 13 weeks has also reduced by 254 to 924. The reduction in the overall size of waiting list size coupled with the decrease in >6 week backlog has led to an increase in the ≤6 week performance to 77.28% against the 99% national and 75% Regional improvement standard. As at the end of December the number of patients waiting in excess of 26 weeks at Somerset and Yeovil hospitals was 37 against a plan of 16 and significant progress continues to be made to reduce the backlog to zero.
- The diagnostic modalities with the longest waits are: Endoscopy (22% of backlog), Audiology (19% of backlog), Echocardiography (16% of backlog), and non-obstetric ultrasound (15% of backlog), resulting in ≤6 weeks performance in Echocardiography of 65.0%, Audiology 62%, Endoscopy 68% and non-obstetric ultrasound 88.%. The key challenges relate to national workforce shortfalls and sickness.
- Challenges remain in Endoscopy as Yeovil has seen a 25% increase in demand (+103) and their backlog has increased by 53% (+ 89) on previous month. Audiology also remains challenged as Somerset FT has seen a significant increase in demand (+175) increasing the backlog by 41% (+81). However Non-obstetric ultrasound is recovering with the backlog reducing over the past 3 months from 984 patients in August 2022 to 446 patients waiting >6 weeks in November. Echo has seen significant improvements as the backlog has reduced from 2128 in April 2022 to 455 in November 2022.

## Actions

- Audiology:** Additional outsourcing capacity will support the service to reduce the backlog to expected levels by December 2022 (however noting the outsourcing capacity has not delivered the anticipated volume.
- Endoscopy:** Significant increase in cancer demand impacting upon elective activity. Third endoscopy room at Bridgwater from end of August, scheduling additional insourcing lists, additional trollies purchased to increase throughput, increasing nurse endoscopic resource (YDH) from September and work upon the cancer colorectal pathway underway.

## Diagnostic 6 Week Waits Performance

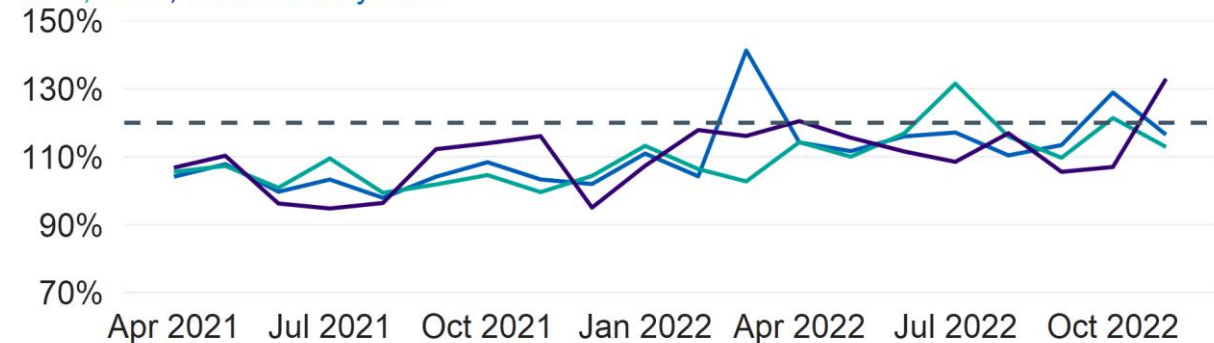
SFT, YDH



Data source: Diagnostics dataset, updated on Thursday 05 January 2023

## Diagnostic Restoration

SFT, YDH, Somerset System



Data source: Diagnostics dataset, updated on Thursday 05 January 2023

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

**Somerset:** rate of >6 Weeks per 100,000 population is 460.4 and 6 week performance of 77.28%

**National:** rate of >6 Weeks per 100,000 population is 695.9 and 6 week performance of 73.1%

**South West:** rate of >6 Weeks per 100,000 population is 864.6 and 6 week performance of 67.4%



Description	Provider/Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Cancer															
2 Week Referrals following Urgent GP Referral for Suspected Cancer (Restoration)	Somerset ICB	≥100%	109.1%	96.1%	107.1%	99.7%	104.1%	100.0%	102.6%	100.0%	99.3%	103.6%	108.4%	101.4%	113.3%
	SFT		121.8%	101.2%	95.8%	96.8%	96.7%	96.6%	100.4%	96.6%	100.1%	92.1%	105.5%	99.0%	119.0%
	YDH		103.0%	100.3%	120.2%	112.5%	119.2%	104.4%	113.8%	111.6%	112.4%	142.8%	131.1%	114.7%	118.6%
Percentage of Referrals following Urgent GP Referral for Suspected Cancer seen within 2 weeks	Somerset ICB	≥93%	73.61%	78.28%	66.75%	73.44%	67.88%	66.57%	69.41%	55.39%	55.56%	46.43%	42.28%	49.77%	52.71%
	SFT		64.78%	75.72%	65.90%	65.38%	63.89%	61.73%	67.87%	55.10%	63.43%	56.68%	50.73%	56.24%	51.72%
	YDH		85.98%	86.39%	69.77%	82.51%	78.07%	78.04%	78.44%	56.47%	51.41%	45.86%	40.05%	47.80%	58.14%
31 Day First Definitive Treatment (Restoration)	Somerset ICB	≥100%	94.2%	91.0%	112.7%	96.7%	87.0%	99.1%	118.8%	104.2%	103.9%	102.2%	107.3%	99.5%	96.7%
	SFT		98.2%	91.5%	122.1%	97.3%	78.2%	105.9%	112.3%	118.9%	107.7%	101.8%	103.7%	112.7%	109.5%
	YDH		97.8%	60.1%	108.4%	100.0%	106.8%	102.5%	162.9%	92.0%	119.5%	122.5%	128.7%	91.6%	103.8%
% of First Definitive Treatment Undertaken Within 31 Days	Somerset ICB	≥96%	93.41%	93.93%	85.97%	95.80%	90.51%	93.17%	92.70%	89.66%	93.43%	93.95%	91.86%	94.38%	91.44%
	SFT		94.51%	95.93%	90.70%	98.36%	96.45%	98.09%	96.67%	93.75%	97.14%	97.16%	95.45%	96.02%	92.12%
	YDH		97.56%	98.11%	85.07%	100.00%	88.66%	96.00%	92.08%	91.25%	91.67%	97.40%	88.17%	90.80%	90.80%
62 Day First Definitive Treatment Following GP Referral for Suspected Cancer (Backlog)	Somerset ICB	≤165	137	173	189	153	148	187	229	177	189	245	290	296	249
	SFT	≤116	66	100	99	70	81	105	110	106	112	136	155	144	130
	YDH	≤90	71	73	90	83	67	82	119	71	77	109	135	152	119
62 Day First Definitive Treatment Following GP Referral for Suspected Cancer (Restoration)	Somerset ICB	≥100%	95.5%	95.2%	110.0%	100.0%	95.7%	0.0%	114.9%	86.6%	111.1%	109.5%	85.5%	96.5%	99.9%
	SFT		95.5%	95.2%	110.0%	100.0%	95.7%	0.0%	91.3%	121.6%	95.6%	123.9%	84.3%	96.8%	87.2%
	YDH		95.5%	95.2%	110.0%	100.0%	95.7%	0.0%	153.3%	54.3%	124.2%	99.5%	87.6%	83.7%	122.0%
% of Patients with Diagnosed Cancer Receiving First Definitive Treatment Following GP Referral for Suspected Cancer Within 62 Days	Somerset ICB	≥85%	75.69%	75.65%	65.99%	68.42%	70.15%	72.05%	67.36%	60.40%	65.46%	64.65%	60.91%	59.79%	50.00%
	SFT		72.41%	78.16%	61.73%	70.24%	71.60%	70.34%	61.22%	56.12%	63.91%	67.68%	46.01%	57.07%	48.43%
	YDH		77.36%	80.82%	75.28%	65.00%	65.91%	80.00%	76.58%	69.61%	63.56%	72.28%	69.16%	63.06%	58.47%
	Other NHS		75.69%	75.65%	65.99%	68.42%	70.15%	72.05%	67.36%	60.40%	65.46%	64.65%	60.91%	59.79%	50.00%
Cancer 28 days wait (faster diagnosis standard)	Somerset ICB	≥75%	77.03%	76.43%	70.46%	78.98%	76.22%	73.55%	69.20%	65.71%	66.94%	65.78%	56.74%	59.46%	62.10%
	SFT		75.34%	76.11%	70.36%	80.97%	75.74%	73.01%	67.43%	56.71%	61.97%	60.18%	47.05%	51.57%	62.94%
	YDH		80.13%	79.39%	73.59%	77.14%	75.10%	74.84%	70.35%	76.57%	73.34%	77.93%	70.75%	76.21%	67.93%



