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Report to the NHS Somerset Clinical Commissioning Group on 31 March 2022

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

Version Number / Status:	1
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Summary and Purpose of Paper

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

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

Recommendations and next steps

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

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

Quality	Decisions regarding improvements against the performance standards are made to deliver regarding the best possible value for service users.			
Privacy	No issues identified.			
Engagement	All discussions regarding performance improvement have been detailed in the enclosed report.			
Financial / Resource	The revenue resource allocation figure is £1,112,289,000, which now covers the full 2021/22 financial year			
Governance or Legal	Financial duties of Somerset Clinical Commissioning Group not to exceed its cash limit and comply with relevant accounting standards.			
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

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Integrated Board Assurance Report
January 2022

Somerset System overview – January 2022

NHS Somerset Clinical Commissioning Group

Primary Care – GP contacts/demand

246,162*

*Compared to 12 month average

CALL 111

Answered within 60 seconds or less

53.8%

Cat 1 **10:14 min**
Cat 2 **57:25 min**
Cat 3 **137 min**
Cat 4 **137:30 min**

Mean response time

4 hours A&E

67.7%

Total A&E Attendance

20,741

NHS Somerset NHS Foundation Trust

4 hours A&E

59.6%

Total A&E Attendance

5,906

Yeovil Hospital Healthcare

4 hours A&E

85.2%

Total A&E Attendance

4,846

Total emergency admissions

4,932

681

Re-admissions within 30 days of discharge

Somerset System overview – January 2022

NHS Somerset Clinical Commissioning Group

Referral to treatment

13,016 Clock starts

62.78% <18 weeks

2,631 people waiting >52 weeks

759 people waiting >78 weeks

Diagnostics

Waiting list 12,630

>6 weeks 4,270

34%

Cancer

Total 2ww **2,478**

2ww performance 66.7%

62 day performance 65.7%

28 day FDS performance 70.6%

IAPT - Improving Access to Psychological Therapies

access (roll-out) *6,773

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

63.5% moving to recovery

CYPMH

Children and Young People's Mental Health access *7,588

*local un-validated estimate rolling 12 months to January, one contact.

98% of patients waited <=24 hours to be seen by the Home Treatment Team

96% of patients on CPA had an annual review

Somerset System overview – January 2022

NHS Somerset Clinical Commissioning Group

Safeguarding

Children Looked After

66.7%*

Initial Health Assessments received <20days

Strengths & Difficulties Questionnaire **84.3%**

Dental Checks

69.5%

Continuing Health Care

28 Day Standard **95 %**

% of Fast Track Referrals Ratified within 24 hours **99.3 %**

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

0.4*

*October Data

Infection control

MRSA 1

9 MSSA

E.Coli 39

13 C.diff.

% of women who smoked at time of delivery

***10.4%**

YTD

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Quality Reporting

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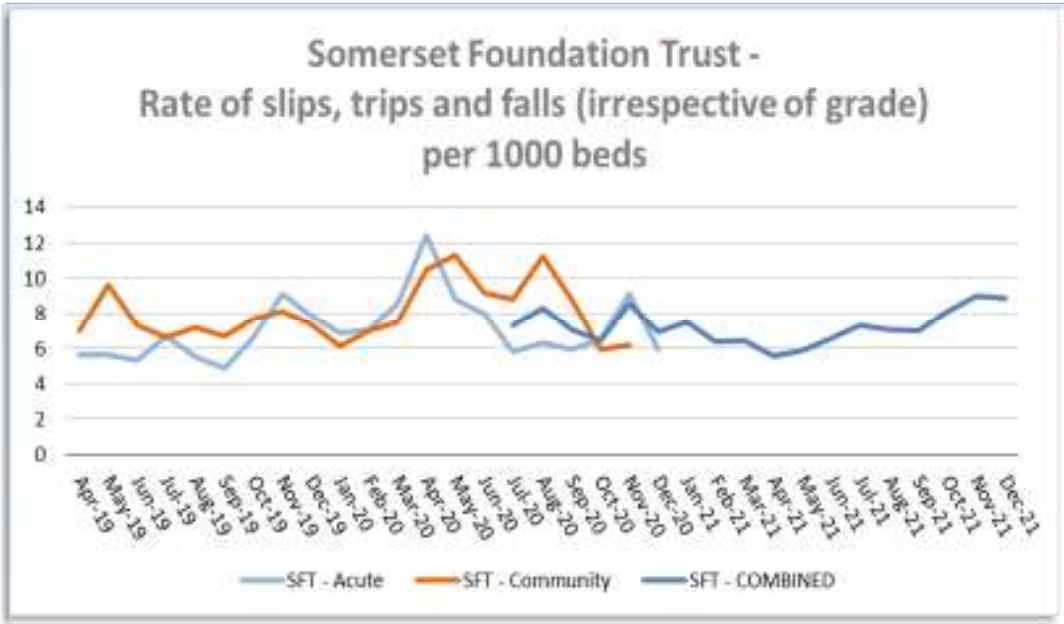

