

Report to the NHS Somerset Clinical Commissioning Group on 25 November 2021

Title: GOVERNING BODY QUALITY, SAFETY AND PERFORMANCE EXCEPTIONS REPORT 2020/21 1 APRIL 2021 – 30 SEPTEMBER 2021	Enclosure K
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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 19 October 2021, the enclosed paper provides a summary of escalation issues for quality and performance against the constitutional and other standards, for the period 1 April 2021 to 30 September 2021, and provides a detailed summary for the following areas:

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

Recommendations and next steps

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

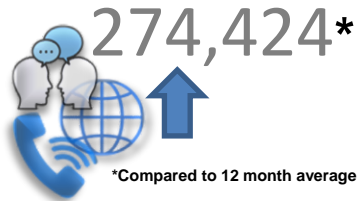
Integrated Board Assurance Report September 2021

Somerset System overview – September 2021



Somerset
Clinical Commissioning Group

Primary Care –
GP
contacts/demand



Answered within
60 seconds or less

36.4%



Cat 1 **11:04 min**
Cat 2 **66:12 min**
Cat 3 **175:20 min**
Cat 4 **214:55 min**

Mean response time

4 hours

A&E

69%

Total A&E
Attendance

23,758



NHS

Somerset

NHS Foundation Trust

4 hours

A&E

58.44%

Total A&E
Attendance

6,742



Yeovil Hospital
Healthcare

4 hours

A&E

89%

Total A&E
Attendance

5,296



Total
emergency
admissions

5,713

883

Re-admissions
within 30 days
of discharge

Somerset System overview – September 2021



Referral to treatment

10,401

Clock starts 

65.47% <18 weeks

2,543 people waiting >52 weeks

5,056 people waiting >40 weeks




Diagnostics

Waiting list

14,111

>6 weeks 4,926

34.9%



Cancer Total

2ww


2,361

2ww performance **84.58%**

31 day performance **94.08%**

62 day performance **76.04%**

28 day FDS performance **74.8%**



IAPT - Improving Access to Psychological Therapies

access (roll-out) ***3,989**

*for the year to date period. Indicative target is 5,164

58.6% moving to recovery


CYPMH

Children and Young People's Mental Health

access ***7,342**

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

92.6% of patients waited <=24 hours to be seen by the Home Treatment Team



95.5% of patients on CPA had an annual review

Somerset System overview – September 2021

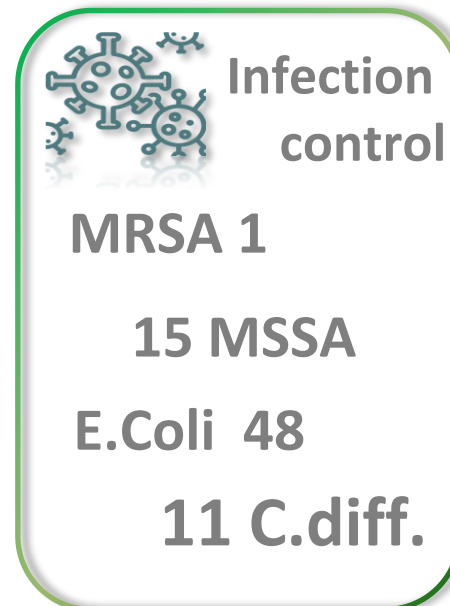
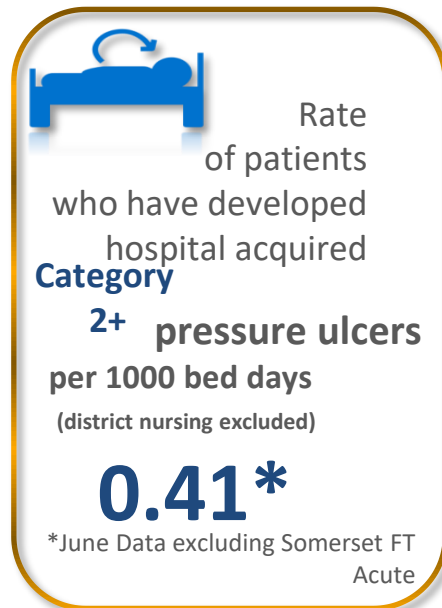
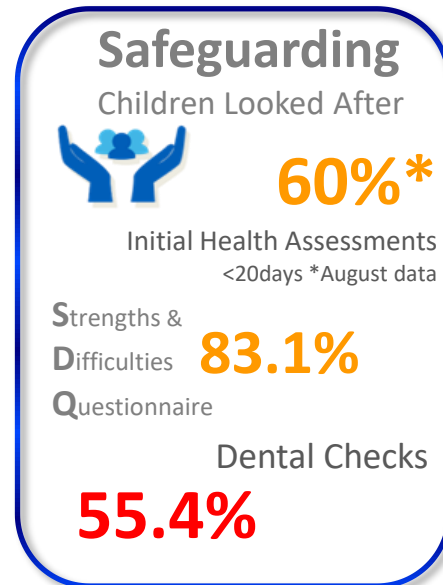


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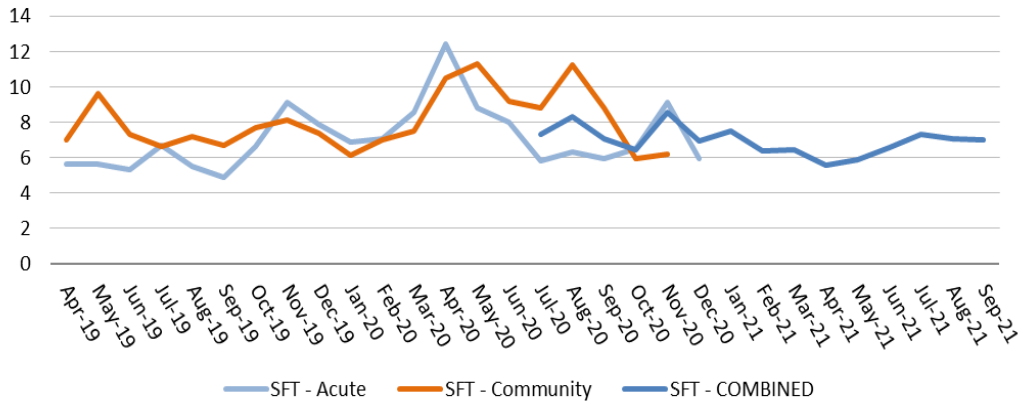
Quality Reporting	SLIDE	5-15
Primary Care	SLIDE	17-19
Emergency, NHS111 & Integrated Urgent Care, SWAST	SLIDE	20-27
Emergency – A&E, Emergency Admissions	SLIDE	28-33
RTT (Referral to Treatment)	SLIDE	34-37
Diagnostics	SLIDE	38-40
Cancer	SLIDE	41-43
Mental Health	SLIDE	44- 59
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Quality Reporting

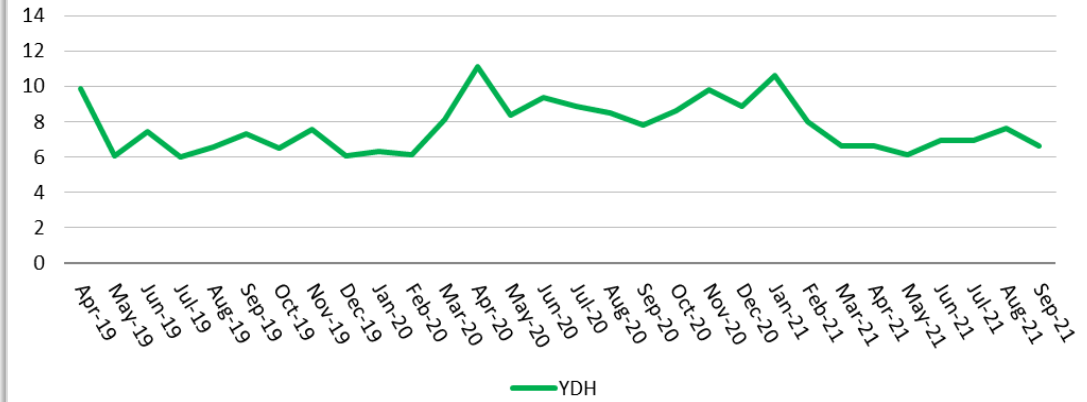


Somerset
Clinical Commissioning Group

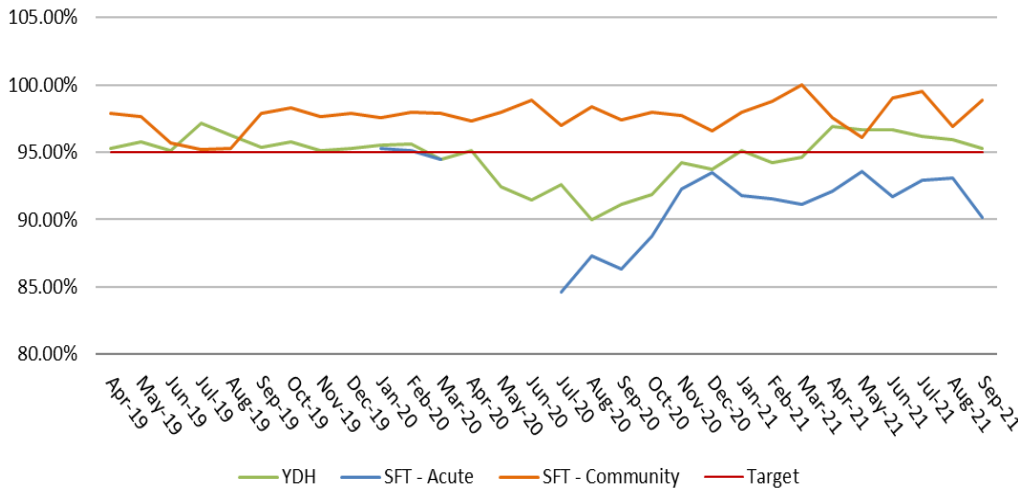
**Somerset Foundation Trust -
Rate of slips, trips and falls (irrespective of grade)
per 1000 beds**



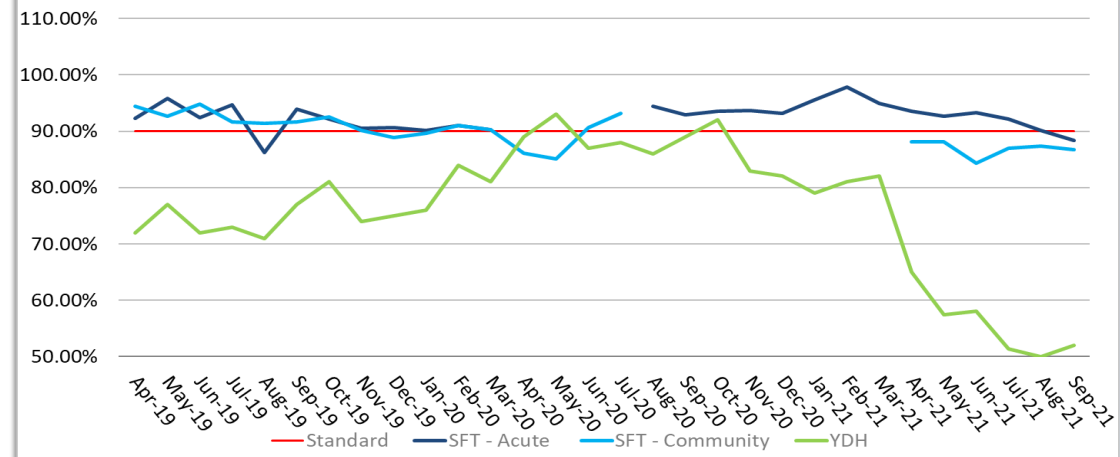
**Yeovil District Hospital Trust-
Rate of slips, trips and falls (irrespective of grade)
per 1000 beds**



**% 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**

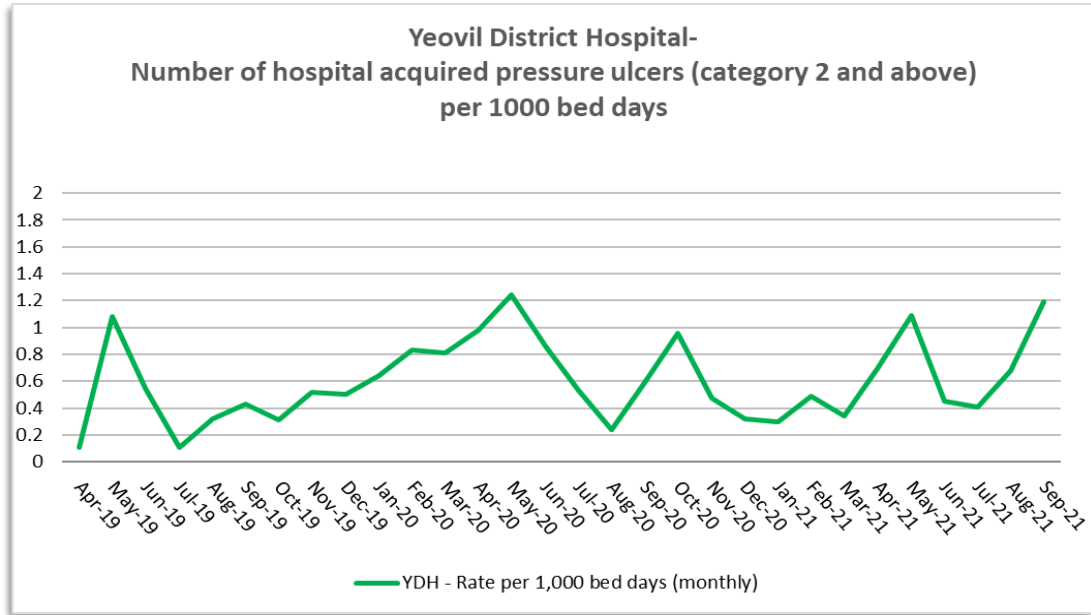
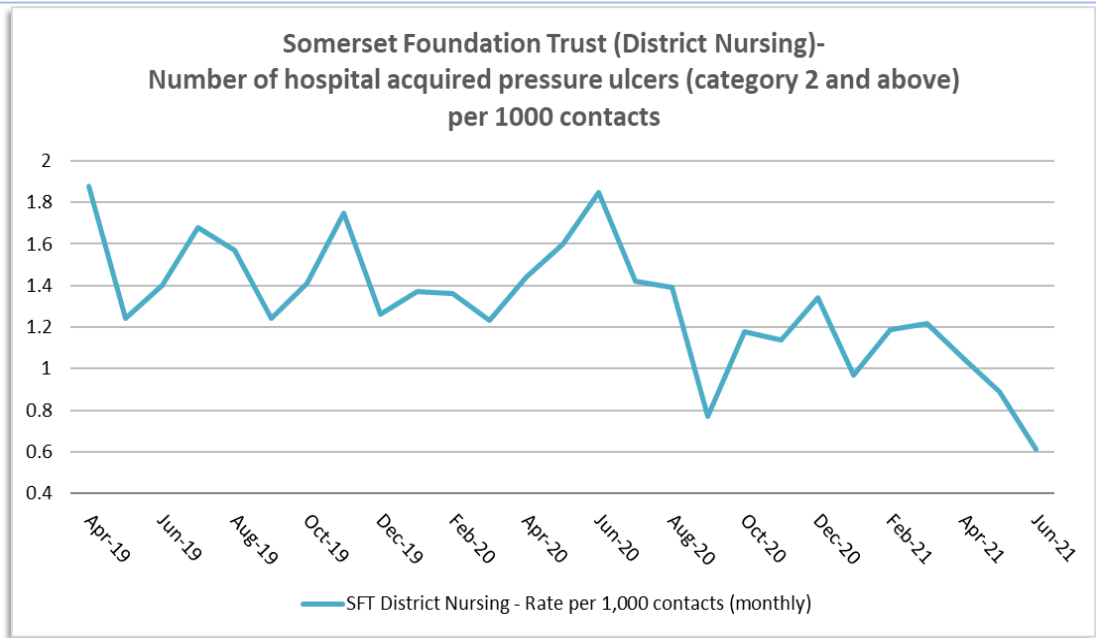
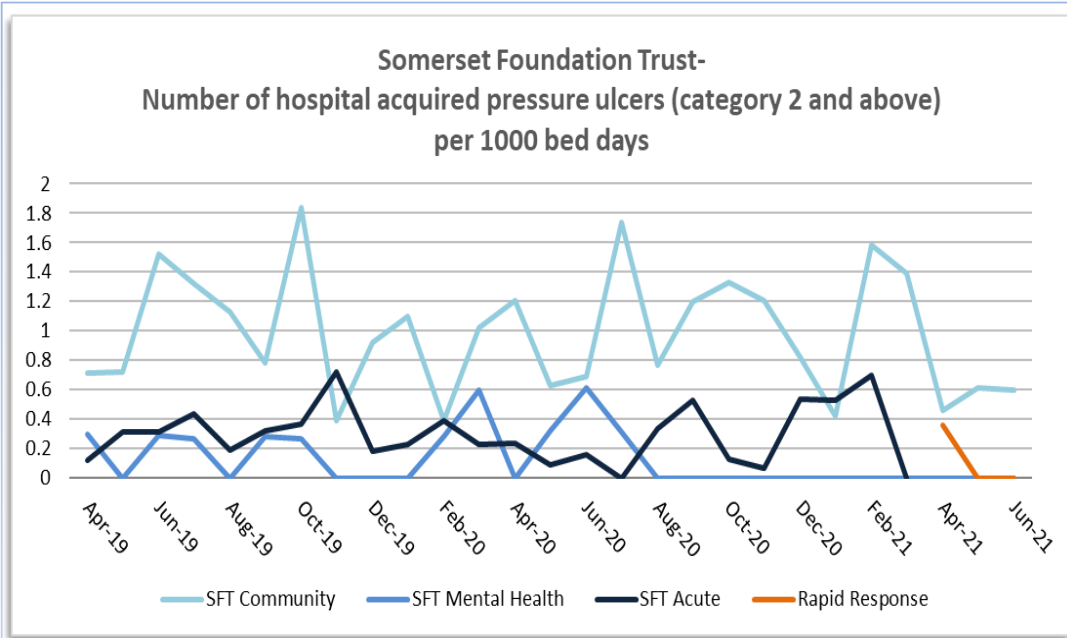