# Suspected Cancer Referrals

## Performance

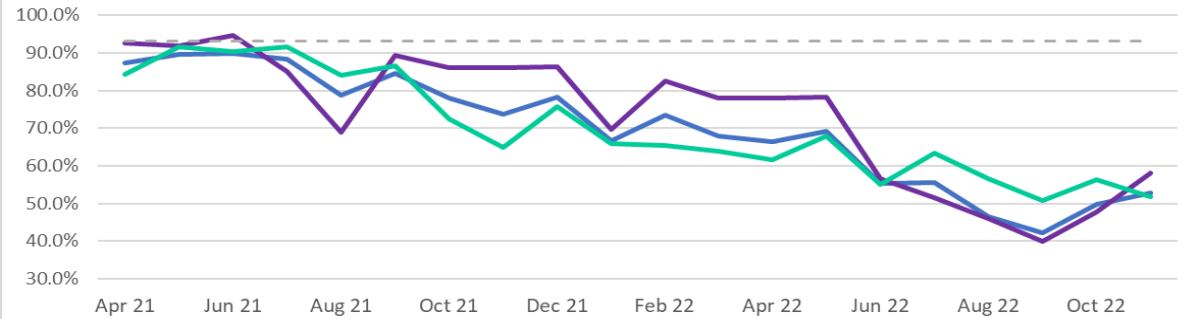
- The percentage of patients seen within 2 week of referral by their GP for a suspected cancer was 52.7% in November 2022 which is significantly behind the 93% national standard and below the national average of 77.8% (national data is up to October 22)
- Suspected cancer referral demand has returned to pre-pandemic levels; during the cumulative period April to November 2022 suspected cancer referrals were 113.3% of referrals compared to the relative period of 2019/20.
- The tumour sites with the largest 2 week wait backlogs are suspected skin cancer, suspected breast cancer and suspected lower gastrointestinal cancer and make up 81.4% of the overall backlog. The key drivers is the significant workforce challenge in the breast service at Somerset FT impacting upon capacity (2 clinic per week shortfall), shortfall in colonoscopy capacity to meet the significant increase in demand and capacity challenges within the skin cancer service at both YDH FT and University Hospital Bristol and Weston FT

## Actions

- **Skin:** A System wide Dermatology Project is underway in respect of the longer term service provision. Shorter term actions to increase capacity include expanding capacity at YDH FT via insourcing (discussions are still underway) and funding an additional Locum at University Hospitals Bristol and Weston for a period of 2 months when the lead consultant goes on sabbatical leave. Following the recent retirement of a consultant dermatologist in Bristol, a Somerset GP with an extended role in dermatology is triaging dermatology referrals and is working well with possible cancer referrals being passed on for consultant review. Potential patient harm has been identified for the patients on the two week wait pathway, a system wide Serious Incident Review is being undertaken. An initial review undertaken of 50 patients showed 10% of them had come to potential harm and are currently being reviewed.
- **Breast:** GP's have been recruited to run 2 week wait clinics with the impact due to be seen in September/October and a Nurse Practitioner has been appointed. Evening clinics have been set up to run every Thursday with the initial aim to get initial waits down to 28 days, enabling the 28 Faster Diagnosis Standard to be met
- **Lower Gastrointestinal:** Somerset FT is increasing capacity by opening a third room at Bridgwater Hospital with a new Registrar supporting, additional recovery trolleys have been purchased to enable colonoscopy lists to be run in parallel and an additional Locum is being sought

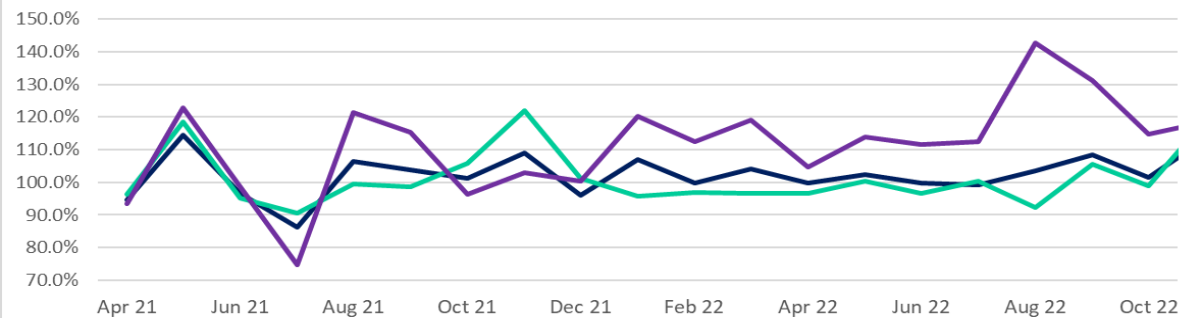
## Suspected Cancer Referrals Seen Within 2 Weeks

SFT, YDH, Somerset System



## Cancer 2ww restoration

SFT, YDH, Somerset System



## How do we compare – 2 week wait

- **Somerset Performance:** 52.7% (Trust - Somerset FT: 51.7% YDH FT: 58%)
- **National Performance:** 78.8%
- **South West Performance:** 66.2%

# Faster Diagnosis & 62 Day Cancer Pathway

## Performance

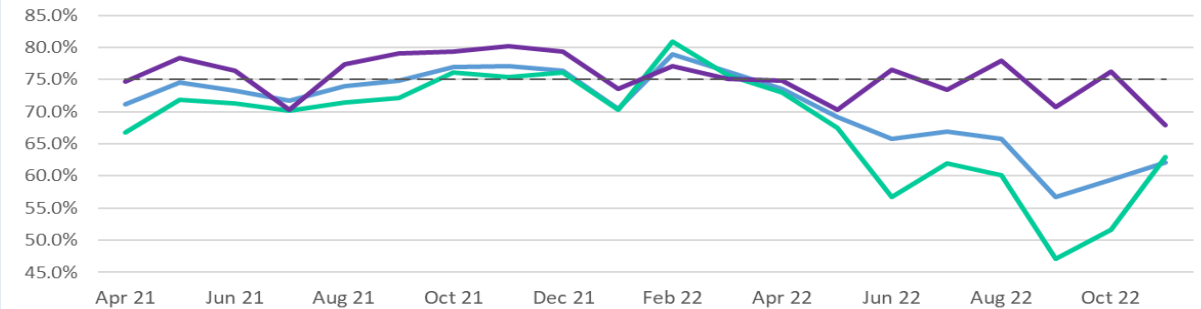
- In November 2022 the percentage of cancer patients diagnosed within 28 days (Faster Diagnosis Standard) was 62.1% (a 0.6% improvement on the previous month) against the 75% standard
- The tumour sites which are impacting not only on the 28 Day but also the 62 Day First Definitive Standards are breast, lower gastrointestinal and Gynaecological cancers and key drivers are the significant workforce challenge in the breast service at Somerset FT impacting upon capacity, shortfall in colonoscopy capacity to meet the significant increase in demand and capacity and challenges within the skin cancer service at both YDH FT and University Hospital Bristol and Weston FT
- As at week ending 01 January 2023 (latest position) the overall number of patients on the Cancer 62 Day Patient Tracking List awaiting diagnosis (or those diagnosed with cancer, awaiting treatment) was 121 at Somerset FT (against a plan of 70 for December) and 134 at YDH FT (against a plan of 47 for December)