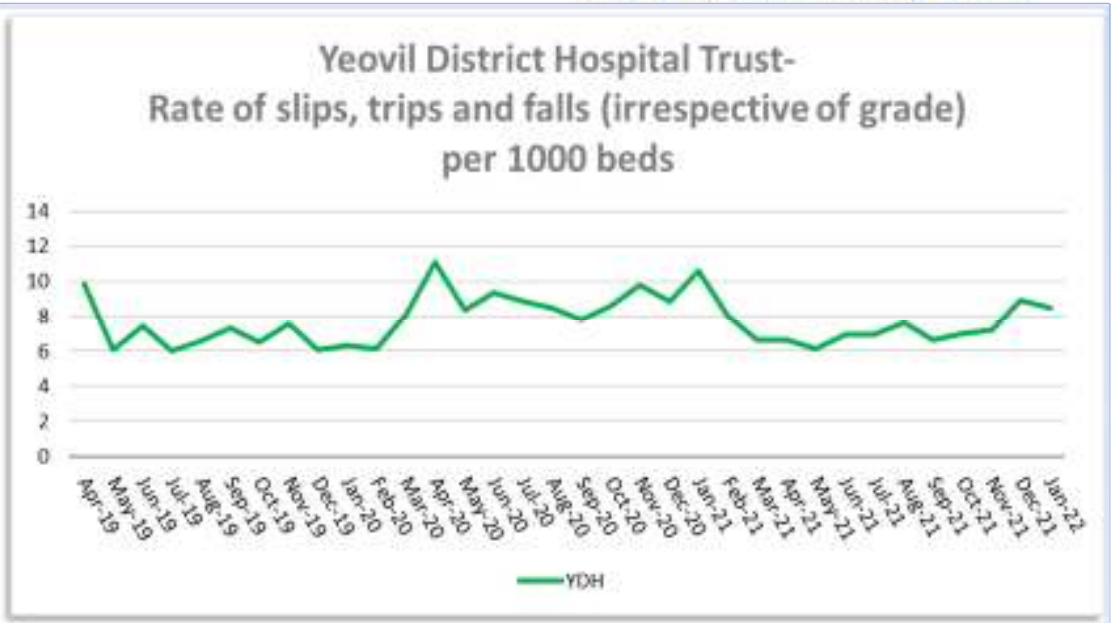

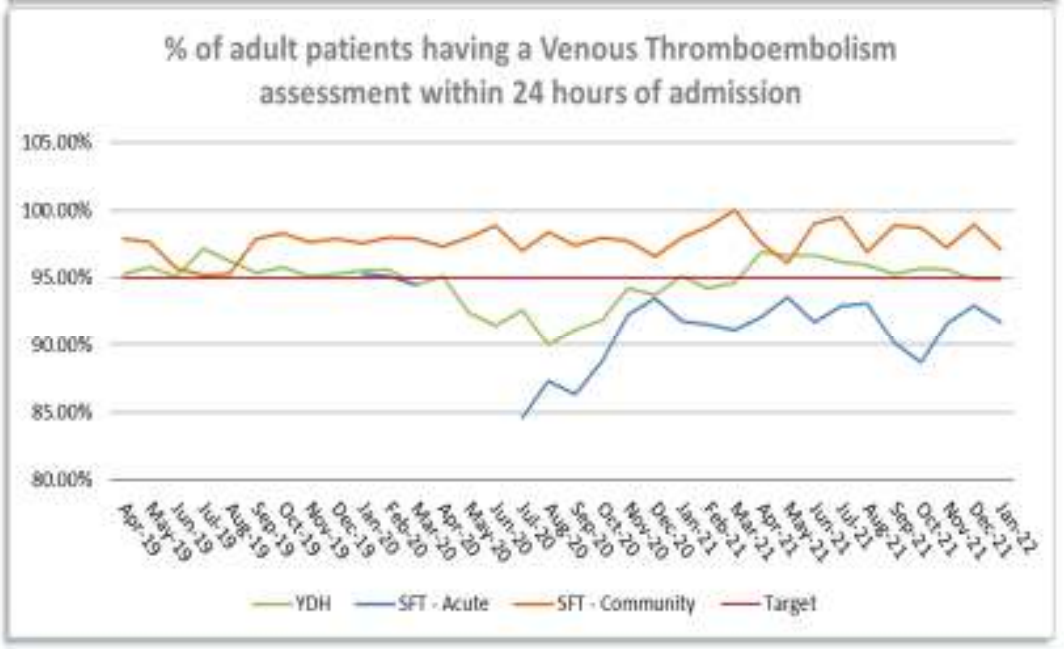

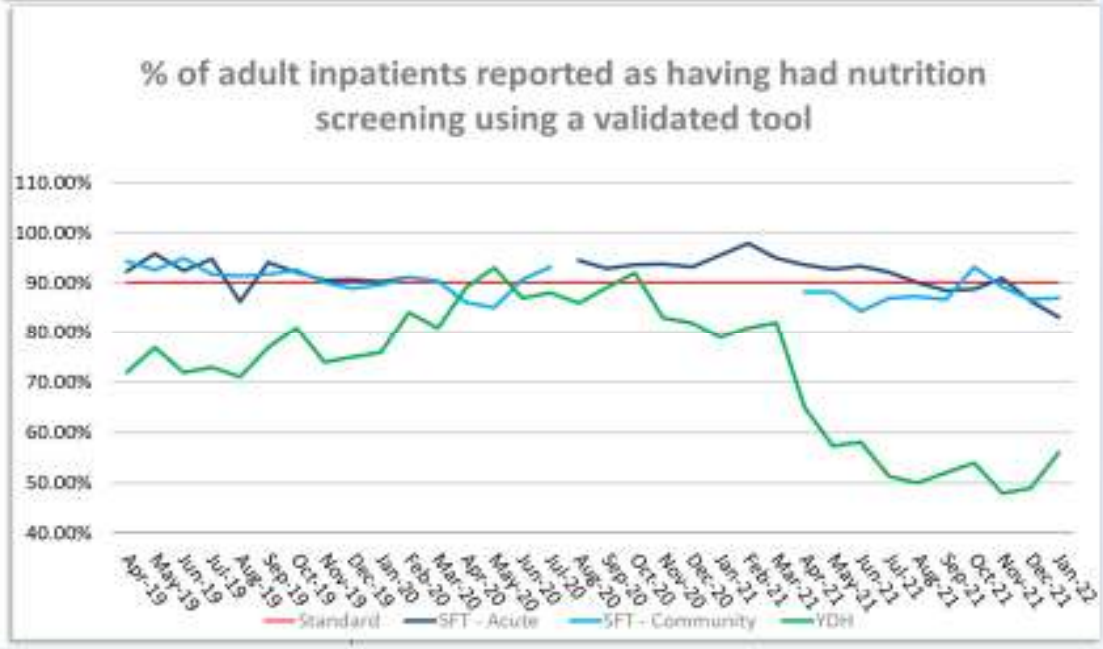

