

Report to the NHS Somerset Clinical Commissioning Group on 23 September 2021

Title: INTEGRATED BOARD ASSURANCE REPORT: QUALITY AND PERFORMANCE 1 April 2020 – 31 July 2021	Enclosure J
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Version Number / Status:	1
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Clinical Lead:	N/A
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Summary and Purpose of Paper

Following discussion at the Finance and Performance Committee meeting held on 21 July 2021, the enclosed paper provides a summary of escalation issues for quality and performance against the constitutional and other standards, for the period 1 April 2020 to 31 July 2021, and provides a detailed summary for the following areas:

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

Recommendations and next steps

The Somerset CCG Governing Body is asked to discuss the performance position for the period 1 April 2020 to 31 July 2021.

Impact Assessments – key issues identified

Equality	Equality and diversity are at the heart of Somerset Clinical Commissioning Group's work, giving due regard to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, in its functions including performance management.
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Quality	Decisions regarding improvements against the performance standards are made to deliver with regard to the best possible value for service users.			
Privacy	No issues identified.			
Engagement	All discussions regarding performance improvement have been detailed in the enclosed report.			
Financial / Resource	The current resource allocation for NHS Somerset Clinical Commissioning Group is £549,729,000 as at M5 2021/22 (H1)			
Governance or Legal	Financial duties of Somerset Clinical Commissioning Group not to exceed its cash limit and comply with relevant accounting standards.			
Risk Description	The Somerset Clinical Commissioning Group must ensure it delivers financial and performance targets.			
Risk Rating	Consequence	Likelihood	RAG Rating	Risk ID
	2	4	8	19

Integrated Board Assurance Report July 2021

Somerset System overview – July 2021

Primary Care –
GP
contacts/demand

227,471*

*Compared to 12 month average



Answered within
60 seconds or less

37.7%



9,686 Calls

Cat 1 **10.9 min**

Cat 2 **52 min**

Cat 3 **173.8 min**

Cat 4 **111.4 min**

Mean response time

4 hours

A&E

73.34%

Total A&E
Attendance

24,416



NHS
Somerset
NHS Foundation Trust

4 hours

A&E

66.2%

Total A&E
Attendance

7,340



Yeovil Hospital
Healthcare

4 hours

A&E

90.9%

Total A&E
Attendance

5,224



Total
emergency
admissions

5760

899

Re-admissions
within 30 days
of discharge

Somerset System overview – July 2021



Referral to
treatment

13,299



66.35% <18 weeks

2,643 people waiting >52 weeks

4,971 people waiting >40 weeks



Diagnostics

Waiting list

13,467

>6 weeks 5,108

38%



Cancer
Total

2ww

2,304

235 >2ww waits

2ww performance **89.8%**

31 day performance **95.3%**

62 day performance **75%**



IAPT - Improving Access
to Psychological Therapies

access (roll-out) ***2,836**

*for the year to date period. Indicative target is 3,442

60.9% moving to recovery

CYPMH

Children and Young People's Mental Health

access ***6,110**

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

98.9% of patients
waited <=24 hours to
be seen by the Home
Treatment Team



94.82% of
patients on CPA had
an annual review

Somerset System overview – July 2021

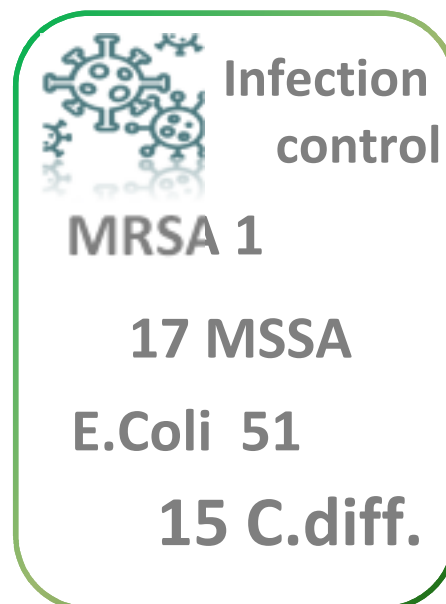
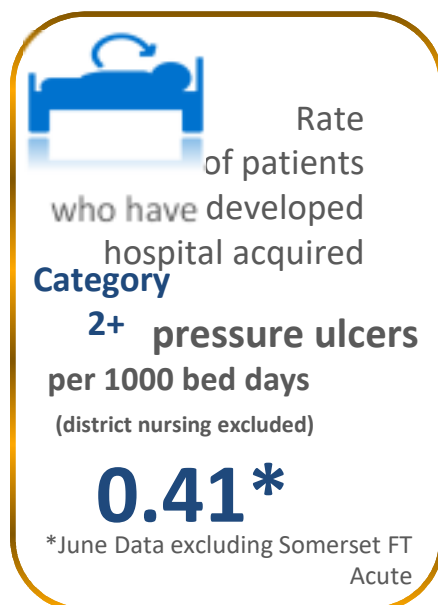
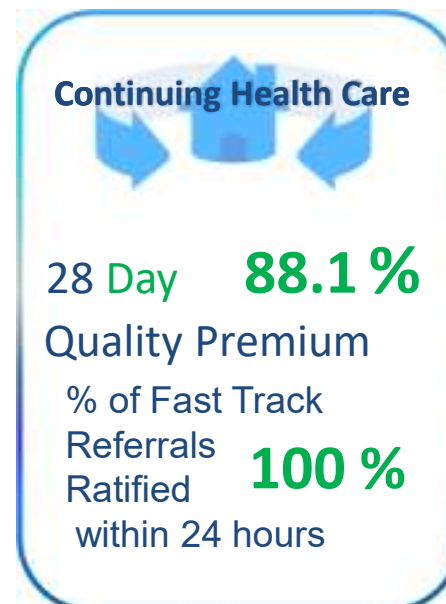
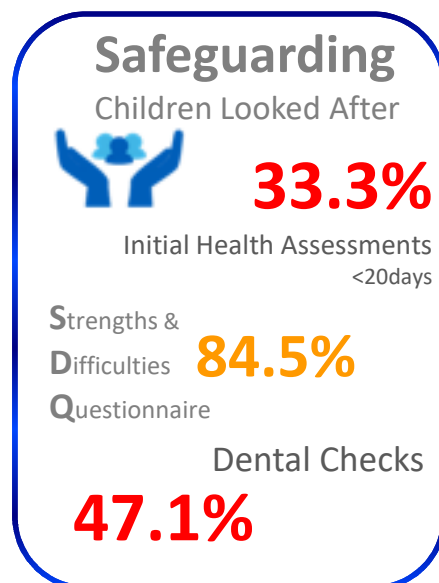


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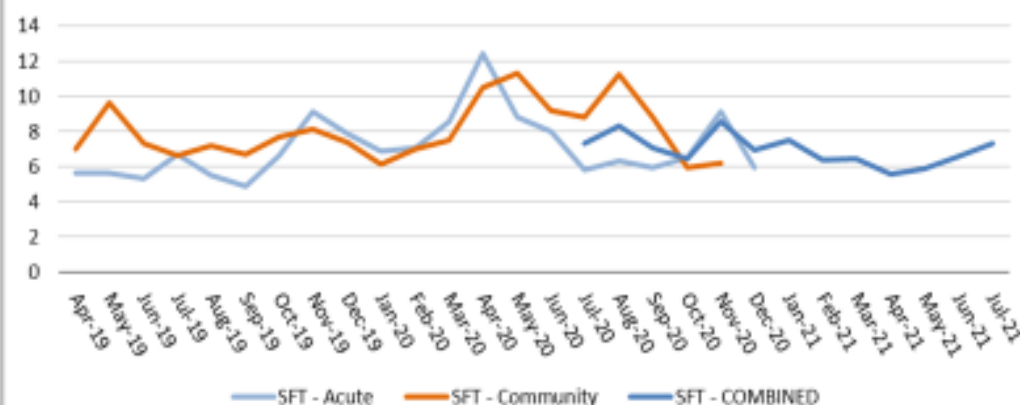
Quality Reporting



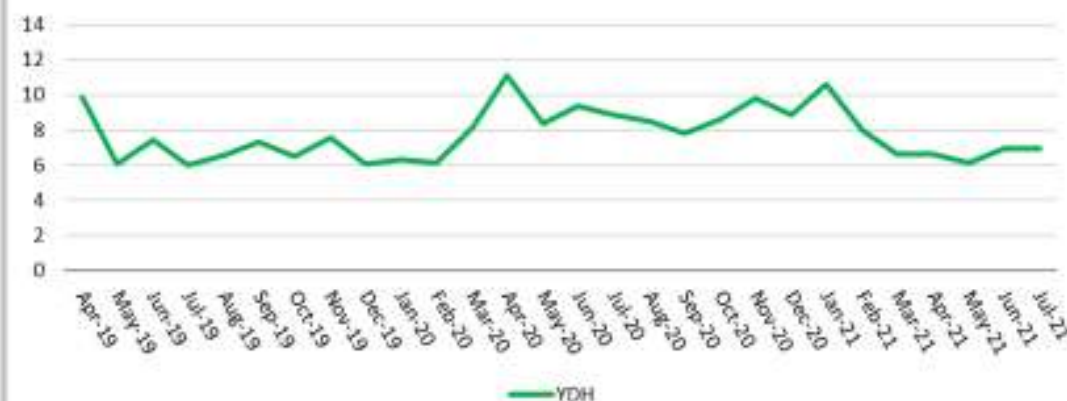
Somerset

Clinical Commissioning Group

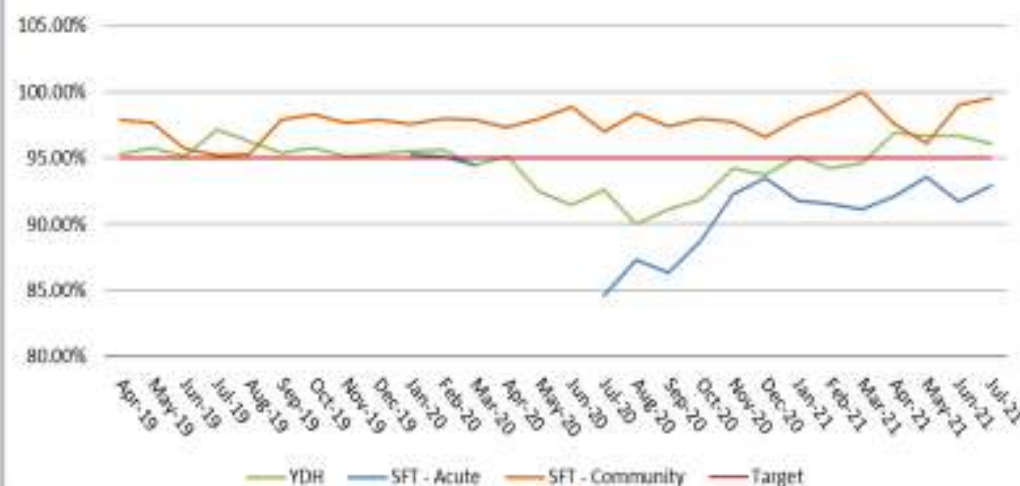
**Somerset Foundation Trust -
Rate of slips, trips and falls (irrespective of grade)
per 1000 beds**



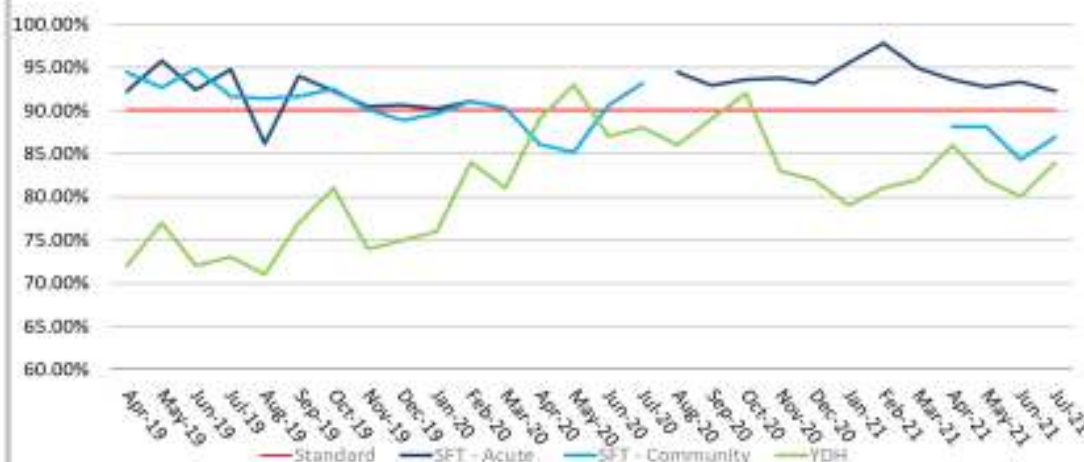
**Yeovil District Hospital Trust-
Rate of slips, trips and falls (irrespective of grade)
per 1000 beds**



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

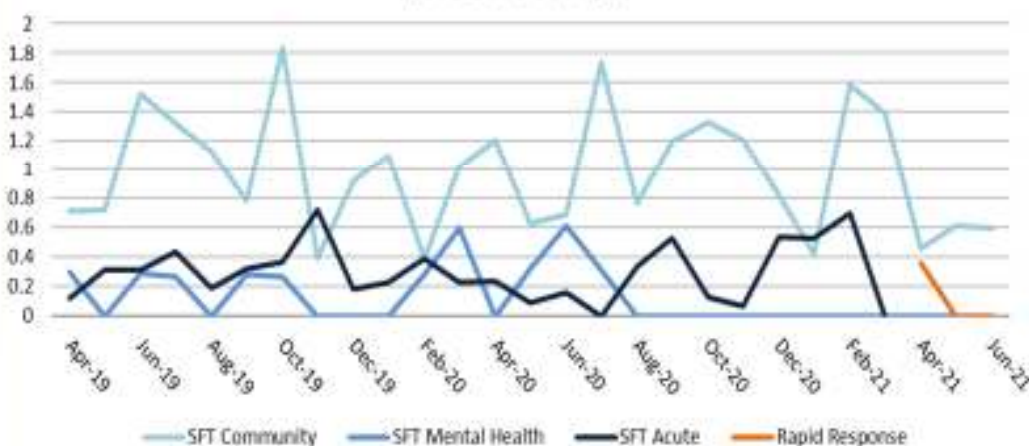


**% of adult inpatients reported as having had nutrition
screening using a validated tool**

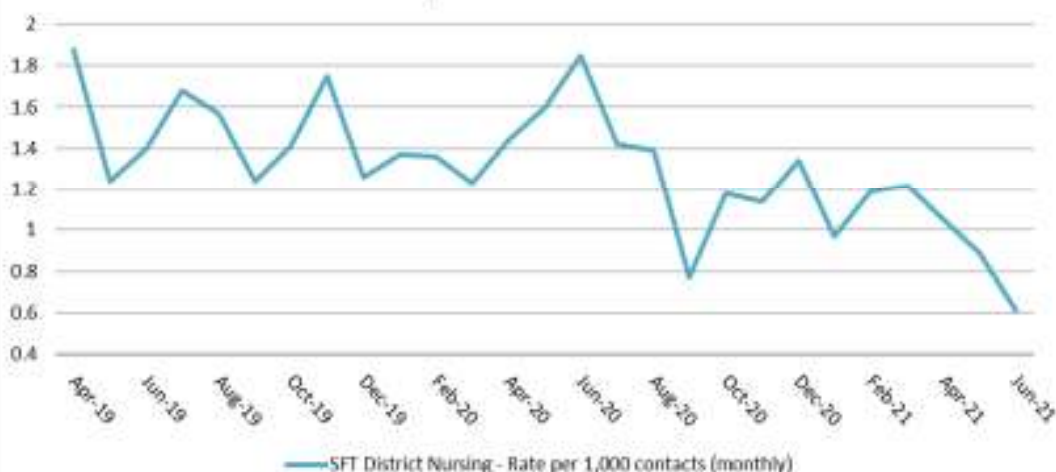


Quality Reporting

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



Somerset Foundation Trust (District Nursing)-
Number of hospital acquired pressure ulcers (category 2 and above)
per 1000 contacts

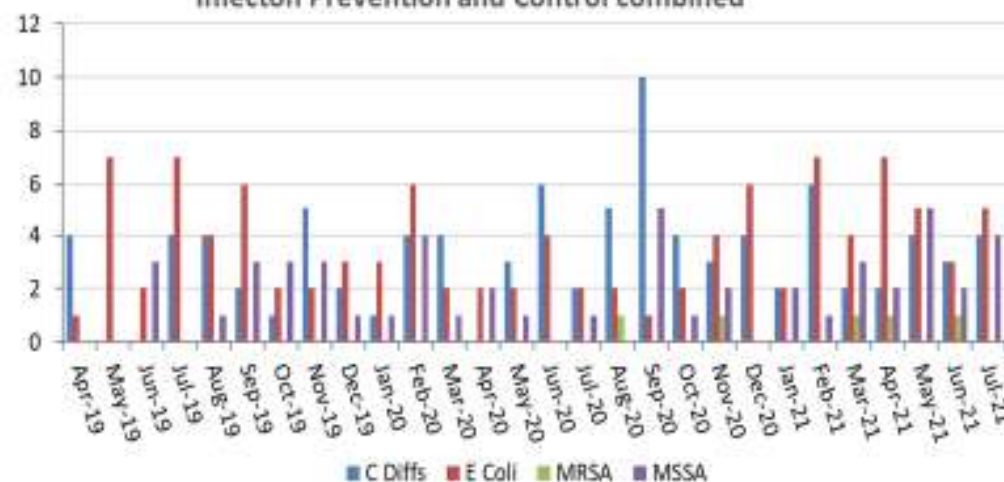


Yeovil District Hospital-
Number of hospital acquired pressure ulcers (category 2 and above)
per 1000 bed days

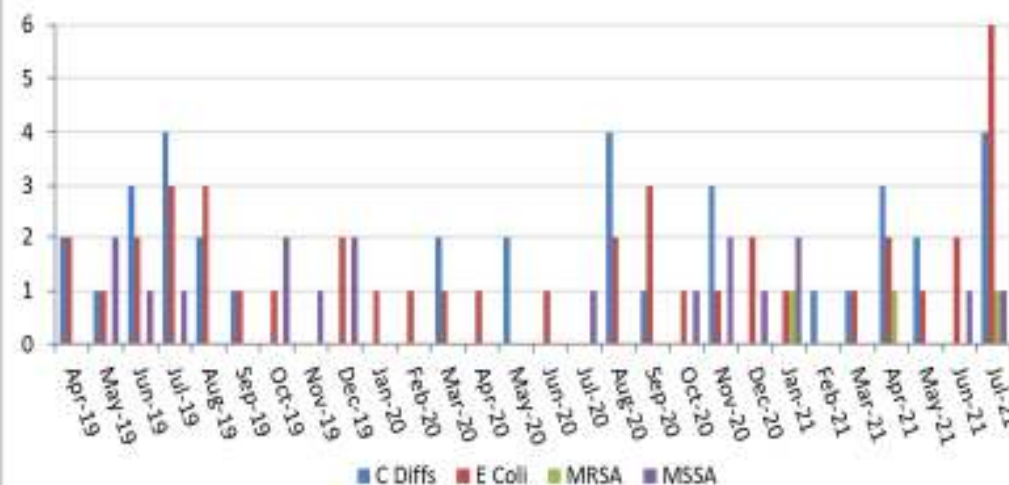


Quality Reporting

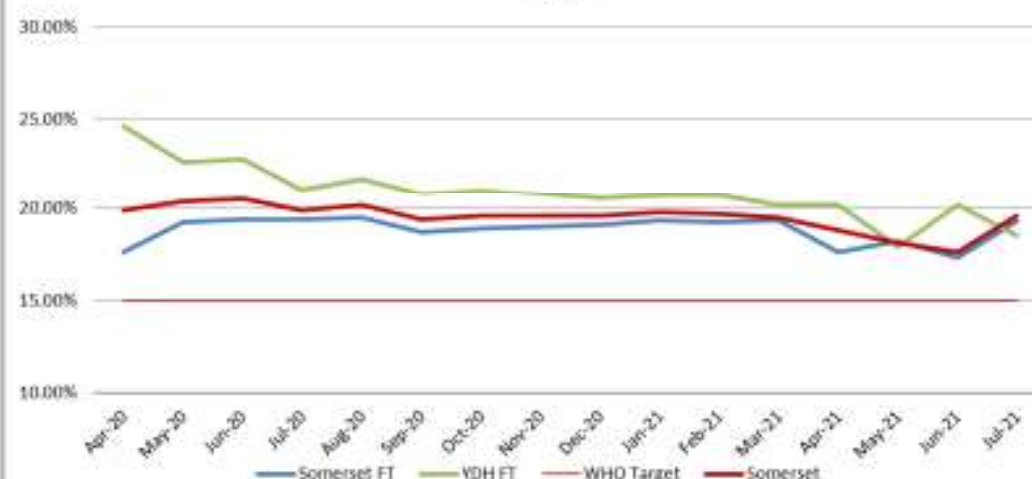
**Somerset NHS Foundation Trust
Infection Prevention and Control combined**