## Actions

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

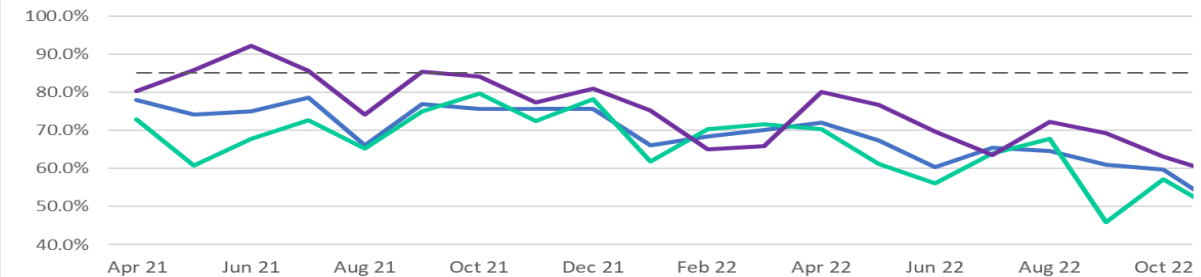
### 28 Day Faster Diagnosis Standard

SFT, YDH, Somerset System



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

SFT, YDH, Somerset System



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

- **Somerset Performance: 62.1% (Trust: Somerset FT: 62.9%, YDH FT: 67.9%) –November 22**
- **National Performance: 69.7%**
- **South West Performance: 67%**

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

- **Somerset Performance: 50% (Trust: Somerset FT: 48.43%, YDH FT: 58.5%) National Performance: 61%**
- **South West Performance: 62.2%**

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Mental Health and learning disabilities															
Access to IAPT Services - local data	SFT	-	777	608	753	617	768	651	937	747	726	704	622	758	739
IAPT Recovery % - local data	SFT	≥50%	60.8%	61.4%	63.5%	58.4%	55.7%	66.7%	63.7%	62.0%	58.1%	60.1%	63.9%	54.4%	59.5%
IAPT Waiting times - 6 Weeks - local data	SFT	≥75%	86.7%	82.6%	75.9%	73.6%	62.3%	57.5%	57.0%	46.9%	51.9%	57.3%	64.1%	63.1%	63.5%
IAPT Waiting times - 18 Weeks - local data	SFT	≥95%	99.7%	97.1%	98.7%	98.9%	97.9%	97.9%	98.4%	98.2%	98.6%	98.6%	97.9%	97.5%	97.9%
IAPT 1st to 2nd treatment >90 days (%) - national data	SFT	≤10%	27.00%	25.00%	34.38%	27.54%	25.00%	18.00%	23.00%	22.00%	29.00%	30.00%	34.00%	-	-

'-' no data available for month, data awaited

# Access to IAPT Services

## Performance:

- The number of people accessing treatment for the year to date to November 2022 using local unvalidated data is 5,944 against the target for 2022/23 of 14,003 (42.4% delivered). However, a greater proportion of the new activity will be delivered in the latter part of the financial year as we take more trainees in January and March university intakes and now that qualified posts have been recruited to.
- Performance for the period is currently performing behind plan due to high rates of maternity leave and long term sickness absence, alongside a spike in referrals in Quarter 4, particularly for high intensity therapies (for which a patient will receive a longer course of therapy), which has affected the overall capacity of the service.
- The COVID period affected the progress of the Long Term Conditions (LTC) offer and expansion into new specialties due to operational pressure in hospital settings as well as restrictions on the ability to co-locate services.

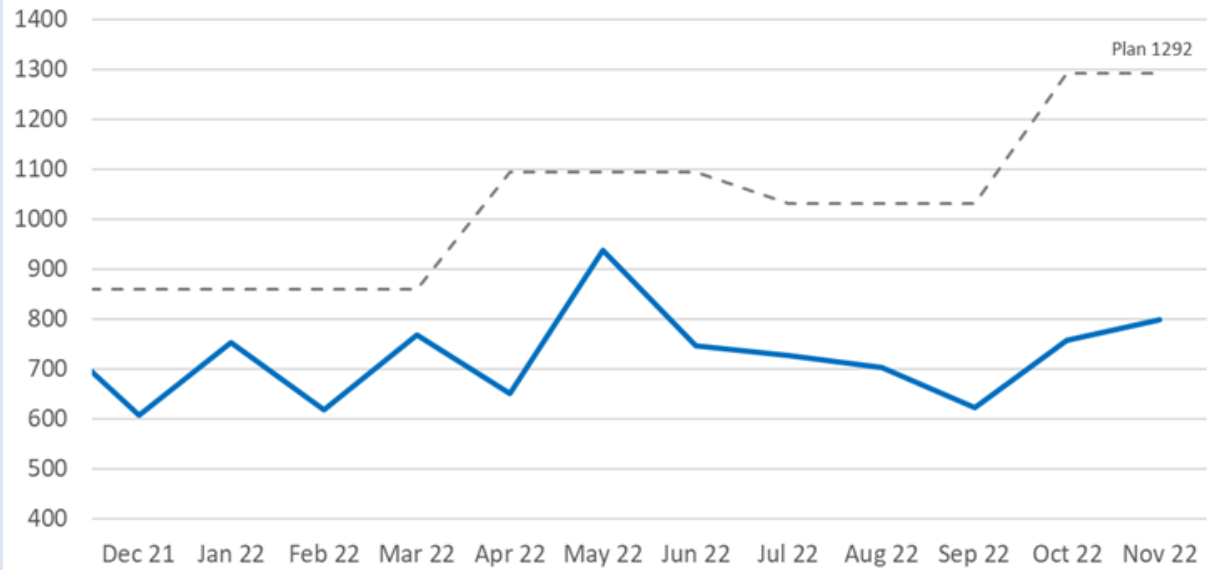
## Actions:

- The LTC expansion programme has been re-started which will generate additional referrals. This includes engagement with community hospitals primarily focused on MSK currently.
- Growing the IAPT service workforce by taking additional trainees in 2022/23, taking advantage of the Health Education England offer of one off funding for additional practitioners. 9 High Intensity practitioners have been recruited to, the highest of any previous year, with a further 10 practitioners to be recruited for the January and March intakes.
- Internal work is taking place to reduce drop outs and DNAs to use existing capacity more efficiently and contributing to the improvement in performance for 6ww.
- Use of SilverCloud, now rolled out, and Xyla for additional capacity, supported by additional demand generated through the revamped website.
- Proactive outreach for hard to reach groups including rural communities, as well as a piece of work relating to anti-depressant prescribing rates. The IAPT team is also well linked to the wider outreach programme that Open Mental Health is leading on.
- New workstream, aligned with national direction of travel, re increasing uptake for CYP and older people

## IAPT Access

Somerset System: The number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy within the reporting period

Local data



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

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

# IAPT – Improving Access to Psychological Therapies Waiting Times

## Performance:

- 6 week wait standard:** There has been a deterioration in performance overall against the 6 week wait standard since February 2022, hitting 46.9% in June (local data) at its lowest point. However, there has been a sustained upwards trajectory, with the service now achieving 64.3% in November 2022. It is anticipated that the standard will be recover by end of Q4. This has arisen due to capacity issues within the service, alongside responding to a short term surge in demand. We continue to achieve the 95% standard for 18 week waits.
- There are also specific issues in one locality (Chard) due to patient choice, with individuals requesting female therapists and specific types of high intensity treatment which are less widely available, and this is affecting the waiting times in that area.
- IAPT Second Stage Waits:** There has been an increase in the waiting times between first and second treatment, with performance in September 2022 of 33.0% against a target of 10% of patients waiting over 90 days between their first and second treatment (note national data lag). This is because of capacity issues within the service as well as internal issues regarding management of cancellations and DNAs.