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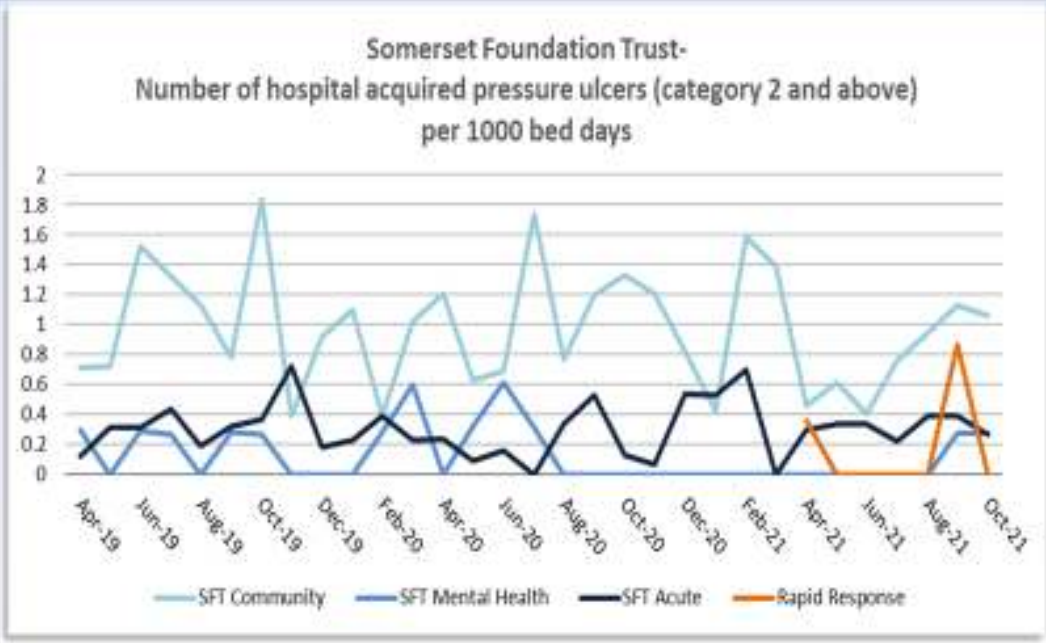