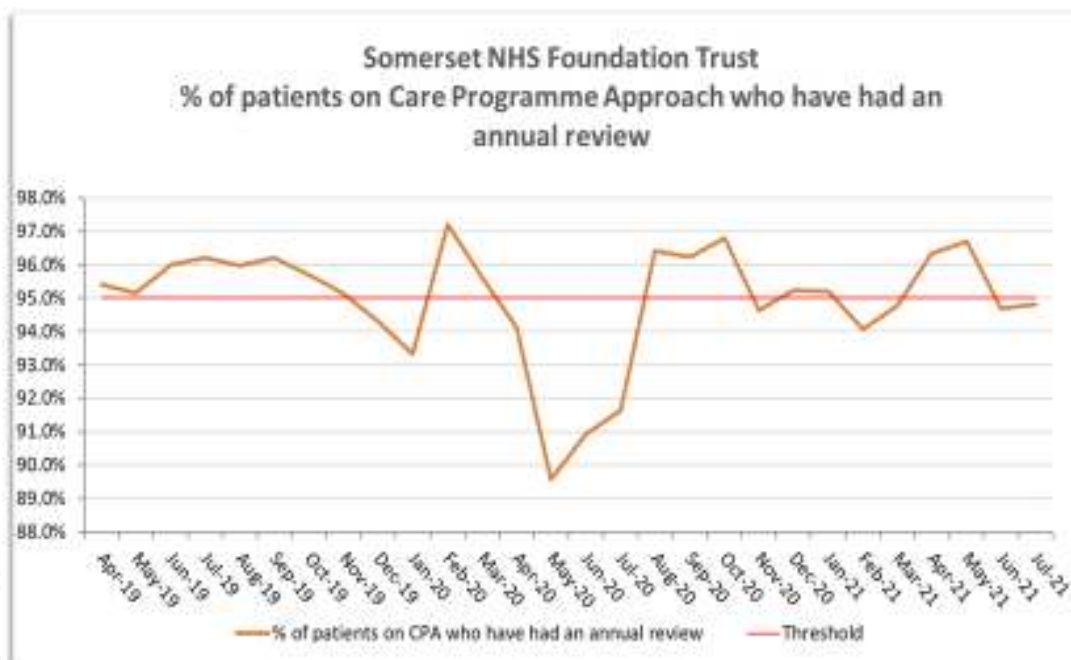
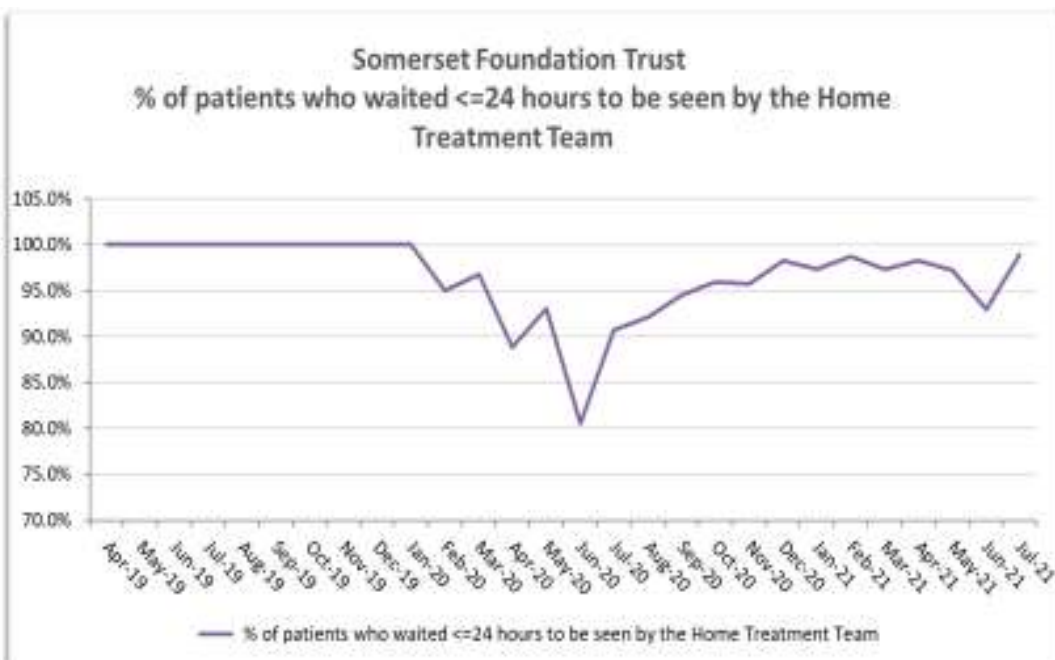
**Yeovil District Hospital NHS Foundation Trust
Infection Prevention and Control combined**



Year to date Unscheduled C Sections (%)



Quality Reporting



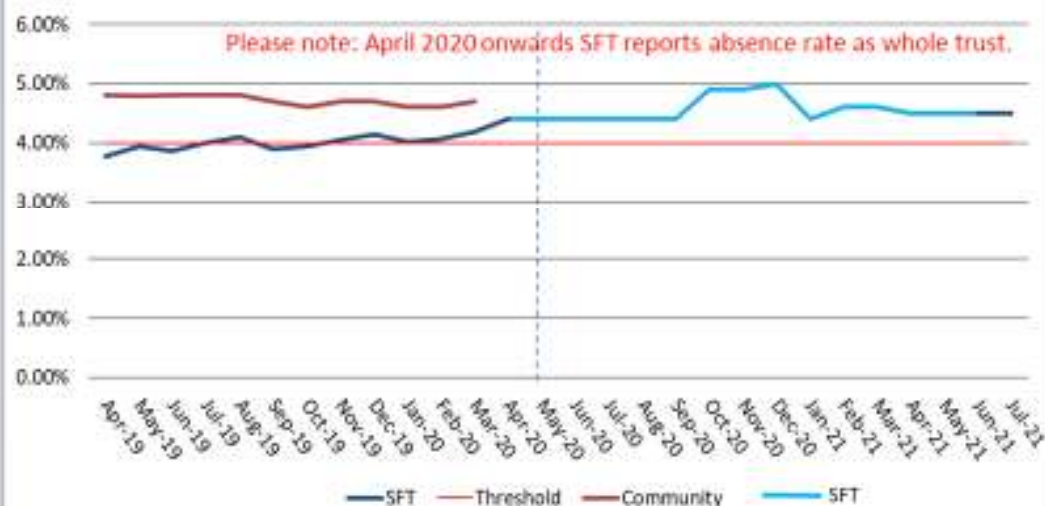
Quality Reporting



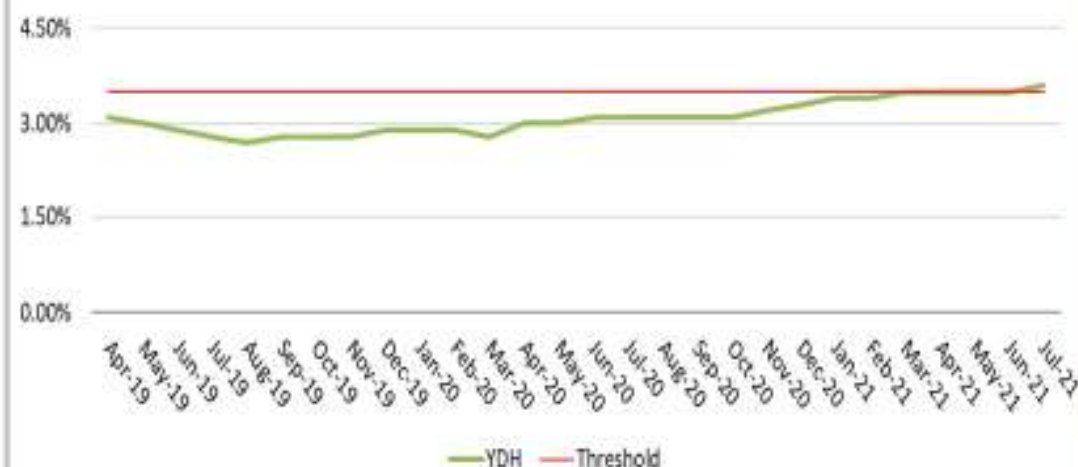
Somerset

Clinical Commissioning Group

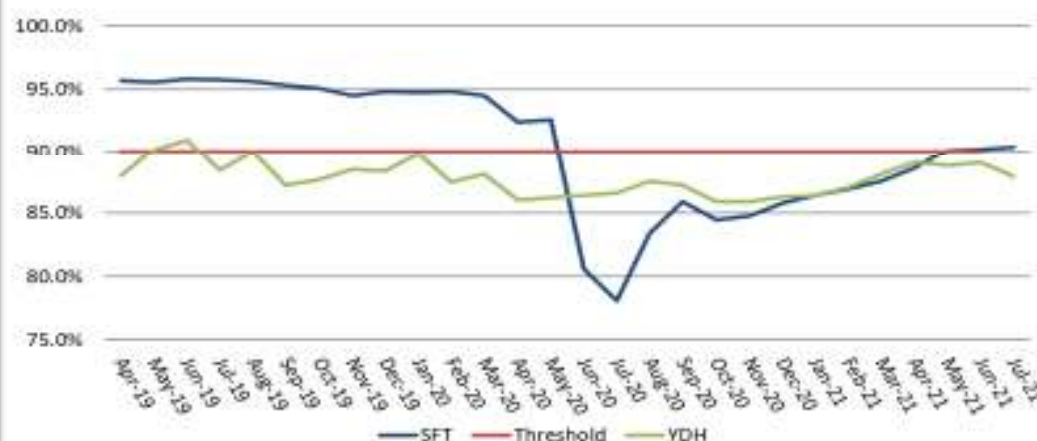
**Somerset NHS Foundation Trust
Percentage Staff Absence Rate (including isolation)**



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



Percentage of all staff who have completed all mandatory training



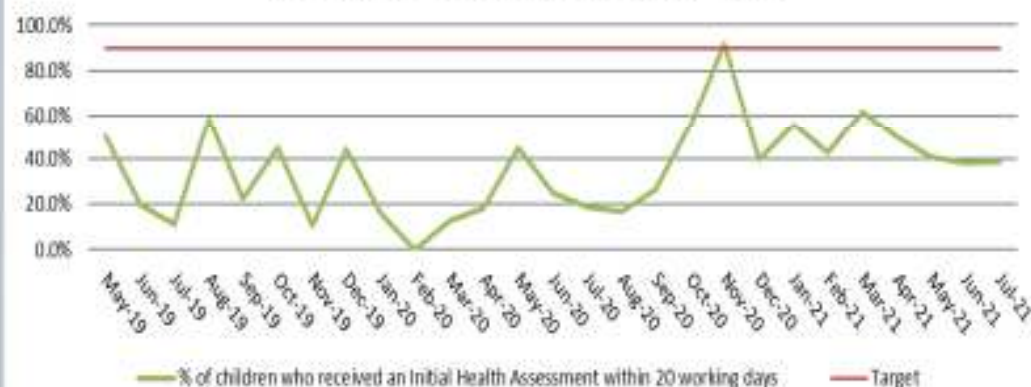
Quality Reporting



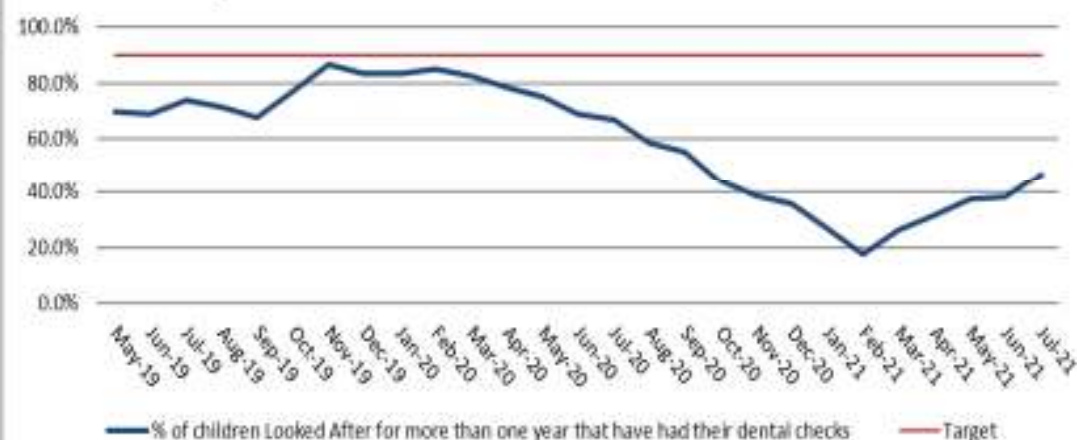
Somerset

Clinical Commissioning Group

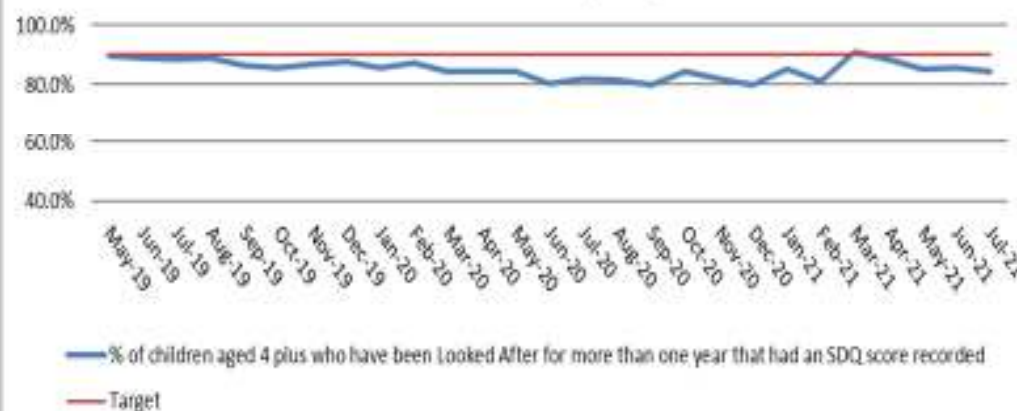
Children Looked After
Percentage of children who received an Initial health Assessment within 20 working days



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

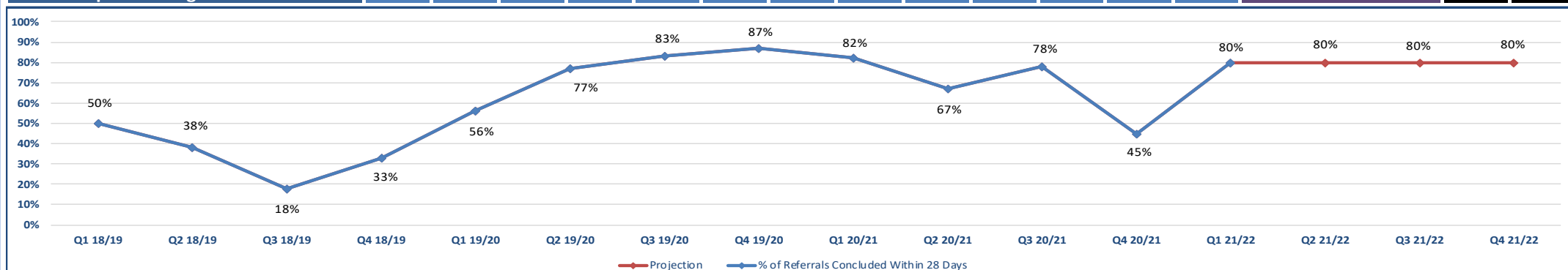


Percentage of children aged >4 who have been looked after for more than one year that had an Strength and Difficulties Questionnaire (SDQ) score card



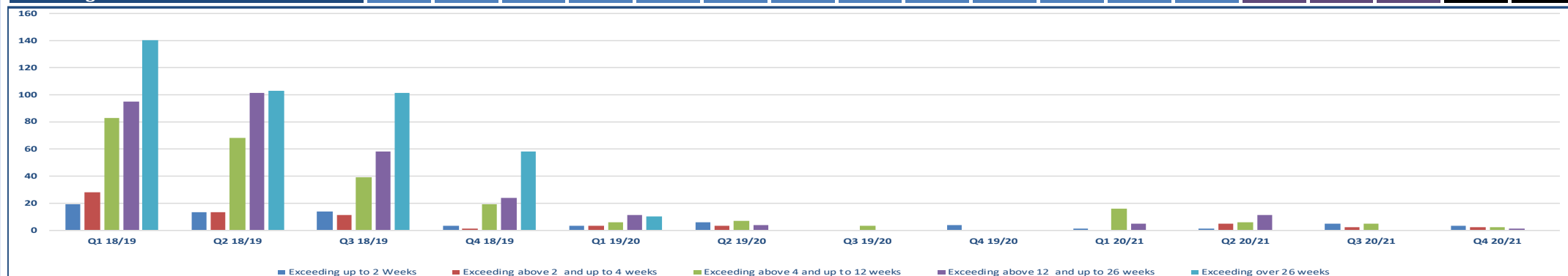
NHS CHC 28 Day Standard

	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Monthly Performance Attainment Q2 21/22			Projection	
														Jul-21	Aug-21	Sep-21	Q3 21/22	Q4 21/22
% of Referrals Concluded Within 28 Days	50%	38%	18%	33%	56%	77%	83%	87%	82%	67%	78%	45%	80%	88%			80%	>80%
NHSE Compliance Target	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%			80%	80%



NHS CHC Cases Exceeding 28 Days by 12+ Weeks

	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Monthly Performance Attainment Q2 21/22			Projection	
														Jul-21	Aug-21	Sep-21	Q3 21/22	Q4 21/22
Exceeding up to 2 Weeks	19	13	14	3	3	6	0	4	1	1	5	3	1	2				
Exceeding above 2 and up to 4 weeks	28	13	11	1	3	3	0	0	0	5	2	2	2	1				
Exceeding above 4 and up to 12 weeks	83	68	39	19	6	7	3	0	16	6	5	2	0	0				
Exceeding above 12 and up to 26 weeks	95	101	58	24	11	4	0	0	5	11	0	1	1	1			1-4	1-4
Exceeding over 26 weeks	140	103	101	58	10	0	0	0	0	0	0	0	0	0				



Quality Reporting

Falls:

- Somerset FT - There has been a slight increase in falls. The Trusts are reviewing this and gaining further information and reviewing improvement work.
- YDH FT - The Falls group has been re-introduced this year, there is now a rapid review process for assessing patients following a fall. The trust are trialling staff being in bays at night. However Covid-19 does remain a complicating factor due to isolation and segregation of staff and patients.