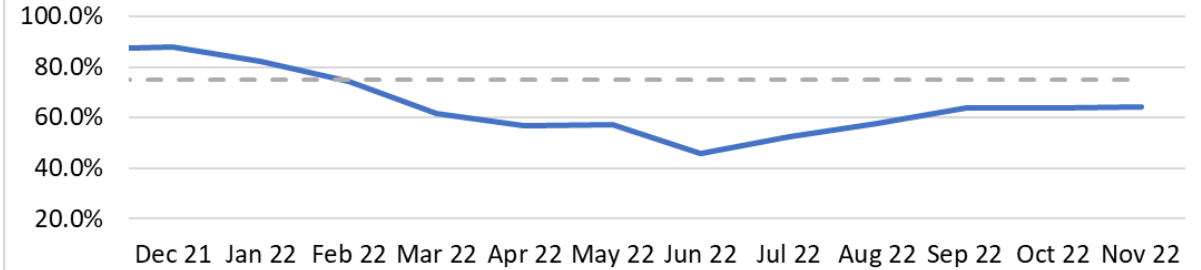
## Actions:

- Increasing capacity of the service across all areas, with additional trainees (further intakes in January and March) and recruiting to qualified positions (administration, therapists and assessment workers) which is improving throughput.
- New website now live, which will support the streamlining of assessments, as well the full complement of administrative staff which will hasten the process, now live
- Specific QI project underway to recover the 6ww performance
- Improving the intervening offer, between assessment and first appointment, so patients entering treatment are more “activated” and receptive to the treatment offer.
- Roll out of SilverCloud digital offer is complete

## IAPT 6 Week wait

Local data

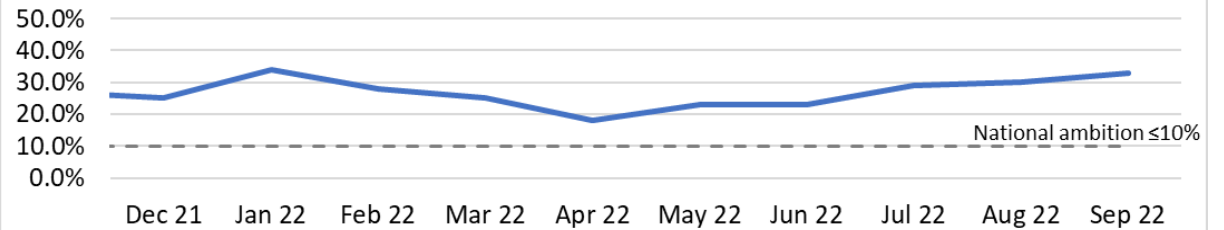
SFT



## Proportion of patients waiting >90 days between their first and second treatment

National data

Somerset System



### How do we compare

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

- Somerset performance: 64% (Sept 2022)
- National average: 89% (Sept 2022)
- South West average: 92% (Sept 2022)

### How do we compare

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

- Somerset performance: 33% (September 2022)
- National average: 23.4% (September 2022)
- South West average: 20% (September 2022)

# Children and Young People

Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Access to Children and Young People's Mental Health Services - 1 contact (rolling 12 months) - national data	Somerset ICB	6366	4,035	4,080	4,120	4,160	4,140	4,160	4,160	4140	-	-	-	-	-
% of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral (rolling 12 months) - local data	SFT	≥95%	64.15%	69.72%	73.58%	75.24%	75.22%	75.00%	75.00%	79.00%	80.61%	84.85%	85.57%	90.32%	91.59%
% of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral (rolling 12 months) - local data	SFT	≥95%	84.62%	85.71%	83.33%	81.82%	83.87%	86.21%	85.19%	83.33%	82.61%	80.00%	80.00%	80.00%	85.00%
Number of patients under 18 on adult ward - local data	SFT	-	0	0	0	2	0	0	0	0	0	0	0	0	0
Women Accessing Specialist Community Perinatal Mental Health Services (rolling 12 months) - national data	Somerset ICB	-	400	415	425	440	440	435	440	425	425	415	410	415	-

'-' no data available for month



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

## Performance:

**Rolling Target :** We have delivered 5,578 contacts (local unvalidated 12 month figure up to November) this still shows Somerset as performing under target for CYP Access but shows a steady increase. (Due to an ongoing cyber incident which has affected the MHSDS the national level breakdowns have not been published since June 2022. The Mental Health Services Data Set (MHSDS – national data) shows 4,140 to June). Ongoing work is taking place that will reconcile this discrepancy and possible double counting of data whilst establishing a more reliable data collection by the end of April 2023.

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

Tellmi – a mental health and wellbeing peer support app has been commissioned in Somerset for CYP aged 11-18 with a contract start date of 1<sup>st</sup> November. SFT Business Intelligence Team and NHS SCWCSU (South, Central and West Clinical Support Unit) are supporting Tellmi to submit their data to the MHSDS. Engagement with education staff is a priority for Tellmi to ensure maximum take up and service awareness.

### Actions:

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

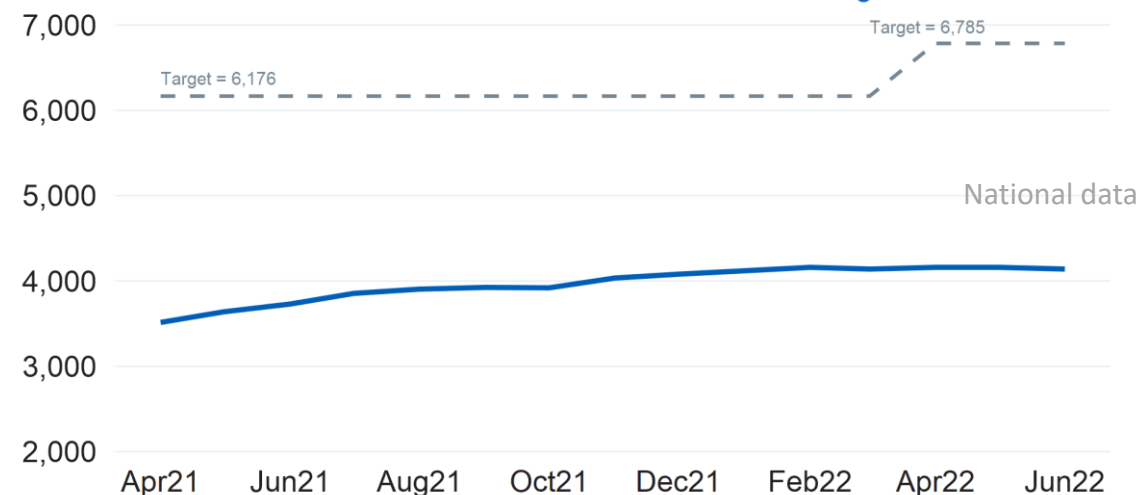
**Data Collection:** Continue monthly data monitoring meetings (Young Somerset, Somerset FT, SICB, NHS SCW) to review any discrepancies. NHS SCW have informed SICB that they are confident that the locally reported position is an accurate reflection of the position / activity being completed by Young Somerset. Finalise indicative activity plan for the Mental Health Support Teams now the service is at full capacity.

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

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

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

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



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

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

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

# CYP Eating Disorder Services

## Performance:

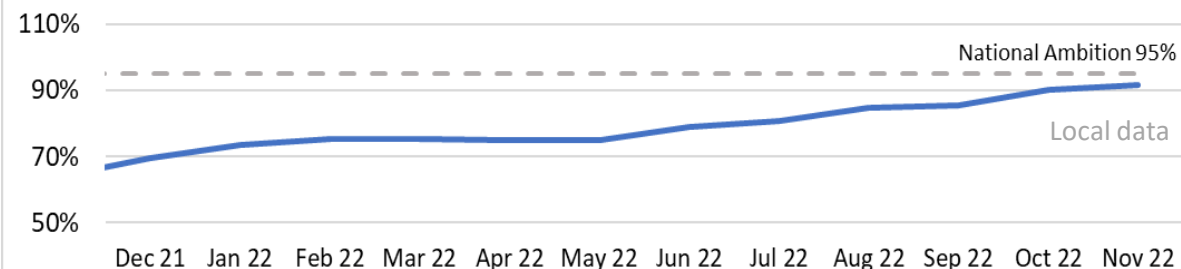
- Somerset are currently performing below the 95% standard on both urgent (1 week wait) and routine (4 week wait) for CYP Eating Disorder services. However, we are seeing a continuing upward trend in performance for 4ww and static performance for 1ww.
- This is because there are very small numbers of patients accessing each service meaning that one breach could cause performance to dip below standard. In November 2022, there have been 3 breaches on a rolling 12 month basis for urgent cases; for routine cases, there have been 9 breaches over the same rolling 12 month period.
- There has also been a significant increase in acuity over the COVID period, increasing the length of time someone accesses the service and therefore impacting capacity, as well as an increase in demand more generally. Patient choice is also affecting waiting times to first treatment.
- Urgent cases are being prioritised for treatment.