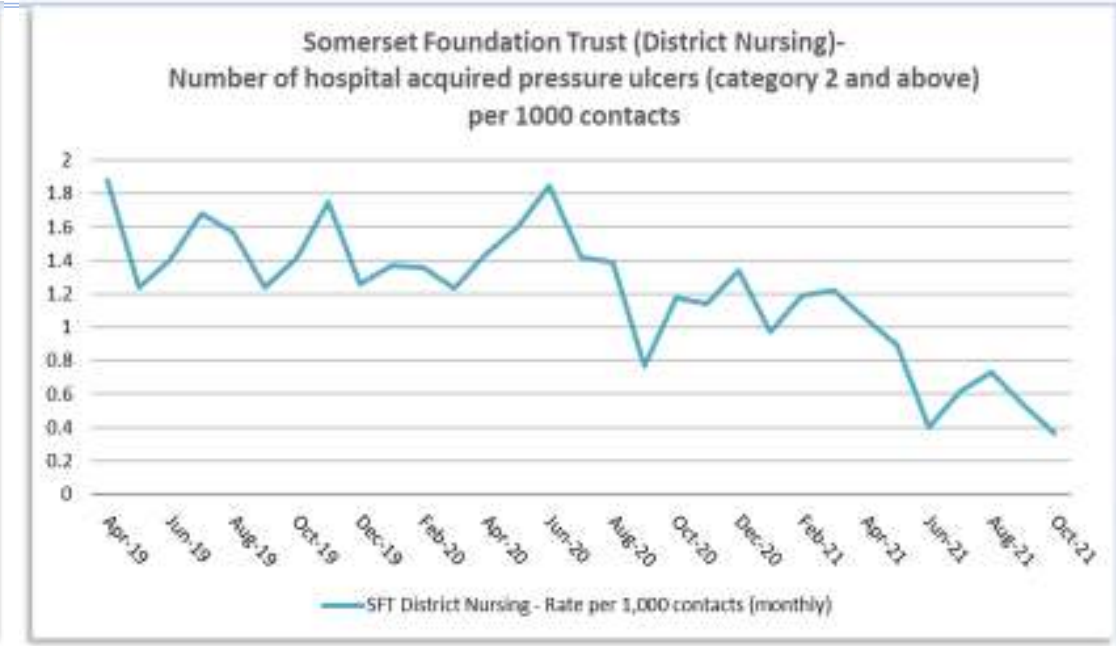

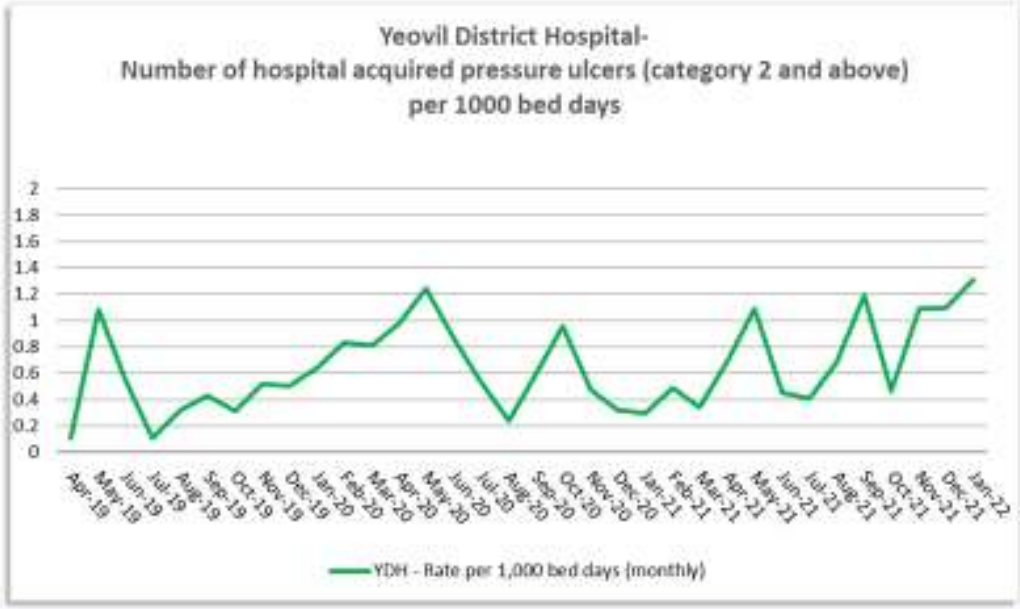