Venous Thromboembolism (VTE)

- Somerset FT - VTE assessments have increased with the Acute setting and work is being undertaken to continue to improve this. There has been a significant increase in the community and this remains above the 95% target.
- YDH FT - There has been an increase in VTE assessments within the trust and they are now above the 95%. This will be moving to EPMA (Electronic Prescribing Medication Administration) within the next few months and due to a staged roll out this may affect the data outputs in VTE. In addition the Trust have implemented Ward clerks and Pharmacy working with the team on initial validation. There is Specialist Consultant for senior review when needed and the VTE task and finish group has been started with Patient Safety Specialist input.

Pressure Ulcers

- Mental Health have reported zero cases of pressure ulcers for the last 6 months.
- Pressure Ulcers information for both the trusts will differ from previous results due to the validation work that is undertaken on each incident. Please note that validation for Somerset FT is still ongoing and we have yet to receive the latest updated information. Somerset Foundation Trust have identified some additional leadership resource to support the team to aid validation.
- YDH FT has seen a slight decrease in pressure ulcers in July, this is consistent with previous years.
- Low numbers of incidents of hospital acquired pressure ulcers affect the rate variation. Pressure ulcer on admission from home and community settings are at a higher rate, this has led to the Pressure Ulcer Collaborative having a focus in improvements across District Nursing, Care Homes and Hospices. This has been delayed due to Covid-19 however is due to restart July 2021.

Mandatory Training

- Somerset FT - Mandatory training continues significantly improve, going above the 90% target.
- YDH FT - Mandatory training continues to improve, however due to issues with Covid-19, reducing class sizes and delivery of training in certain subject areas this has caused some delays in gaining the 90% target.

Nutritional Screening

- Somerset FT - Nutritional Screening has fallen and on discussion with the Trust there have been some staffing issues in being able to effectively audit the data. The Trust are working on this and will provide further update next month.
- YDH FT - Nutritional screening remains below the 90% standard. The Trust has changed the process for how this data is captured and at present is running an electronic system –Vital PAC as well as a paper system. This is part of an improvement programme. The Trust has warned there may be gaps in data. However, they have established a Nutrition Group and are working with their Matrons to ensure staff are aware of the importance of nutrition and it's recording.

Quality Reporting

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

C-Diff	June	July
HOHA (Hospital onset health care associated)	6	6
COHA (Community onset health care associated)	2	3
Primary Care	12	6

Escherichia coli (E-coli colonises the gut as part of the natural flora, it is easy for patients to infect themselves with E. coli, especially if they have open channels such as urinary and peripheral catheters, wounds, are immunosuppressed etc. and their hand hygiene is not adequate.) There is a Deep Dive currently into data from E Coli Blood Stream Infections. A GNBSI (Gram Negative Blood Stream Infections) introductory Group first meeting planned for August 2021. The deep dive continues with data ready for presentation at the GNBSI meeting in September.

E-coli	June	July
HOHA	7	7
COHA	3	9
Primary Care	22	35

Methicillin-susceptible Staphylococcus Aureus (MSSA is a type of bacteria which lives harmlessly on the skin and in the nose and usually causes no problems, but can cause an infection when it gets the opportunity to enter the body, for example a surgical wound. MSSA can cause postoperative wound infections that can take weeks of antibiotic to treat.)

MSSA	June	July
HOHA	2	6
COHA	2	0
Primary Care	5	11

Quality Reporting

Mental Health

- The “percentage of patients on Care Programme Approach who have received an annual review” is 95% in July and is a slight decrease against the good performance seen in April, which was above the threshold of 95%.
- The “percentage of patients who waited <=24 hours to be seen by Home Treatment Team” performance in July is 98.9%, an increase from the performance in June (93%), but it is worth to note that the number of patients waiting to be seen increased from 53 in June to 89 in July.

Workforce

- There are continued efforts in assisting with the vaccination programme and in the restoration programme which have had an impact on staffing across all providers, continued work is being undertaken to review this and the “Reduce the Burden” initiative remains in place.
- Sickness levels have remained unchanged despite Covid-19 impact.

Children Looked After

- Initial Health Assessments within 28 days: performance decreased further in June and July in spite of the number of children becoming looked after also being less, (which is the usual pattern for the summer). Reasons for not meeting the target are
 - 4 x Out of county provider with capacity issues in CLA team
 - 2 x medical capacity issues at YDH FT
 - 2 x returned home before IHA requested
 - other reasons due to staff sickness, work commitments of kinship.Capacity issues at YDH FT further impacted on health assessment timeliness and this is also likely to be a feature of the August data.
- Dental checks for children looked after for more than 1 year performance continues to recover with 47.1% of eligible CLA accessing a dental assessment This issue forms part of the multi-agency Corporate Parenting Board's health and wellbeing sub group work plan.

Continuing Health Care (CHC)

Background

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

- **28 Day Standard** - =>80% of Referrals are concluded within 28 Days;
- **28 Day Backlog** – Ensuring there are no referrals breaching 28 days by more than 12 weeks;

28 Day Standard

The top table & graph on slide 11 provides a summary of CHC performance attainment against this KPI since Quarter 1 2018/19. Performance for July 2021 was recorded at 88%, which is our highest level of attainment since the commencement of this KPI (Key Performance Indicator) in April 2018.

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

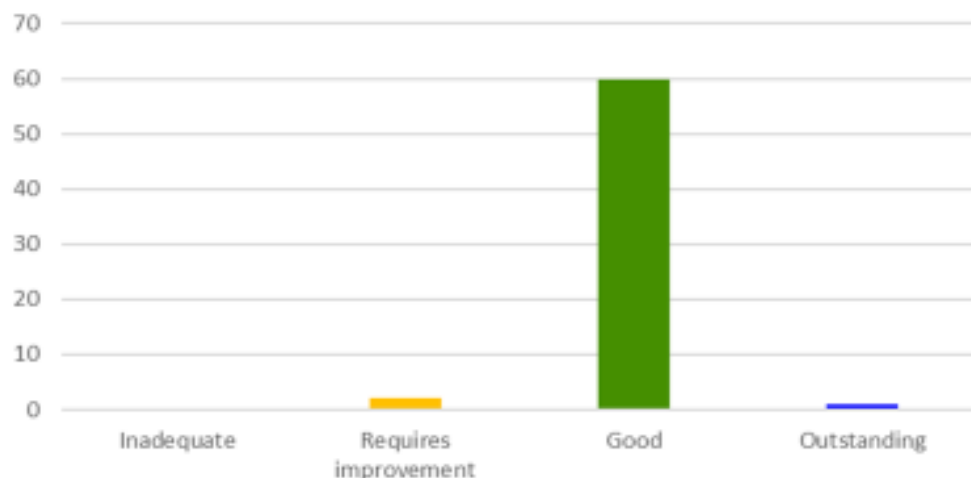
The bottom table & Graph provides a summary of CHC data against this NEW KPI since Quarter 1 2018/19. Performance attainment for July 2021 was recorded as having one delayed referral 'Exceeding above 12 and up to 26 Weeks'. This referral was concluded within August 2021.

Primary Care

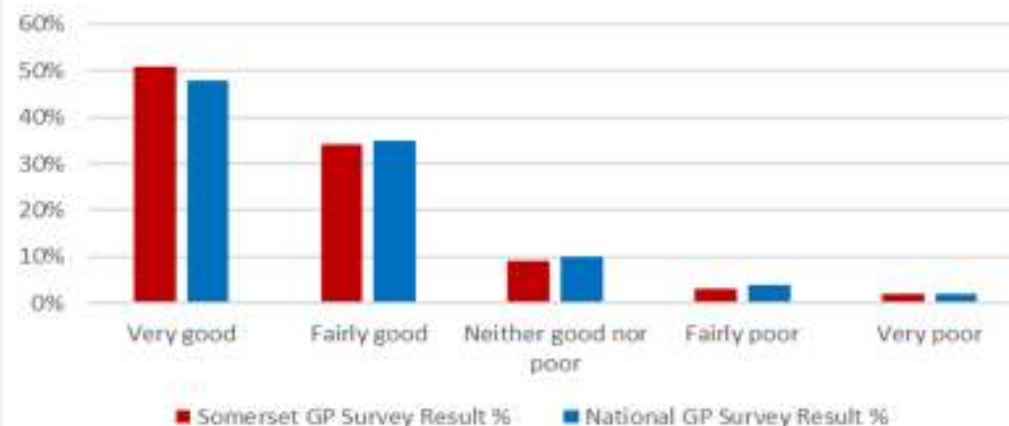


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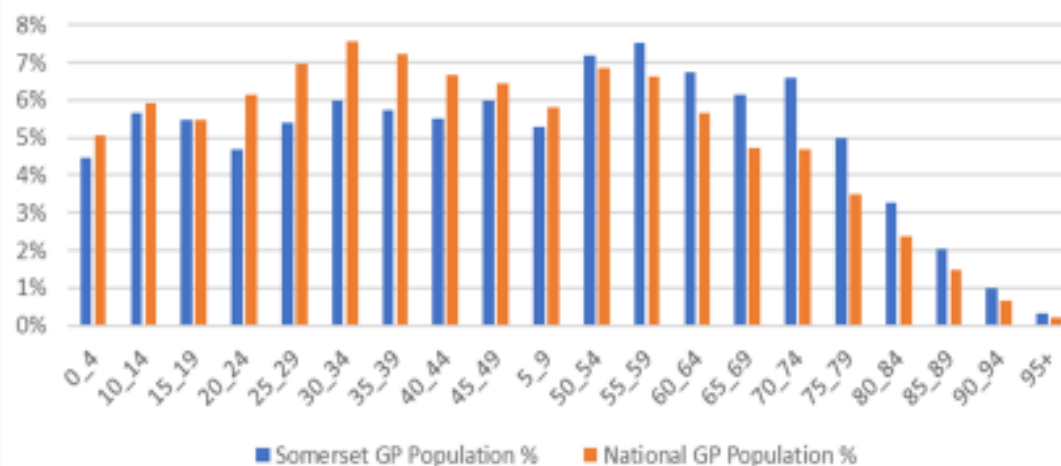
CQC Ratings of Somerset GP Practices July 2021



Patient Experience of GP services 2 Jan - 6 April 2021



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



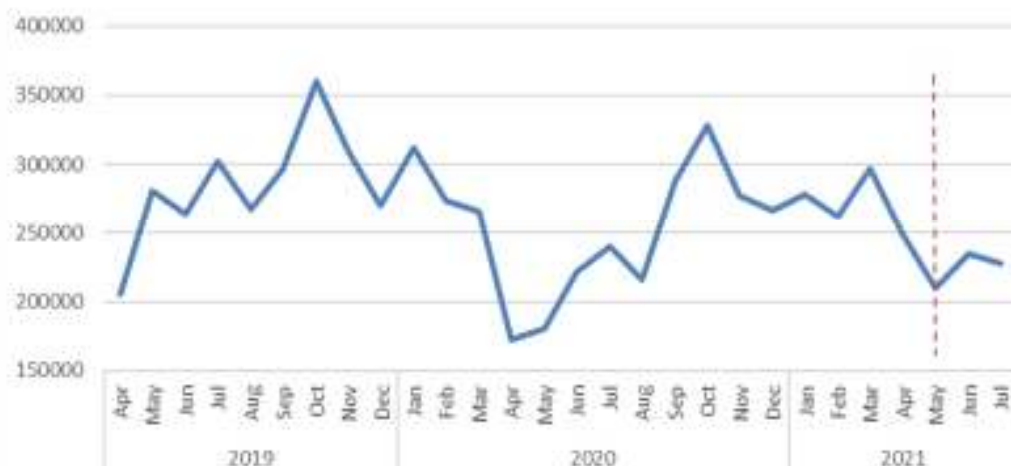
Primary Care



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Volume of Consultations 2019-2021



Contacts by Appointment Type



Volume of Consultations by Health Care Practitioner Type



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

NHS Somerset CCG Antimicrobial Targets - Summary

Performance	Antibacterial items per STAR PU		Trimethoprim items for patients aged ≥70 years (baseline June15-May-16)		Co-amoxiclav Cephalosporins & Quinolones % of all Antibiotics		Trimethoprim items per item-based ASTRO PU	
	CCG Performance	CCG & National Target	CCG Performance	CCG & National Target	CCG Performance	AMS Monitoring purposes	CCG Performance	AMS Monitoring purposes
Year on year results								
Baseline March 2019	0.892	< 0.953	-68.9%	30% reduction	4.8%	<8.7%	1.52	<2.0
June 2019 (12m: July-18-June-19)	0.879		-70.1%		4.8%		1.43	
September 2019 (12m: Oct-18-Sept-19)	0.868		-71.0%		4.7%		1.35	
December 2019 (12m: Jan-19-Dec-19)	0.867		-72.4%		4.6%		1.29	
March 2020 (12m: April 19 – Mar 20)	0.866		-74.1%		4.4%		1.18	
June 2020 (12m: July 19 – June 20)	0.840		-75.3%		4.5%		1.12	
Sept 2020 (12m: Oct 19 – Sept 20)	0.814		-76.4%		4.6%		1.07	
Dec 2020 (12m: Jan –Dec 20)	0.765		-76.2%		4.9%		1.04	
March 2021 (12m: April 20-Mar 21)	0.700	<0.900 (21/22 target)	-76.5%		5.3%*		0.99	
June 2021 (12m: July 20-June 21)	0.689		-77.3%		5.2%		0.95	

*Note – Also a national increase seen in the % co-amoxiclav, cephs and quinolones. National % = 10.2% March 2021, 10% June 2021

Introduction

A new Primary Care Section of the Integrated Governing Body report has been developed in collaboration with the Primary Care and Medicine Management Teams. The CCG has Commissioned the SCWCSU (South, Central and West Commissioning Support Unit) Primary Care Dashboard which will have in excess of 300 indicators which will be used to further develop these slides and inform future Primary Care reporting.

Headline

General Practices continue to be extremely busy. Unfortunately the national dataset on GP activity (GPAD) has become compromised and we do not have accurate figures from May 2021 onwards. This is being escalated with NHS Digital which is the data owner. In July 2021 (latest available data) the incomplete data shows there were a total of 227,471 GP appointments offered, compared with 239,782 in July 2020. The monthly average over the last 12 months has been 261,168.

Also, as caveated on the NHS Digital website, the data published : "Experimental Statistics are series of statistics that are in the testing phase and not yet fully developed for several reasons such as:

- Poor coverage
- Poor data quality
- Data is undergoing evaluation"

CQC ratings

We continue to have no practices rated 'Inadequate'. Crewkerne Health Centre has now moved from 'Requires Improvement' to 'Good'. We now have two practices rated as 'Requires Improvement'; Ryalls Park Medical Centre and Frome Medical Practice.

Patient experience

Somerset continues to perform better than the national result on overall patient satisfaction with GP services. A comprehensive programme of access improvement is being overseen by the Primary Care Commissioning Committee.

Demographic

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

Consultations

Patient demand is high, and the nationally mandated triage arrangements remain in place. Patients who need to be seen face to face continue to receive this type of appointment, which constitutes 57.3% of consultation types as at July 2021.

Medicines management

The Somerset CCG prescribing and quality improvement incentive scheme has 20 measures where GP practices are incentivised to improve prescribing and medicines optimisation.

The data for the 12month period to June 2021 on slide 17 shows that Somerset CCG has some of the best Antimicrobial prescribing rates in the country and is far exceeding all national targets for antimicrobial stewardship:

All practices were within the target for Antibacterial items per Star PU

63/65 practices were within the target for Trimethoprim items for patients aged ≥70 years

64/65 practices were within the target for Co-amoxiclav, Cephalosporins & Quinolones % of all Antibiotics

All Practices were within the target for Trimethoprim items per item-based ASTRO PU

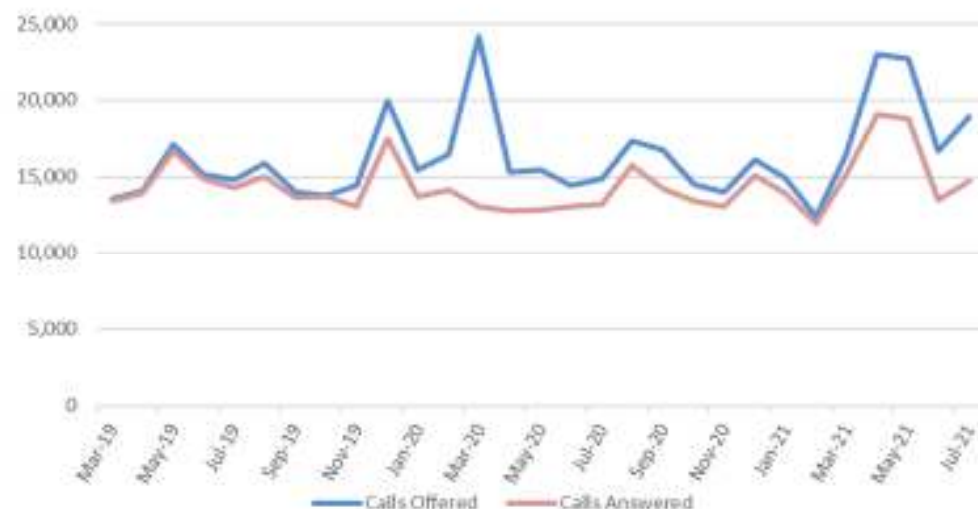
Emergency – NHS 111 Performance



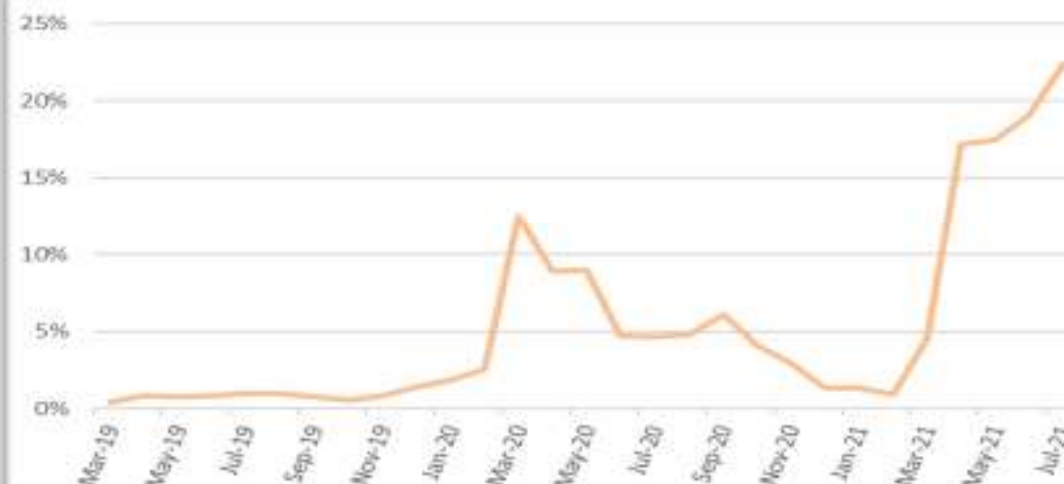
Somerset

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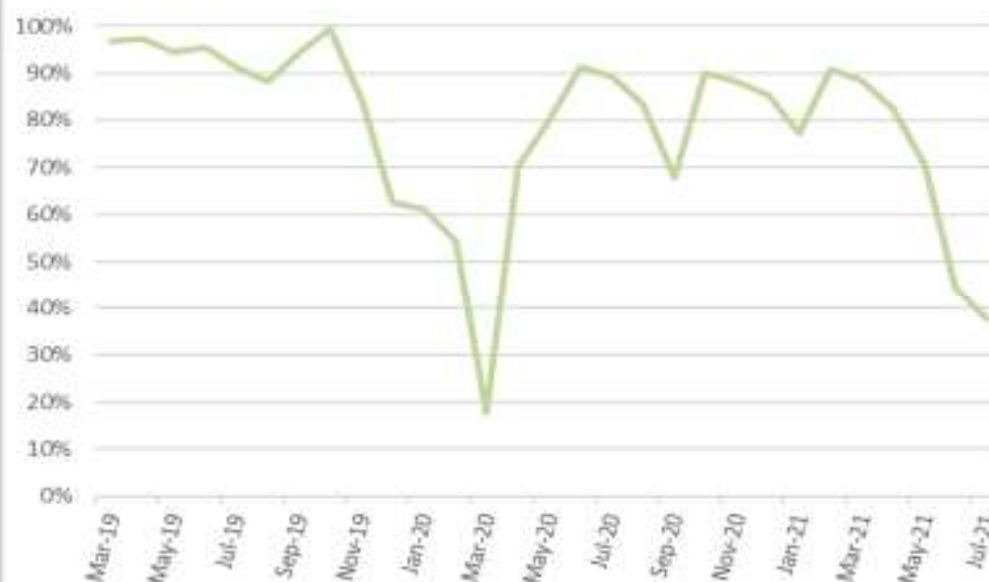
Demand into NHS 111