*VitalPack introduced for YDH from April 2021

Quality Reporting



Somerset
Clinical Commissioning Group

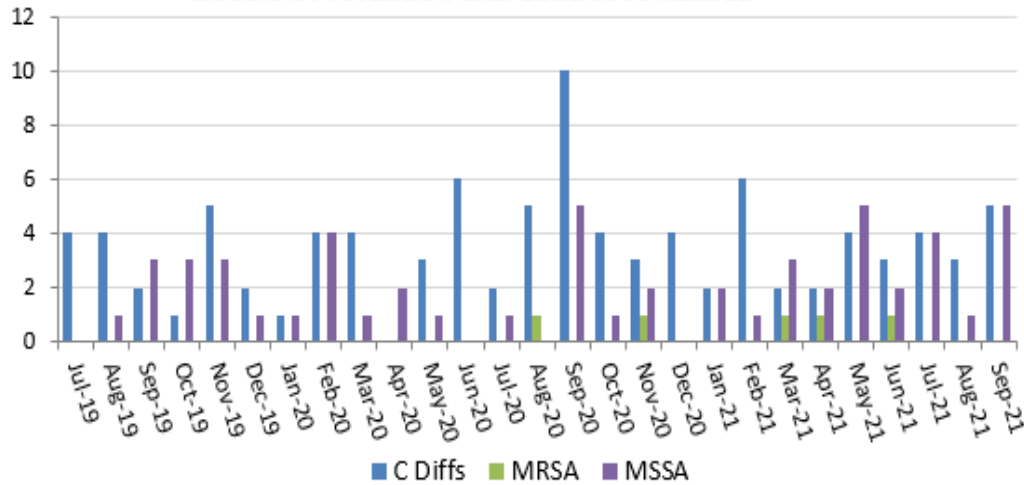


Quality Reporting

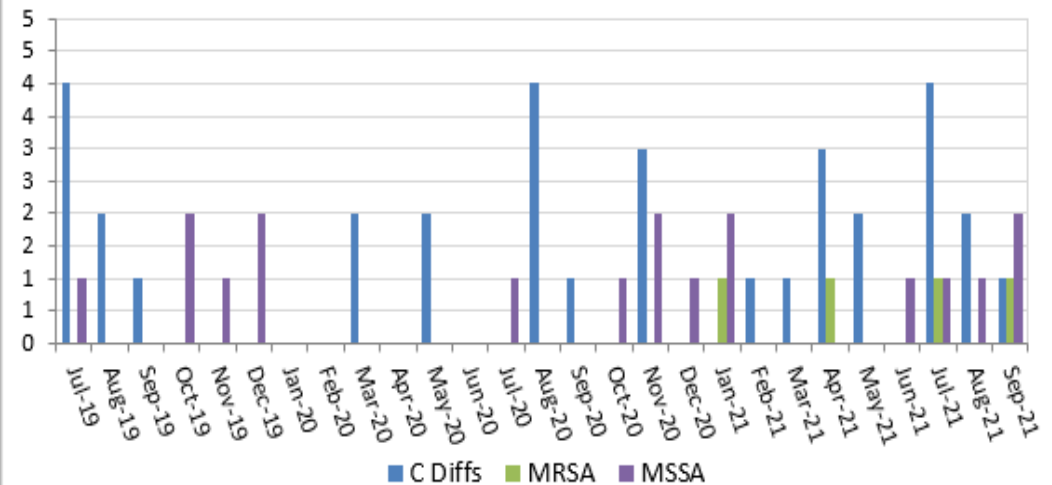


Somerset
Clinical Commissioning Group

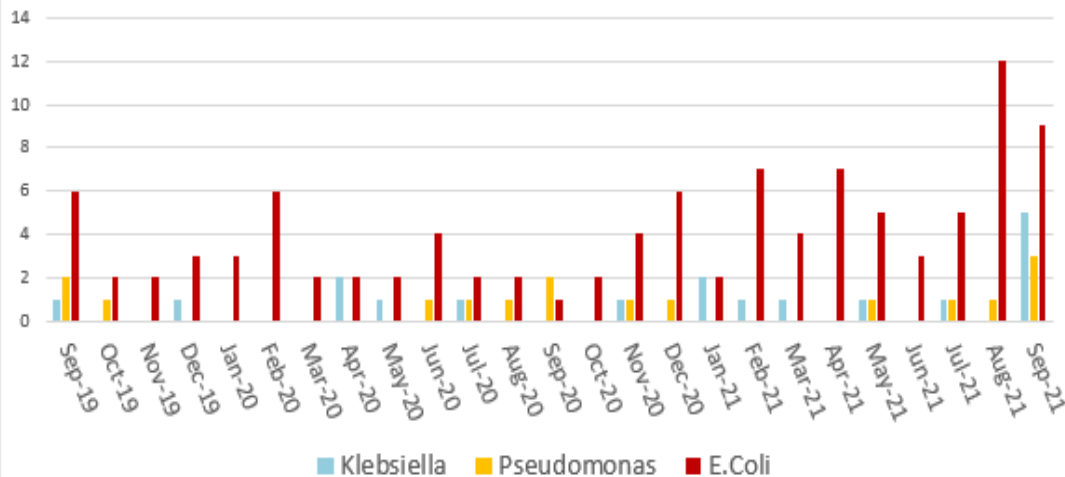
**Somerset NHS Foundation Trust
Infection Prevention and Control combined**



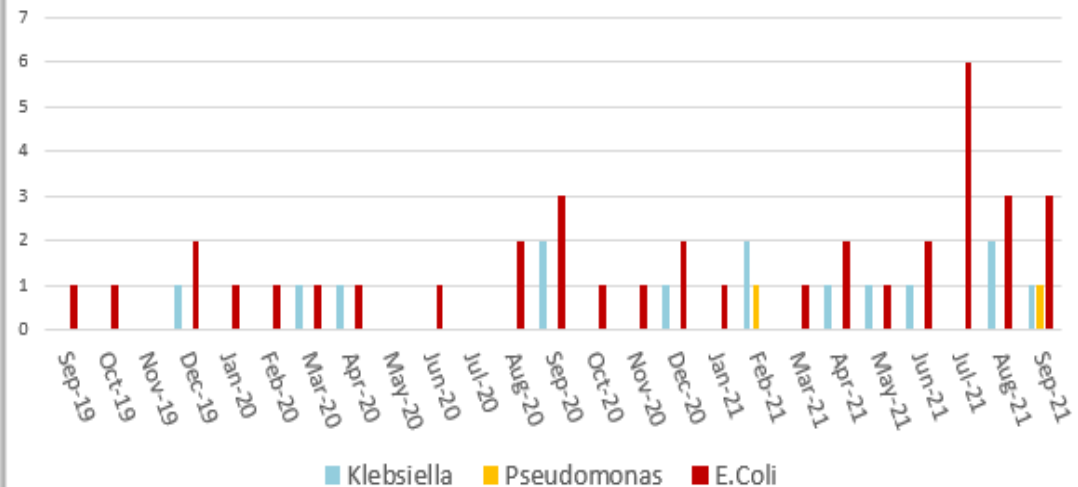
**Yeovil District Hospital NHS Foundation Trust
Infection Prevention and Control combined**



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



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

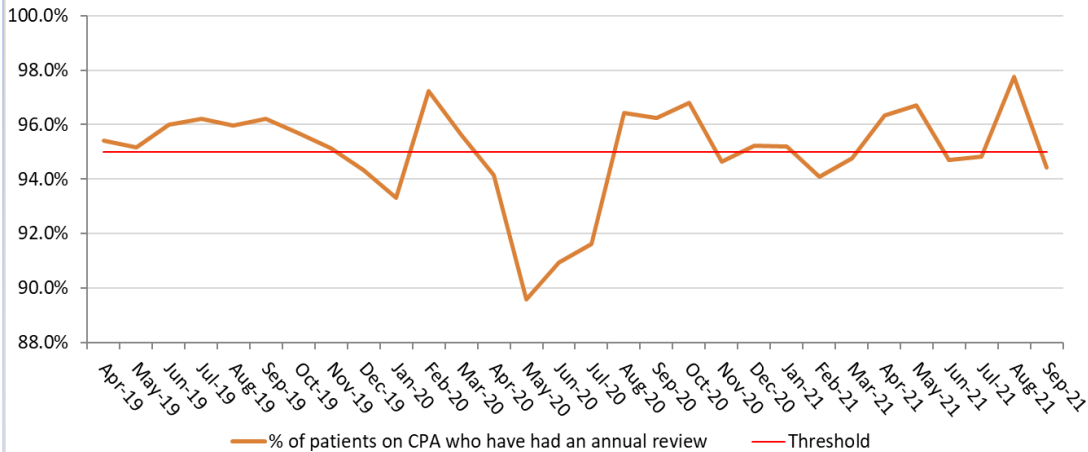


Quality Reporting

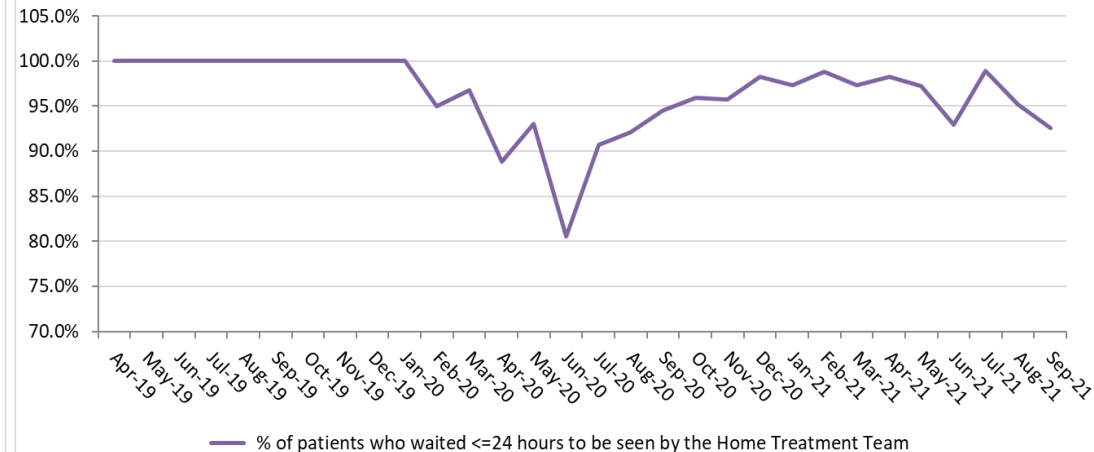


Somerset
Clinical Commissioning Group

Somerset NHS Foundation Trust
% of patients on Care Programme Approach who have had an annual review



Somerset Foundation Trust
% of patients who waited <=24 hours to be seen by the Home Treatment Team

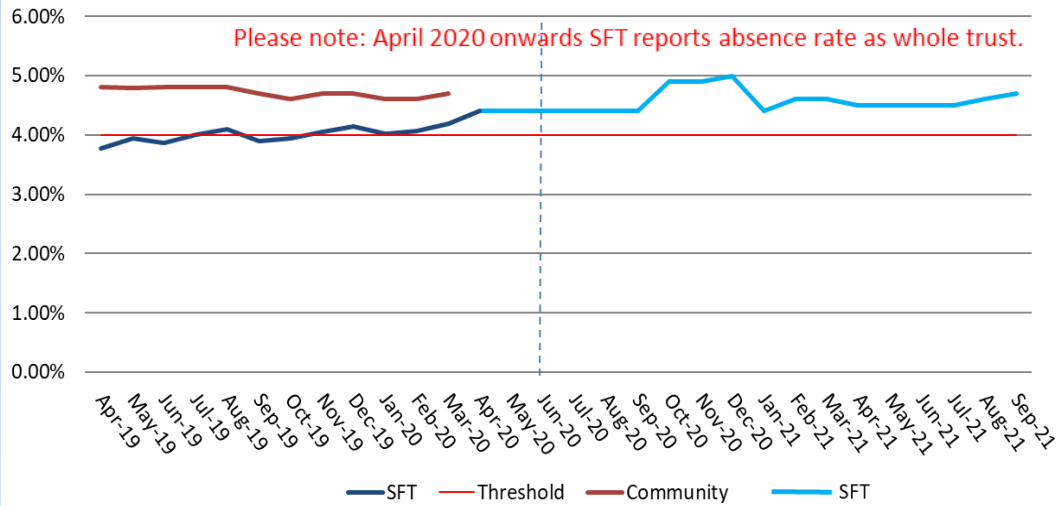


Quality Reporting

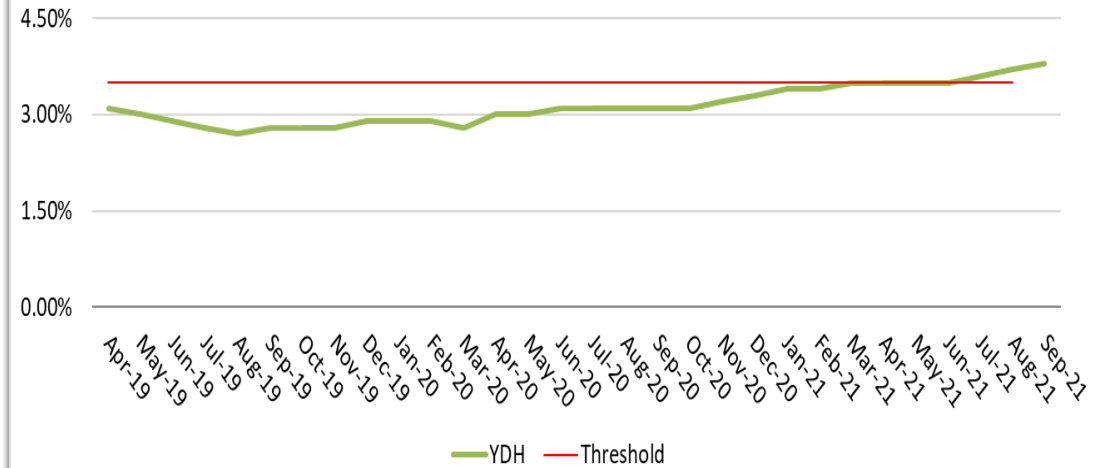


Somerset
Clinical Commissioning Group

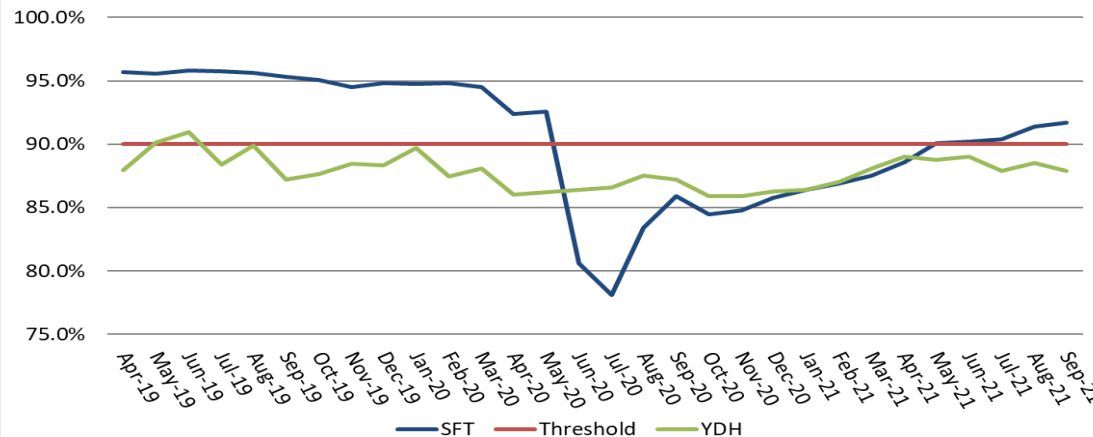
Somerset NHS Foundation Trust
Percentage Staff Absence Rate (including isolation)



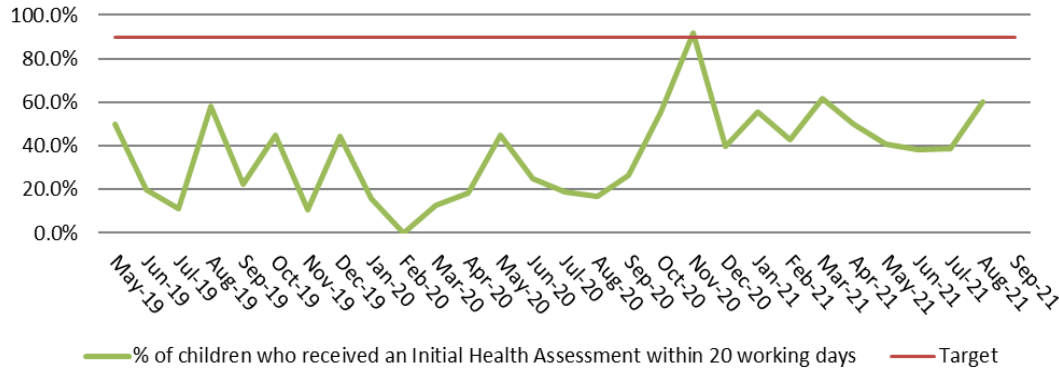
Yeovil District Hospital NHS Foundation Trust
Percentage Staff Absence Rate (including isolation)



Percentage of all staff who have completed all mandatory training



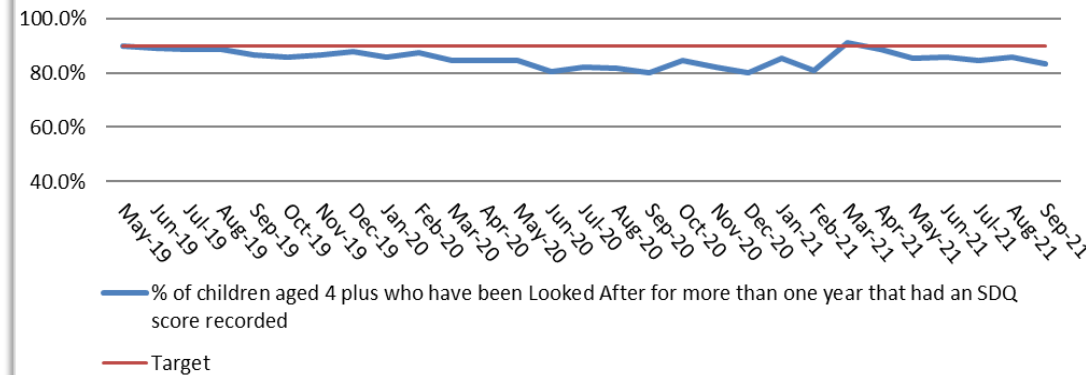
Children Looked After
Percentage of children who received an Initial health Assessment within 20 working days



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



Quality Reporting as at September 2021

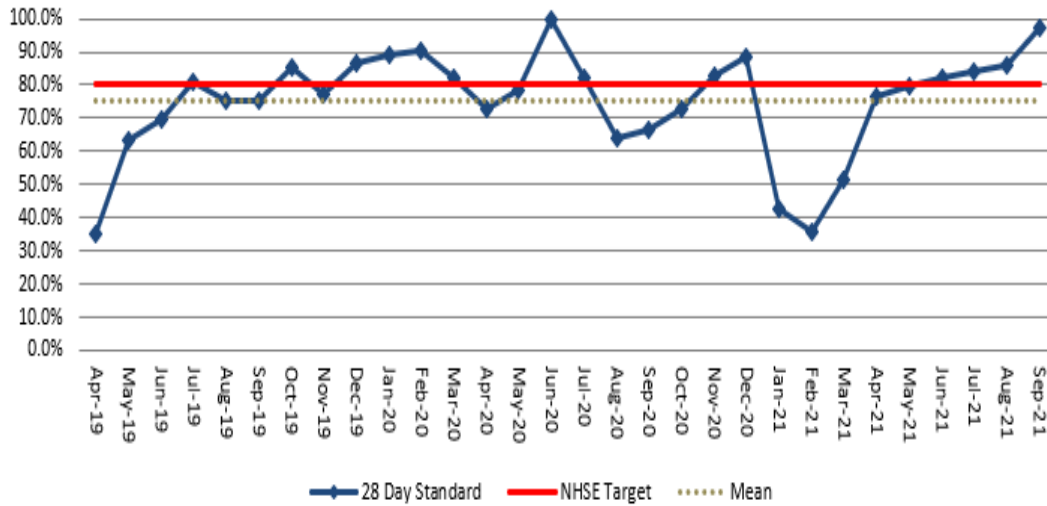


Somerset
Clinical Commissioning Group

Continuing Health Care

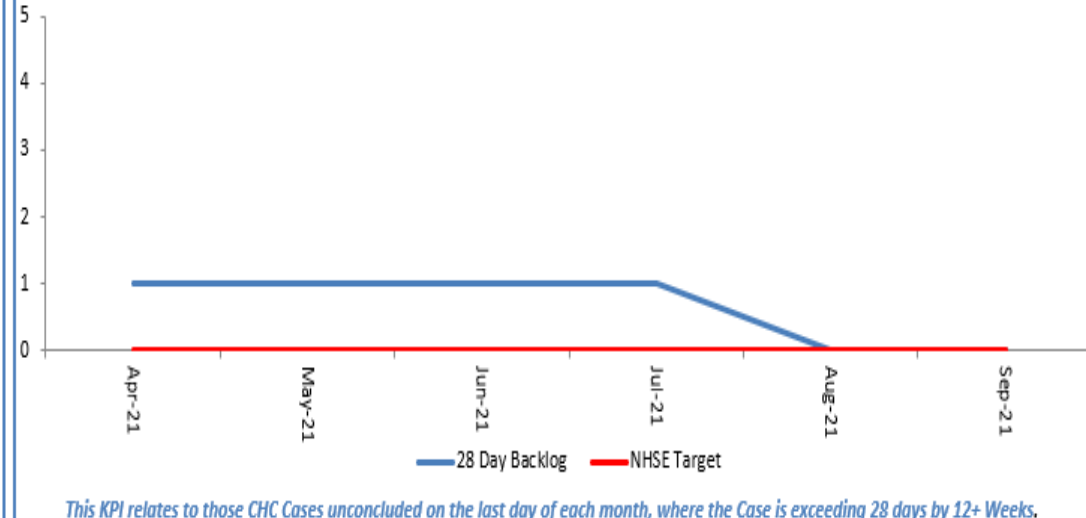
CHC 28 Day Standard

(NHS England KPI)