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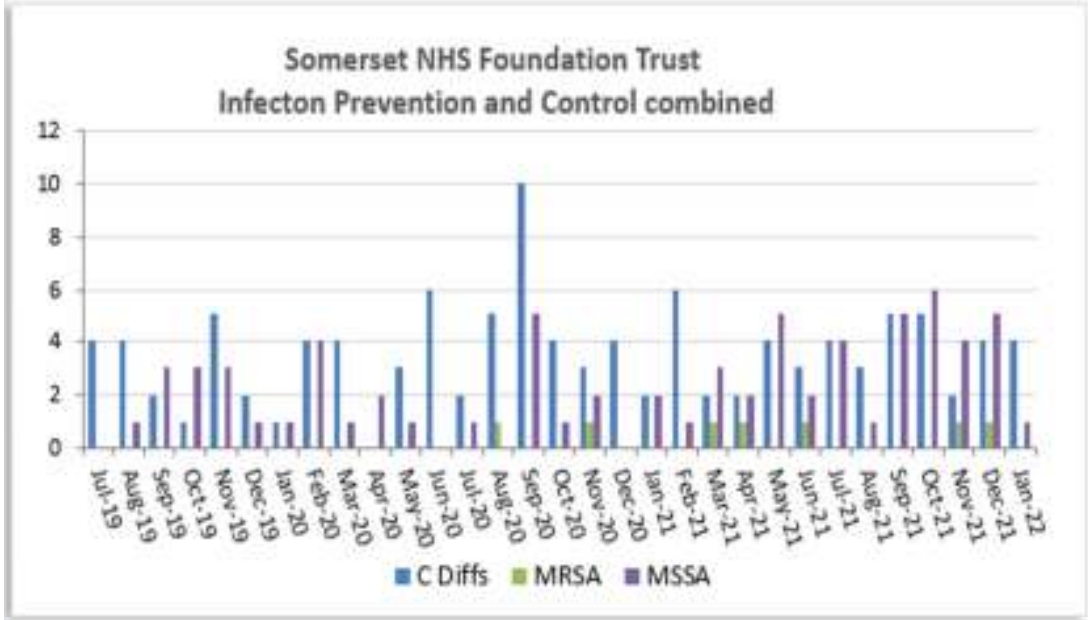