## Actions:

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

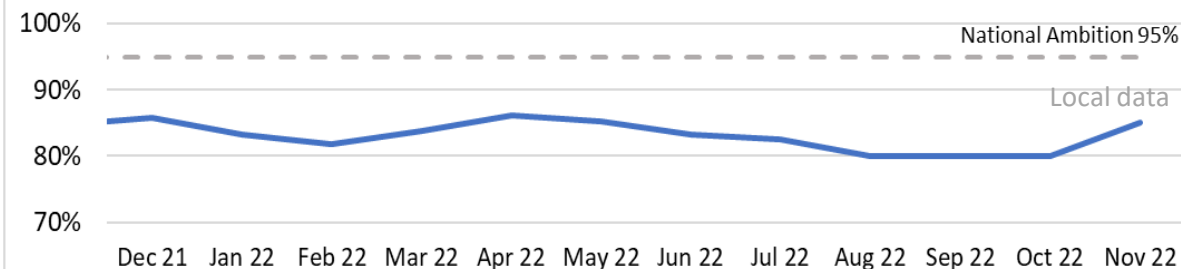
### Children and young People accessing Routine Eating Disorder Services

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



### Children and young People accessing Urgent Eating Disorder Services

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



### How do we compare (national data)

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

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

## Performance:

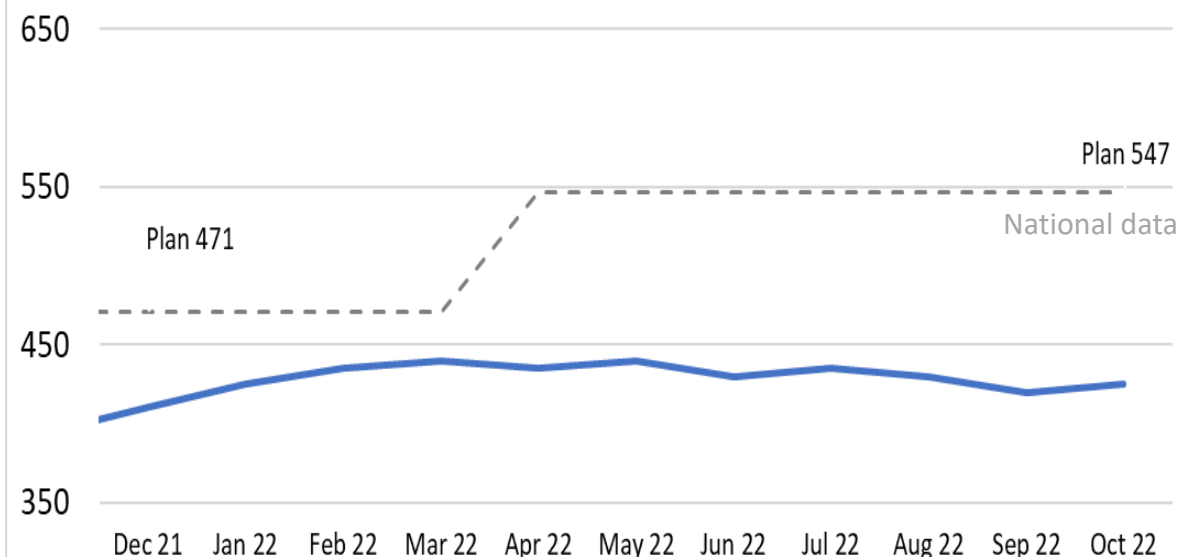
- National reporting is showing an under-performance against the national target, 415 women accessing the services in the 12 month period to October (latest data) against an ambition of 547 (75.9% of target)
- A cyber incident has affected national MHSDS data and also ICB totals reported via the FutureNHS platform, therefore national reporting may not be accurate. No timescales to rectify reporting have been given

## Actions:

- Identification of a local data issue has been resolved
- Investment and expansion in 2022/23 is planned for the Perinatal and Maternal MH Service (PMMHS)
- A hard launch of the MMHS is planned to take place by 1 April 2023
- New referrals are now being offered appointment via attend anywhere, this will help improve the access rate

## Perinatal mental health Access

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



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

- Somerset performance: 7.6% (October 2022)
- National average: 6.8% (October 2022)
- South West average: 6.8% (October 2022)

# Mental Health

Description	Provider/Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
First Episode Psychosis treatment with NICE recommended package of care within two weeks of referral - national data	Somerset ICB	≥56%	66.70%	75.00%	76.90%	83.30%	64.00%	63.60%	66.70%	78.90%	-	-	-	-	-
People with severe mental illness receiving a full annual physical health check and follow up interventions - national data	Somerset ICB	-	-	0.4%	-	-	0.32%	-	-	42.00%	-	-	41.60%	-	-
Access to Individual Placement and Support Services (cumulative financial year to date) - national data	Somerset ICB	-	345	370	395	430	465	100	140	185	-	-	-	-	-
Number of people who receive two or more contacts from NHSE or NHS Commissioned Services for Adults and Older Adults with Severe Mental Illnesses (rolling 12 months) - national data	Somerset ICB	7669	7,370	7,200	6,985	6,745	6,475	6,165	5,920	5,560	-	-	-	-	-
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days - national data	Somerset ICB	0	195	205	210	165	70	40	55	80	90	85	65	-	-
	SFT	0	100	105	90	50	50	40	55	80	90	85	65	-	-
Adult mental health inpatients receiving a follow up within 72hrs of discharge - national data	Somerset ICB	≥80%	77.00%	84.00%	93.00%	63.00%	77.00%	69.00%	73.00%	77.00%	-	-	-	-	-
Mental Health Services Dataset - Data Quality Maturity Index Score	SFT	≥80%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	96.00%	-	-	-
Estimated Diagnosis rate for people with dementia	Somerset ICB	≥66.7%	53.49%	53.34%	53.20%	53.60%	53.60%	53.40%	53.30%	53.30%	52.70%	53.50%	53.20%	-	-

'-' no data available for month

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

## Performance:

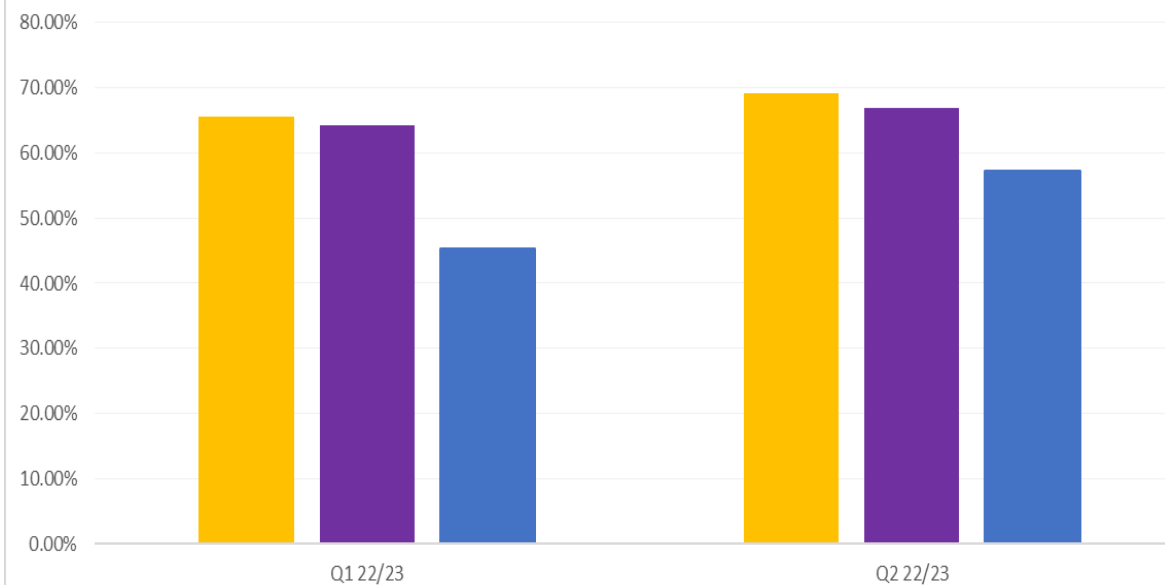
- There has been a significant improvement in reported performance between quarters. Performance for Q1 2022/23 showed that there were 1,359 physical health checks delivered (where all 6 checks were carried out). This accounts for 45.3% of the 22/23 target, up from 0.3% (14 checks delivered) in Q4 2021/22. This improvement was driven by a one-off data request to practices, where 48 out of 63 practices submitted data. The data for Q2 2022/23 data shows further improvement, delivering 57.2% of the 22/23 target for the quarter (1,715 where all 6 checks were delivered).
- Somerset have commissioned a multi-agency model which has the broadest possible reach for people with Serious Mental Illness (SMI): the bulk of checks are delivered by primary care, with some health checks delivered in secondary care (including anyone on the Early Intervention of Psychosis (EIP) caseload and anyone with an inpatient admission) and additional community support under the Open Mental Health model.