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



% of Calls Answered Within 60 Seconds



Emergency – NHS 111 and Integrated Urgent Care Service

- Somerset NHS 111 is delivered primarily via Practice Plus Group (formerly known as Care UK) through a sub-contracted arrangement with Devon Doctors Ltd. Some elements of Somerset 111 enquiries (such as those relating to dental and repeat prescriptions) are directed the Clinical Assessment Service through selecting the appropriate option on the NHS 111 Interactive Voice Response (IVR) recorded message.
- Following an NHSEI review in 2019/20, the NHS 111 Minimum Data Set was merged into a revised version of the Integrated Urgent Care (IUC) Aggregated Data Collection (ADC) as of 1 April 2021. A provisional subset of the new data set for IUC providers is published by NHSEI in the following month (e.g., April data will be published in May), with the complete monthly IUC ADC published as Official Statistics the following month (e.g., April data published in June). The IUC ADC includes some new data items and some definitions have been revised to provide greater clarity so not all data items are directly comparable with the same data items collected before April 2021. The IUC ADC is also used to monitor a revised set of IUC ADC KPIs (see slide 24). Due to ongoing work within NHSEI on developing a standardised data submission template it is currently not possible to compare Somerset IUC with other services due to ongoing data quality issues within a number of IUC providers. Devon Doctors has confirmed that it was able to submit a full set of data from 1 April 2021. Information in relation to IUC reported here relates to the provisional statistics for YTD to July 2021 so may be subject to change once the final version is finally published by NHSEI
- IUC ADC (provisional) reports for July 2021 shows a continued challenged position for NHS 111 services across the country. This is due to the impact of an ongoing increase in call activity (and changing call arrival patterns), over and above both forecast and what was projected through promotion of Think 111 First. This reflects ongoing pressures across the wider UEC (Urgent and Emergency Care) system both in Somerset and nationally. In relation to calls abandoned (meaning that of the 111 calls received and reaching 30 seconds after being added into the queue for an advisor, how many callers hung up before they were answered) , Somerset 111 performance was at 22.4% in July, 19.1% in June (July England average: 23.6% and range for July 1.1% - 49.5%)..
- In regards to 'average speed to answer' (which replaces the previous 111 performance metric of calls answered within 60 seconds), is at 263 seconds in July, 244 seconds in June (July England average 426 seconds and range for July 24 – 1465 secs).
- As noted above, although England average is quoted for these metrics due to a number of our IUC providers (not including Devon Doctors) Date still not providing a complete data set to NHSEI any comparison with England average must, for the moment, be viewed with some degree of caution.
- All NHS 111 service providers have access to national contingency (mutual aid) support at times of operational pressures and Somerset 111 has been providing support at times such aid is required. For example in July 2021, there were 113 separate episodes of national contingency required across the whole NHS 111 network (all providers), equating to 857 hours. Again, this is reflecting the current national picture. For practice Plus Group (all contracts), national contingency was invoked on 10 occasions due to operational issues impacting on overall clinical safety. This illustrates the further additional level of demand / support Practice Plus Group is providing the network as a whole whilst keeping their own use of national contingency to low levels.

Integrated Urgent Care

- Devon Doctors Ltd (DDOC) is the provider of Somerset's Integrated Urgent Care Service. In July 2020, the Care Quality Commission (CQC) carried out an announced focussed inspection of the service which resulted in the application of urgent conditions to the provider registration of Devon Doctors Ltd. The Care Quality Commission Report was published on 14 September 2020 and noted some Requirement Notices relating to regulations that had not been met.
- The CQC undertook a follow-on inspection of Devon Doctors Ltd, on 7, 8 and 9 December 2020: this was a short notice announced focused inspection to follow up on the urgent conditions imposed on the provider and requirements made in July 2020. Due to other areas of concern highlighted during the three-day inspection the inspection changed from a focussed inspection to a full comprehensive inspection.
- CQC carried out a further announced focused desk-based review of Devon Doctors Limited, on 12,13,14 and 20 May 2021, the report of which was published 9 August 2021. At this focused review the CQC found that all urgent conditions had been met and has therefore removed them from the provider's registration. As this was not a full inspection Devon Doctors Limited's CQC rating for the service (overall) remains at 'Inadequate' (from 'Good') and placed in Special Measures: these being the outcome from the December 2020 inspection. A summary of key findings from CQC's May 2021 review regarding removal of the urgent conditions is provided in the next slide.
- Although the conditions were met and have now been removed, the service still has requirement notices from the inspection in December 2020. These covered governance systems; privacy breaches; health and safety in the service; medicine management; infection control; complaints handling; recruitment process; consent to care and treatment; and staff training. Devon Doctors submitted an action plan to CQC, which the CCG has had sight of, detailing how they would meet these requirements. The CQC noted that concerns found at the CQC's May 2021 review were already covered by the requirements made after its December 2020 inspection. These are subject to an inspection within 6 months of the December 2020 inspection report being published.
- Following the July 2020 inspection, Devon Doctors Ltd developed and has since been implementing a detailed improvement plan: this was revised further following the December 2020 inspection and again following the May 2021 review. Fortnightly meetings with Somerset CCG (in partnership with Devon CCG) provides assurance on progress and this is supplemented by other meetings between provider and commissioners to discuss and support specific areas of improvement work. This gives the opportunity for commissioners to scrutinise, gain assurances and provide support where required. The Improvement Plan describes how they will work towards rectifying the urgent conditions (now removed) and regulatory notices. Previous reports to Governing Body have provided examples of some of the improvement measures that have been put in place.

As noted above, at CQC's focused review in May 2021 it found the urgent conditions had been met and CQC has therefore removed them from the Devon Doctors' registration. Below is a summary of CQC's key findings regarding the progress against those urgent conditions.

The CQC received an action plan within the specified timescale. The plan set out how Devon Doctors would ensure there were adequate numbers of suitably qualified, competent and skilled members of staff for the provision of the Out of Hours services (Somerset and Devon) and the NHS 111 service delivered in Devon. The plan showed how the service intended to assess capacity and resources, and how this would be implemented to meet patients' needs.

CQC also found:

- work had commenced on developing a hybrid model of staffing, which included other clinicians as well as GPs.
- appraisals and one to one supervision sessions had been planned for and some had commenced. Those that had taken place had been welcomed by staff.
- the action plan showed the process for reviewing all significant events and complaints, and the progress made on this work.
- Evidence from executive meetings showed that this information was shared at Board level and learning was cascaded to staff. However, further work was needed to ensure this was embedded in the service.
- Systems were in place to identify deteriorating patients, and staff were aware of these.
- the lead clinician role had a positive impact at weekends and Bank Holidays, as they monitored the clinical queue and were able to reprioritise calls with the aim of ensuring patients received the right advice.
- Positive feedback received from frontline staff and lead clinicians about how this role was starting to bridge the operational gap between the OOH service and the Devon NHS 111 service.
- Safety calling (comfort calling) was in place, when advice or treatment from clinicians were delayed. Anecdotal reports from staff indicated that these were reducing and were happening within specified timescales. Data provided by the provider showed that safety calling was completed in accordance with the targets the provider had set for this

Key Performance Indicator (KPI) 5 – Proportion of calls backs by a clinician in an agreed time frame (target 90%)

To note below data reflects some of the new KPIs that went live from 1 April 2021. All three of the KPIs noted here are classed as developmental KPIs and reflect the national standards by which integrated urgent care (IUC) services should be measured; For some KPIs standards have been set at a level which reflects the future development of service areas, other KPIs, already established from the previous data set in place prior to April 2021, are simply a continuation of current targets.

Due to ongoing data quality issues across many IUCS providers it is currently not possible to compared Somerset IUCS performance against national average or other providers for benchmarking purposes.

June Data (IUC ADC Official Statistics: Source NHSEI)

- 21.1% of patients offered a call back within 20 minutes (immediately), who received a call back within 20 minutes
- 65.7% of patients offered a call back within a timeframe over 20 minutes and up to 1 hour inclusive, who received a call back within 1 hour
- 82.8% of patients offered a call back within a timeframe over 1 hour, who received a call back within the specified timeframe

July Data (Source: CCG in-house calculation based on DDOC provisional data)

- 21.8% of patients offered a call back within 20 minutes (immediately), who received a call back within 20 minutes
- 66.2% of patients offered a call back within 20 minutes (immediately), who received a call back within 20 minutes
- 81.1% of patients offered a call back within a timeframe over 1 hour, who received a call back within the specified timeframe

KPI 16 - Proportion of patients receiving a face-to-face consultation within their home residence within the specified timeframe (95% target)

Performance for Somerset using the NHSEI validated data shows:

June Data (IUC ADC Official Statistics: Source NHSEI)

- 87.2% of patients received a face-to-face consultation within their home residence within the specified timeframe

July Data (Source: CCG in-house calculation based on DDOC provisional data)

- 81.5% of patients received a face-to-face consultation within their home residence within the specified timeframe

KPI17– Proportion of patients receiving a face-to-face consultation in an IUC Treatment Centre within the specified timeframe (target 95%)

June Data (IUC ADC Official Statistics: Source NHSEI)

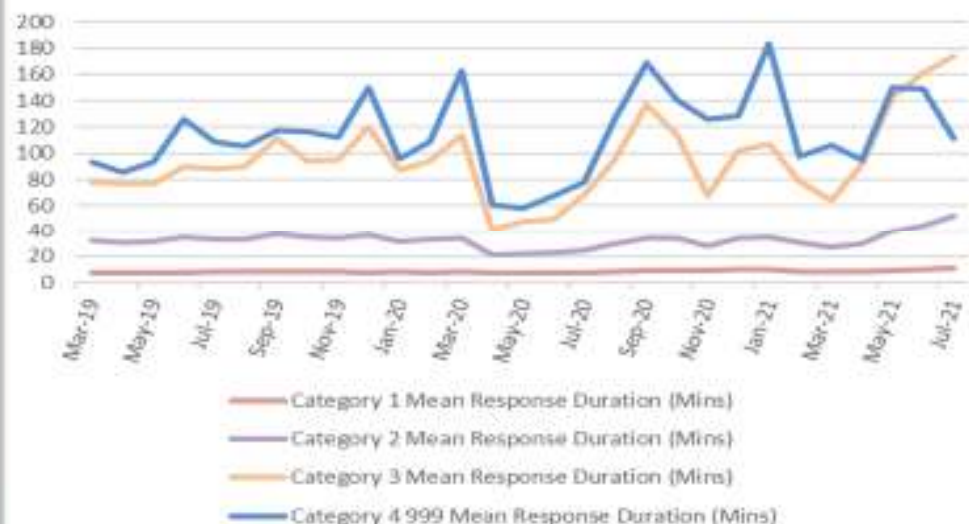
- 82.5% of patients received a face to face consultation in an IUC Treatment Centre within a specified timeframe

July Data (Source: CCG in-house calculation based on DDOC provisional data)

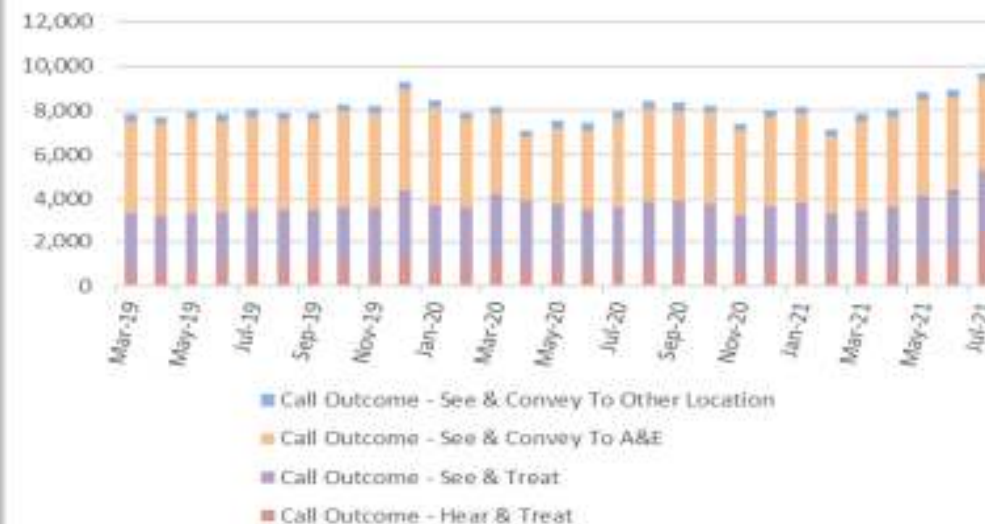
- 83.1% of patients received a face to face consultation in an IUC Treatment Centre within a specified timeframe

Emergency – SWAST Performance

Ambulance Mean Response Times



Ambulance Outcomes



Total Number Of Calls



Emergency – SWAST Performance

Areas of focus during Covid-19:

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

Month 2020/21	Cat 1 (Mean 90th Percentile)		Cat 2 (Mean 90th Percentile)		Cat 3 90 th percentile 120 mins	Cat 4 180 mins
	7 Mins	15 mins	18 mins	40 mins		
July	7.3	14	24.7	47	152.9	205
August	8.4	16	29.4	57.1	236.1	341.8
September	9	17	33.8	66.6	331.4	362.4
October	9.5	17.6	34.2	68.6	271.4	254.9
November	8.8	15.5	28	53.7	152.4	224.3
December	9.7	17.9	33.7	64.9	233.3	313.6
January	9.8	17.9	35	67.2	254.6	500.9
February	8.5	15.9	30.9	60.9	187.3	230.9
March	8.3	15.3	27.3	52.6	143.5	264.9
April	8.4	19	30.1	58.5	216.4	202.8
May	9.2	17.6	40.2	79.9	356.1	227.1
June	9.9	18.9	43.9	89	413	420.6
July	10.9	20.8	52	107	472.3	220.3

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

Performance of ambulance response times (ARP) has deteriorated through June and July

Emergency – SWAST Performance

Service Transformation for SWAST Activity

SWASFT 999 activity and demand levels for Somerset CCG show a 15% variance YTD compared to 2019/20 (Pre-Covid-19)

- Somerset CCG have mobilised all 3 schemes in line with the Transformation Plan featured as part of the South West Ambulance Commissioning Strategy. This is a range of commissioner-led initiatives being taken forward within the South West to support provision of patient care delivered at the right place at the right time and aim to support mitigation of 999 activity growth within Somerset:
- The IUC clinical validation work with Devon Doctors and Practice Plus Group aims to support reducing low acuity 999 dispositions and Emergency Department (ED) walk-ins, enabling 999 resourcing to be better able to meet ARP standards as well as improve Emergency Department flow, increase capacity for higher acuity patients and also mitigating the risk of ambulances queueing. It is thought that the IUC CAS validation work that was initially piloted throughout October 2020 before going live 2 November 2020 may have led to such an improvement in the number of cat 3 and 4 calls dispatched (see data below). The CCG continues to monitor this service and will continue to raise any issues identified. The current data for June and July is set out below:

June

- Out of 647 Cat 3 and 4 calls 95.36% were downgraded by the Clinical Assessment Clinicians and only 57 cases had an ambulance dispatched to the patient
- Out of 400 ED attendances 94.25% were downgraded and only 65 patients were seen in ED

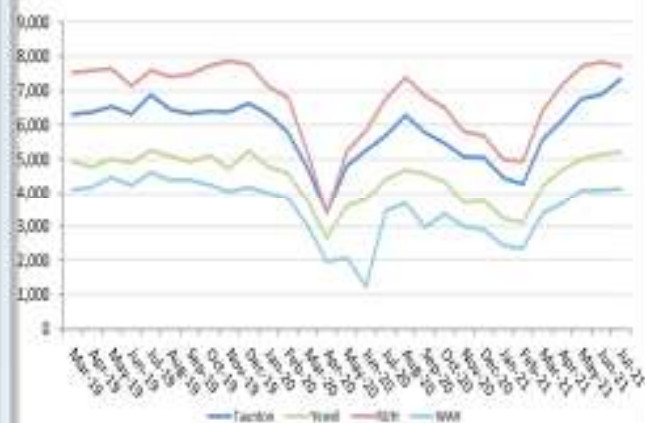
July

- Out of 597 Cat 3 and 4 calls 100% were downgraded by the Clinical Assessment Clinicians and only 32 cases had an ambulance dispatched to the patient
- Out of 438 ED attendances 100% were downgraded and only 62 patients were seen in ED

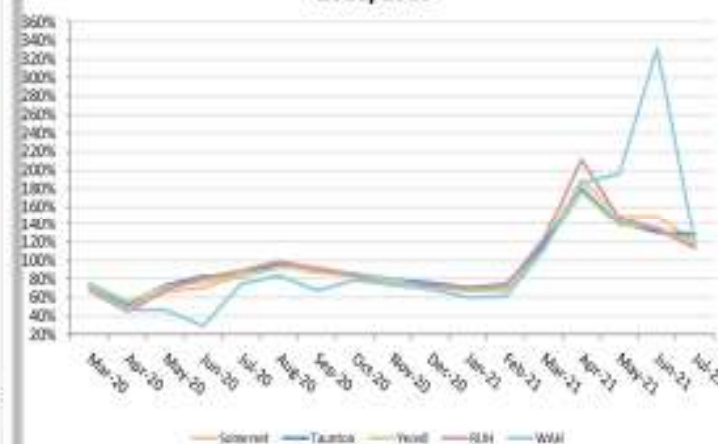
- **Think 111 First** – Somerset Think 111 First went live 1 December 2020. There has been positive feedback from ED clinicians as to the role the IUC CAS validation has had in redirecting patients who do not require ED to more appropriate alternative urgent care services. The CCG's Performance Team has been devising a Think 111 Dashboard to further evaluate the programme, the initial draft has been presented to the Somerset Think 111 First Clinical Group on the 19 May. Data suggests that services are seeing a relatively low number of heralded patients (i.e. those who have called 111 first who are then provided with an ED arrival slot) and an increase in walk-in attendances (who have not called 111 beforehand). Work continues across the system to better understand the reasons behind such high levels of ED walk-in activity alongside working with Communications Team colleagues to further promote and highlight the benefits of calling 111 first. In addition, to Think 111 First the Group's focus is now on supporting referrals into Same Day Emergency Care (SDEC), initially on the 111 to SDEC pathway. Somerset is a regional NHSEI pilot for this work, which is currently in progress: pilot is due to end August 2021.
- **The High Intensity Users** scheme is in place and is taking referrals from ED. The referral criteria and the evaluation measures have just been agreed. The team are working with clients in the community in an attempt to understand the behaviour and why they are using the emergency services. Care plans are being introduced by the High Intensity User Trust groups which include input from Ubuntu (this is another name used for the High Intensity Users Scheme).