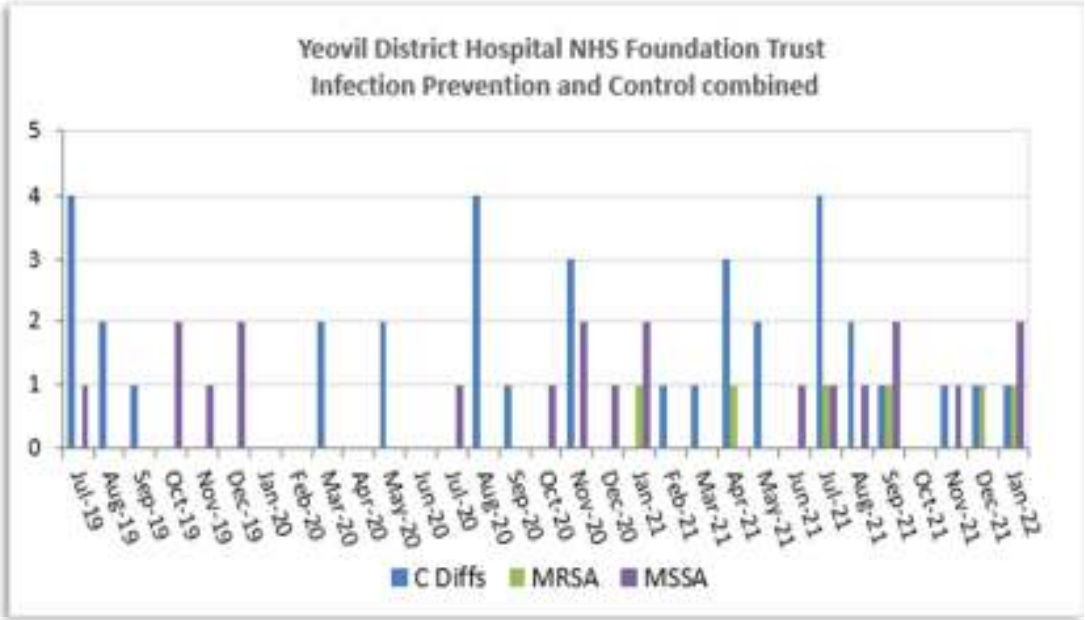

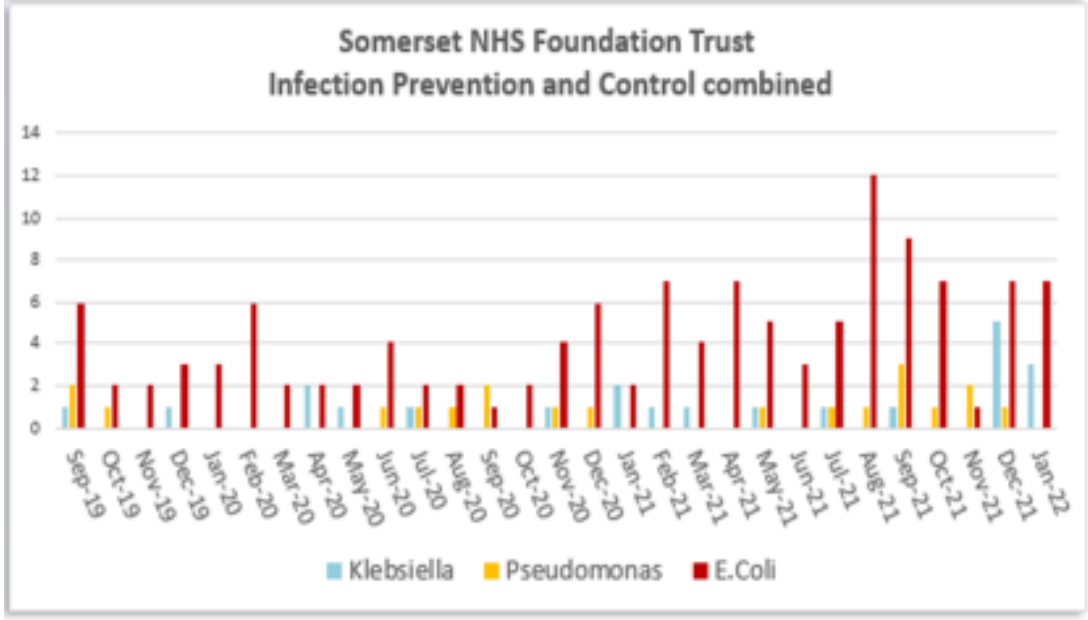

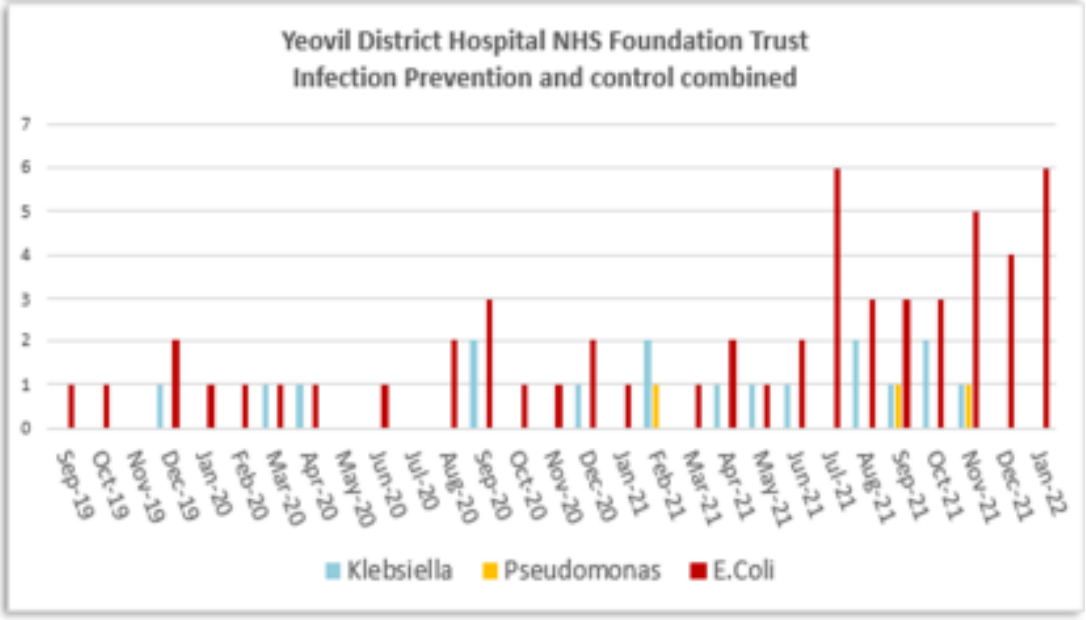