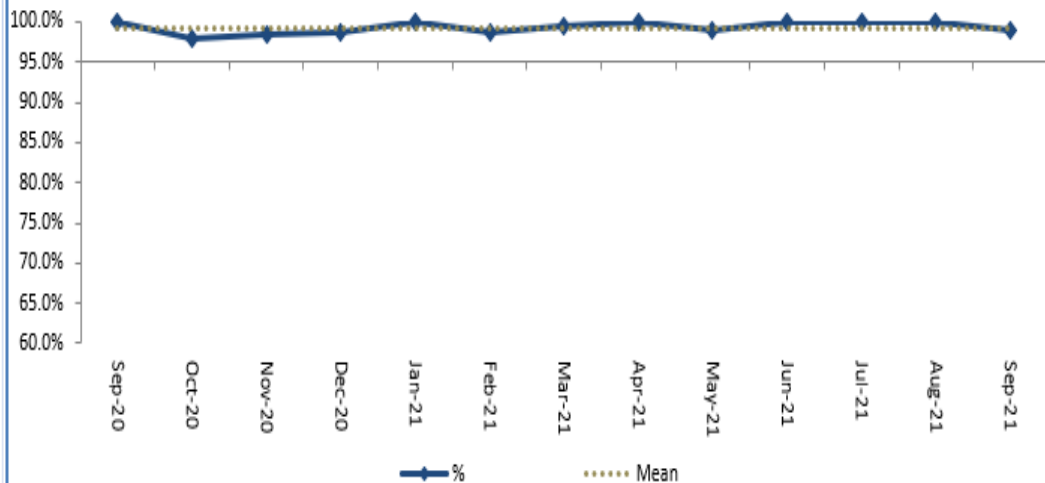


CHC 28 Day Backlog

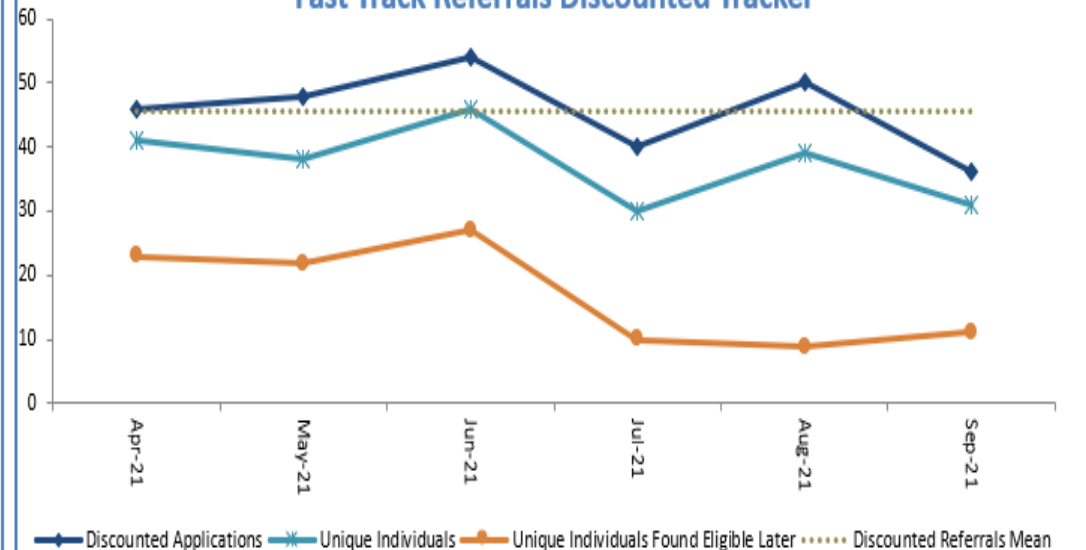
(NHS England KPI - NEW 2021/22)



% of Fast Track Referrals Ratified within 24 Hours



Fast Track Referrals Discounted Tracker



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	August	September
HOHA (Hospital onset health care associated)	4	4
COHA (Community onset health care associated)	1	1
Primary Care	4	5

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

MRSA	August	September
HOHA	1	1
COHA	1	0
Primary Care	0	30

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

MSSA	August	September
HOHA	4	4
COHA	0	0
Primary Care	5	5

Quality Reporting

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

E-coli	August	September
HOHA	11	13
COHA	7	3
Primary Care	22	32

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

Pseudomonas	August	September
HOHA	-	1
COHA	-	3
Primary Care	-	0

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

Klebsiella	August	September
HOHA	-	2
COHA	-	3
Primary Care	-	0

Falls:

- Somerset FT - There has been a steady increase in falls. A new Falls lead has been recruited and there is a review of the data and incidents relating to falls to highlight priorities for improvement in the reduction of falls.
- 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 decreased 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. 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
- 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 be under the 90% target due to issues with Covid-19 and the trust is working to improve this where possible.

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

Mental Health

- The “percentage of patients on Care Programme Approach who have received an annual review” is 94.4% in September and is a decrease against the good performance seen in August, which was above the threshold of 95%. The Mental Health & Learning Disabilities team are progressing with work to move away from the former CPA monitoring model (this has been stood down as part of the Monitor Risk Assurance Framework) and once the RiO system has been reconfigured and all policies amended accordingly as well as staff made familiar with the changes, monitoring will commence to ensure compliance with the new method of care planning. This should be in place on or before March 2022.
- The “percentage of patients who waited <=24 hours to be seen by Home Treatment Team” performance in September is 92.6%, a decrease from the performance in August (95.2%). Currently there is no report that compares Somerset FT’s service performance to that of other providers across the country. However, there was an NHS Benchmarking exercise undertaken for 2020/21 relating to waiting times in respect of patients waiting as at 31 March 2021. Of 23 providers, Somerset FT reported a wait on one day (i.e. 24 hours). The median was 2 days and the mean 5 days.

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. There has been extreme pressure on the organisations and due to the changes in socialisation rules it is unlikely that there will be a decrease within these rates. The trusts have invested greatly in health and wellbeing for staff and are supporting staff where needed.

Children Looked After

Initial Health Assessments within 28 days: CCG has agreed with Somerset FT to trial a more detailed way of reporting IHA performance that takes into account those assessments that have been declined by the child, (where the child has capacity to do so), and those assessments that have been arranged within the statutory 20 working days timeframe but were not attended. Using this process the September 2021 data would be illustrated as below:

Number of children who became Looked After in September 2021	20
Number of children who declined an Initial Health Assessment	1
Total number of children eligible for an Initial Health Assessment	19
Total number (and %) of children offered an IHA within 20 working days	17 (89.5%)
Total number (and %) of children who received an IHA within 20 working days	15 (78.9%)

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;

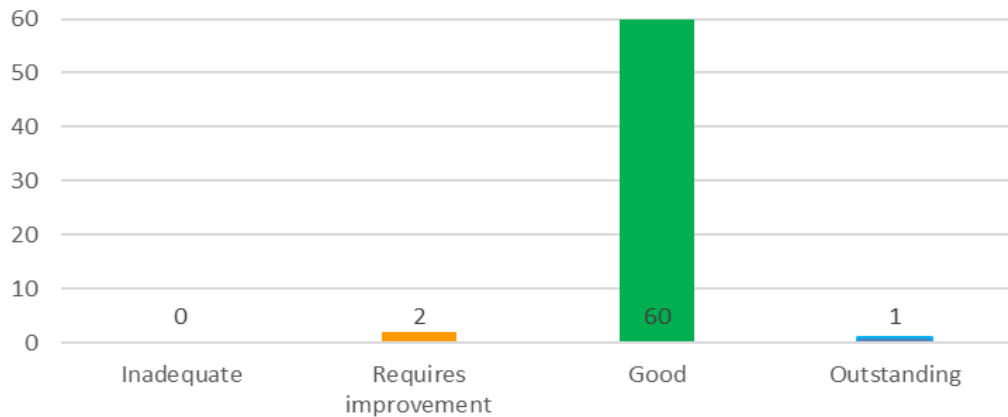
28 Day Standard

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.

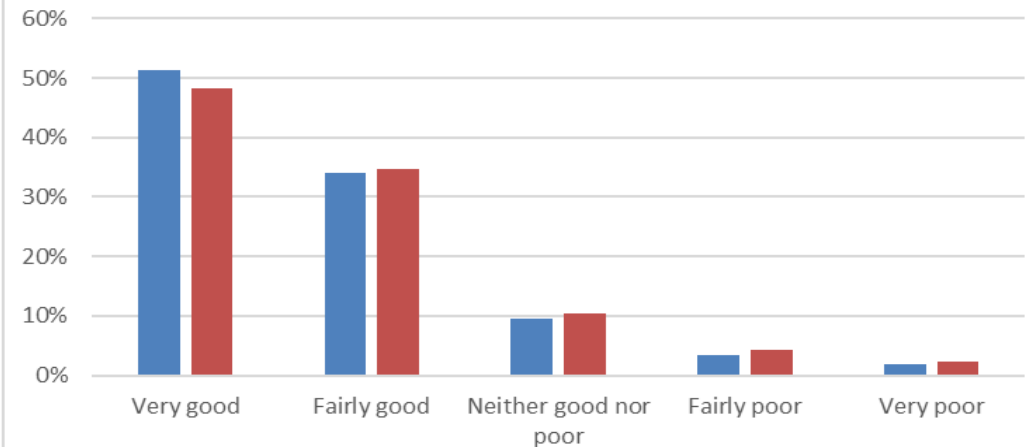
28 Day Backlog (CHC Cases Exceeding 28 Days by 12+ Weeks)

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.

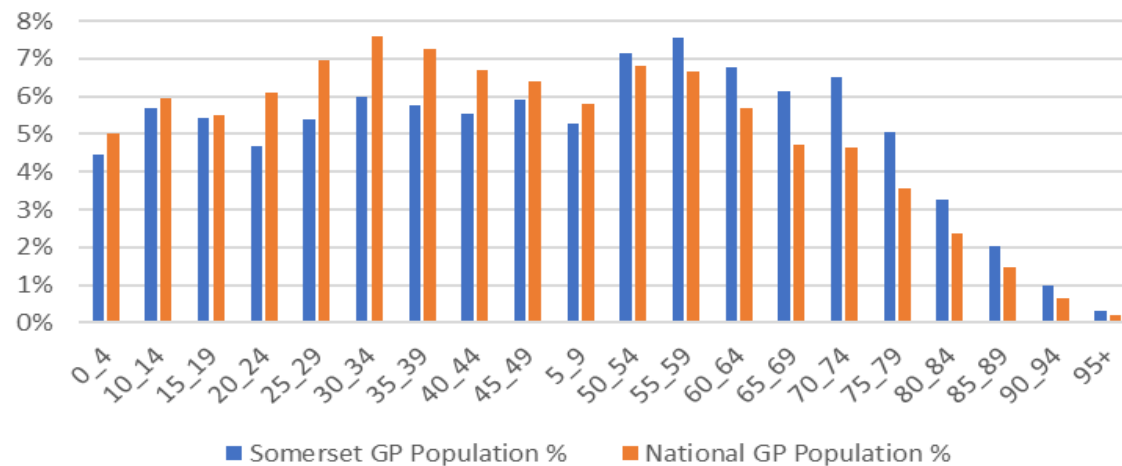
CQC Ratings of Somerset GP Practices
September 2021



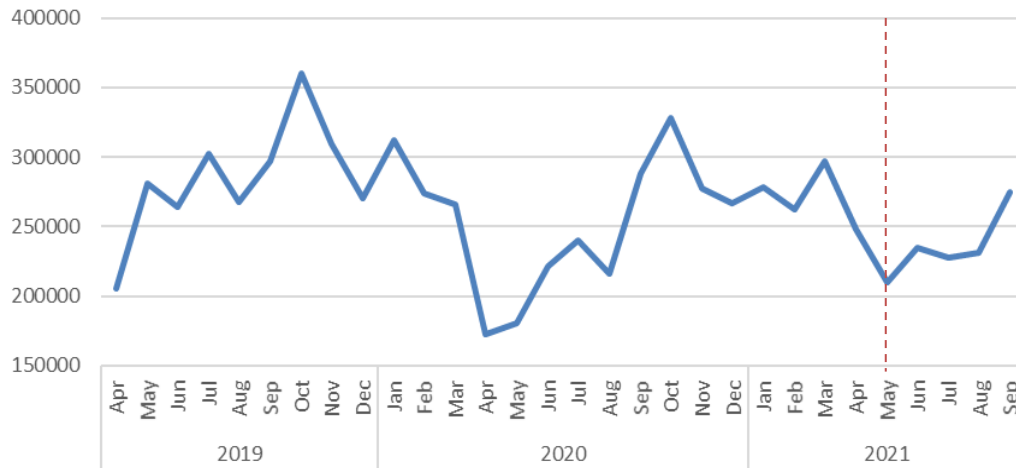
Patient Experience of GP Services 4 January - 6 April



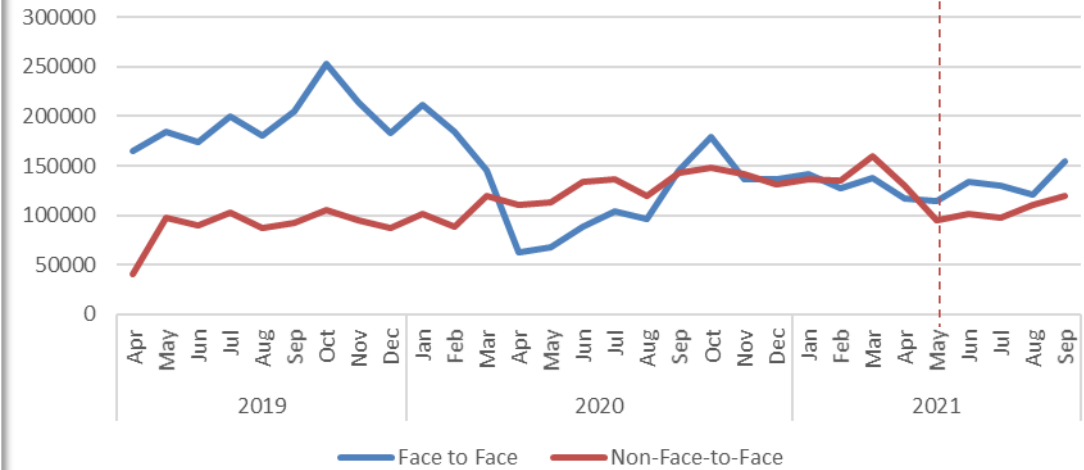
Registered Populations by age group (Somerset and national) as at 1st October



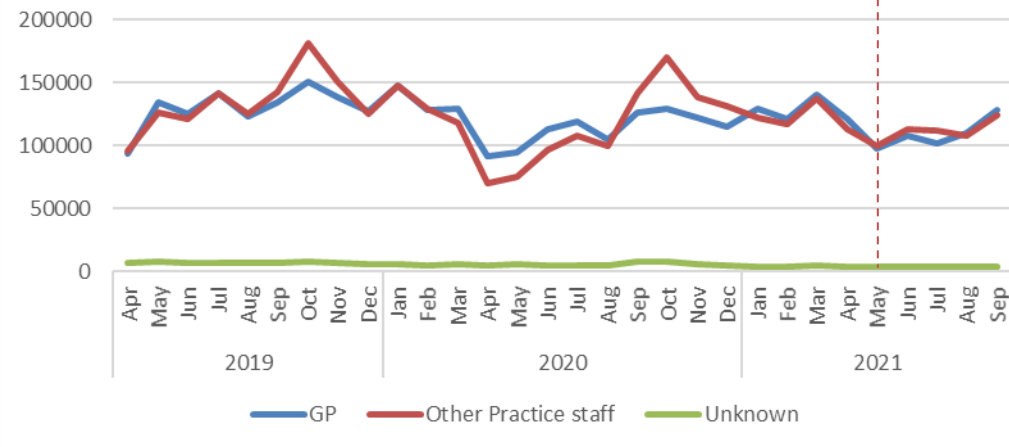
Volume of Consultations 2019-2021



Contacts by Appointment Type

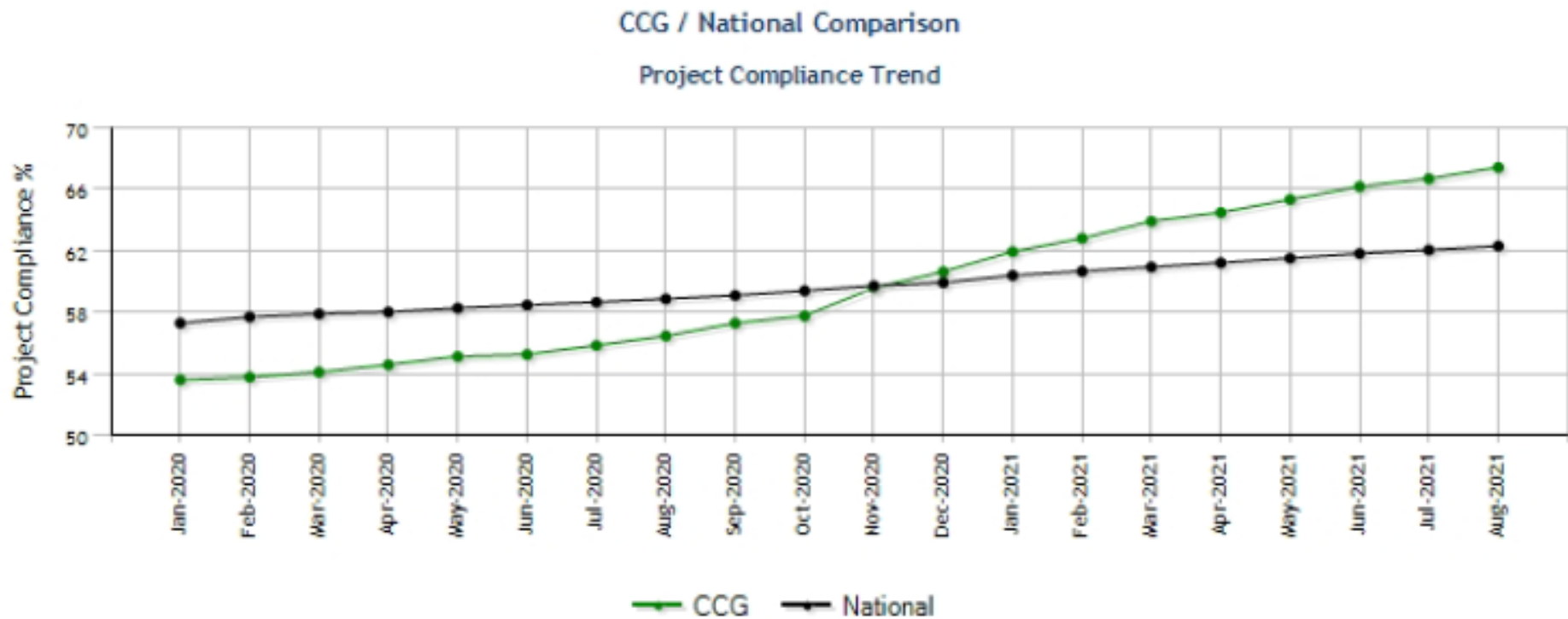


Volume of Consultations by Health Care Practitioner Type



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

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



General Practice continues to be extremely busy however since May 2021 the national Primary Care Consultations (GPAD) data published by NHS Digital is not reflecting this position and is due to not all practices in Somerset being reported. Whilst it is recognised that this dataset is experimental and is still in the testing phase and not yet fully developed we have escalated the coverage issue to NHS Digital. In September 2021 (latest available data) 63 of the 64 Practices in Somerset were reported upon resulting in 274,424 GP appointments offered, compared with 288,382 in September 2020 (where there was full practice coverage); therefore please review this comparison with caution. To address this issue Somerset CCG has established a Primary Care Data reporting group who are meeting fortnightly to review data quality / completeness, alternate data sources and softer intelligence in order to better understand Primary Care demand.