Emergency – A&E

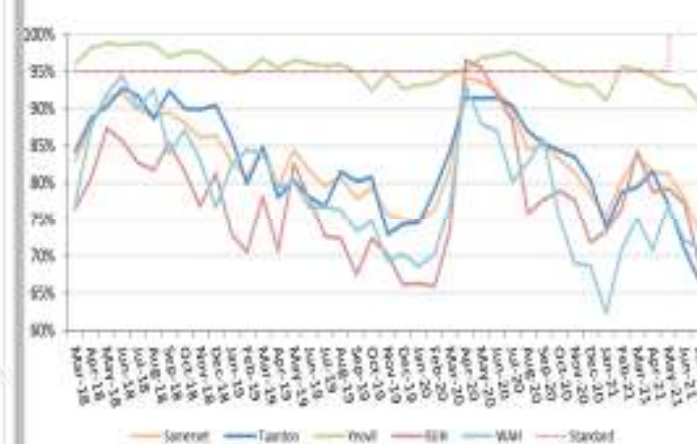
A&E Attendances



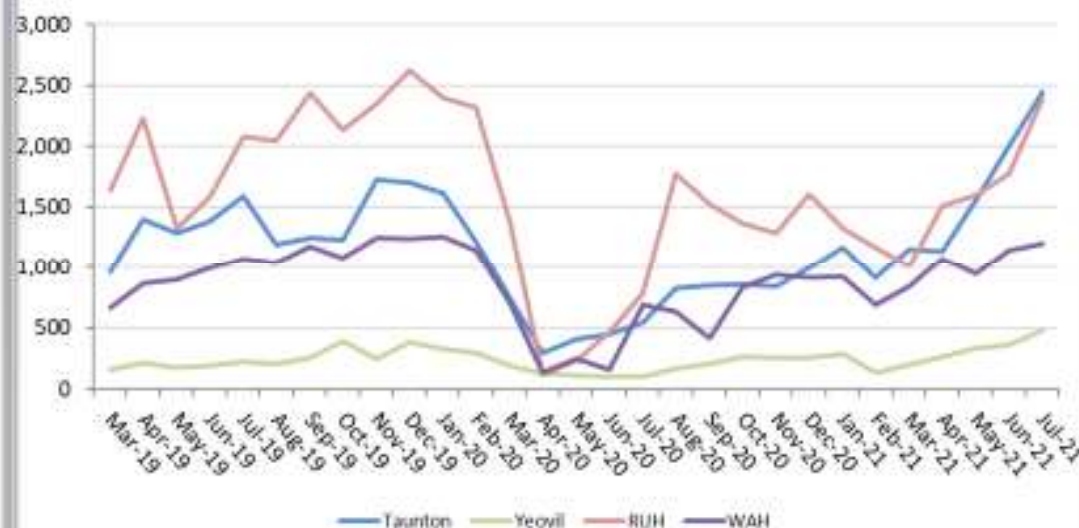
**A&E Attendances %
2021/2020**



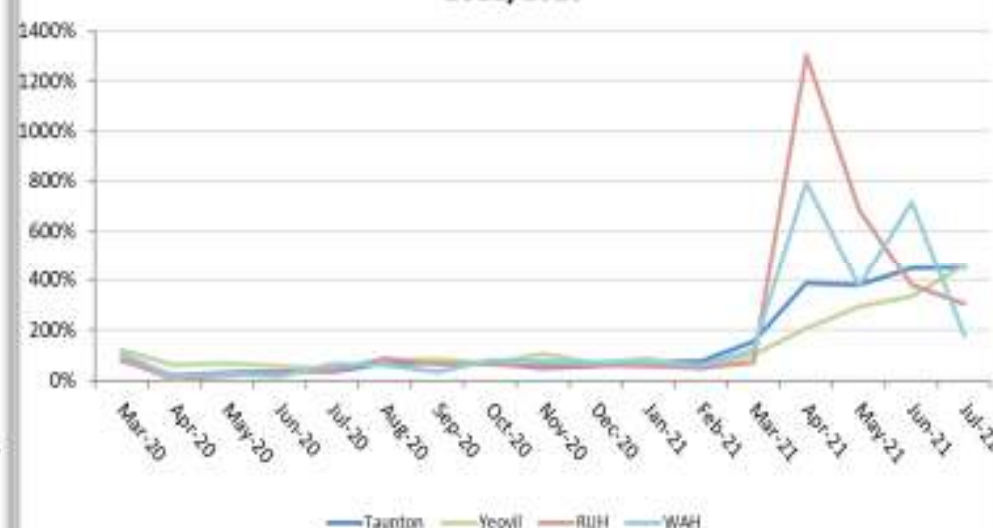
A&E 4-Hour Performance



A&E 4-Hour Attendance Breaches



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



Emergency – A&E

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

- **Somerset FT:** The number of patients attending the A&E Department in July was 8.2% higher (+555) than the last reported period (May 2021)
 - During the cumulative period April-July 2021, there were 27,147 attendances. This was +3.7% (+981) higher in volume compared to the same period in 2019/20 (26,166)
 - 4-Hour performance in July was 66.6% and during the cumulative (April-July) period was 73.7%, lower than the same period in 2019/20 where performance was 78.4%
- **YDH FT:** The number of patients attending the A&E Department in July was 4.3% higher (+213) than the last reported month of May 2021
 - During the cumulative period April-July, attendances were similar (20,083) compared to the same period in 2019/20 (19,979)
 - 4-Hour performance in July was 90.9% and during the cumulative period April-July was 92.9%, compared to 2019/20 April-July cumulative period of 96%
- **RUH Bath:** The number of patients attending the A&E Department in July was similar in volume (7,713) to the last reported month of May 2021 (7,704)
 - During the cumulative period April - July, attendances were 1.5% (+448) higher than the same period in 2019/20. 30,425 compared to 29,977,
 - 4-Hour performance in July was 69% and during the cumulative period of April-July was 76.1% compared to the same cumulative period of 2019/20 of 75.9%
- **UHBW:** The number of patients attending the Weston site A&E Department in July was 4139, similar to the last reported month of May.
 - During the cumulative period April - July, attendances were 8.9% lower (-1,554), than the same period in 2019/20
 - 4-Hour performance in July was 71.1% and during the cumulative period of April-July was 72.8% compared to the same cumulative period of 2019/20 of 78.3%

Challenges

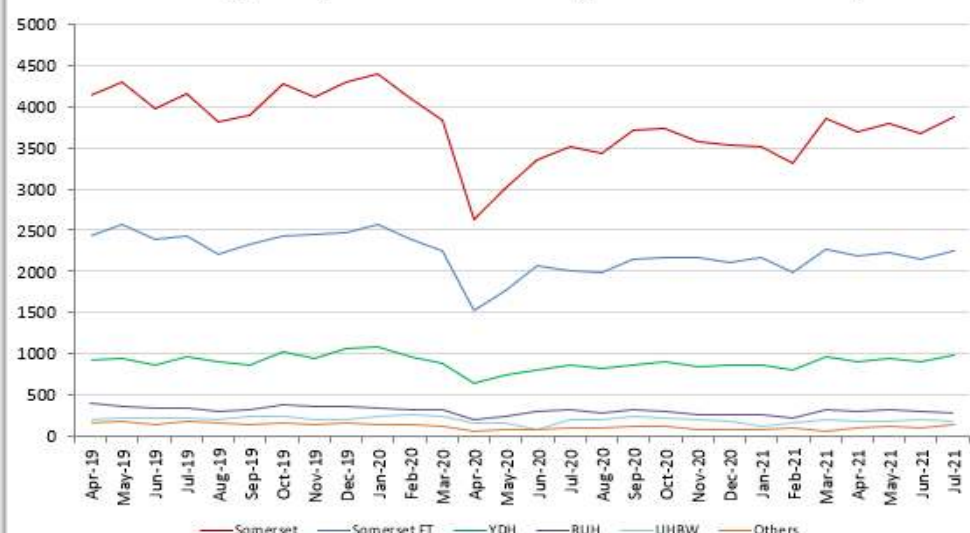
- Somerset FT: A&E 4 hour performance drop is attributed to higher levels of minor presentations where the patient did not have an emergency need. High levels of ambulance arrivals.
- YDH FT: Higher numbers of mental health presentations and higher levels of patient acuity. Increase in minor activity where the patient did not have emergency need.
- RUH Bath : Increased Covid-19 infections in the community seen nursing homes being closed which led to high number of bed days lost to patients. Significant staffing vacancies gaps. Increased ambulance handover delays
- UHBW (Weston site): Increased number of minor attendances, 12 hour trolley waits are still an issue, the Weston site has seen 134 patients waiting in excess of 12 hours in June. (latest available data in their Board Report) Walk-in demand is high, which often results in overcrowding and long-waits. Workforce shortages also an issue. Medically fit for discharge patients have been consistently high. (As per UHBW Board Report)

Mitigation

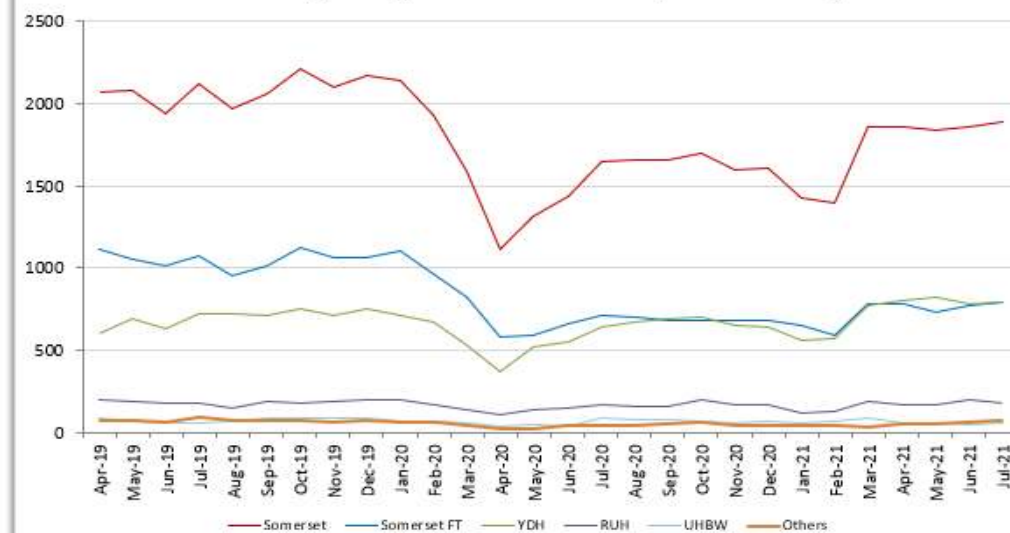
- Contingency plan for patient flow and bedded care is being developed in the event of increased emergency demand. Zoning to separate positive / query positive and negative Covid-19 patients and Covid-19 testing regimes on admission continues. Close work with intermediate care in order to understand how to improve flow. Analysis of the changing patterns of A&E usage has been undertaken. (Somerset FT)
- Launched recruitment programme for emergency department vacancies, introduced new shift patterns for Emergency Nurse Practitioners. Introducing a dedicated offload coordinator role to reduce ambulance handover delays (RUH)
- Weston have continued with its triaging work at the front door, this has helped in times of surge to minimise the crowding in the waiting room. Raising public awareness of alternatives to ED used via social media as well as system led radio campaign.

Emergency – Emergency Admissions

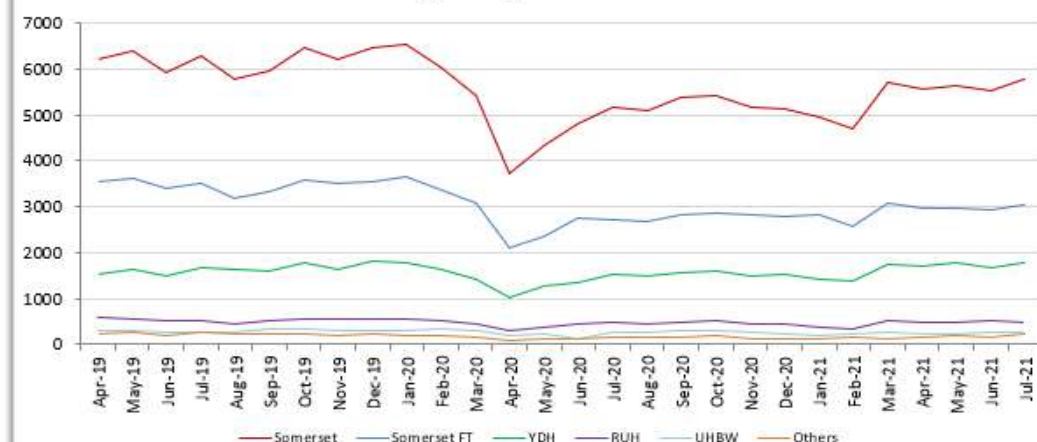
Emergency Admissions (Non-Zero LOS)



Emergency Admissions (Zero LOS)

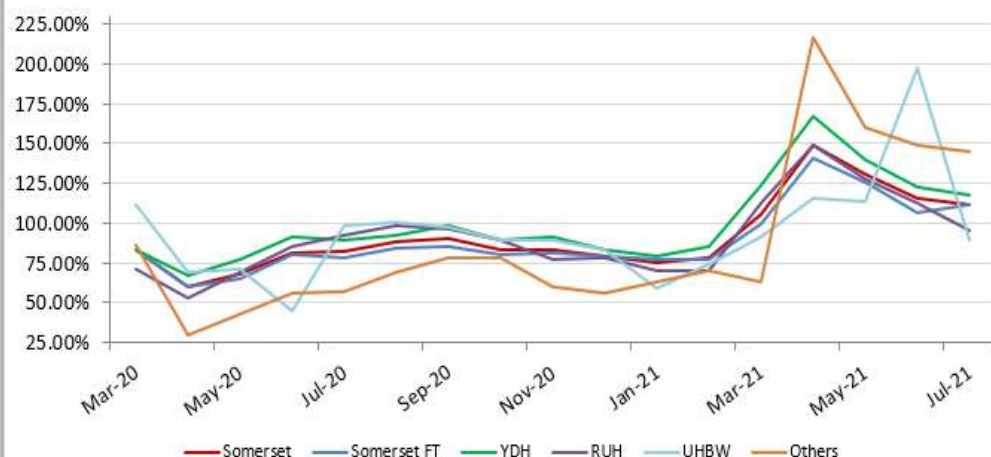


Emergency Admissions

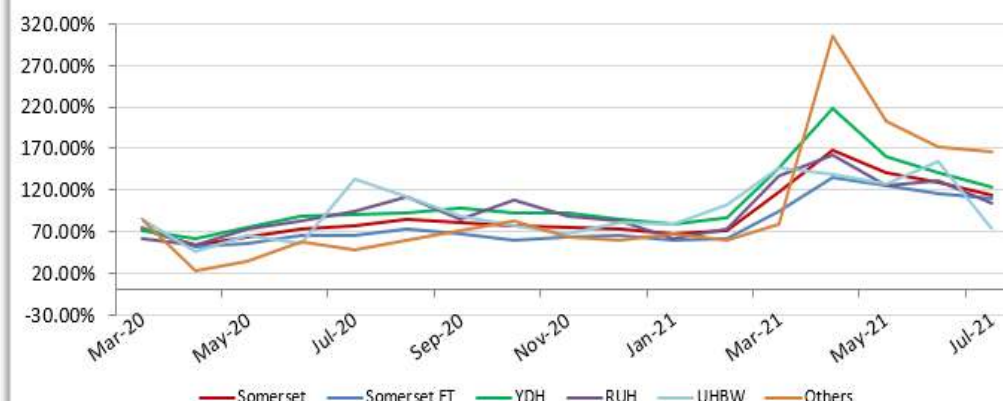


Emergency – Emergency Admissions

Emergency Admissions 2021/2020



Emergency Admissions (Zero LOS) 2021/2020



Emergency Admissions (Non Zero LOS) 2021/2020



Emergency – Emergency Admissions

- **Somerset:** The number of emergency admissions in July 2021 were 6.7% lower (-276) than July 2019 and when comparing the cumulative period of April 2021 to July 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 9.2% (-1,522). The average number of daily admissions in July has increased by 1.7 admissions per day when compared to June 2021 and this increase is seen within the non-zero length of stay patient cohort and in turn will have a more significant impact upon bed occupancy and patient flow. The influencing factors of this increase is multifactorial and relating to the higher levels of demand seen throughout all emergency routes (namely, primary care, NHS 1111, SWAST and Accident and Emergency Departments).
- **Somerset FT:** The number of emergency admissions in July were 13.1% lower (-458) than July 2019 and when comparing the cumulative period April 2021 to July 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 15.4% (-2,166). The average number of daily admissions in July 2021 has increased by 0.8 admissions per day when compared to the previous month and this increase is seen within the non-zero length of stay patient cohort.
- **YDH FT :** The number of emergency admissions in July were 5.6% higher (+95) than July 2019 and when comparing the cumulative period April 2021 to July 2021 to the correlating period in 2019 the volume of emergency admissions have increased by 9.3% (+591). When comparing the current period to 19/20 YDH FT is the only Provider in Somerset seeing this increase in demand (which is predominantly within the zero length of stay patient cohort). However, when looking at the average number of daily admissions in July to the previous month the overall number of admissions has increased by 1.5 per day and this increase is seen within the non-zero length of stay patient cohort.
- **RUH Bath:** The number of emergency admissions in July were 11.9% lower (-63) than July 2019 and when comparing the cumulative period April 2021 to July 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 12.2% (-271). Dissimilarly to Somerset and YDH FTs RUH Bath has seen the average number of daily admissions in July 2021 reduced by 2.0 admissions per day when compared to the previous month with reductions seen in both the zero and non-zero length of stay patient cohorts.
- **UHBW:** The number of emergency admissions in July were 12.0% lower (-34) than July 2019 and when comparing the cumulative period April 2021 to July 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 15.9% (-187). However like RUH Bath, UHBW have also seen a small reduction in the average number of daily admissions per day in July 2021 reducing by 0.3 when compared to the previous month with reductions seen in both the non-zero length of stay patient cohort.

Emergency – Emergency Admissions

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

Ongoing challenges

- Levels of emergency admissions decreased, however the acuity of patients was higher which presented challenges for provision of bed, slowing rate of discharges. Increased paediatric admissions, reasons for this are not yet fully understood. (Somerset FT and YDH FT)
- UHBW (Weston site) – 62 patients have waited more than 12 hours in ED after a decision to admit (as per UHBW June board report)
Workforce shortages, particularly nursing, has meant that wards with inpatient escalation beds could not consistently be staffed. The delay in restoration of some primary and community care services.
- Reduction in the number of beds due social distancing, zoning of patients
- Acute staffing remains extremely challenging across all trusts.