## Actions:

- A new extraction approach using EMIS Search and Report has been implemented. The October (Quarter 2) data collection has used this method which enables us to have all practices are included. There are further counting and coding issues that are being investigated, that are anticipated to further improve the reported position.
- Where people on the SMI register have been identified as having all checks except for alcohol/smoking, SFT will be contacting those patients to undertake the final checks remotely. This is anticipated to result in performance improvement of a further ~400 patients
- Suite of new communications tools, including questionnaire, leaflet, telephone line and online resources, as well as outreach programme delivered by VCSE partners
- Work with VCSE partners to increase the quality of the checks through training for practitioners, which has been designed and delivered by people with lived experience

## % of 22/23 PHSMI target delivered

Somerset System, South West, England



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

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

# Dementia

## Performance:

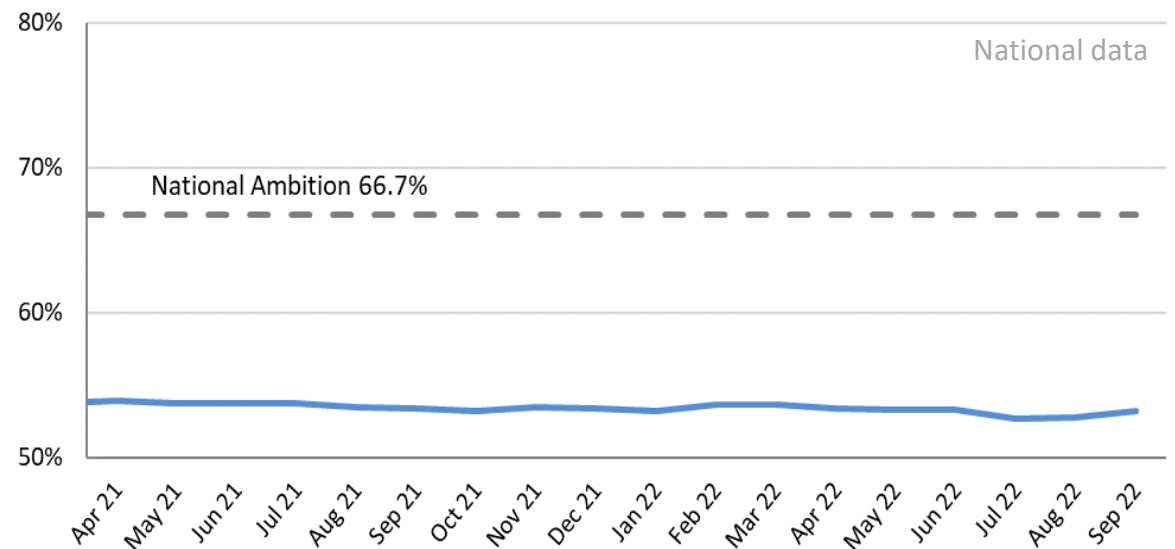
- Although our dementia diagnosis rate (DDR) has remained largely static at circa 53% and performance against the 66.7% national target hasn't been achieved. (This data is from September due to NHS Digital changing the reporting. The data series will be superseded by the Primary Care Dementia Data series and October data will be available by mid January)
- Somerset, like most other areas across the country and in the South West, has not achieved the national DDR target in a number of years. Performance deteriorated further over the COVID period due to the vulnerability of this cohort. DDR weighting is skewed because the blanket national target does not take into account differences between rural and urban risk factors (for example, the lower levels of vascular issues in rural settings)

## Actions:

- In 2022/23 investment was approved. The new service is being coproduced with people with dementia and their carers and a VCSE Collaboration Group has been formed to deliver key elements of the service. A localised dementia support line has been implemented (as set out in the NHS Long Term Plan) and we have doubled the number of Dementia Support Workers in the county. Work continues across the system to deliver other key elements of the new service and provide more support for people with dementia and their carers in the community to help them stay well, and as close to home, for as long as possible.
- We have increased capacity within the Memory Assessment Service (MAS), including care home liaison posts to cope with increasing demand
- We bid for one year pilot funding from NHSE to implement the DiADeM. Recruitment is almost complete. When it is, work to improve coding processes will begin across the county to clear up coding issues that are affecting our DDR

## Dementia Diagnosis Rate

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



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

- Somerset performance: 53.2% (September 2022)
- National average: 62.2% (September 2022)
- South West average: 57.4% (September 2022)



# Learning Disabilities

Description	Provider	Treshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Number of adults in inpatient care with a learning disability and/or autism - Care	Somerset System			9			8			7			7
Number of adults in inpatient care with a learning disability and/or autism - Care commissioned by INHS England or via a Provider Collaborative	Somerset System			6			6			6			6
Number of children (aged under 18) in inpatient care with a learning disability and/or autism - Care commissioned by NHS England or via a provider collaborative	Somerset System			0			0			0			0
LD Annual Health Checks (quarterly actuals)	Somerset System	75%		19.74%			35.75%			9.70%			12.54%
LD Annual Health Checks (cummulative annual)							77%						

# Learning Disability and/or Autism Inpatients

## Performance:

- The March 2022 target for the number of Somerset patients with a learning disability and/or autism in specialist learning disability or autism hospital placements (including mental health inpatient units) was not achieved, see table for patient numbers.
- Though there have been admissions and discharges throughout the year, the overall numbers of inpatients has remained fairly static month-on-month. In November there were 15 inpatients against a March 2023 target of 11.
- Somerset compares favourably both regionally and nationally, with consistently low use of inpatient services for people with a learning disability and/or autism. The targets for 22/23 meet the requirements of the NHS Long Term Plan.
- As part of the Transforming Care Programme (adult secure and non-secure settings), there were 10 Care Treatment Reviews completed, 2 are under review and 2 patients declined. CTRs (and CETRs) are undertaken by multi-disciplinary teams and the new quality led Transforming Care Oversight Panels monitor progress against CTR recommendations.
- Learning disability health checks: Over the course of 2021/22 2,385 checks were carried out against a register size of 3,105 which equates to 77%, above target. As expected, the majority of health checks were achieved in the final quarter (1,121 health checks). This also put us in a good position to achieve the planned ambition for 2022/23 (a target of 2,380 health checks). In the first six months of 2022/23, 712 health checks were completed (22.24%), compared with 653 health checks (20.58%) in the same period the previous year.

## Actions:

- Discharge planning for inpatients continues
- A Somerset multi-agency Transforming Care Board meeting is being set up to support the Somerset Transforming Care programme. This will ensure oversight on individual TC patients as well as progressing specific pieces of system work focused on TC patient safety, advocacy, quality of service delivery and wider service improvement work.
- Actions to improve the uptake of annual health checks are ongoing

	Actual March 2022	Target March 2022	Actual June 2022 (Q1)	Actual Sept 2022 (Q2)	Actual Oct 2022	Actual Nov 2022	Target March 2023
Adults non-secure (ICB)	8	3	7	7	8	7	5
Adults secure (NHSEI)	6	5	6	6	7	7	5
CYP (NHSEI)	0	1	0	0	0	0	1
<b>Total</b>	<b>14</b>	<b>9</b>	<b>13</b>	<b>13</b>	<b>15</b>	<b>14</b>	<b>11</b>

# Learning Disability Mortality Reviews

## Performance:

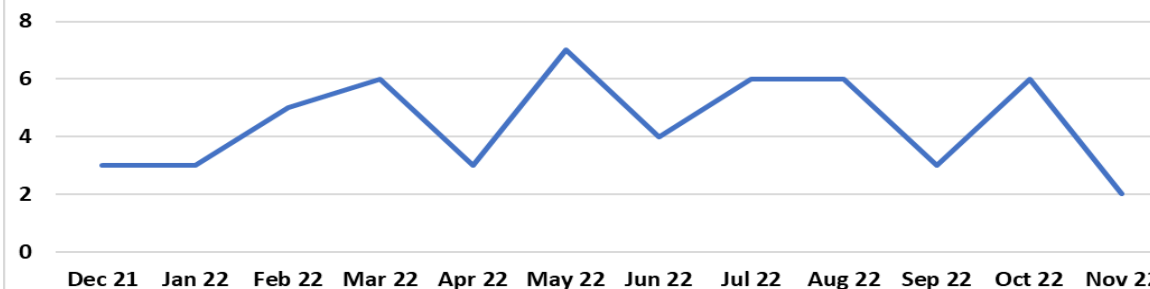
- Six notifications were received in October but only three allocated: two in October and one in November. Two notifications were deemed to be Out of Scope and the final one has been put on hold due to a Safeguarding enquiry.
- Two notifications were received in November; one was a Child Death Review (which is not included in our KPIs) and the other was allocated within the month.
- Five Reviews were completed in October, and three Child Death Reviews were signed off.
- No Reviews were completed in November – everything due had been completed earlier.