CQC ratings

We continue to have no practices rated 'Inadequate'. We have two practices rated as 'Requires Improvement'; 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. This is also part of the national GP Access Plan and associated Winter Access Fund.

Demographic

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

Consultations

Patient demand is high, and the nationally mandated triage arrangements remain in place. Patients who need to be seen face to face continue to receive this type of appointment, which constitutes 56.4% of consultation types as at September 2021. The busiest days for appointments are Wednesday, Thursday and Monday.

Medicines management

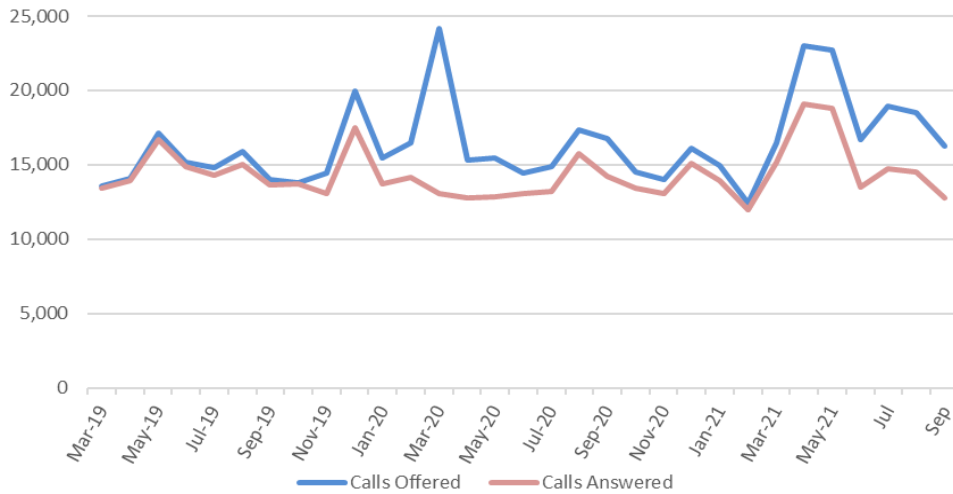
The Somerset CCG prescribing and quality improvement incentive scheme has 20 measures where GP practices are incentivised to improve prescribing and medicines optimisation.. One area of focus has been to improve Cardiovascular disease outcomes by increasing the prescribing of more potent statins as recommended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

Emergency – NHS 111 Performance

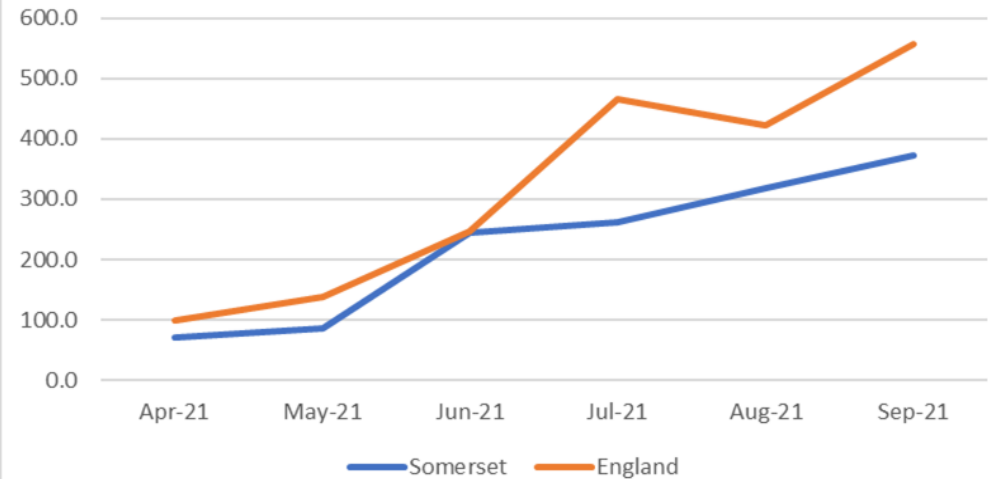


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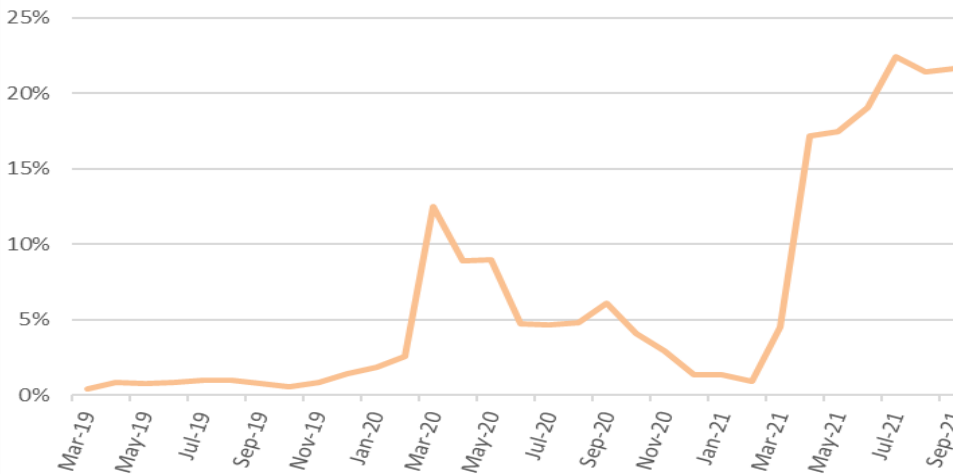
Demand into NHS 111



Average speed to answer calls (seconds)



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



% of Calls Answered Within 60 Seconds



Emergency – NHS 111 and Integrated Urgent Care Service



Somerset

Clinical Commissioning Group

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

Performance – Background Information

Information in relation to Somerset IUCS featured in this report includes the provisional statistics for September 2021 so may be subject to change once the final version is finally published by NHSEI.

England average is quoted for some metrics in this report but due to a number of IUC providers (not including Devon Doctors) still not providing a complete data set to NHSEI any comparison with England average must, for the moment, be viewed with some degree of caution

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

Somerset 111

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

As reported previously there are ongoing pressures across the wider UEC (Urgent and Emergency Care) system both in Somerset and nationally. This is due to the impact of an ongoing increase in call activity (and changing call arrival patterns), over and above both forecast and projected levels through promotion of Think 111 First. Such pressures have been experienced across the whole NHS 111 network to such a degree that a national 'NHS 111 is busy' message went onto the 111 IVR (recorded message) as of 1 June 2021.

National contingency is used by NHS 111 providers at times of operational or technical issues. It is a form of 'mutual aid' whereby all other 111 providers take a percentage of calls from that area for an agreed time. National contingency has been available since NHS 111 services began and is overseen by NHSE/I.

For August 2021 (latest summary available) there were 29 separate episodes of national contingency required (across the England 111 network – all providers) which equated to 148 hours. For Practice Plus Group (PPG), national contingency was required on 5 occasions that month, 3 of which were due to planned engineering works. 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.

In relation to calls answered within 60 seconds (no longer a KPI as removed from the set as of April 2021 though still monitored against England average performance) was at 36.4% in September compared to 35.3% national average

In relation to KPI11 (established): calls abandoned (meaning that of the 111 calls received and reaching 30 seconds after being added into the queue for an advisor, how many callers hung up before they were answered); performance in September 2021 was 21.61% compared to England average of 25.6%; August 2021 was at 21.42% compared to England average of 20.1%; July 2021 was at 22.4% compared to the England average of 23.6%.

Regarding KPI2 (developmental): 'average speed to answer' (which replaces the previous 'calls answered within 60 seconds' metric) performance is at 372 seconds in September 2021 compared to 557 secs England average; August 2021 performance was at 318 seconds compared to 423 England average; July 2021 performance was at 263 seconds in comparison to an England average 426 seconds.

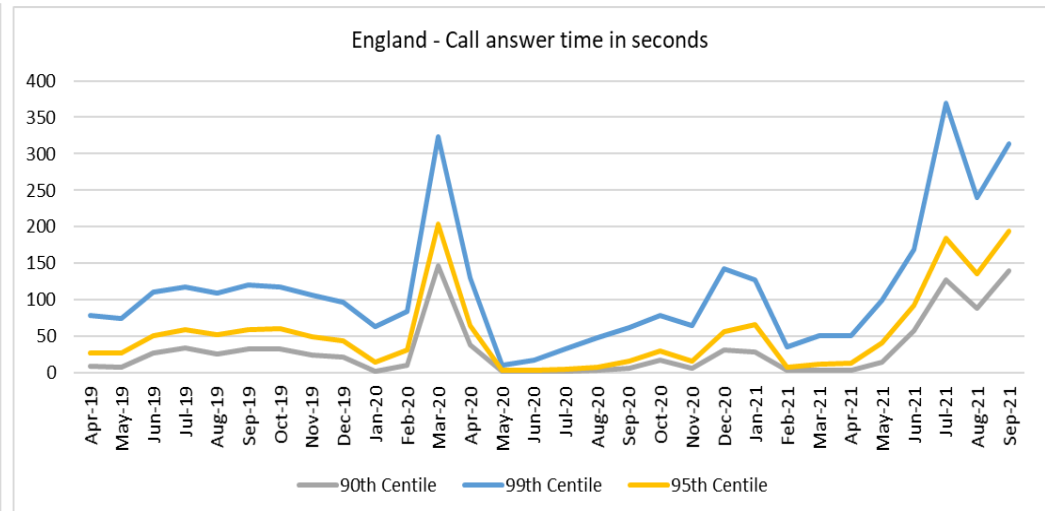
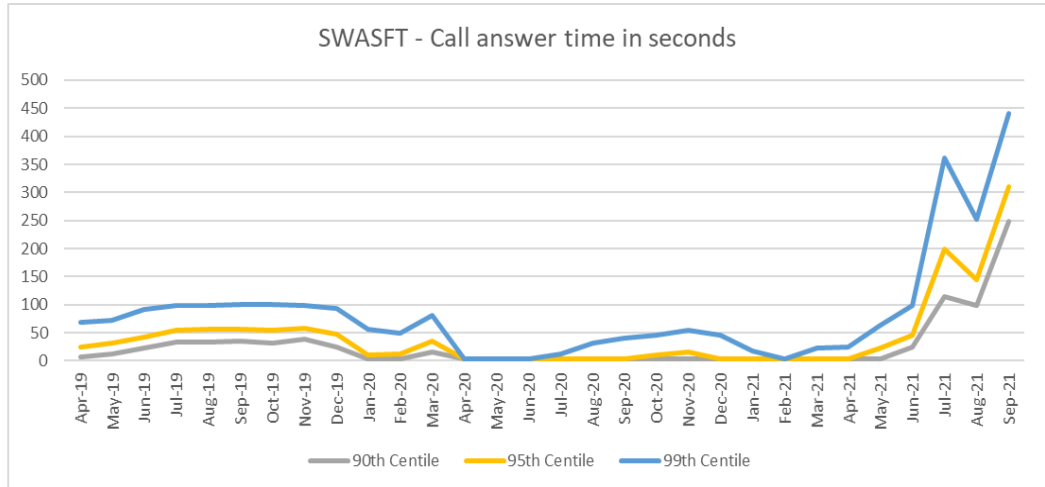
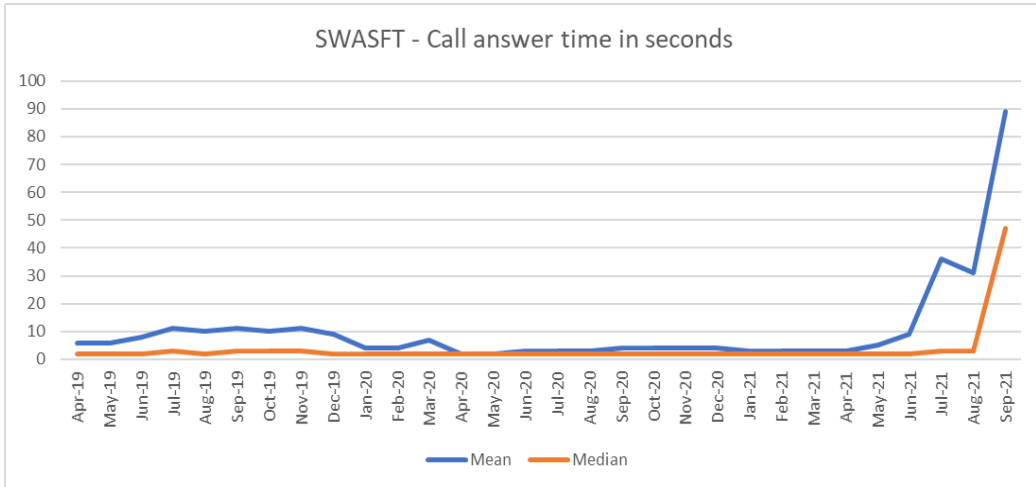
Other performance metrics we monitor relating to the Clinical Assessment Service and face to face elements are outlined below:

- KPI 5 (developmental) Proportion of calls backs by a clinician in an agreed time frame (target 90%) - in September 2021 (provisional data):
- KPI5a: 20.77% of patients offered a call back within 20 mins (immediately), who received a call back within 20 mins. August performance was at 22.83% (35.1% England average).
- KPI5b: 75.46% 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. August performance was at 68.99 (43.4% England average)
- KPI5c: 82.56% of patients offered a call back within a timeframe over 1 hour, who received a call back within the specified timeframe August performance was at 84.46% (61.1% England average)
- KPI16 (developmental): In September 2021 80.1% of patients received a face-to-face consultation in an IUC Treatment Centre within the specified timeframe against the 95% target. August performance was at 79.3%.
- KPI17 (developmental): 86.8% of patients received a face-to-face consultation at their home residence within the specified timeframe against the 95% target (provisional data). August performance was at 84.2%

Emergency – SWAST Performance



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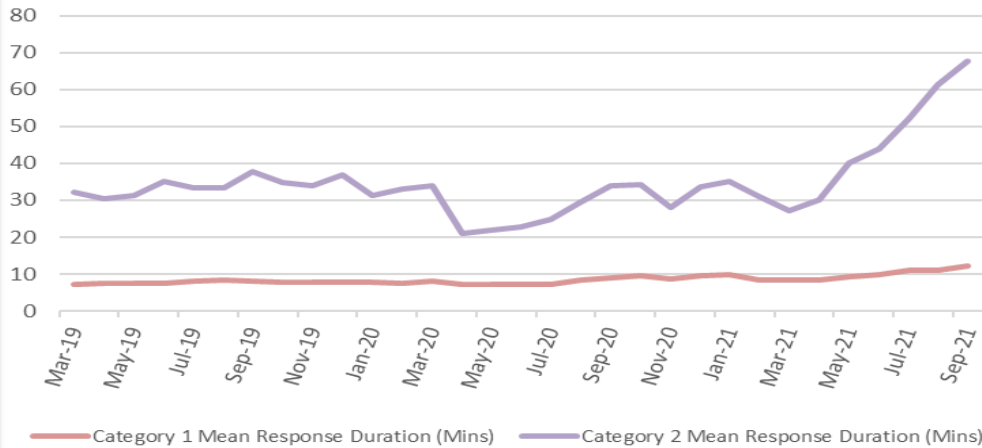
A median call answer time of 7 seconds means that half the calls were answered in less than 7 seconds. The median is identical to the 50th centile. A 90th centile incident response time of 13 minutes means that 9 out of 10 incidents were responded to in less than 13 minutes.

Emergency – SWAST Performance

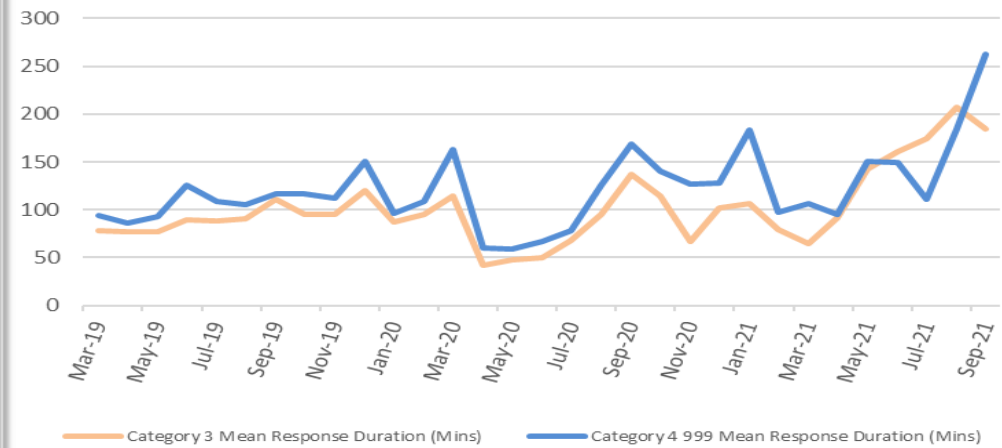


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Ambulance Mean Response Times
Cat 1 and Cat2 calls



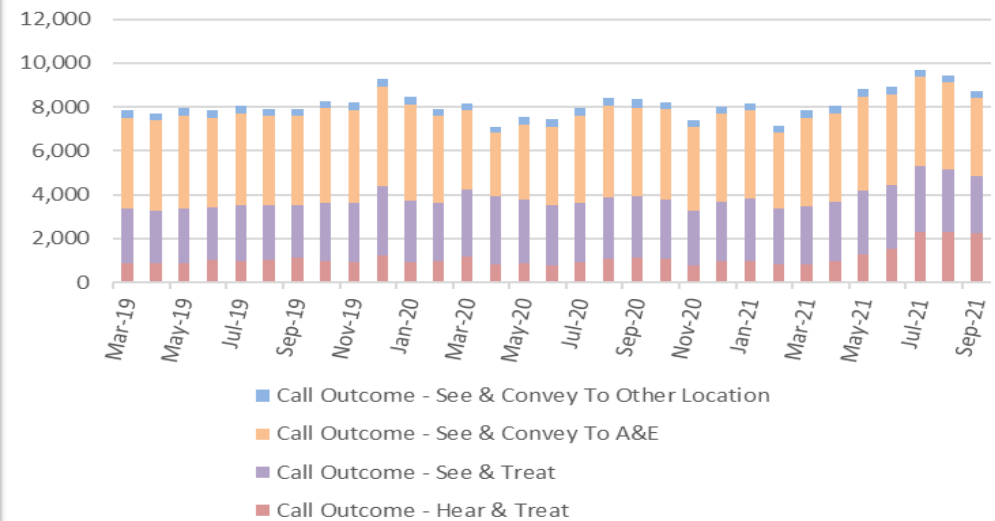
Ambulance Mean Response Times
Cat3 and Cat4 calls



Total Number Of Calls



Ambulance Outcomes



Emergency – SWAST Performance



Areas of focus during Covid-19:

National call handling performance in September

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

Month 2020/21	Cat 1 (Mean 90th Percentile)		Cat 2 (Mean 90th Percentile)		Cat 3 (Mean 90th Percentile)	Cat 4 (Mean 90th Percentile)
	7 Mins	15 mins	18 mins	40 mins	120 mins	180 mins
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
August	11.1	21	61.3	126.2	553.9	397.1
September	12.1	21.8	67.7	144.8	474.7	830.1

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 July, August and September

Emergency – SWAST Performance

Service Transformation for SWAST Activity

SWASFT 999 activity and demand levels for Somerset CCG show a 15% increase year to date compared to 2019/20

- Somerset CCG have mobilised all 3 schemes in line with the Transformation Plan featured as part of the South West Ambulance Commissioning Strategy. This is a range of commissioner-led initiatives being taken forward within the South West to support provision of patient care delivered at the right place at the right time and aim to support mitigation of 999 activity growth within Somerset:
- The IUC clinical validation work with Devon Doctors and Practice Plus Group aims to support reducing low acuity 999 dispositions and Emergency Department (ED) walk-ins, enabling 999 resourcing to be better able to meet ARP standards as well as improve Emergency Department flow, increase capacity for higher acuity patients and also mitigating the risk of ambulances queueing. It is thought that the IUC CAS validation work that was initially piloted throughout October 2020 before going live 2 November 2020 may have led to such an improvement in the number of cat 3 and 4 calls dispatched (see data below). The CCG continues to monitor this service and will escalate any issues as they arise and the current data for September is:
 - Out of 696 Cat 3 and 4 calls 100% were downgraded by the Clinical Assessment Clinicians and only 40 cases had an ambulance dispatched to the patient
 - Out of 550 ED calls 100% were validated and only 85 patients were needed to be seen in ED