Mitigation

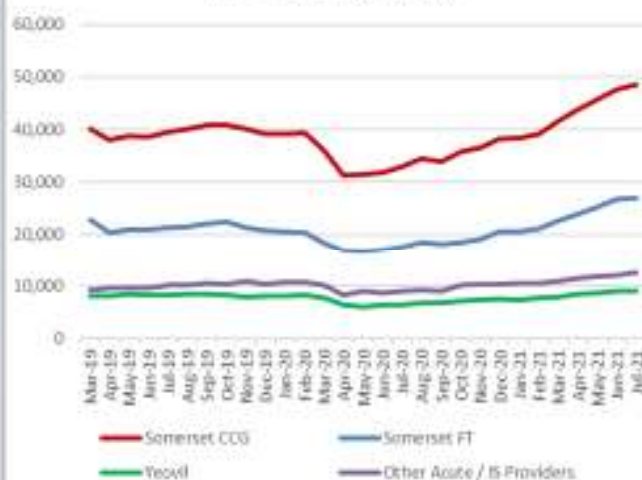
- Revision of the process of bed requests and allocation to reduce any delays with admission of patients from the department. Providing alternatives such as rapid response hubs, support care homes and the implementation of the Home First project which facilitates the discharge of medically fit patients out of the hospital. Patients receive intensive period of reablement to promote independence and keep patients (as long as possible) in their usual place of residence.(Somerset FT)
- Rapid Assessment and Treatment process (RAT) being embedded to reduce the overall length of stay in the department. Aim to free the purpose built RAT space in ED. Supporting the BSW system in implementing more community capacity (Bath, North East Somerset, Swindon and Wilshire) (RUH, UHBW)
- Zoning to separate positive / query positive and negative Covid-19 patients and Covid-19 testing regimes on admission (all trusts)

Elective Care

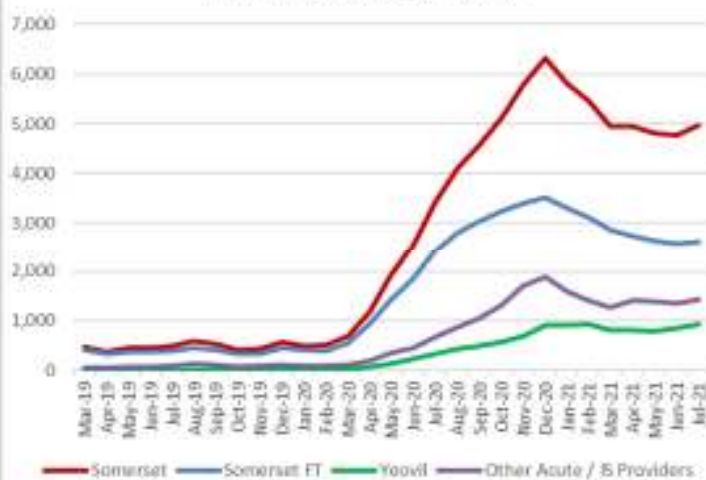
- The NHS has worked tirelessly to support the country in its Covid-19 pandemic response; unfortunately during this time elective services (routine, cancer and diagnostics) have been disrupted resulting in waiting times extending and backlogs accumulating
- At the onset of the Covid-19 pandemic the number of patients on an incomplete pathway significantly reduced due to the change in referral patterns. Whilst the number of patients accessing elective services slowly increased from Q2 2020/21 the overall number of patients on an incomplete pathway grew at a much faster rate and this was due to the pandemic continuing to affect the way in which care is delivered. The need to maintain social distancing in patient waiting areas, the adherence of IPC (infection, prevention and control) guidelines and the expansion of critical care capacity resulted in reduced elective throughput (out patient, diagnostic, in patient and day case activity) and has led to the month on month increase in waiting list size.
- The 2021/22 H1 Operational Plans (covering the period April 2021 to September 2021) required that Systems restored elective services:
 - Suspected cancer referrals and cancer treatments to exceed 19/20 levels to address any unmet need from 2020/21. In the coming months it is expected that the NHS will be dealing with more cancer presentations than normal, while working at 85% of the usual capacity due to social distancing and other infection control measures alongside the priority to treat the accumulated backlog of patients awaiting cancer investigations and treatments
 - The NHS is accelerating the delivery of elective services during 2021/22 and Systems can earn monies from the Elective Recovery Fund to help the health service recover all patient services following the intense winter wave of Covid-19. By July 2021 the national expectation is that elective activity (elective in-patients, day case and out-patients combined) will be restored to at least 85% of pre Covid-19 levels. Somerset System partners have worked collaboratively upon recovery plans that increase capacity to deliver the H1 Operating Plan ambitions
 - Recovery of diagnostic services with the level of activities across Radiology (MRI, CT, non-obstetric ultrasound), Endoscopy (colonoscopy, flexi sigmoidoscopy and gastroscopy) and Physiological (including echocardiography and audiology) exceeding the 2019/20 levels of demand to account for any unmet demand during 2020/21
 - Transforming of outpatients by increasing the number of Advice and Guidance referrals, maximising the use of Patient Initiated Follow Up and delivering (and sustaining) the 25% virtual consultation ambition throughout the H1 period
- Somerset System Partners submitted a co-designed activity, workforce and narrative plans on the 3 June 2021 which predicated a low level of Covid-19 outbreaks, demonstrated the delivery of the elective recovery ambitions and assurance that the highest priority and longest waiting patients would be treated resulting in the reduction of the >62 day cancer treatment backlog during the H1 period and ensuring that no patients are waiting in excess of 24 months by March 2022
- H2 operational planning guidance is due imminently but there is an expectation that it will include the eradication of 24 month waits as a requirement to access Elective Recovery Funding

Referral to Treatment

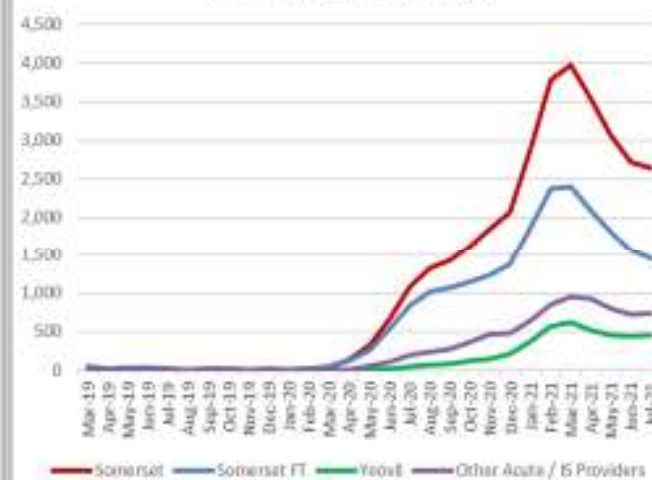
RTT - Waiting List Size



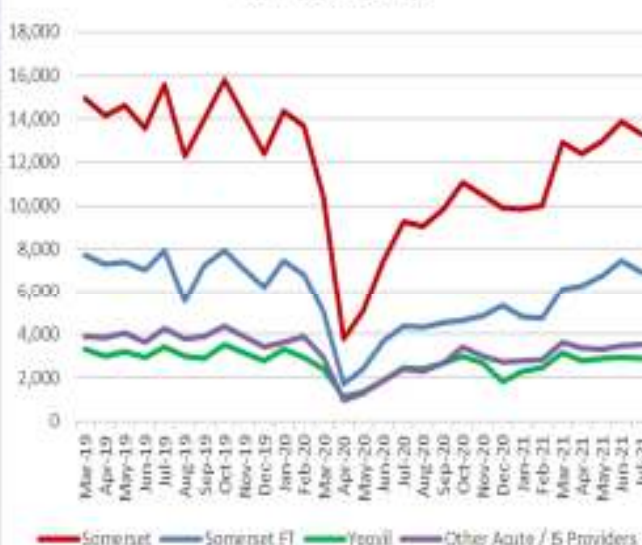
RTT - Patients >40 weeks



RTT - Patients >52 weeks



RTT Clock Starts



Admitted activity compared to pre-COVID



Non-admitted activity compared to pre-COVID



Key Challenges

- All RTT performance measures continue to be impacted by the Covid-19 pandemic due to services working at reduced capacity due to the ongoing impact of social distancing and enhanced infection control measures, workforce constraints and patient choosing not to attend (for both Covid-19 and non Covid-19 reasons). The emphasis continues to be to keep patients safe whilst ensuring that those patients with urgent conditions continue to be prioritised
- There has been an active programme of system-wide working to ensure the efficient use of all available out-patient and in-patient capacity across the System and to agree plans to extend capacity for specific services or specialities. Despite this approach due to a combination of the prioritisation of cancer and urgent cases, the loss of treatment capacity against a backdrop of increasing referral demand and a resurgence of Covid-19 cases and unprecedented emergency demand the overall size of the waiting list and longest waiting backlog (>78 weeks) has continued to increase during 2021/22
- The number of elective referrals during 2021/22 have continued to restore with cancer demand returning to pre pandemic levels and routine referrals continuing to increase (although there is variation at a specialty level). During the period April to July 2021 there were 52,547 referrals received which equates to 91.9% of the demand seen during the same period in 2019/20 and in July 2021 there were 13,299 new clock starts which equates to 605 per working day compared to 14,909 in July 2019 (or 648 per day). There has been variation across providers, with a reduced increase in referrals seen to outside Somerset providers; UBHW saw referrals in July restore at a level of 70.8% when compared to 2019/20 and Shepton Mallet Treatment Centre referrals restored at a level of 60.1%
- The size and shape of the waiting list has changed since the onset of the Covid-19 pandemic due to the change in referral patterns and first definitive out-patient and in-patient treatments. In July 2021, there were 48,655 patients on an incomplete pathway awaiting their first definitive treatment which is an increase of 7,110 pathways when compared to March 2021 and attributed to the increase in referral demand and a lower level than expected of clock stops delivered.
- During the period April to July 2021 there was 89.6% of RTT clock stop activity carried out when compared to the same period in 2020/21 (this equates to 92.0% of RTT out patient activity and 83.7% of RTT in-patient activity carried out) and during July 2021 there was 88.5% of RTT clock stop activity carried out when compared to July 2019 (which equates to 90.2% of RTT out patient activity and 84.2% of RTT in-patient activity).
- Activity output relative to input continues to be impacted by the Covid-19 pandemic with reduced throughput in out-patient areas due to the continuation of social distancing and reduced theatre capacity due to a 1 theatre reduction at Somerset FT to support critical care expansion. Out-Patient recovery is being supported by increasing the level of virtual consultations, expansion of Single Point of Access and moving to Advice First. In respect of In-Patients a new ophthalmic operating suite will be in place at Somerset Foundation Trust from September 2021 returning the Trust to the full complement of theatres.

Key Challenges

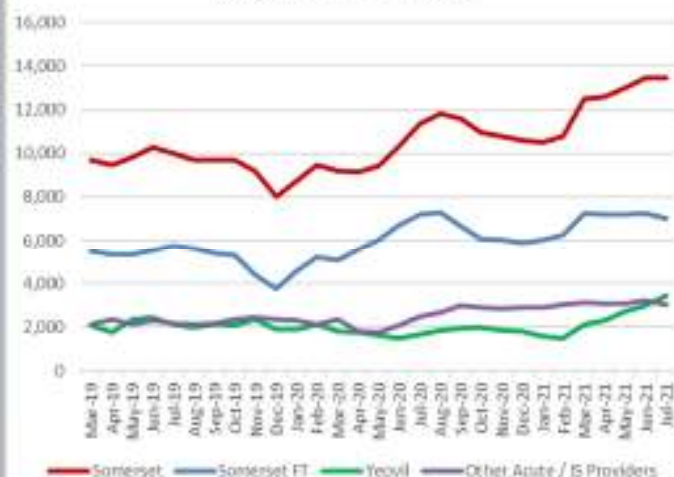
- The pressures being seen across primary care and all emergency services is unprecedented resulting in an increased volume of patients arriving at A&E and being admitted; in addition we are seeing an increase in length of stay of approximately 0.5 days due to a combination of increased acuity and discharge delays due to intermediate care capacity challenges. Despite these pressures the Trusts are working hard to restore elective services to pre pandemic levels with the focus is upon treating priority patients first, and working to reduce those waiting the longest.
- The new national focus is upon treating all patients whose wait has exceed 24 months and for there to be zero by March 2022.
- In July 2021 the number of patients waiting in excess of 52 weeks has continued to reduce although it should be noted that this reduction is an artifact of the change in referral patterns during 2020/21 (with less patients reaching 52 weeks). However the number of patients waiting in excess of 78 weeks and 24 months has increased over this same period:
 - >52 Week Waits: In July 2021 there were 2,643 patients whose wait exceeded 52 weeks which is a reduction of 1,333 when compared to March 2021. The specialities with the longest waits are General Surgery, Orthopaedics, ENT and Ophthalmology and make up approximately 80% of the 52 week backlog.
 - >78 Week Waits: Monthly reporting of very long waits (in excess of 52 weeks by weekly wait banding) was introduced from April and in July 2021 there were 869 patients (+291 upon April 2021) waiting in excess of 78 weeks. The specialities with the longest waits are General Surgery, Orthopaedics, ENT and Ophthalmology and make up approximately 83% of the 78 week backlog.
 - >24 Months Waits: Monthly reporting of very long waits (in excess of 52 weeks by weekly wait banding) was introduced from April and in May 2021 there were 73 patients (+41 upon April 2021) waiting in excess of 24 months. The specialities with the longest waits are General Surgery, Orthopaedics, ENT and Ophthalmology and make up approximately 85% of the 78 week backlog.
- The breakdown of the longest waits by Provider is as follows:
 - Somerset FT: >52 week - 1,450, >78 weeks - 548, >24 months - 45
 - YDH FT: >52 week - 452, >78 weeks - 102, >24 months - 1
 - RUH Bath: >52 week - 75, >78 weeks - 11, >24 months - 0
 - UHBW: >52 week - 147, >78 weeks - 64, >24 months - 4
 - SMTCT: >52 week - 165, >78 weeks - 40, >24 months 12
 - Other Providers: >52 week - 354, >78 weeks - 104, >24 months - 11

Key Focus

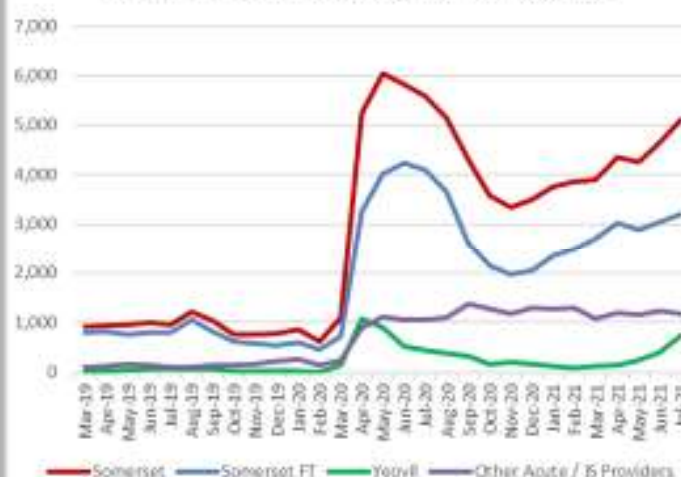
- During July 2021 the percentage of elective activity delivered across all elective points of delivery (overnight in-patients and day cases) at all Somerset Providers when compared to the same period in period in 2019/20 was 92.4%. The most challenged points of delivery at Somerset FT is overnight elective admissions due to the Trust continuing to operate with one less theatre (due to the expansion of critical care) and Day Case at YDH FT (as providing Somerset FT with dental and oral maxillofacial theatre capacity). In addition, YDH FT also has strong overnight elective recovery when compared to Regional and National peers.
- During July 2021 the percentage of out-patient activity delivered across all out-patient points of delivery (consultant and non-consultant first and follow-up) at all Somerset Providers when compared to the same period in period in 2019/20 was 97.3% and recovery at Somerset FT was X and YDH FT X.
- The way in which out-patients are delivered have transformed since the onset of the Covid-19 pandemic; there has been a significant increase in the number of virtual consultations which have enabled patients to access care without the need of attending the hospital. During July 2021 (when compared to July 2019) the percentage recovery for 1st Out-Patients was 97.1% and for Follow Up Out-Patients 96.6% and the percentage recovery for overall non-consultant out-patient activity was 97.7%.
 - During 2019/20 5.9% of outpatient activity was delivered virtually and the aim in the long-term plan was to reduce a third of outpatient visits by 2023/24 by transforming services. During the Covid-19 response services were rapidly re-designed and supported by digital technologies and the roll of 'Attend Anywhere' resulting in 22.9% of outpatient consultations in July 2021 being delivered virtually against the 25% national ambition
- There is an active programme of system-wide actions to support long term recovery and efficient use of available capacity

Diagnostics

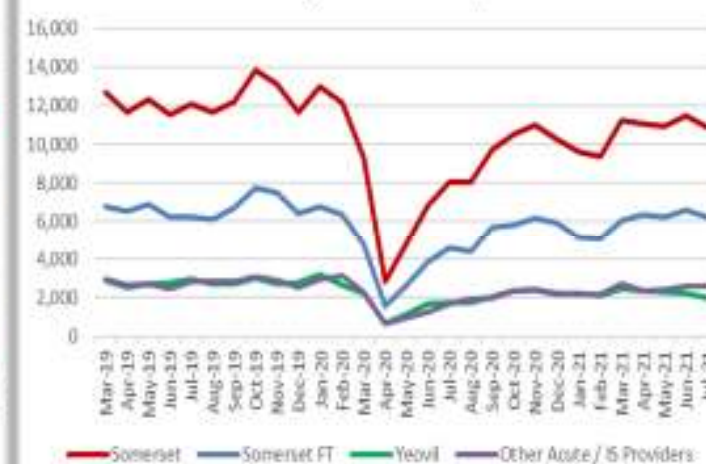
Diagnostic Waiting List



Diagnostics - patients waiting over 6 weeks



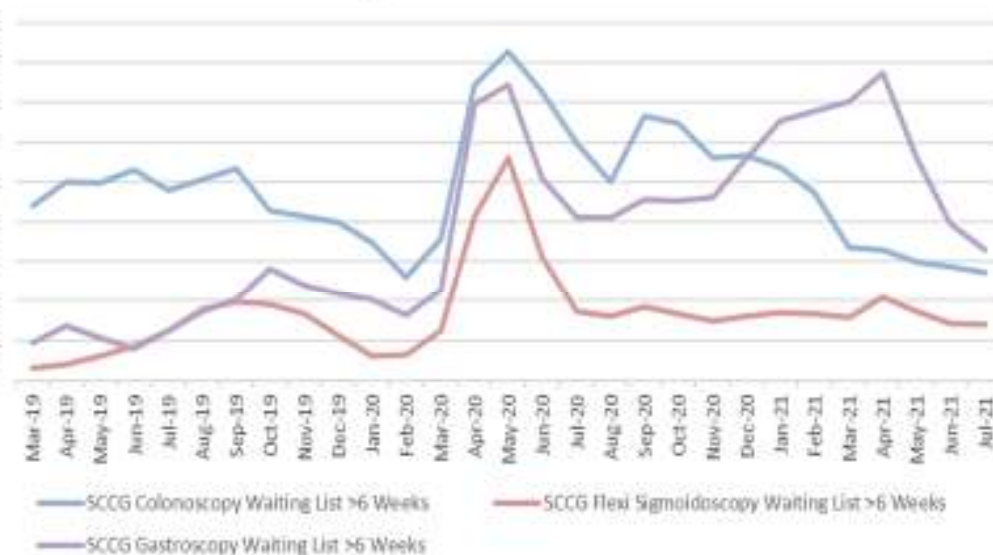
Diagnostic Activity



Somerset Radiology Waits Over 6 Weeks



Somerset Endoscopy Waits Over 6 Weeks



- All diagnostic measures continue to be impacted by the Covid-19 pandemic due to services working at reduced capacity as a result of the ongoing impact of social distancing in waiting rooms and enhanced infection control measures (PPE and cleaning measures between patients), staff sickness (isolation) and recruitment challenges and this has led to a significant increase in the number of patients waiting in excess of 6 weeks for their diagnostic test or procedure
- There were 5,108 patients in July 2021 waiting in excess of 6 weeks (which is an increase of 1,208 patients when compared to March 2021) resulting in performance of 62.1% against the 99% standard (-6.8% compared to the March 2021) and 2,614 patient waiting in excess of 13 weeks (which is an increase of 507 patients on March 2021)
 - Number of patients waiting in excess of 6 weeks by Provider: Somerset FT 3,204, YDH FT 729, Other Providers 1,175
 - Number of patients waiting in excess of 13 weeks by Provider: Somerset FT 1,979, YDH FT 42, Other Providers 593
- The diagnostic modalities with the greatest challenges and highest volume of 6 week breach are MRI, Echocardiography, Non Obstetric Ultrasound, CT and Endoscopy
- When comparing July 2021 to the previous month there has been an increase in the number of 6 week breaches (+448) and there is some variation across the 3 diagnostic modality areas (radiology +369, physiological +133, endoscopy -54)
 - The radiology increase is seen in MRI (+40), CT (+73) and Ultrasound (+256) when comparing July 2021 to the previous month
 - The physiological increase is seen in Echocardiography (+187) when comparing July 2021 to the previous month
- The most notable changes in July 2021 when compared to the previous month is the increase in echocardiography (+143) 6-week diagnostic breaches at Somerset FT and the increase in CT (+62) and Non-Obstetric Ultrasound (+274) 6-week breaches at YDH FT
- Overall the volume of diagnostic tests or procedures carried out July 2021 is comparable to July 2019 and equates to recovery of 101.4% (when comparing July 2021 to July 2019) and cumulatively during the period April 2021 to July 2021 (compared the same period in 2019/20) the percentage recovery was 100.6%. However when looking at the diagnostic test type (waiting list, planned or unscheduled/emergency) by far the most significant increase in activity type is emergency (unscheduled activity) and linked to the increase in emergency demand. Across both reported periods the percentage recovery was 120% with waiting list activity at 94% recovery when compared to the levels delivered in 19/20. In addition, there is some variability at either a Diagnostic Modality (and/or Provider) level
 - Diagnostic Activity recovery in July 2021: Radiology: 106.7%, Physiological 87.0%, Endoscopy: 94.9%)
 - Diagnostic Activity recovery in April 2021 to July 2021: Radiology: 104.8%, Physiological 80.8%, Endoscopy: 98.2%)