**October / November Focus** – We have launched a series of Learning Briefs to share learning and good practice coming out of Somerset LeDeR reviews. The first issue, focussing on Dysphagia, launched in October, with further Learning Briefs planned. Learning Briefs in development include Oral Health care, Epilepsy and Cancer. The Learning Briefs are designed to be short and engaging so they can be shared with the widest possible audience.

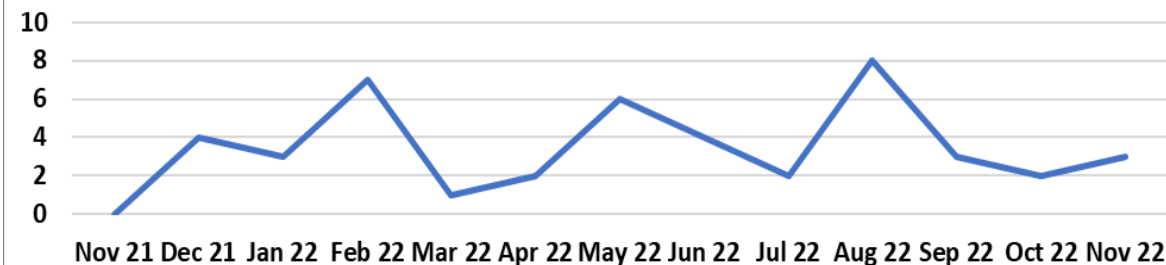
## Actions:

- Oral Health Care Learning Brief to be signed off and circulated in the New Year.
- Learning from reviews to be monitored and Learning Briefs developed as appropriate.

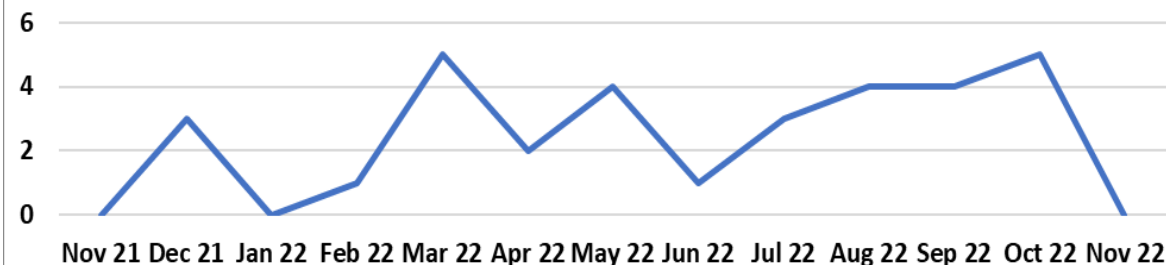
LeDeR - Number of notifications received in month



LeDeR - Number of reviews allocated within 3 months



LeDeR - Number of reviews completed within 6 months



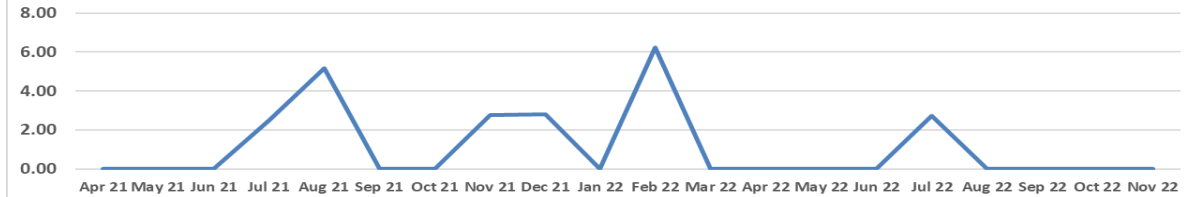
Description	Provider/ Commissioner	Threshold	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Women and Childrens															
% of women smoking at time of delivery	Somerset ICB	≤10%	8.36%	12.11%	10.24%	10.86%	9.71%	9.60%	12.90%	11.40%	10.80%	9.48%	8.21%	7.65%	10.42%
	SFT		8.43%	12.76%	9.25%	10.48%	11.44%	9.60%	13.90%	10.70%	10.20%	9.33%	9.50%	7.81%	10.34%
	YDH		8.16%	10.71%	12.38%	11.90%	6.14%	9.70%	10.40%	13.00%	12.30%	8.53%	5.05%	7.22%	10.58%
% of preterm births	Somerset ICB	≤6%	7.99%	5.60%	8.72%	6.54%	4.43%	8.45%	9.34%	7.08%	5.99%	5.20%	5.73%	6.93%	7.69%
	SFT		7.92%	6.12%	8.44%	5.96%	4.07%	9.20%	10.16%	6.12%	6.15%	5.84%	5.65%	7.63%	9.66%
	YDH		8.16%	4.46%	9.35%	8.14%	5.22%	6.67%	7.41%	9.57%	5.61%	3.85%	5.94%	5.05%	3.81%
% women on continuity of care pathway	Somerset ICB	≥35%	45.54%	38.10%	43.86%	44.09%	49.61%	33.09%	31.90%	23.97%	37.50%	34.21%	42.31%	38.24%	34.75%
	SFT		0	0	0	0	0	0	0	0	0	0	0	0	0
	YDH		45.54%	38.10%	43.86%	44.09%	49.61%	33.09%	31.90%	23.97%	37.50%	34.21%	42.31%	38.24%	34.75%
Number of stillbirths per 1000 live births ( SO 22a)	Somerset ICB	0	5.51	2.80	2.91	3.12	5.57	0.00	0.00	2.95	5.47	0.00	0.00	0.00	0.00
	SFT		3.77	4.08	4.22	4.27	8.19	0.00	0.00	4.09	3.86	0.00	0.00	0.00	0.00
	YDH		10.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.43	0.00	0.00	0.00	0.00
Number of neonatal deaths per 1000 live births (SO 23a)	Somerset ICB	0	2.77	0.00	5.83	0.00	0.00	0.00	0.00	0.00	2.73	0.00	0.00	0.00	0.00
	SFT		3.79	0.00	8.47	0.00	0.00	0.00	0.00	0.00	3.86	0.00	0.00	0.00	0.00
	YDH		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3rd and 4th degree tears (assisted births)	Somerset ICB	≤7%	10.34%	2.86%	9.52%	5.26%	20.51%	8.00%	11.63%	10.87%	13.46%	4.88%	9.76%	8.33%	0.00%
	SFT		13%	4%	12%	7%	17%	11%	10%	12%	15%	3%	15%	13%	0.00%
	YDH		0.00%	0.00%	6.25%	0.00%	30.00%	0.00%	16.67%	8.33%	9.09%	9.09%	0.00%	0.00%	0.00%
% of babies admitted to NICU (SCBU) at term	Somerset ICB	N/A	3.01%	5.65%	5.43%	4.68%	7.87%	6.15%	4.56%	3.82%	3.50%	1.83%	6.38%	5.36%	5.21%
	SFT		2.5%	6.1%	4.6%	4.1%	6.8%	5.3%	5.2%	3.5%	4.1%	2.3%	5.1%	2.5%	4.3%
	YDH		4.49%	4.67%	7.22%	6.33%	10.09%	8.16%	3.00%	4.71%	2.00%	0.80%	9.50%	12.77%	6.93%