Emergency – SWAST Performance

Handover delays

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

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

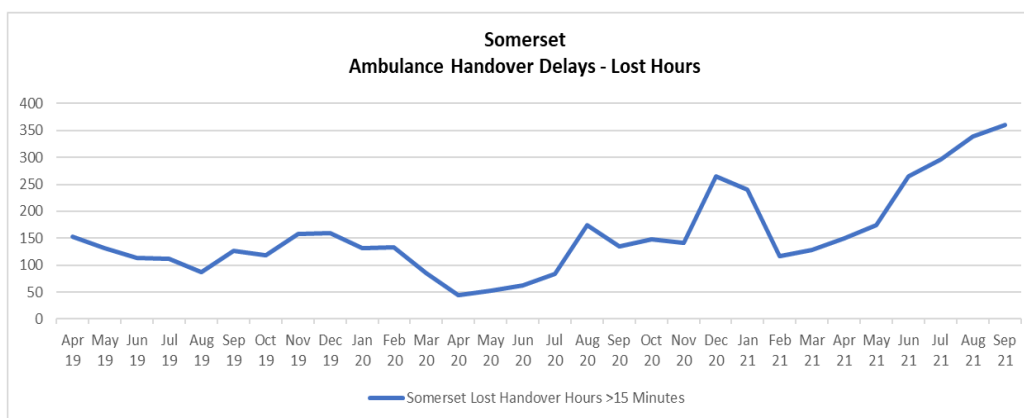
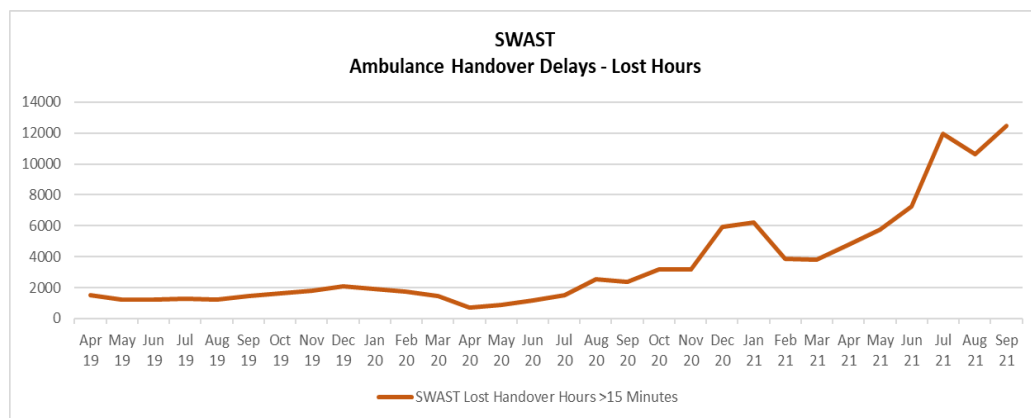
In September SWAST had a total of 12,455 lost ambulance hours which equates to 207.6 days

In September Somerset had a total of 360 lost ambulance hours which equates to 6 days

The increase in ambulance handover delays from April in Somerset follows an identical similar pattern to the increase in ambulance arrivals to A&E

SWAST is working with Acute Trusts in tackling ambulance handover delays; this is a system priority in order to reduce risk of harm to patients both in the community and delayed at hospital. Onsite hospital ambulance and liaison officers (HALO) deployed to manage the hospital – ambulance interface, coordinating and expediting speedy handovers

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

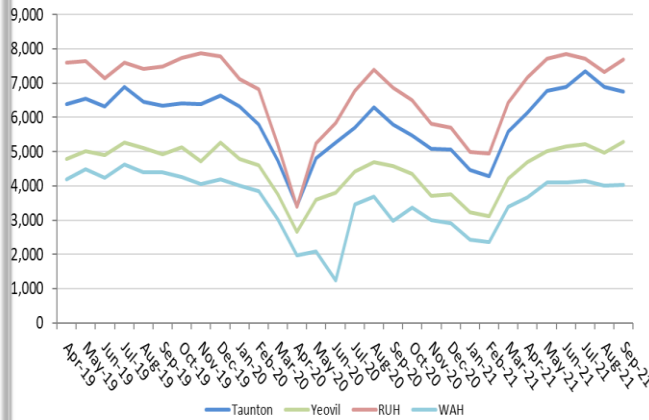


Emergency – A&E

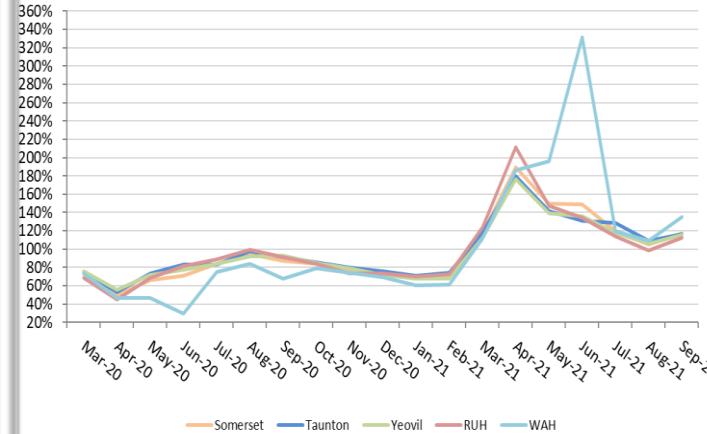


Somerset
Clinical Commissioning Group

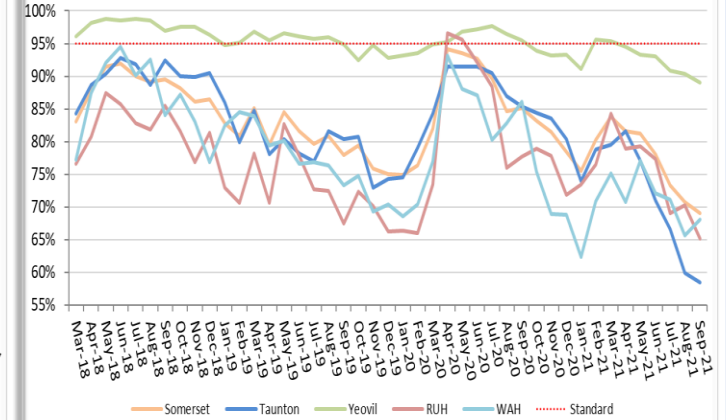
A&E Attendances



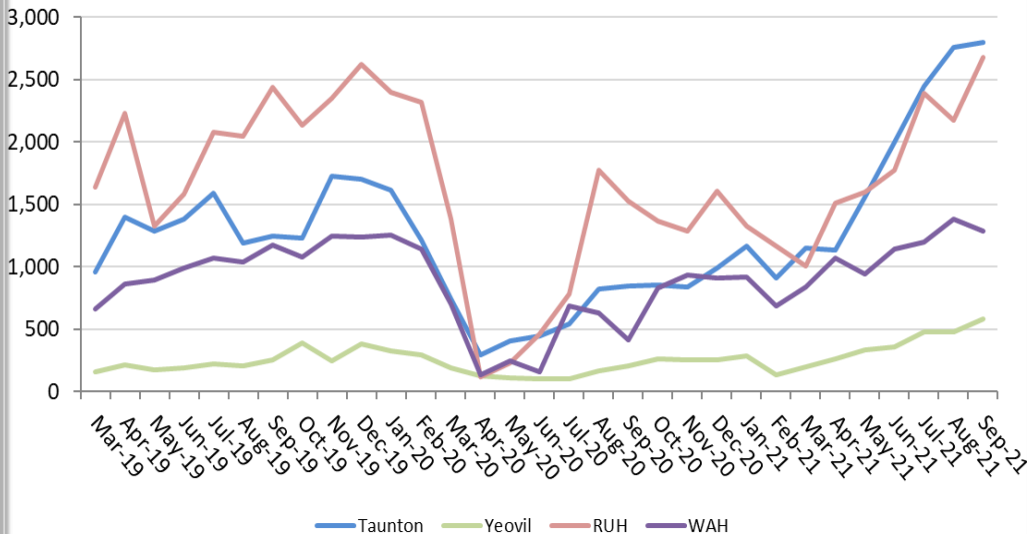
A&E Attendances % 2021/2020



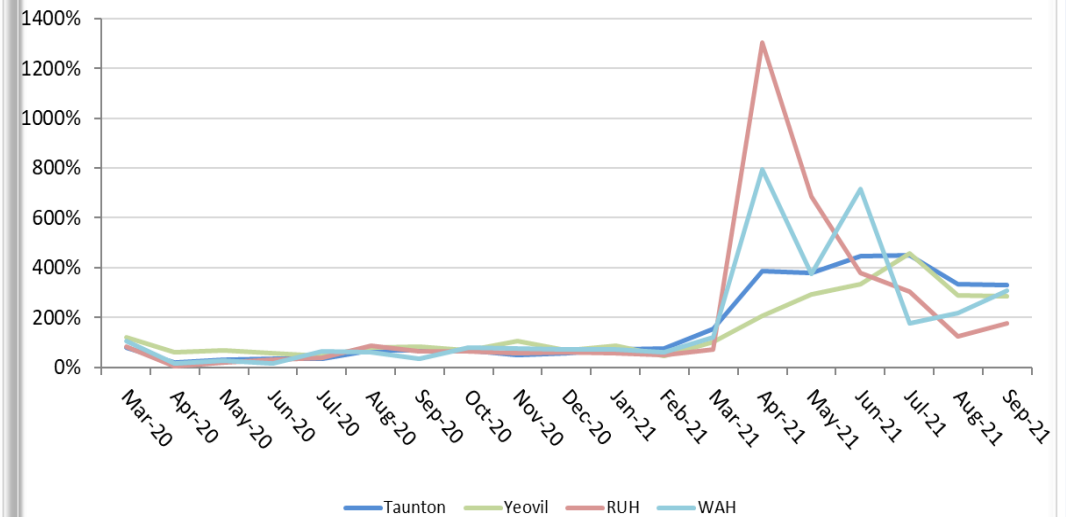
A&E 4-Hour Performance



A&E 4-Hour Attendance Breaches



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



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

- **Somerset FT:** The number of patients attending the A&E Department in September was 8% higher (+598) than the last reported period (July 2021)
 - During the cumulative period April-September 2021, there were 40,767 attendances. This was +4.7% (+1,819) higher in volume compared to the same period in 2019/20 (38,948)
 - 4-Hour performance in September was 58.44% and during the cumulative (April-September) period was 68.9%, lower than the same period in 2019/20 where performance was 79.2%
- **YDH FT:** The number of patients attending the A&E Department in September was 1.4% higher (+72) than the last reported month of July 2021
 - During the cumulative period April-September, attendances were 1.1% higher (+342) compared to the same period in 2019/20 (30,005)
 - 4-Hour performance in September was 89% and during the cumulative period April-September was 91.8%, lower compared to 2019/20 April-September cumulative period of 95.8%
- **RUH Bath:** The number of patients attending the A&E Department in September was slightly less in volume -0.3% (-21) compared to the last reported month of July 2021
 - During the cumulative period April - September, attendances were 1.2% (+552) higher than the same period in 2019/20. 45,436 compared to 44,884
 - 4-Hour performance in September was 65.2% and during the cumulative period of April-September was 73.3% improved, compared to the same cumulative period of 2019/20 of 61%
- **UHBW:** The number of patients attending the Weston site A&E Department in September was 4,027, 2.7% lower (-112) compared to the last reported month of July.
 - During the cumulative period April - September, attendances were 8.8% lower (-2,320), than the same period in 2019/20
 - 4-Hour performance in September was 68% and during the cumulative period of April-September was 70.8% compared to the same cumulative period of 2019/20 of 77.1%

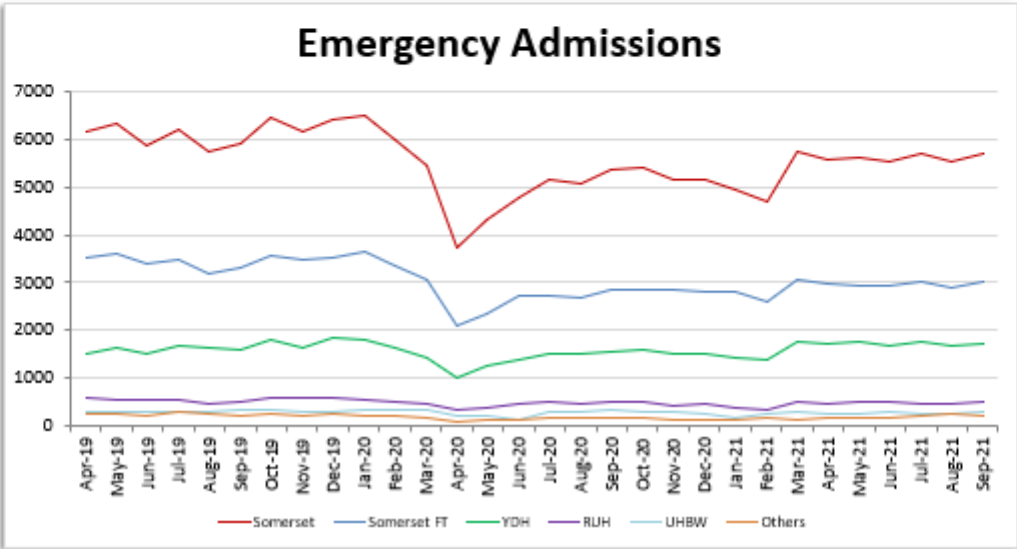
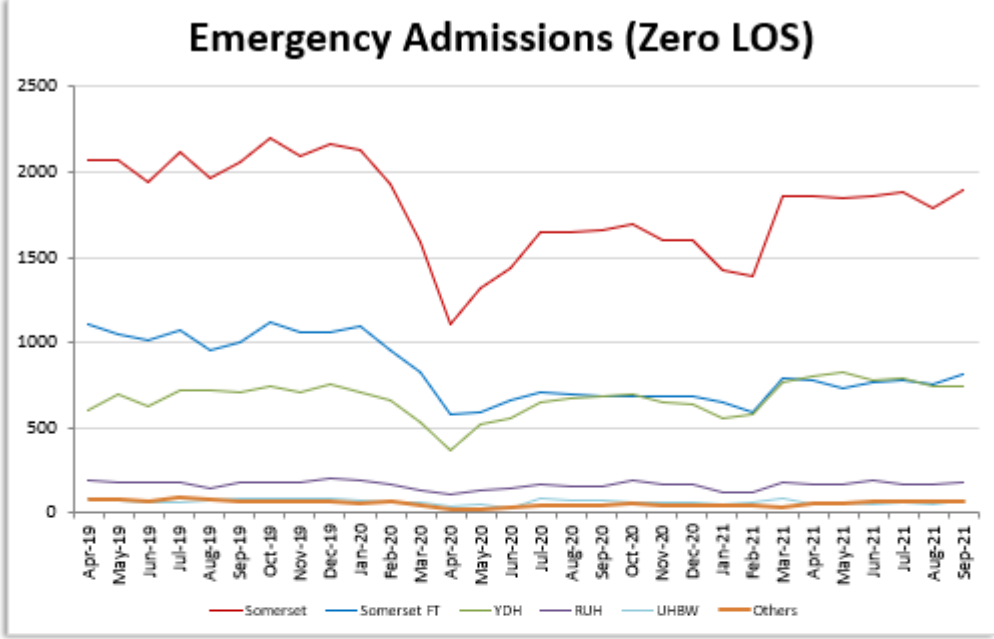
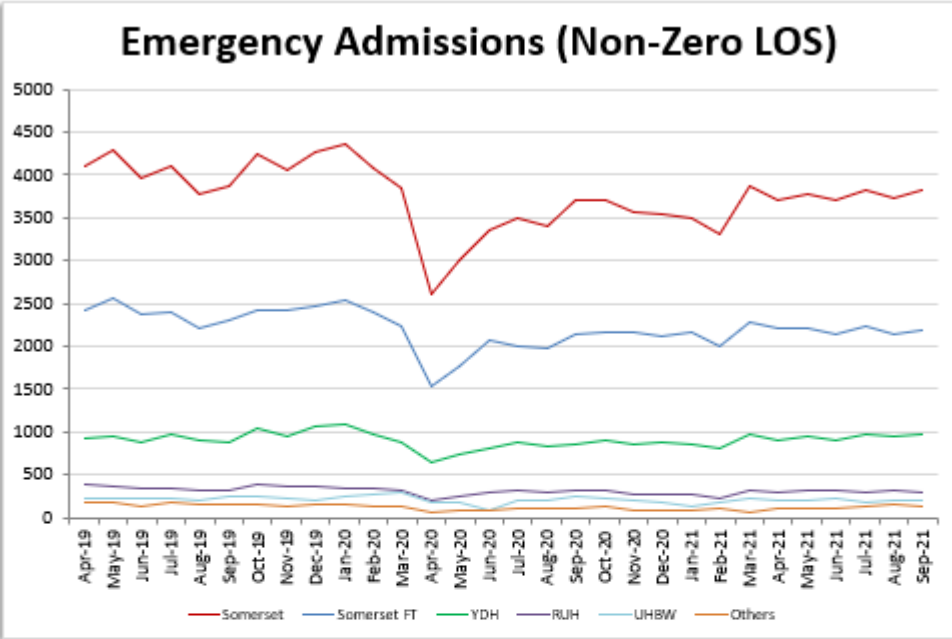
Challenges

- 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 number in presentations of acutely ill patients as well as with minor ailments. Increase in minor activity where the patient did not have emergency need.
- RUH Bath : Attendances are consistently above the pre-pandemic levels. Increased number of paediatric attendances, ambulance handover delays, growing number of No Criteria to Reside patients.
- UHBW (Weston site): Increased number of minor attendances, 12 hour trolley waits are still an issue, the Weston site has seen 188 patients waiting in excess of 12 hours in August. (latest available data in their Board Report) Ambulance handover delays increased throughout August. Medically fit for discharge patients have been consistently high. (As per UHBW Board Report)

Mitigation

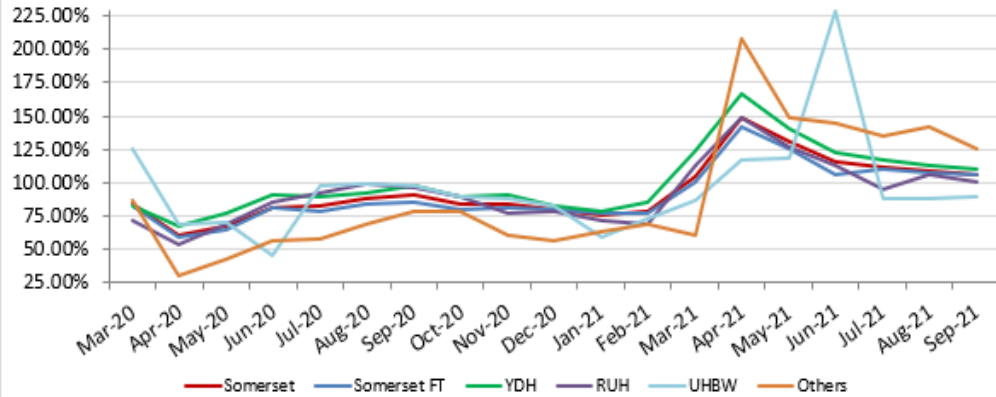
- A number of mitigating winter schemes have been approved and will be implemented for this winter. This should support flow through the hospitals.
- Contingency plan for patient flow and bedded care is being developed in the event of increased emergency demand. Zoning to separate positive / query positive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