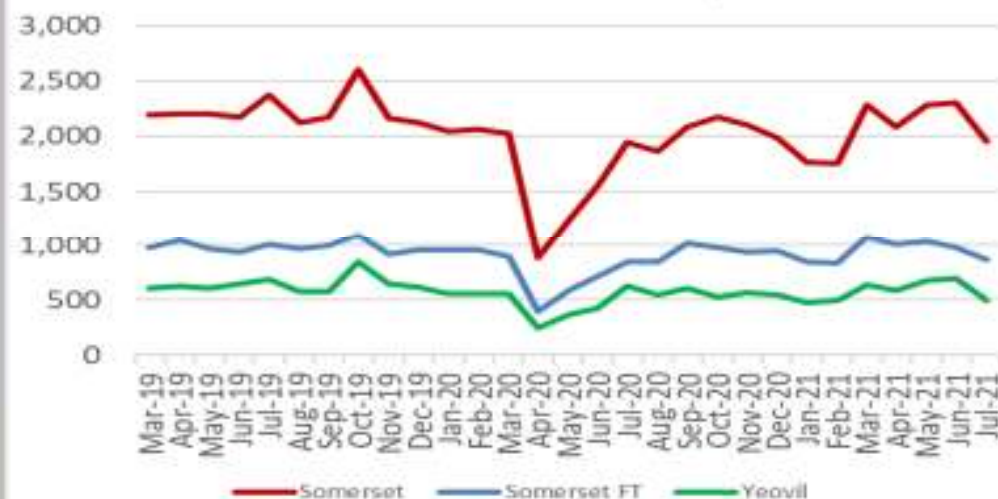
- Actions have been agreed to increase diagnostic capacity and include securing additional MRI capacity at two local independent sector providers and plans are being developed at Somerset FT to increase the hours of operation supported by a Locum Radiologist. All available endoscopy capacity continues to be fully utilised and additional gastroscopy capacity is being delivered at Bridgwater Community Hospital. An insourcing company is providing additional echo capacity at Somerset FT and 2 additional echo physiologists have been appointed from overseas, who will commence in post over the coming months, in addition to the one appointed in May 2021.

A summary by diagnostic modality is outlined below:

- **Radiology** – the overall number of Radiology (MRI, CT and Non Obstetric Ultrasound) 6 Week Waits increased by 933 when comparing July 2021 to March 2021
 - MRI 6 Week Waits increased by 520 from 804 in March 2021 to 1324 in July 2021
 - CT 6 Week Waits increased by 85 from 162 in March 2021 to 267 in July 2021
 - Non-Obstetric Ultrasound 6 Week Waits increased by 328 from 151 in March 2021 to 479 in May 2021
- **Endoscopy** – the overall number of Endoscopy 6 Week Waits has reduced by 233 from 713 in March 2021 to 480 in July 2021
 - Colonoscopy: 6 Week Waits reduced by 31 from 167 in March 2021 to 136 in July 2021
 - Flexi-Sig: 6 Week Waits increased by 9 from 79 in March 2021 to 70 in July 2021
 - Gastroscopy: 6 Week Waits has reduced by 187 from 352 in March 2021 to 165 in July 2021
- **Physiological Diagnostics** – the overall number of Physiological 6 Week Waits has increased by 133 when comparing July 2021 to March 2021
 - Dexa Scans 6 Week Waits reduced by 73 from 149 in March 2021 to 76 in July 2021
 - Audiology Assessments: 6 Week Waits increased by 26 from 63 in March 2021 to 89 in July 2021
 - Echocardiography: 6 Week Waits increased by 566 from 1615 in March 2021 to 2181 in July 2021
 - Peripheral Neurophysiology: 6 Week Waits increased by 16 from 16 in March 2021 to 32 in July 2021
 - Sleep Studies: 6 Week Waits increased by 32 from 48 in March 2021 to 80 in July 2021
 - Urodynamic: 6 Week Waits reduced by 56 from 175 in March 2021 to 119 in July 2021

Cancer

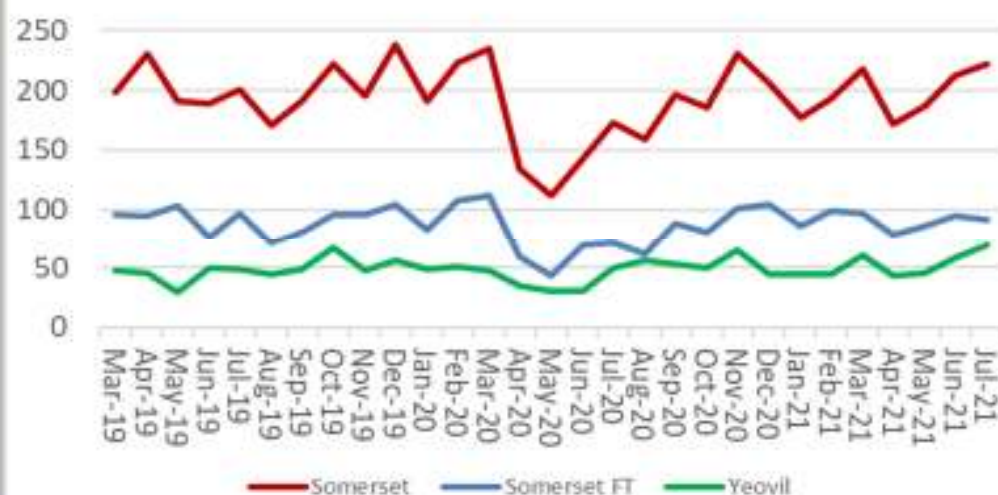
2 Week Wait Pathways



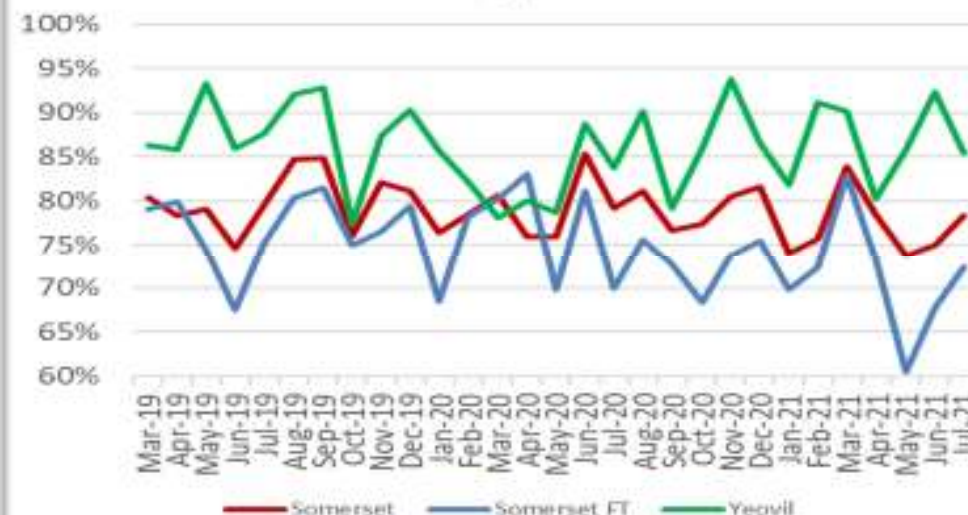
Cancer 2ww performance



62 Day Cancer Pathways



Cancer 62 day performance



- **Volume of 2 week wait referrals:**
 - Somerset: -14.2% (-324), Somerset FT: -16.4%, (-170); YDH FT: -26.7%, (-180), RUH: +6% (+17), UHBW: +0.4% (+1), Others: +17% (+8) (all compared to the previous reported month of May)
- **2 week wait Performance (target 93%):**
 - Somerset: 88.31% (-1.3%), Somerset FT: 91.6% (no change), YDH FT: 85% (-6.8%), RUH Bath: 85.91% (+4.8%), UHBW: 97.1% (+2.9%), Others: 40% (+1.7%) all compared to the previous reported month of May.
 - The proportion of patients on a suspected cancer pathway waiting less than 2 weeks have been increasing in the first 3 months with a July drop. Performance has been below the standard, mainly attributed to other providers.
- **2 week wait breaches** predominantly in:
 - skin cancer (mainly attributed to Other, RUH, UHBW)
 - lower GI (mainly Somerset FT, YDH FT),
 - Head and neck cancers (mainly Somerset FT)
 - suspected breast cancer (mainly Somerset Ft and also Others),
- **Volume of First definitive treatment within 62 days from GP referral**

In July 2021 the Somerset saw a 18.7% (+35) increase in the number of patients on a 62 day pathway who received their first definitive cancer treatment following GP referral when compared to the previous reported month of May 2021, breakdown of trusts:
Somerset FT: +7% (+6); YDH FT: +50%, (+23), RUH: +41.7 % (+7.5), UHBW: -12.5% (-4), Other Providers: +50%, (+2.5)
- **Performance (target: 85%):** Somerset System: 4.6% increase in performance to 78.4%.
Somerset FT: 72.3% (+11.8%), YDH FT: 85.5% (-0.4%), RUH: 76.5% (-6.8%), UHBW: 85.7% (-4.9%), Other Providers: 66.7% (+16.7%)
- **Breaches** predominantly in
 - Lower Gastrointestinal cancer (Health Care Provider initiated delay to diagnostic test/treatment planning, complex diagnostic pathway)
 - Urological cancers (Health Care Provider initiated delay to diagnostic test/treatment planning, complex diagnostic pathway)
 - Skin (Health Care Provider initiated delay, other reasons)
 - Head and neck cancers (Health Care Provider initiated delay to diagnostic test or treatment planning)
 - Breast cancer (Complex diagnostic pathway, Health Care Provider initiated delay to diagnostic test or treatment planning)

- Actions to improve performance include:
 - Introduction of additional Endoscopy capacity from Q2 and improvements theatre throughput and list utilisation
 - Continuation of additional MRI/CT mobile capacity (re-sited to South Somerset – Yeovil/South Petherton)
 - Service Delivery Funding approved by SWAG CA (Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance) which will be used to support cancer recovery and strategic aims of LTP (Long Term Plan) for Cancer.
 - The pan Somerset Non Site Specific Rapid Diagnostic Service for patients with vague symptoms that could indicate cancer was implemented on 26th July 2021. Initial referral numbers are low, however, it is anticipated that referrals will gain traction over the next couple of weeks.
 - Both YDH FT and Somerset FT have robust plans to support the 28 day Faster Diagnosis Standard in Lung, Colorectal and Prostate.
 - Somerset FT: Additional nurses have now been appointed to the endoscopy team which has allowed the service to increase the number of sessions which can be run from Bridgwater Community Hospital. • Additional temporary support was put into the colorectal Faster Diagnosis team to support triage. This has now started to reduce the delays.

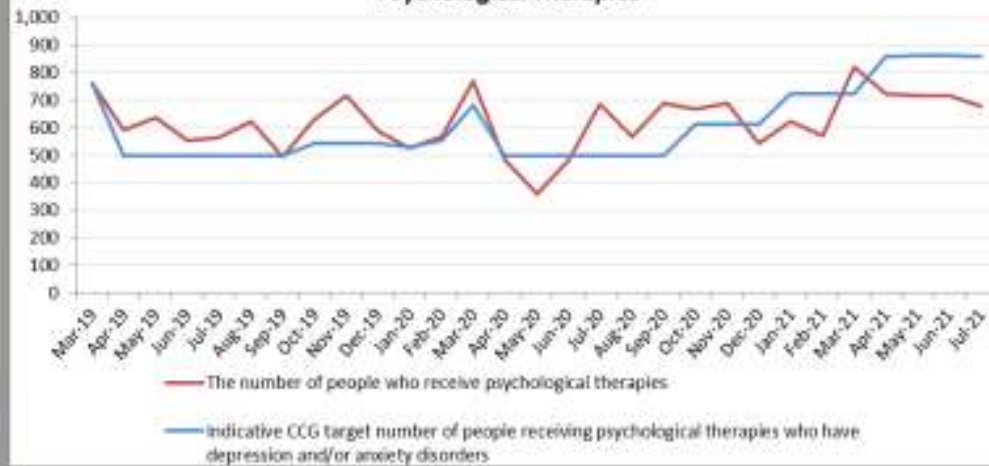
Mental Health



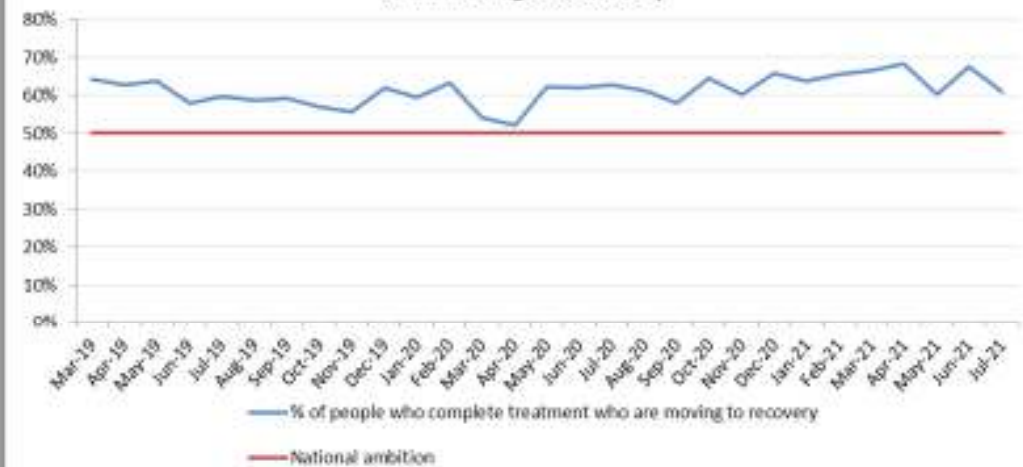
Somerset

Clinical Commissioning Group

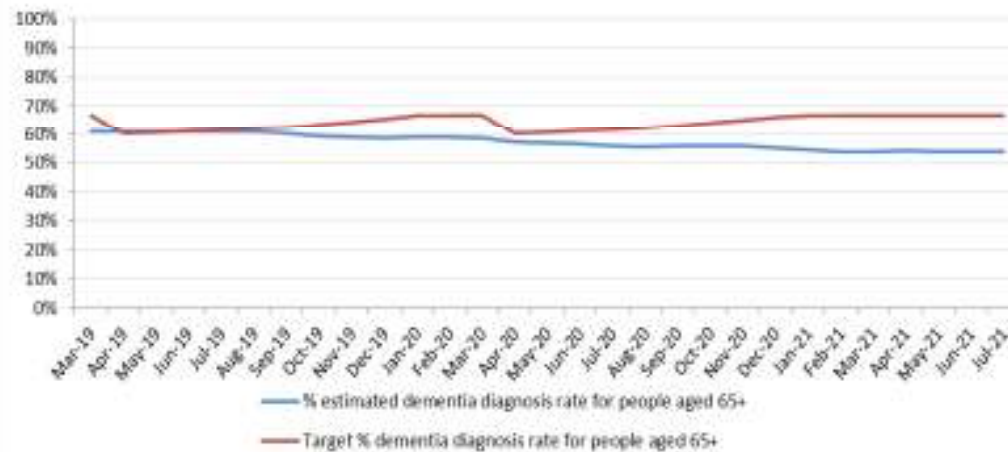
IAPT Access (roll-out) and The Number of People who Receive Psychological Therapies



IAPT Moving to Recovery



Dementia Diagnosis Rate

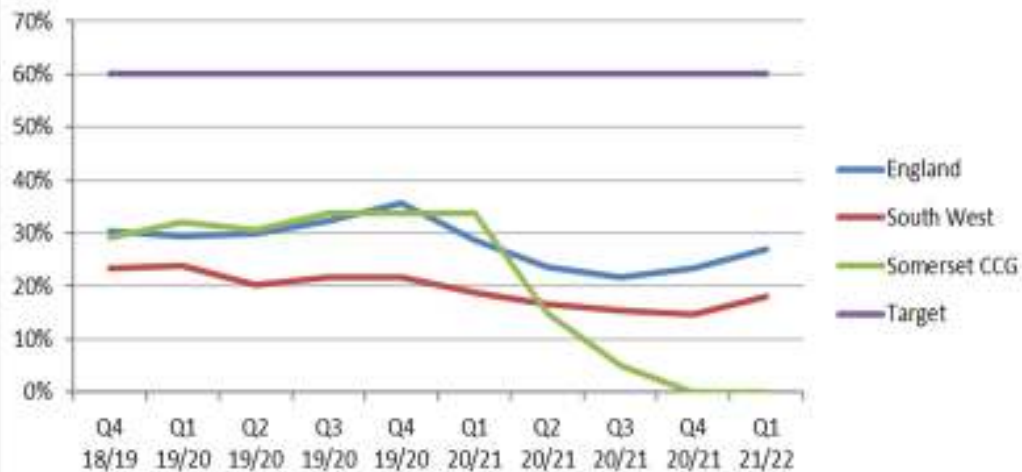


Definitions:

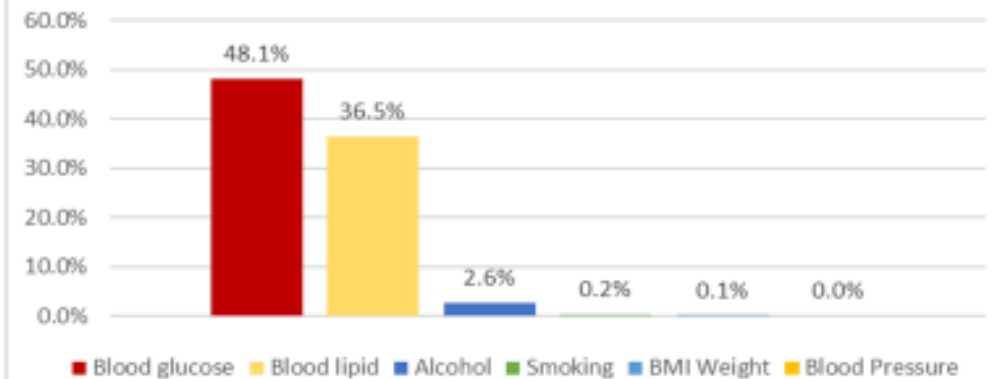
- IAPT access measures the number of people entering treatment against the level of need within the population
- IAPT moving to recovery measures ended referrals that finished a course of treatment where the service user has moved to recovery
- Dementia diagnosis rate measures the percentage of estimated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

Mental Health

SMI Physical Health Checks



Somerset CCG - Q1 21/22
Physical health Checks for people with serious mental illness %



Improving Access to Psychological Therapies (IAPT):

- The number of people accessing treatment for the period April - July is 2,836 against a local indicative target of 3,442 (c.600 below plan); performance for the period is lower than plan and this is due to the annual target being profiled evenly across the year rather than increasing in the later quarters, however we anticipate access will increase over the course of the year as new staff commence in post and new access routes are put in place, e.g. Long Term Conditions (LTC).
- For 2021/22, we are growing the service and will be increasing our LTC offer to diabetes, and expanding our offer in cardiac, long Covid-19 and respiratory, support to perinatal and staff support in line with the national resilience funding expectations
- The IAPT recovery rate for July is 60.9%. The national ambition of 50% continues to be met and exceeded
- The IAPT service continues to consistently meet and exceed the 6 and 18 week national ambitions. In July, 84.7% of patients referred for treatment were seen by the service within 6 weeks against the 75% national ambition, and 99.7% were seen and received treatment within 18 weeks from referral against the 95% national ambition

Community Mental Health Services:

- The Community Mental Health Services transformation programmes; a collaboration between Somerset Foundation Trust and a range of VCSE partners, is operating under 'Open Mental Health'. In June, there were 4,925 contacts across both NHS and VCSE (Voluntary, Community and Social Enterprise) partners. The average wait times to access the service is less than 4 weeks, though we are aware that demand is growing. We are currently working on streamlining the dataset across the range of providers, including a consistent suite of outcomes metrics in collaboration with the NHSEI national team.