# Ockenden Update

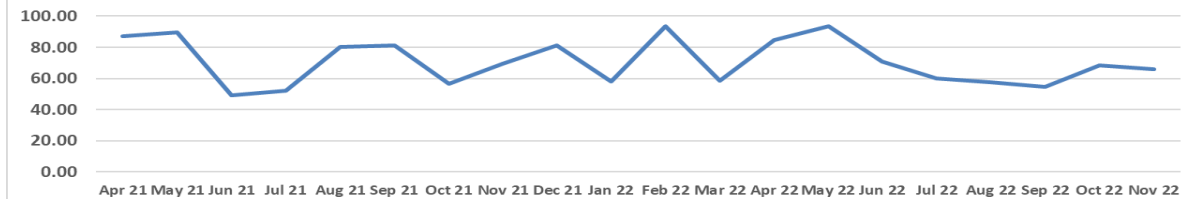
## Performance

- In 2017 Donna Ockenden was asked to review Maternity Services in the Shrewsbury and Telford Hospital Trust by the Secretary of State. The final report published on 30 March 2022 identified 15 essential actions with a series of further recommendations for trusts to review and to develop an action plan for compliance where needed.
- NHSE plan to collate the actions from Ockenden part 2 and the Kirkup report into one overarching list of recommendations for action. This single delivery plan is likely to be published in March / April and will also contain updated maternity deliverables for 23/24
- Somerset FT and YDH FT are mapping compliance against the new reports, in order to identify areas for improvement in advance of the formal guidance. This is monitored by the Local Maternity and Neonatal System (LMNS). Somerset ICB Quality and Safety team together with NHSE provide oversight for assurance of the submitted evidence and compliance and initial feedback from NHSE has been positive.
- It is the expectation that delivery of the safety recommendations that are included in the Long Term Plan, the Saving Babies Lives' Care Bundle Version 2 (plans by NHS England to make maternity care safer and more personal) and implementation of the Ockenden Review recommendations will lead to an improvement in maternity care (and as measured through the maternity performance indicators). An updated version of Saving Babies Lives is due in February.
- Performance against these maternity frameworks and reviews are monitored closely across the ICS via the LMNS board and by NHSE both regionally and nationally. Performance has been challenging throughout the pandemic due to infection with Covid-19 being linked to higher rates of preterm birth and stillbirth but the risk is mitigated by increasing rates of vaccination in pregnant people.

Number of Neonatal deaths per 1000 live births  
Somerset System



Number of Pre-Term births per 1000 live births  
Somerset System



### • Ockenden Actions (from first report)

Immediate and Essential Actions - first report

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

### • Ockenden Additional Actions (final report)

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

#### • Kirkup (East Kent report published on Oct 19th)

Improved dashboards and data; embed compassionate care; improved teamworking, stronger leadership and culture, honesty and transparency.

## Performance and Actions

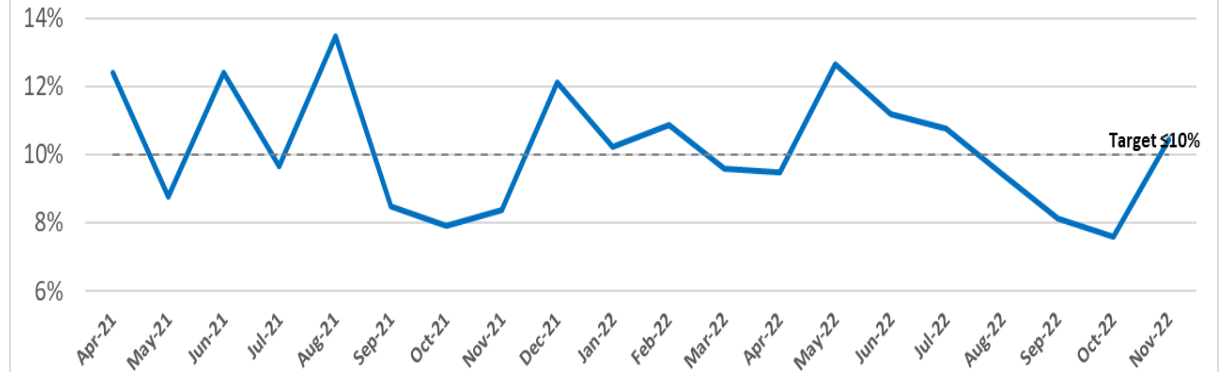
- Smoking at time of delivery in April to November 2022 compared to same period in 2019 shows a decrease of 0.53%, from 10.4% to 9.9%. Performance in the month of November 2022 was at 10.4%. Work continues on improving performance as part of the Long Term Plan Treating Tobacco Dependency programme working jointly with our public health colleagues.
- 3<sup>rd</sup> and 4<sup>th</sup> degree tears for assisted births: OASI (obstetric anal sphincter injuries) Care Bundle training in place to improve outcomes, as well as further training on episissors.
- Both trusts have implemented the PeriPrem Care Bundle to improve the outcomes for premature babies. Compliance continues to improve, with YDH identified as having particular success in implementation and development of a strong perinatal team culture
- A Maternity Equity Strategy was published during 2022/23 with analysis completed and approved by NHSE
- Successful bid to pilot the Independent Senior Advocate for Maternity. Recruitment in progress
- Personalised care and support plans launch Jan 23.

## ICB work plan

- Focus on recruitment and retention
- Implementation of the National Bereavement Care Pathway across both trusts
- Public Health midwife to promote healthy pregnancy and link maternity with Public Health services
- Building closer links with our neighbouring LMNSs to improve cross border transfers
- Start to implement the actions identified in the Maternity Equity Strategy
- Work with the Neonatal Operational Delivery Network to implement the recommendations of the Neonatal Critical Care Review
- Development of a maternity digital strategy to support the alignment of digital systems
- Development of a 5 year maternity strategy
- Support for governance structure during the merger process
- Work with the women's and children's team to develop seamless pathways in line with the first 1001 days of life guidance.

## % Smoking at the time of delivery (target ≤10% at delivery)

Somerset System



## Quality Assurance via the LMNS Safety and Governance Forum

Review of the following:

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

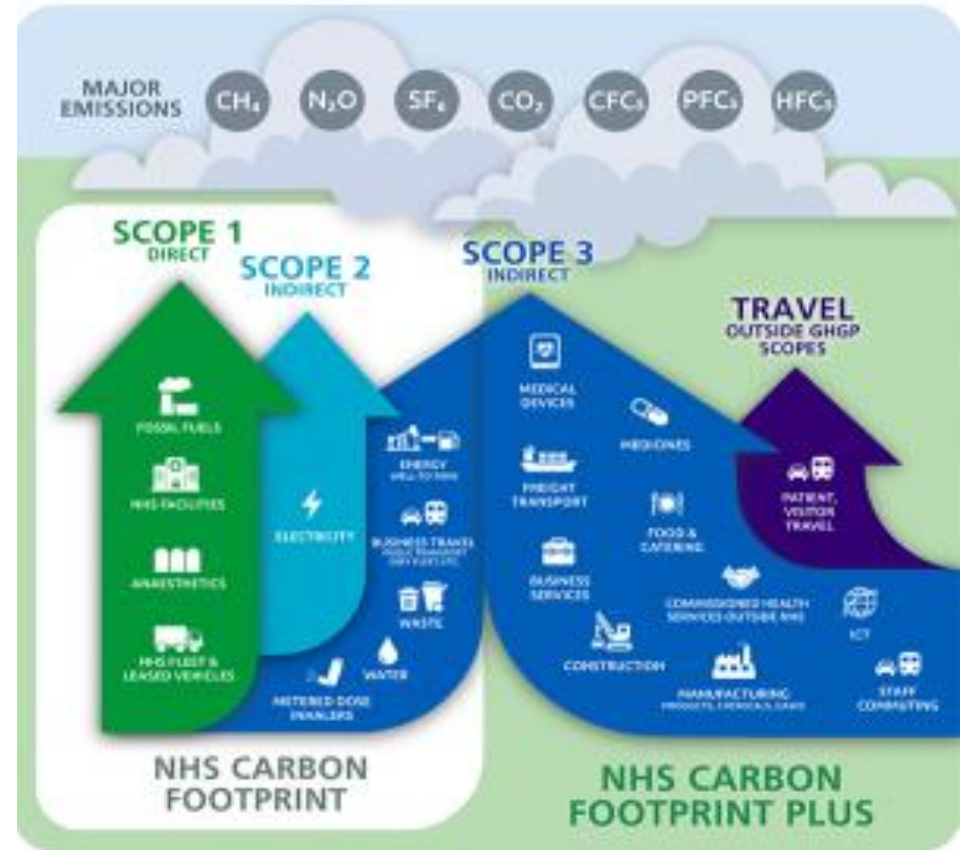


## Performance

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

## Actions

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



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

# Glossary

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

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

# Glossary

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

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