Emergency – Emergency Admissions

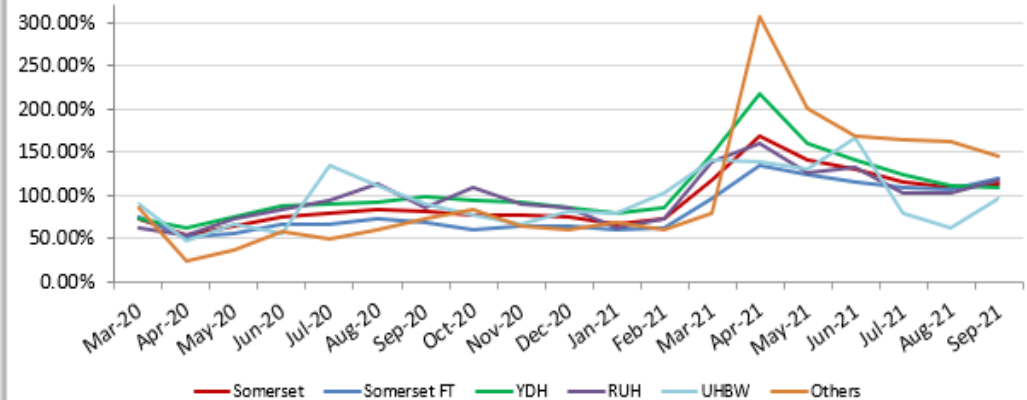


Emergency – Emergency Admissions

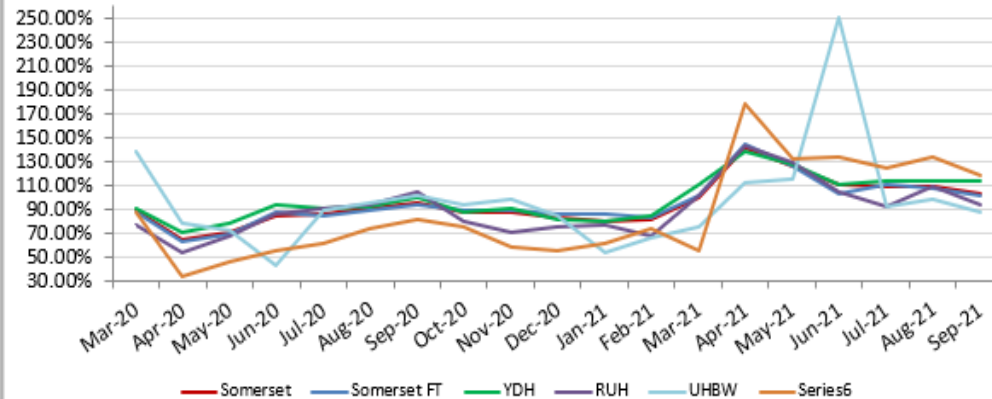
Emergency Admissions 2021/2020 comparison



Emergency Admissions (Zero LOS) 2021/2020 comparison



Emergency Admissions (Non Zero LOS) 2021/2020 comparison



Emergency – Emergency Admissions

- **Somerset:** The number of emergency admissions in September 2021 were 3.6% lower (-216) than September 2019 and when comparing the cumulative period of April 2021 to September 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 7.2% (-2,620). The average number of daily admissions in September has increased by 5.9 admissions per day when compared to July 2021 (the last reporting period) and this increase is seen within the non-zero length of stay patient cohort and in turn will have a more significant impact upon bed occupancy and patient flow. The influencing factors of this increase is multifactorial and relating to the higher levels of demand seen throughout all emergency routes (namely, primary care, NHS 1111, SWAST and Accident and Emergency Departments).
- **Somerset FT:** The number of emergency admissions in September were 9.4% lower (-310) than September 2019 and when comparing the cumulative period April 2021 to September 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 13.3% (-2,721). The average number of daily admissions in September 2021 has increased by 2.8 admissions per day when compared to the previous reported month of July.
- **YDH FT :** The number of emergency admissions in September were 8.9% higher (+141) than September 2019 and when comparing the cumulative period April 2021 to September 2021 to the correlating period in 2019 the volume of emergency admissions have increased by 8.4% (+798). The average number of daily admissions in September compared to the previous reported month has not changed on a admission per day basis.
- **RUH Bath:** The number of emergency admissions in September were 2.6% lower (-13) than September 2019 and when comparing the cumulative period April 2021 to September 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 8.2% (-260).The average number of daily admissions have increased by 1.4 admission per day
- **UHBW:** The number of emergency admissions in September were 12.5% lower (-41) than September 2019 and when comparing the cumulative period April 2021 to September 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 12% (-215). Compared to the previous reporting period, the daily admissions have increased by 1.6 admissions per day.

Emergency – Emergency Admissions

- During September 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. High number of No Criteria to Reside patients(Somerset FT and YDH FT and RUH)
- UHBW (Weston site) –bed deficit as a result of IPC/streaming and zoning which will hinder recovery for the foreseeable future (as per August board report) Workforce shortages, particularly nursing, has meant that wards with inpatient escalation beds could not consistently be staffed. The delay in restoration of some primary and community care services.
- Reduction in the number of beds due social distancing, zoning of patients
- Acute staffing remains extremely challenging across all trusts.
- Delayed transfers, high number of no right to reside patients.

Mitigation

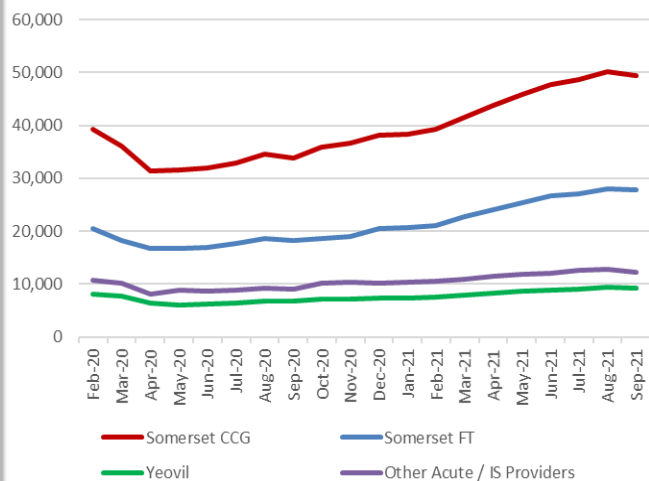
- Virtual wards. It supports patients with clinically suspected or confirmed Covid-19 where the ward team is in touch with the patient at home and monitoring the patient remotely. (Somerset FT and YDH FT)
- Revision of the process of bed requests and allocation to reduce any delays with admission of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

Referral to Treatment

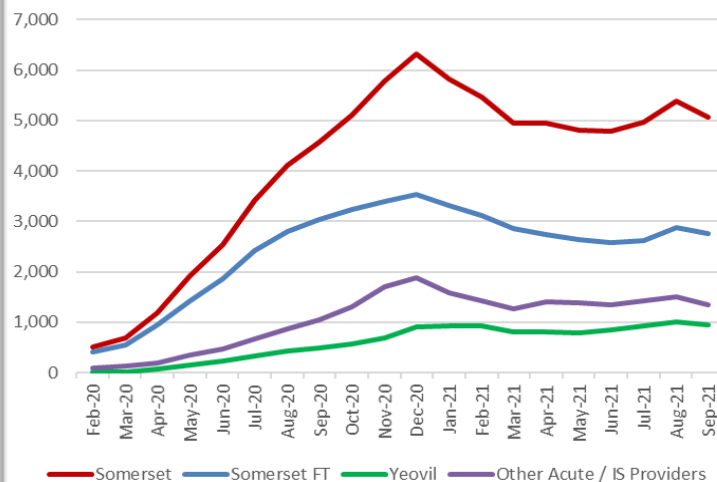


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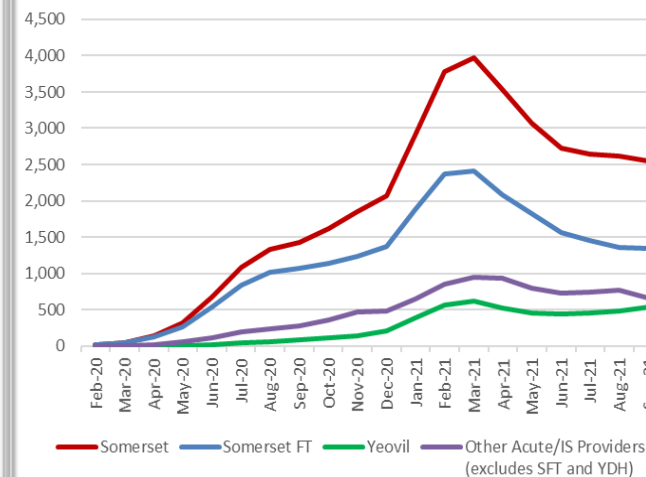
RTT - Waiting List Size



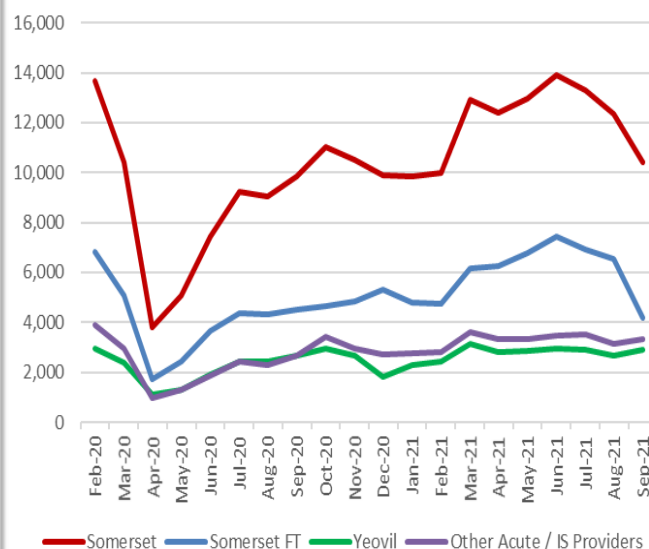
RTT - Patients >40 weeks



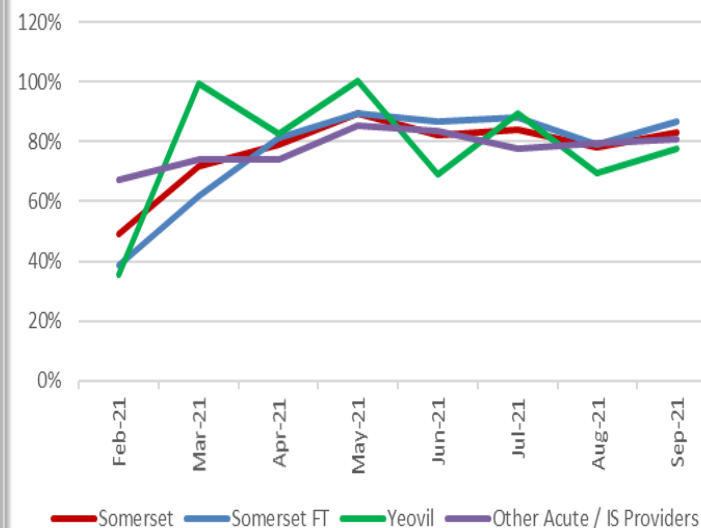
RTT - Patients >52 weeks



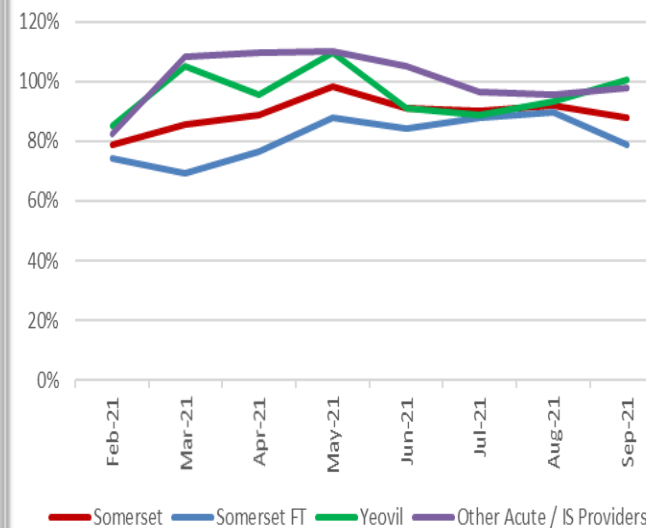
RTT Clock Starts



Admitted activity compared to pre-COVID



Non-admitted activity compared to pre-COVID



Key Challenges

- All RTT performance measures continue to be impacted by the Covid-19 pandemic due to services working at reduced capacity due to the ongoing impact of social distancing and enhanced infection control measures, workforce constraints and patient choosing not to attend (for both Covid-19 and non Covid-19 reasons). The emphasis continues to be to keep patients safe whilst ensuring that those patients with urgent conditions continue to be prioritised
- There has been an active programme of system-wide working to ensure the efficient use of all available out-patient and in-patient capacity across the System and to agree plans to extend capacity for specific services or specialities. Despite this approach due to a combination of the prioritisation of cancer and urgent cases, the loss of treatment capacity against a backdrop of increasing referral demand and a resurgence of Covid-19 cases and unprecedented emergency demand leading to cancellation of elective surgeries the overall size of the waiting list and the longest waiting backlog (>78 weeks) has continued to increase during 2021/22
- Elective referrals have continued to restore during 2021/22 with cancer demand returning to pre pandemic levels and routine referrals continuing to increase (although there is variation at a specialty level). During the period April to September 2021 the referral volume was 91.5% of those received during the same period in 2019/20. In September 2021 there were 13,291 new clock starts which equates to 604 per working day compared to 14,006 in September 2019 (or 667 per day).
- The size and shape of the waiting list has changed since the onset of the Covid-19 pandemic due to the change in referral patterns and the wait for first definitive out-patient and in-patient treatments. In September 2021, there were 49,388 patients on an incomplete pathway waiting their first definitive treatment which is an increase of 7,843 pathways when compared to March 2021 and attributed to the increase in referral demand as well as a lower level than expected level of clock stops delivered
- In September 2021 there was 90.7% of RTT clock stop activity carried out when compared to September 2019 (92.2% of RTT out patient activity and 87.0% of RTT in-patient activity) and during the cumulative period April to September 2021 there was 88.9% of RTT clock stop activity carried out when compared to the same period in 2020/21 (91.3% of RTT out patient activity and 82.6% of RTT in-patient activity)
- Activity output relative to input continues to be impacted by the Covid-19 pandemic with reduced throughput in out-patient areas due to the continuation of social distancing and during 2021/22 theatre capacity was reduced (by 1 theatre at Somerset FT) to support critical care expansion but returned to a full compliment from October. Out-Patient recovery is being supported by increasing the level of virtual consultations, expansion of Single Point of Access and moving to Advice First as well as increasing out-patient optimisation (increasing advice and guidance consultations and Patient Initiated Follow Up appointments)

Key Challenges

- The pressures being seen across primary care and all emergency services is unprecedented resulting in an increased volume of patients arriving at A&E and being admitted; in addition, we are seeing an increase in length of stay of approximately 0.5 days due to a combination of increased acuity and discharge delays due to intermediate care capacity challenges. Despite these pressures the Trusts are working hard to restore elective services to pre pandemic levels with the focus is upon treating priority patients first and working to reduce those waiting the longest
- The new national focus is upon treating all patients whose wait has exceed 24 months and with the exception of patient choice for there to be zero by March 2022
- In September 2021 whilst the number of patients waiting in excess of 52 weeks has continued to reduce this is an artifact of the change in referral patterns during 2020/21 (with less patients reaching 52 weeks in 2021/22) but the number of patients waiting in excess of 78 weeks and 24 months has increased over this same period
 - >52 Week Waits: In September 2021 there were 2,543 patients whose wait exceeded 52 weeks which is a reduction of 1,433 when compared to March 2021 and the specialities with the longest waits are General Surgery/Colorectal, Orthopaedics, ENT and Ophthalmology
- Monthly reporting of very long waits (in excess of 52 weeks by weekly wait banding) was introduced from April 2021, therefore 78 and 104 week waits are compared to April 2021 (rather than March 2021 for other waiting list comparisons)
 - >78 Week Waits: In September 2021 there were 1,030 patients (+452 upon April 2021) waiting in excess of 78 weeks and the specialities with the longest waits are General Surgery/Colorectal, Orthopaedics, ENT and Ophthalmology
 - >24 Months Waits: In September 2021 there were 87 patients (+55 upon April 2021) waiting in excess of 24 months and the specialities with the longest waits are General Surgery/Colorectal, Orthopaedics, ENT and Ophthalmology
- The breakdown of the longest waits by Provider is as follows:
 - Somerset FT: >52 week - 1,344, >78 weeks - 579, >24 months - 54
 - YDH FT: >52 week - 532, >78 weeks - 214, >24 months - 1
 - RUH Bath: >52 week - 97, >78 weeks - 8, >24 months - 0
 - UHBW: >52 week - 171, >78 weeks - 79, >24 months - 10
 - SMTC: >52 week - 69, >78 weeks - 26, >24 months 3
 - Other Providers: >52 week - 330, >78 weeks - 124, >24 months – 19

Key Focus

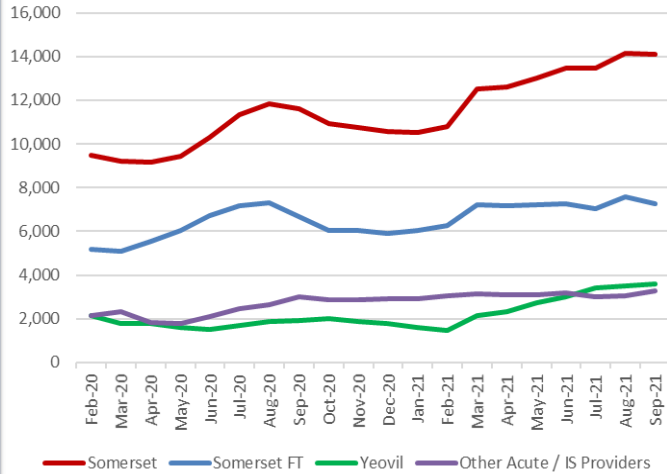
- In September 2021, the volume of elective activity at all Somerset Providers that took place during the month across all points of delivery (ordinary and day case admissions) equated to 93.3% of the activity delivered in September 2019; this breaks down to overnight in-patient recovery of 82.8% and day case recovery of 95.2%
- In September 2021, the percentage of out-patient activity at all Somerset Providers that took place during the month across all out-patient points of delivery (consultant and non-consultant first and follow-up) equated to 98.8% of the activity delivered in September 2019 (with percentage recovery at Somerset FT of 97.9% and YDH FT 98.3%)
- The way in which out-patients are delivered have transformed since the onset of the Covid-19 pandemic; the use of digital technologies has enabled patients to have access to out-patient care without the need of visiting the hospital and has resulted in a significant increase in the proportion of consultations delivered virtually. When assessed against the new virtual consultations ambition of 25% during 2019/20 5.9% of out-patient appointments were attended virtually compared to 23.4% during 2021/22
- There is an active programme of system-wide actions to support recovery and improvement actions which include:
 - Rapid diagnostic services
 - Diagnostic Hubs
 - Sourcing additional capacity for long waiters
 - Waiting list transfers
 - Outpatient transformation
 - Pathway redesign and service model changes
 - Theatre productivity and efficiency
- In addition, the Somerset System has set out a significant programme of work with analysis underway to understand at a granular level the patterns of healthcare access for those patients coming from the highest 3 deciles of deprivation to ensure that there is equity of access