Mindline 24/7 Crisis Line:

- From 1 April to 12 July 2021, the line has received 8,729 calls. Fewer than 1% of these calls are directed towards the ambulance service, and fewer than 5% are directed towards the Home Treatment Team or equivalent for CAMHS.
- The Mindline 24/7 crisis line offers a supported conversation to callers and has increased access to availability of Mental Health Services within Somerset; the services include Mindline Enhanced, Somerset IAPT and Community Mental Health Teams, depending on the level of need
- Callers are presenting with an increasing range of issues and high levels of anxiety, depression, distress, isolation, family, physical health issues, service issues and concerns around Covid-19 are being seen; the main purpose of a call is the provision of emotional support, and the service is able to access other NHS or VCSE provided support for callers as appropriate.
- Since 23 March 2020 calls from Children and Young People (aged 18 and under) and their families average 60 calls per week. Callers requiring non-urgent or wellbeing support are referred to the Young Somerset Wellbeing Service; those callers with an urgent MH issue are transferred to CAMHS Single Point of Access, Enhanced Outreach Team or 7 day Out of Hours.

Demand and Capacity Modelling:

- As part of our planning for potential long-term implications of Covid-19, we have been undertaking demand and capacity modelling with a bespoke tool being developed by South Central West Commissioning Support Unit. This is intended to take into account the whole MH ecosystem; covering urgent activity, VCSE activity and social care alongside traditional mental health services. The modelling now includes core adult services and VCSE activity under Open Mental Health. We are now looking to move into the next phase by developing a dynamic system modelling tool, and later looking to expand to cover CYP services. The first workshop will be held in late September.

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

- The access measurement for CYP has changed from April 2021 and systems will be monitored using one contact (previously two contacts). Estimates using local un-validated data shows that Somerset has delivered 6,110 contacts to CYP during the 12 month period to July 2021. Somerset's share of the national ambition is awaiting confirmation from NHSEI. Somerset CCG's Performance Team and CYPMH Commissioning Team are implementing plans to support smaller providers with new CYPMH reporting requirements and we are also working with providers to produce an internal access trajectory
**Access: (reported on a 12 month rolling basis) is the number of Children and Young People under the age of 18 who have had at least one contact from an NHS funded mental health services*
- Somerset CCG and Somerset NHS Foundation Trust are currently being supported by NHSEI to help improve the CYP access rate
- Young Somerset are working in partnership to deliver the CAMHS 2+ Team – a service that will support children and young people whose needs are too complex for MHSTs and Young Somerset's Wellbeing Service, but would not be appropriate for CAMHS Community Team. Since going live at the end of April, the team has seen significant demand.
- Requests for support are steadily increasing for the Mental Health Support Teams (MHSTs) and the model (supporting a 'whole school approach') is in development with the system working to provide extra resource in order to meet the needs of our CYP in Somerset. Somerset has been awarded Wave 6 status and 2 more teams will be recruited later in the year ready to start training at the University of Exeter in January 2022. Somerset will have 6 teams in total and are currently exploring the expansion offer
- Somerset CCG CYPMH Commissioning Team have attended participation groups for children, young people, parents and professionals. Following on from the participation groups held in April and May this year, the CYPMH Commissioning Team have completed a report based on findings, and a service specification. We are currently in the process of the procurement in which we are identifying evaluators including young people and parents, to review the bids received. We are anticipating a new service will be going live in January 2022.

Perinatal and Maternal Mental Health:

- Somerset has been awarded with 'Fast Follower' status to develop and implement a Maternal Mental Health Service (MMHS) in Somerset. The MMHS will align with the established Perinatal Mental Health Service and will focus on women with issues surrounding bereavement, Tokophobia and birth trauma. Interviews for roles in the MMHS are currently taking place with a focus on Personalised Care to be discussed with the Perinatal Team.
- Our counterparts in Somerset Foundation Trust are undertaking a data quality exercise for perinatal services to ensure that all activity is being counted and coded in line with the national requirements.

Dementia:

- Somerset CCG's dementia diagnosis rate performance for July 2021 is 53.8%, against national ambition of 66.7%
- Somerset has been impacted, as has the rest of the country and beyond, by the pandemic over the last 18 months. This has particularly affected the previously proposed approach to improve dementia diagnosis rates in Somerset which was based upon physically visiting care homes and other sites, both to diagnose people and to educate the staff on site to enhance their confidence in pursuing diagnosis and to ensure that they are using the correct coding methodology. During the pandemic, due to the clinical risk associated with visiting vulnerable people, this work had to stop
- We have now established the multi-organisational Dementia Operational Oversight Group and an associated Dementia Task and Finish Group to look holistically at the entire Dementia pathway (including diagnosis) and services offered in Somerset. They have already allocated funding to Somerset Foundation Trust to recruit four new members of staff for the Memory Assessment Service to expand the services capacity and have established a quarterly sounding board forum of Experts by Experience and their support networks to ensure that their voices and stories are used to inform changes
- The Dementia Operational Oversight Group and Task and Finish Group are currently working together to design a Somerset Dementia Wellbeing model that is based upon the Bristol Dementia Wellbeing model. This work will be discussed with the quarterly sounding board forum to ensure that their experiences and needs inform the new dementia strategy and current contract renegotiations are underway with providers to start bringing the model to fruition. The current expectation is that the new dementia strategy and Somerset Dementia Wellbeing model will be unveiled at an event hosted by Reminiscence Learning in April 2022

Physical health checks for people with a serious mental illness

- Delivery of physical health checks to people with a serious mental illness has been challenging and reasons include anxiety regarding attending healthcare premises and the impact of Covid-19 response.
- We have identified a significant reporting issue. This has resulted in us reporting 0% against the 60% national ambition. However, we are aware that a separate national extract from practice systems is showing much higher performance, and we are working with our NHSEI colleagues and the Somerset LMC to resolve this.
- We submitted a recovery plan to NHSEI on 24th August 2021 and await their feedback.
- It is a priority to improve the number of people with serious mental illness receiving a health check during 2021/22 and a comprehensive action plan is being developed. The PHSMI programme aim is to improve access to and uptake of health checks for people with Serious Mental Illness (SMI). There are several project areas; primary care, secondary care, Physical Health Workers, outreach, data and reporting and also improving physical health (post-health check) which will address improving quality and consistency of the physical health check offer for routine practice, improve the outcomes of annual health checks and encourage system discussions on healthy life styles.

Learning Disabilities & Autism



Somerset

Clinical Commissioning Group

Transforming Care

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

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

Annual Health Checks (AHC):

The Quality & Patient Safety Team (Learning Disability and Mental Health) is leading on a programme of work to increase the uptake and quality of Annual Health Checks (AHCs) for people with a learning disability. The Programme is overseen by a systemwide steering group and incorporates 6 working groups, focusing on 1) Primary Care 2) social care providers 3) SEND (young people and young adults) 4) advance care planning 5) co-production and 6) Primary Care Board. This latter working group was set up to focus on the Covid-19 restore aspect of the programme. The 'Somerset 'Our Voice' peer support group has created a video to set out 10 principles of expectations around receiving an annual health check. As well as the video, the group has also created Easy Read resources. The video was designed, developed and produced by the people in the peer support group.

The advance care planning group has created a CPR Easy Read resource to inform / start a conversation about getting CPR and what it means in order to enable informed decision-making. The aim is to make this available to other patient groups too.

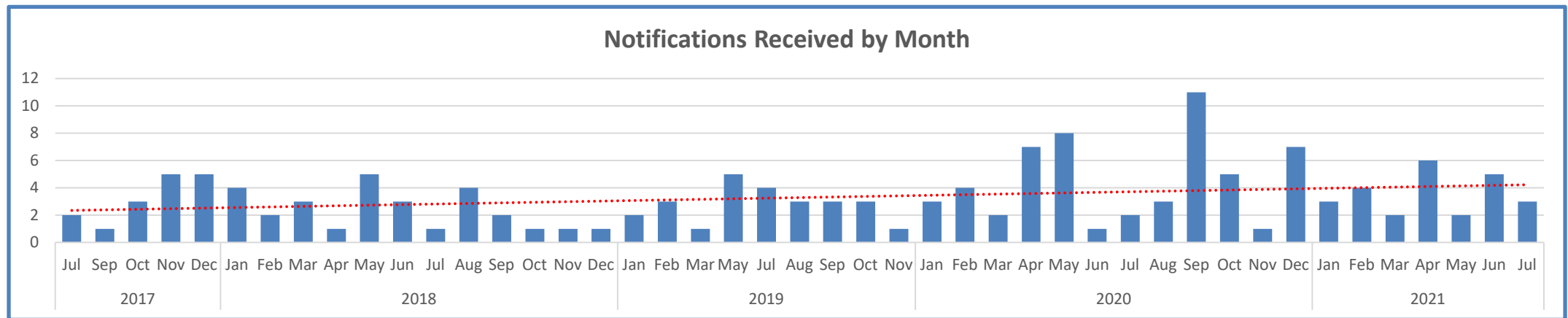
Local review of services:

A 3 year delivery plan for the learning disability and autism programme was submitted to NHSEI in March 2021. Following feedback, an updated plan was submitted at the end of April. Plans include investment in community learning disability services, the rapid intervention team and the adult autism service. An overarching vision to accompany the delivery plan is due for completion in Q3/4, following engagement events beginning in September.

Autistic Spectrum Condition (ASC) C&YP:

The Ofsted/CQC local area inspection and the local review found areas where improvements in services for people with ASC are required. These include diagnosis, pre-diagnostic and post diagnostic support and services. Multidisciplinary triage and assessment 'interim solution' is in-place across County with early benefits being seen, including reduced waiting times for assessment and a reduction in rejected referrals. A co-production workshop for the assessment pathway is planned for September. The assessment pathway is due to be published in December as part of Written Statement of Action improvement priority 5.

Learning Disability Mortality Reviews (LeDeR)



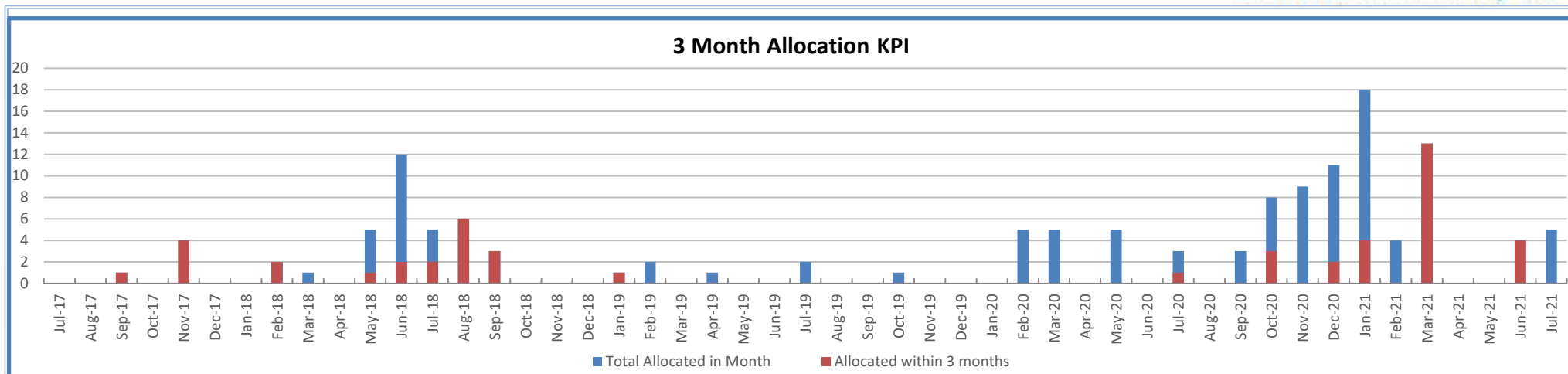
In July 2021, three Notifications were received into the Service, which is consistent with the number of notifications received on a monthly basis in 2021/22.

The 'new' NHS LeDeR platform is now operational and the LeDeR team is fully recruited to with reviewers, senior team lead and administrator in post with our new Local Area Contact due to commence post in early October

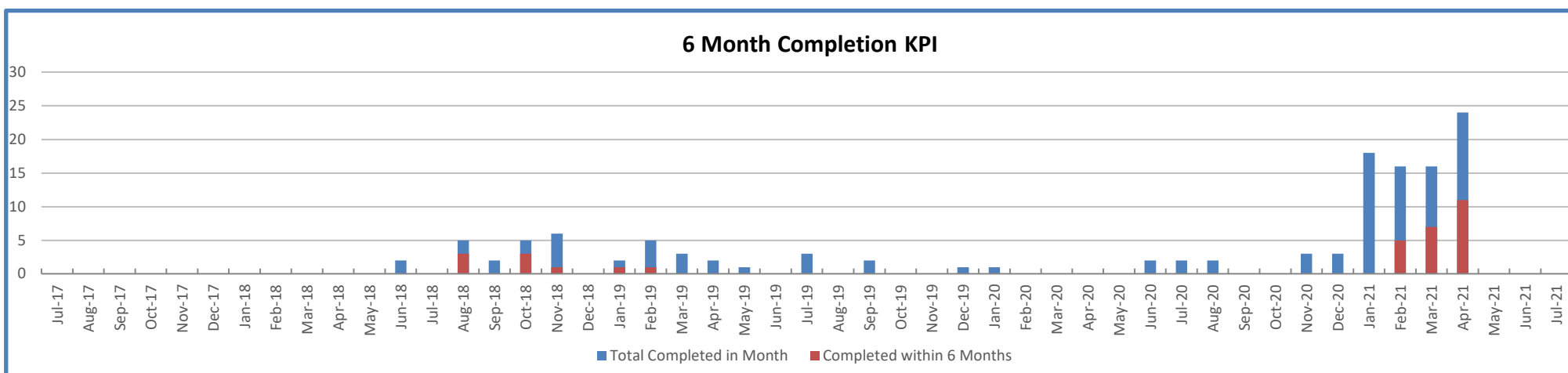
As a result of the new NHSEI Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) policy 2021 and the required changes to the ways of working, all staff in the LeDeR Team have successfully undertaken the new LeDeR training on the new platform which Somerset staff have been involved in the development and evaluation of.

We have aligned our current administrative and performance update processes to the new policy changes.

Learning Disability Mortality Reviews (LeDeR)



3 Month Allocation KPI – Requires any Reviews received to be allocated to a Reviewer within 3 months of the Notification Date. Performance attainment for July 2021 is recorded at 0%, this is the result of all allocated reviews in July having been allocated after the 3 notification period. This reduction in performance attainment is the result of the 'old' University of Bristol LeDeR Platform being suspended in March 2021 and therefore no Reviews were able to be allocated.



6 Month Completion KPI – Requires all Reviews to be completed within 6 Months of the Notification Date. As no Reviews were completed in July 2021, there is no performance data available.

- During the year, the period of April-July 2021/22 there have been 1488 women that have delivered babies, 1050 at Somerset FT and 438 at YDH FT.
- Both trusts currently under pressure due to increase in numbers and acuity, and Covid-19 related staff absence. Support available across the system and regionally. This is expected to ease as new midwives are recruited.
- Both Trusts are focused on achieving all actions required in the Ockenden Report. Working closely with the LMNS, CCG Quality and Safety team and NHSEI for assurance. Early feedback from NHSEI is positive. Main themes include embedding processes and ensuring maternity software captures the relevant information to evidence the good practice taking place. All evidence submitted to the NHSE portal within the deadline
- The number of preterm births is reducing as both trusts implement the requirements of the Saving Babies Lives Care Bundle v2. Work is ongoing to further reduce the number of women smoking during pregnancy. Both trusts have also implemented the PeriPrem Care Bundle to improve the outcomes for premature babies
- All pregnant women with Type 1 diabetes are now offered Continuous Glucose Monitoring to help monitor their condition
- Working with the CCG Mental Health team to develop a Maternal Mental Health Service to support women with previous baby loss, birth trauma and fear of giving birth.
- Personalised Care and Support training taking place across both trusts ready for the launch of updated personalised care plans for all women. To be reviewed and evaluated by the Maternity Voices Partnership (MVP).
- Working with the regional team to develop Maternal Medicine Networks to support women with complex medical problems to have a successful pregnancy.
- Midwives now able to supply Healthy Start vitamins free of charge to all eligible women. A training programme is being rolled out to support maternity staff to promote uptake
- During Covid-19 the ICON (<https://iconcope.org/>) programme was used to support new parents to cope when their baby cries when their support networks were not available to them. Planning a relaunch of this evidence based programme in a joint project with Maternity, Public Health and Children's Social Care.
- Actions to support maternity services:
 - A Maternity Equity strategy to be published later this year. A Somerset version will be co-produced with the MVP
 - Implementation of the National Bereavement Care Pathway across both trusts
 - Public Health midwife to promote healthy pregnancy and link maternity with Public Health services
 - Building closer links with our neighbouring LMNSs (Local Maternity and Neonatal System) to share learning and improve communications pathways for cross border transfers