Diagnosics

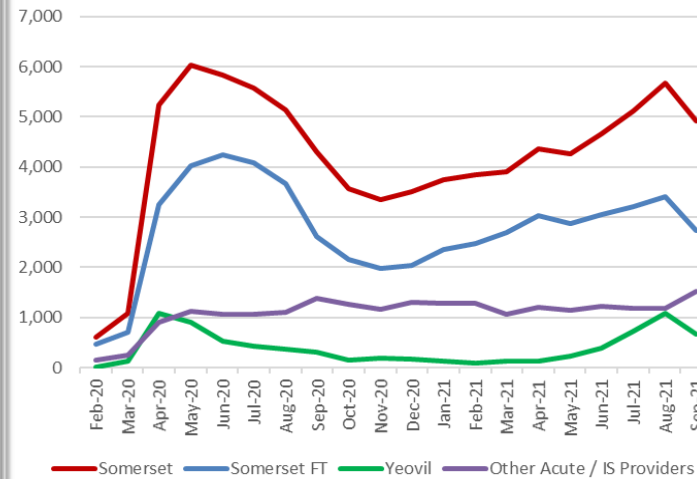


Somerset
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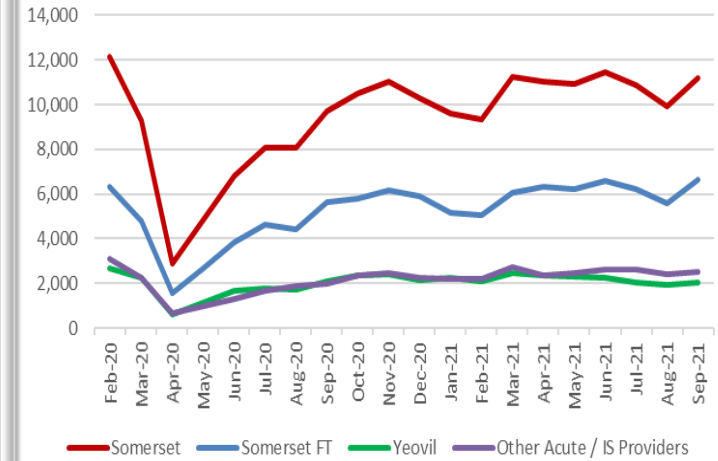
Diagnostic Waiting List



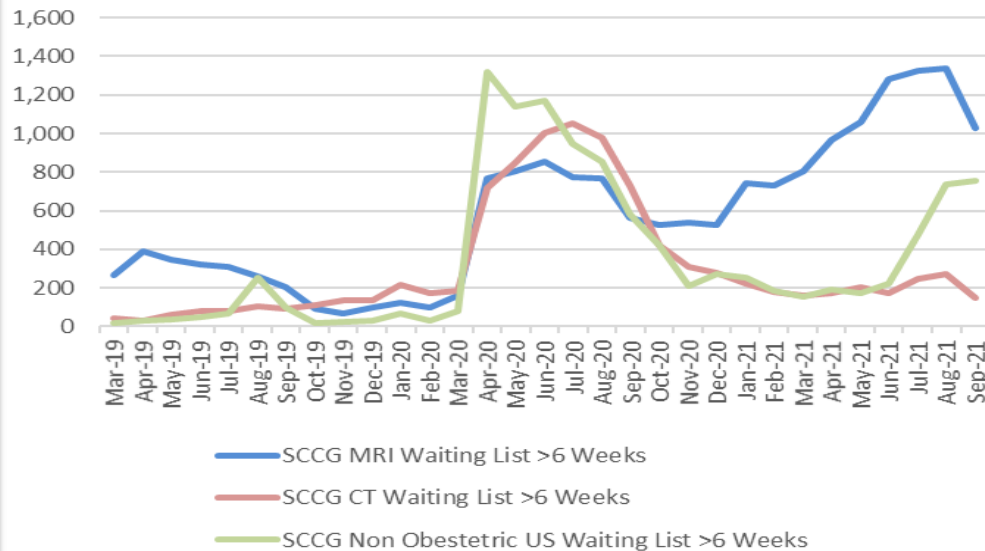
Diagnosics - patients waiting over 6 weeks



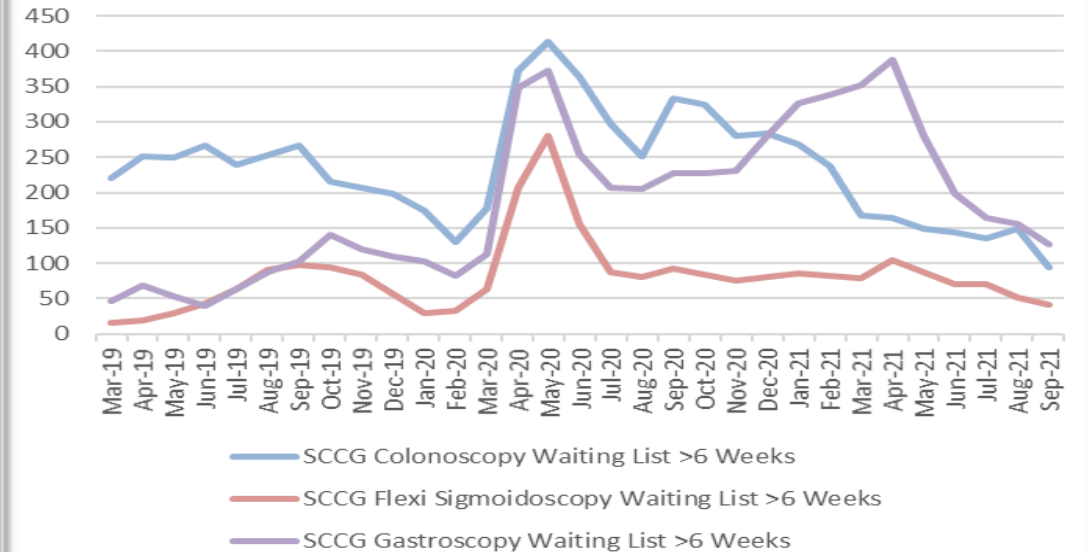
Diagnostic Activity



Somerset Radiology Waits Over 6 Weeks



Somerset Endoscopy Waits Over 6 Weeks



- All diagnostic measures continue to be impacted by the Covid-19 pandemic due to services working at reduced capacity as a result of the ongoing impact of social distancing in waiting rooms and enhanced infection control measures (PPE and cleaning measures between patients), staff sickness and recruitment challenges which have led to a significant increase in the number of patients waiting in excess of 6 weeks for their diagnostic test or procedure during 2021/22
- There were 4,926 patients in September 2021 waiting in excess of 6 weeks (which whilst is an increase of 1,026 patients when compared to March 2021, a reduction of 744 patients upon the previous month) resulting in performance of 65.1% against the 99% standard (-3.73% compared to the March 2021)
- There were 2,656 patient waiting in excess of 13 weeks in September 2021 which whilst is an increase of 549 patients on March 2021 is a reduction of 275 upon the previous month
 - Number of patients waiting in excess of 6 weeks by Provider: Somerset FT 2,733, YDH FT 672, Other Providers 1,521
 - Number of patients waiting in excess of 13 weeks by Provider: Somerset FT 1,915, YDH FT 29, Other Providers 712
- The diagnostic modalities with the greatest challenges and highest volume of 6-week and 13-week breach are MRI, Echocardiography, Non-Obstetric Ultrasound, CT and Endoscopy
- When compared to the previous month in September 2021 the diagnostic modalities showing the greatest reduction in 6-week backlog are MRI (-307), CT (-122) and Audiology (-136) and with MRI (-187) and Audiology (-112) seeing the greatest reduction in 13-week backlog
- The diagnostic modality with the greatest backlog is Echocardiography and makes up 45.5% of the overall 6-week backlog; the breaches are predominantly at Somerset FT but other acute providers across Somerset, the Region and Nationally are also experiencing access challenges with this modality
- In September 2021 the volume of diagnostic tests or procedures carried out was 98.6% of the level carried out in September 2019 and cumulatively during the period April 2021 to September 2021 (compared the same period in 2019/20) the percentage of activity restoration was 99.6%
- When looking at the diagnostic test type (waiting list, planned or unscheduled/emergency) during the cumulative period April 2021 to September 2021 there has been a significant increase emergency (unscheduled activity) with activity restoration of 128.7% compared to waiting list activity restoration of 91.5% and is linked to the unprecedented increase in emergency demand. In addition, there is some variability at either a Diagnostic Modality (and/or Provider) level
 - Diagnostic Activity recovery in September 2021: Radiology: 101.9%, Physiological 87.1%, Endoscopy: 97.6%)
 - Diagnostic Activity recovery in April 2021 to September 2021: Radiology: 104.4%, Physiological 82.7%, Endoscopy: 97.7%)

- Actions in place to restore capacity include securing additional external MRI capacity, the opening of the Rutherford's Diagnostic Centre at Taunton, ensuring maximum utilisation of all available endoscopy capacity (with additional gastroscopy capacity delivered at Bridgwater Community Hospital) and utilising an insourcing company to provide additional echocardiography capacity at Somerset FT whilst the recruitment process concludes
- An improvement trajectory has been developed for the 2 modalities with the biggest 6-week backlogs at SFT (MRI and Echocardiography); both modalities have seen a reduction in the number of 6 week breaches in September and progress against these improvement actions continue to be monitored

A summary by diagnostic modality is outlined below:

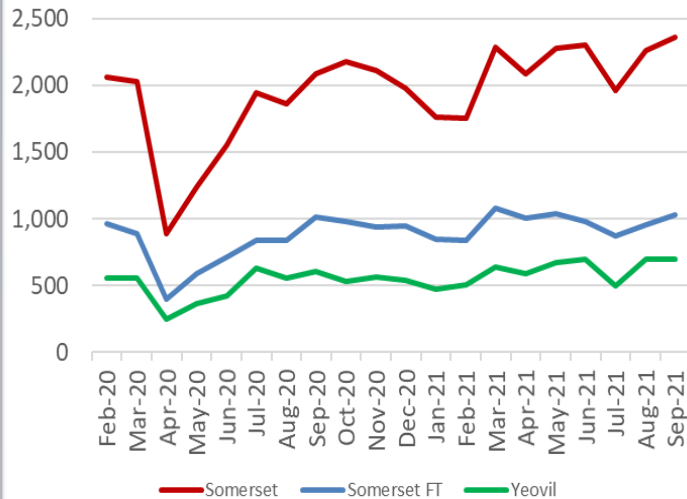
- **Radiology** – during 2021/22 the overall number of Radiology (MRI, CT and Non Obstetric Ultrasound) 6 Week Waits increased by 819 when comparing September 2021 to March 2021 but has reduced by -409 when compared to August 2021
 - MRI 6 Week Waits increased by 224 from 804 in March 2021 to 1028 in September 2021 (but reduced by -307 when compared to August 2021)
 - CT 6 Week Waits decreased by 12 from 162 in March 2021 to 150 in September 2021 (but reduced by -122 when compared to August 2021)
 - Non-Obstetric Ultrasound 6 Week Waits increased by 607 from 151 in March 2021 to 758 in September 2021 (and increased by 20 when compared to August 2021)
- **Endoscopy** – during 2021/22 the overall number of Endoscopy 6 Week Waits has reduced by 341 from 713 in March 2021 to 372 in September 2021 (and has reduced by -83 when compared to August 2021)
 - Colonoscopy: 6 Week Waits reduced by 73 from 167 in March 2021 to 94 in September 2021 (and reduced by -54 when compared to August 2021)
 - Flexi-Sig: 6 Week Waits increased by 38 from 79 in March 2021 to 41 in September 2021 (and reduced by -10 when compared to August 2021)
 - Gastroscopy: 6 Week Waits has reduced by 225 from 352 in March 2021 to 127 in September 2021 (and reduced by -29 when compared to August 2021)
- **Physiological Diagnostics**– during 2021/22 the overall number of Physiological 6 Week Waits has increased by 548 when comparing September 2021 to March 2021 but has reduced by -252 when compared to August 2021
 - Dexa Scans 6 Week Waits reduced by 65 from 149 in March 2021 to 84 in September 2021 (and increased by 1 when compared to August 2021)
 - Audiology Assessments: 6 Week Waits increased by 94 from 63 in March 2021 to 157 in September 2021 (but reduced by -136 when compared to August 2021)
 - Echocardiography: 6 Week Waits increased by 631 from 1615 in March 2021 to 2246 in September 2021 (but reduced by -44 when compared to August 2021)
 - Peripheral Neurophysiology: 6 Week Waits increased by 3 from 16 in March 2021 to 19 in September 2021 (but reduced by -27 when compared to August 2021)
 - Sleep Studies: 6 Week Waits increased by 4 from 48 in March 2021 to 52 in September 2021 (but reduced by -24 when compared to August 2021)
 - Urodynamic: 6 Week Waits reduced by 115 from 175 in March 2021 to 60 in September 2021 (but reduced by -22 when compared to August 2021)

Cancer

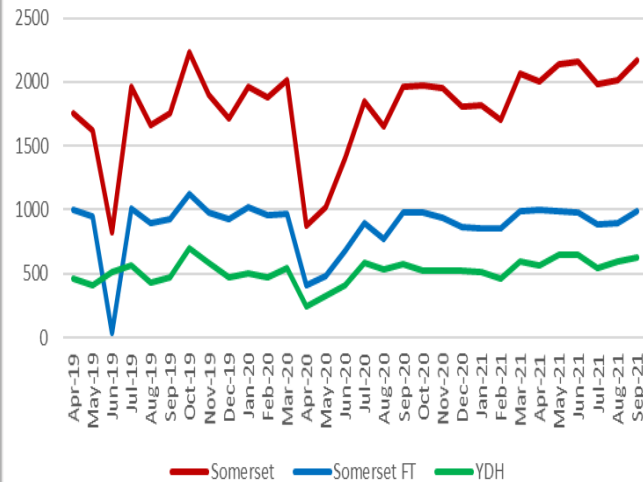


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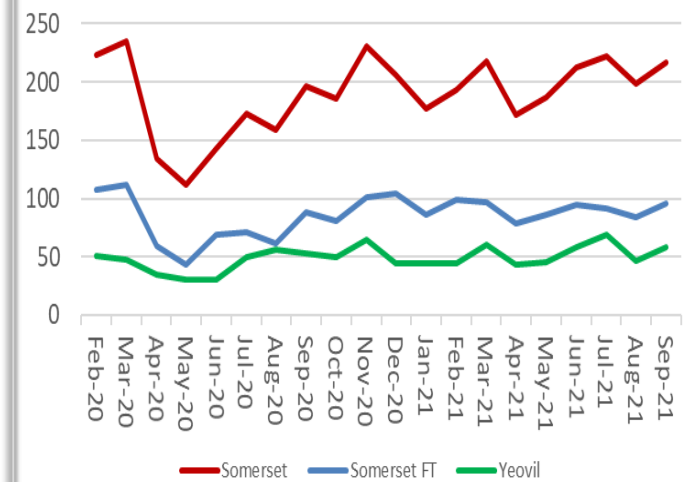
2 Week Wait Pathways



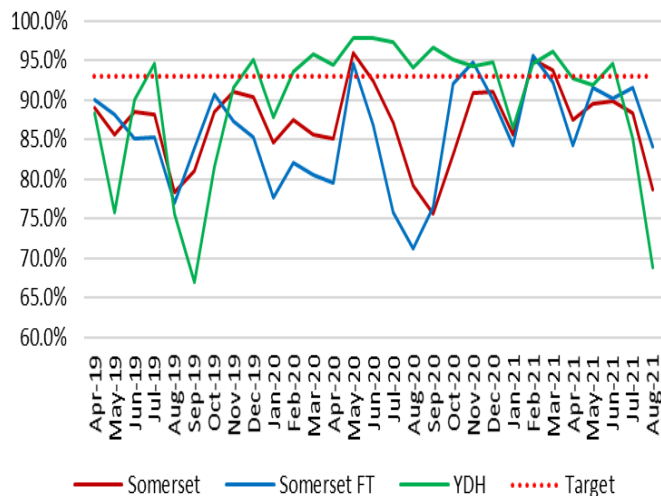
28 Day Faster Diagnosis Standard Pathways



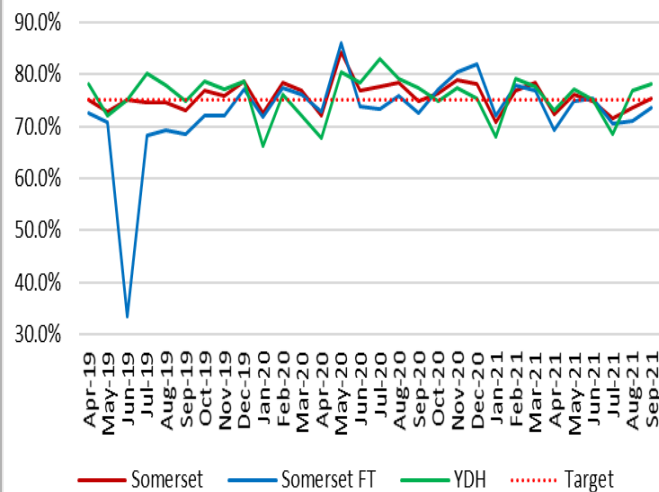
62 Day Cancer Pathways



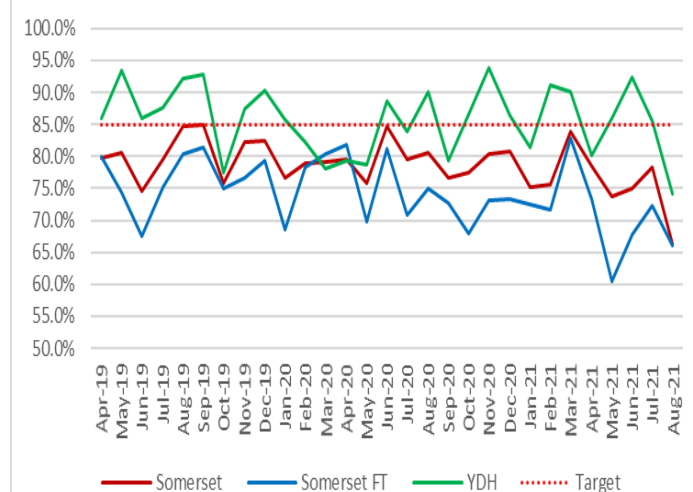
Cancer 2 ww performance



28 Days Standard Diagnosis performance



Cancer 62 day performance



- **Volume of 2 week wait referrals:**
 - Somerset: +20.5% (+402), Somerset FT: +18.6%, (+162); YDH FT: +41.2%, (+204), RUH: +1.3% (+4), UHBW: +17.8% (+43), Others: -20% (-11) (all compared to the previous reported month of July)
- **2 week wait Performance (target 93%):**
 - Somerset: 84.6% (-3.7%), Somerset FT: 86.6% (-5%), YDH FT: 89.4% (+4.36%), RUH Bath: 70.5% (-15.38%), UHBW: 88.77% (-8.34%), Others: 29.55% (-10.45%) all compared to the previous reported month of July.
 - The proportion of patients on a suspected cancer pathway waiting less than 2 weeks have been increasing since April with a July drop. Performance has been below the standard.
- **2 week wait breaches predominantly in:**
 - lower GI (mainly Somerset FT, YDH FT and RUH),
 - skin cancer (mainly attributed to Other, RUH, UHBW)
 - suspected breast cancer (mainly Somerset FT, YDH FT),
 - Head and neck cancers (mainly Somerset FT)
- **Volume of First definitive treatment within 62 days from GP referral**

In September 2021 Somerset saw a -2.3% (-5) decrease 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 July 2021, breakdown of trusts:
Somerset FT: +3.8% (+3.5); YDH FT: +15.9%, (-11), RUH: -17.6 % (-4.5), UHBW: +25% (+7), Other Providers: no change in volume
- **62 Day Performance (target: 85%):**
 - Somerset System: 2.34% decrease in performance to 76.04%.
 - Somerset FT: 73.82% (+1.54%), YDH FT: 85.34% (-0.14%), RUH: 57.14% (-19.33%), UHBW: 88.57% (+2.86%), Other Providers: 26.7% (-40%)
- **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, other reasons not listed)
 - Skin (Outpatient capacity inadequate, Health Care Provider initiated delay, other reasons)

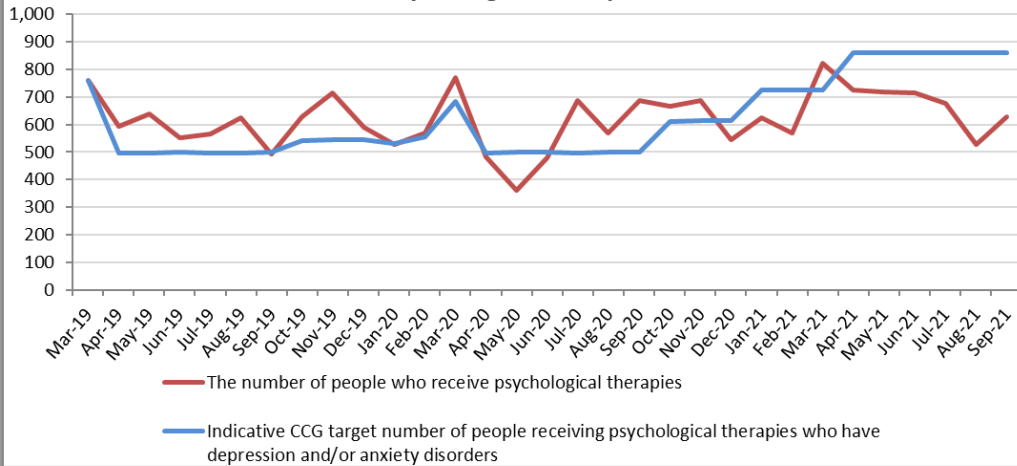
- **Volume of 28 day Faster Diagnosis Standard referrals:**
 - Somerset: +6.7% (+149), Somerset FT: +5.6%, (+60); YDH FT: +14%, (+81), RUH: -4.9% (-14), UHBW: +11.1% (+26), Others: -7.7% (-4) (all compared to the previous reported month of July)
- **28 day Faster Diagnosis Standard Performance (target 75%):**
 - Somerset: 74.8% (-3%), Somerset FT: 72.1% (-2%), YDH FT: 79% (-8.8%), RUH Bath: 70.6% (-0.8%), UHBW: 86.2% (-0.1%), Others: 41.7% (-19.8%) all compared to the previous reported month of July.
- **28 day Faster Diagnosis Standard breaches predominantly in:**
 - 2WW - Lower GI, Head and Neck, Urological, Skin, Gynaecological, Upper GI and Breast cancers (mainly due to inadequate outpatient capacity, administrative delay, complex diagnostic pathway, health care provider initiated delay,)
 - Screening - Lower GI, Breast (mainly due to inadequate outpatient capacity, complex diagnostic pathway)
- Actions to improve performance include:
 - Introduction of additional Endoscopy capacity from Q2 and improvements theatre throughput and list utilisation
 - Continuation of additional MRI/CT mobile capacity (re-sited to South Somerset – Yeovil/South Petherton)
 - Service Delivery Funding approved by SWAG CA (Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance) which will be used to support cancer recovery and strategic aims of LTP (Long Term Plan) for Cancer.
 - The pan Somerset Non Site Specific Rapid Diagnostic Service for patients with vague symptoms that could indicate cancer was implemented on 26th July 2021. Initial referral numbers are low, however, it is anticipated that referrals will gain traction over the next couple of weeks.
 - 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

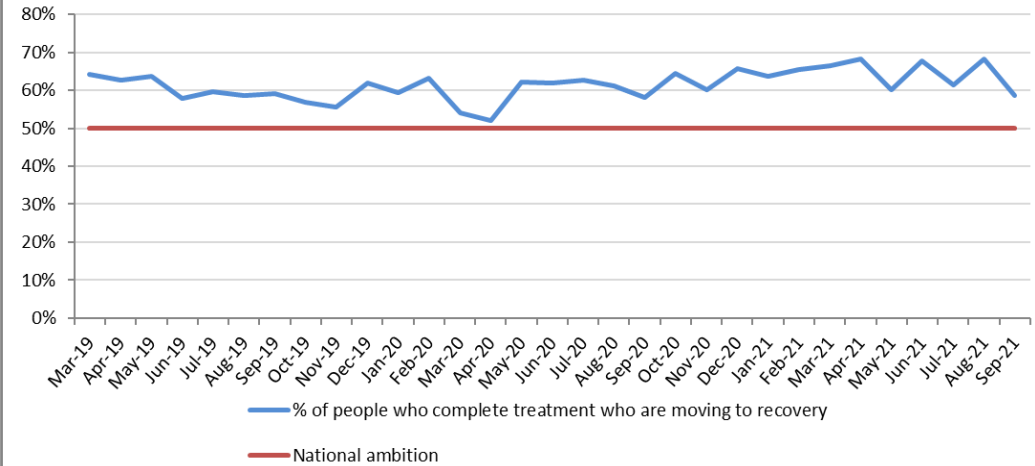


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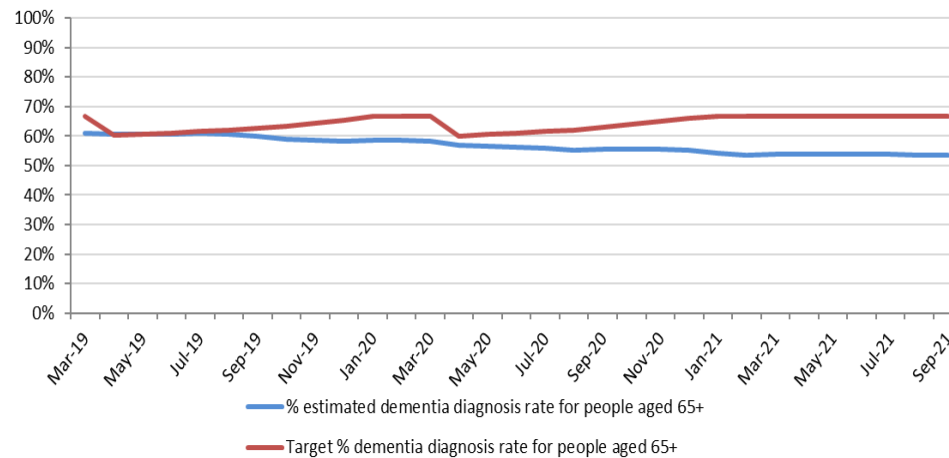
IAPT Access (roll-out) and The Number of People who Receive Psychological Therapies



IAPT Moving to Recovery



Dementia Diagnosis Rate



Definitions:

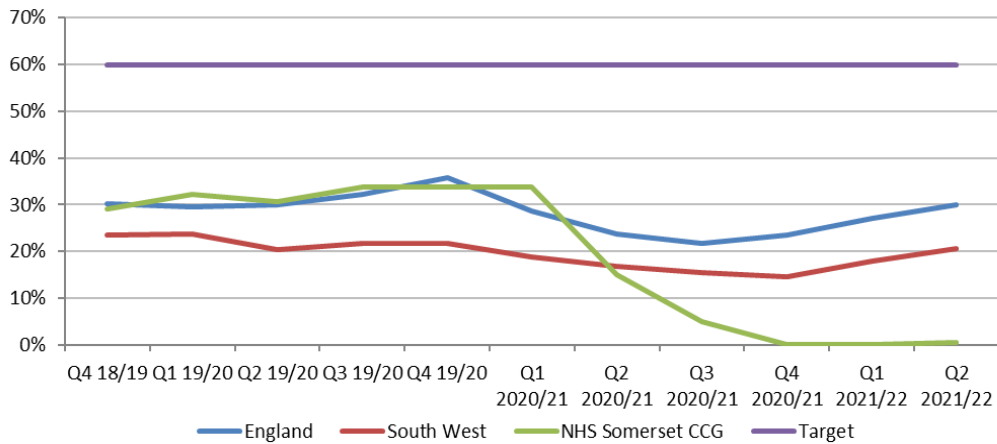
- IAPT access measures the number of people entering treatment against the level of need within the population
- IAPT moving to recovery measures ended referrals that finished a course of treatment where the service user has moved to recovery
- Dementia diagnosis rate measures the percentage of estimated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

Mental Health

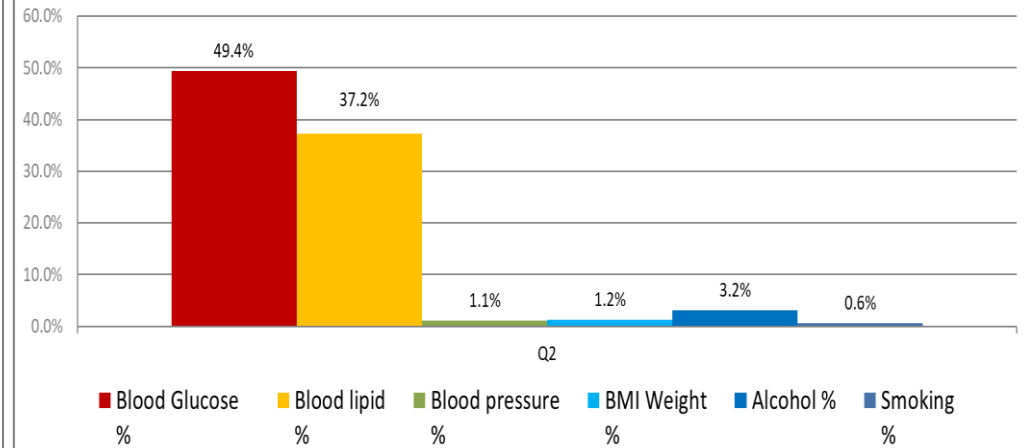


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Physical Health Checks for People with serious mental illness %



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



Improving Access to Psychological Therapies (IAPT):

- The number of people accessing treatment for the period April – September is 3,989 against a local indicative target of 5164 (c.1200 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 September is 58.6%. 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 September, 83.5% 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 September, there were 4,593 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:

- In September, the Mindline received 2,245 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. A workshop is currently being scheduled, following confirmation of funding stream.
The first workshop was took place on the 12 November 2021 and there is a second planned for December, focusing specifically on core pathways. The CSU are looking to have developed model for adult services no later than the end of Q4, with the intention of expanding this for CYP services in the new financial year.

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

- The access measurement for CYP has changed from April 2021 and systems will be monitored using one contact (previously two contacts). Estimates using local un-validated data shows that Somerset has delivered 7,342 contacts to CYP during the 12 month period to September 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*
- 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.
- The MHST Executive Group has decided to expand the MHSTs into Frome and West Somerset following a successful bid of 2 additional teams. The Group are currently developing the expansion of the workforce and adverts for the Education Mental Health Practitioners are under way.
- Somerset CCG CYPMH Commissioning Team are currently procuring a new CYPMH Digital Support Service. Participation groups were held in Q1 2021/22 which determined the specification for the new contract.

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.
- MMHS posts have now been recruited or are currently out for advert. The Implementation Group are working closely with Somerset Maternity Voices Partnership to develop the service.

Dementia:

- Somerset CCG's dementia diagnosis rate performance for September 2021 is 53.4%, against national ambition of 66.7%
- Somerset has been impacted, as has the rest of the country and beyond, by the pandemic over the last 18 months. This has affected the previously proposed approach to improve dementia diagnosis rates in Somerset which was based upon physically visiting care homes and other sites, both to diagnose people and to educate the staff on site to enhance their confidence in pursuing diagnosis and to ensure that they are using the correct coding methodology. During the pandemic, due to the clinical risk associated with visiting vulnerable people, this work had to stop
- The multi-organisational Dementia Operational Oversight Group and an associated Dementia Task and Finish Group have been established to look holistically at the entire Dementia pathway (including diagnosis) and services offered in Somerset. Somerset Foundation Trust are currently recruiting six new members of staff for the Memory Assessment Service and Care Home Liaison to expand the services capacity. A quarterly "Sounding Board" focus group of Experts by Experience and their carers has been established, that will inform the development and ongoing service improvement of the Somerset Dementia Wellbeing Model.
- The Dementia Operational Oversight Group and Task and Finish Group are currently working together to design a Somerset Dementia Wellbeing model that is based upon the Bristol Dementia Wellbeing model and the Sandwell model which is being held as an exemplar by NHSE. This work will be discussed with the 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 realising the model. The model is nearing completion and a business case is being developed to seek funding from NHSE and from elsewhere across the system in January 2022 and the current expectation is that the new dementia strategy and Somerset Dementia Wellbeing model will be unveiled at an event hosted by Reminiscence Learning in April 2022

Physical health checks for people with a serious mental illness

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

Reliance on Inpatient Care

	Actual March 2021	Target March 2021	Q1 21/22	Q2 21/22	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

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

Annual Health Checks (AHC):

The Quality & Patient Safety Team (Learning Disability and Mental Health) is leading on a programme of work to increase the uptake and quality of Annual Health Checks (AHCs) for people with a learning disability. The Programme is overseen by a systemwide steering group and incorporates 6 working groups. One of the working groups focuses on co-production work and as part of that the 'Somerset Our Voice' peer support group has created a video to set out 10 principles of expectations around receiving an annual health check. The video was designed, developed and produced by the people in the peer support group and will be launched in November. The primary care working group is creating pre-health check questionnaires for men, women and young people; these can be filled in before the check takes place to help plan for and inform the AHC.

Local Review of Services

3 year delivery plans include: investment in adult community learning disability services, the rapid intervention team and the adult autism service, sensory friendly autism environmental changes in adult and CAMHs inpatient settings, and for C&YP - recruitment of an assistant psychologist project lead for the Keyworker project, a pilot for rapid assessment of autism, and establishment of a 'taking a break from care fund', to help avoid crises and admissions. An overarching vision to accompany the delivery plan is due for completion in Q3/4 2021/22, following engagement events which started in September.

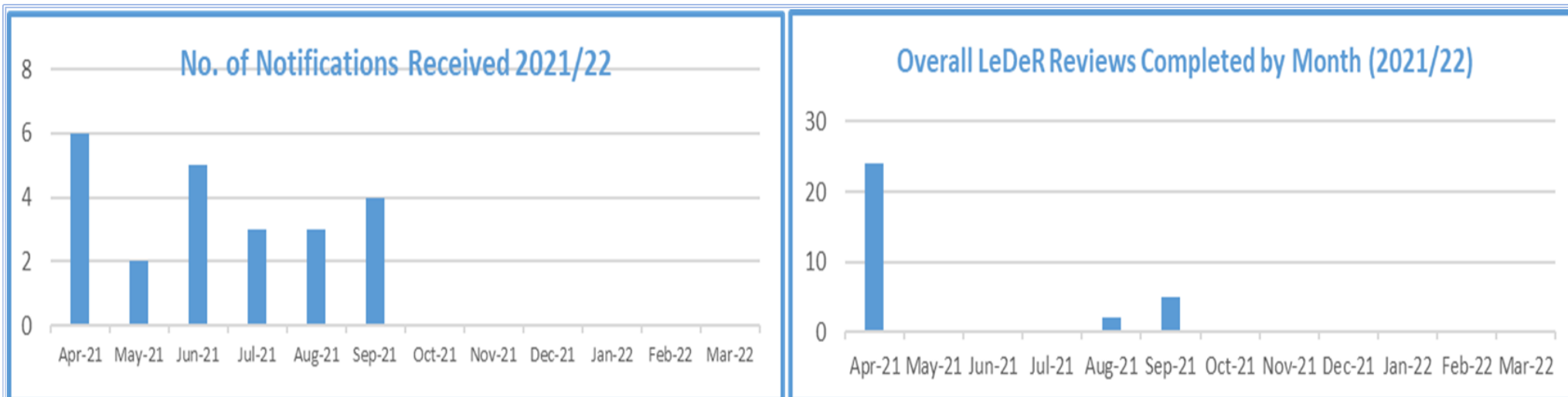
Autistic Spectrum Condition (ASC) C&YP:

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. 'Next steps' pre-assessment pathway and 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 took place on 29th September. Ongoing engagement continues until 21 Nov. This will help inform the new assessment pathway, due to be published in December as part of Written Statement of Action improvement priority 5. During January – March 2022 the focus will be on post-assessment.

Learning Disability Mortality Reviews (LeDeR)



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In September 2021 Somerset received four notifications via the NHS LeDeR platform, which is consistent with the number of notifications received on a monthly basis in 2021/22.

The NHS LeDeR platform is now fully operational and the team fully trained to use it.

The administrative and performance reporting systems have been updated around the new policy changes and new platform processes, including new Quality Assurance and Governance guidelines.

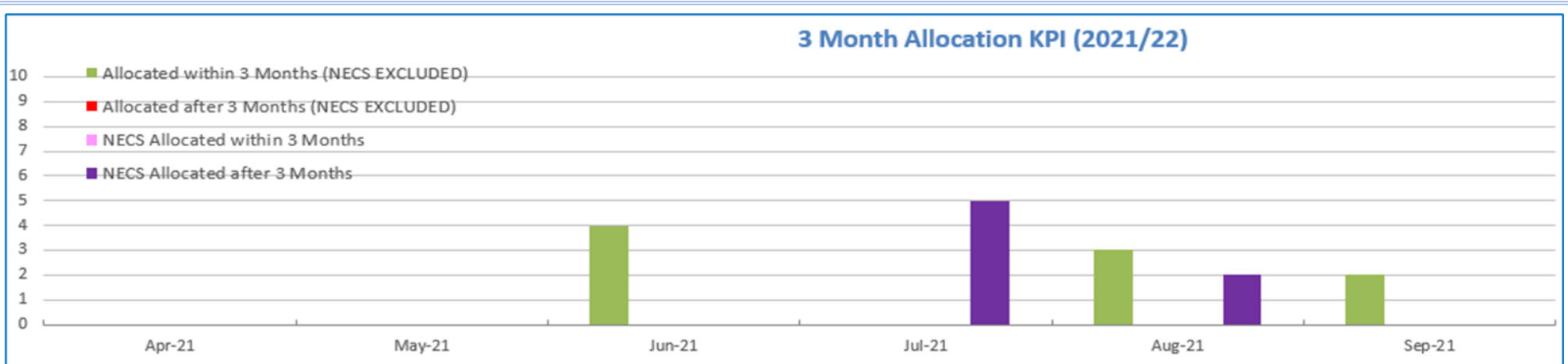
The new Local Area Contact is confirmed to join in early October and will progress the learning into actions via the new Governance Group.

We also delivered a Three Year Strategy document at the end of September, as requested by NHSE/I.

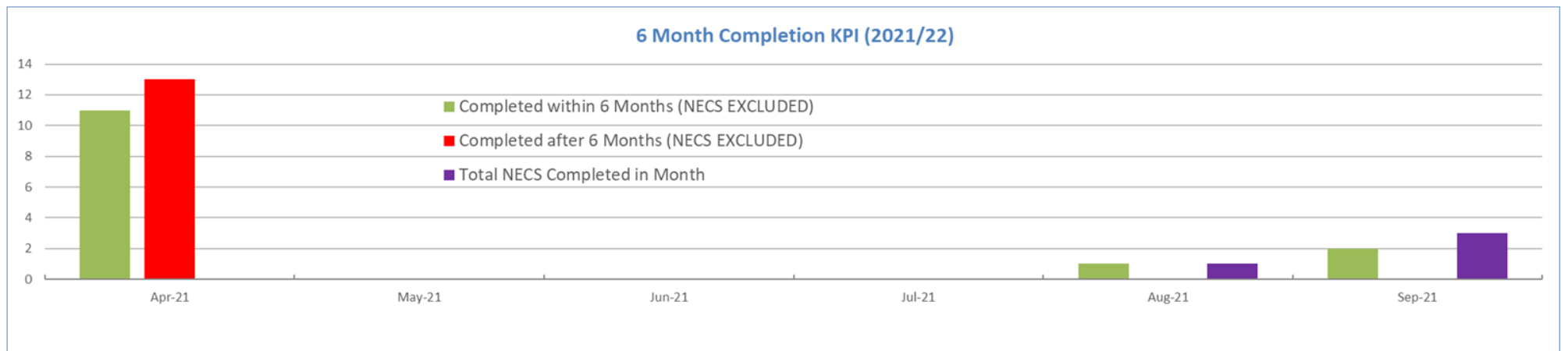
Learning Disability Mortality Reviews (LeDeR)



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3 Month Allocation KPI – Requires any Reviews received to be allocated to a Reviewer within three months of the Notification Date. Performance attainment for September 2021 is recorded at 100% with all four cases allocated within three months of notification.



6 Month Completion KPI – Requires all Reviews to be completed within 6 Months of the Notification Date. Two Reviews were completed in September, both within the 6 month completion KPI. Three further reviews were completed by NECS, also within the 6 month completion KPI.

During the year, the period of April-September 2021/22 there have been 2,246 women that have delivered babies, 1,555 at Somerset FT and 691 at YDH FT. Both trusts are currently under pressure due to increase in numbers with other complicated factors, and Covid-19 related staff absence. Support available across the system and regionally, Somerset FT and YDH FT have been outstanding in offering support to neighbouring trusts when they have capacity and the same levels of support are offered to us. A regional divert policy has also been developed for the South West. This is expected to ease as midwives are recruited, however this will be a gradual process as newly qualified midwives will need to be supported to ensure competency and build confidence.

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

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

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