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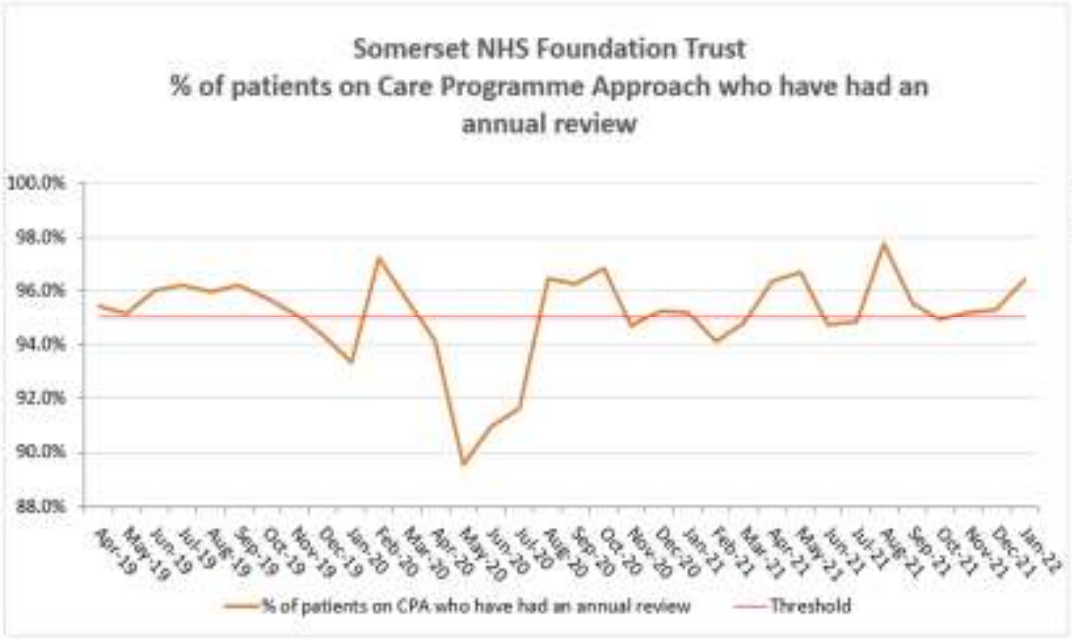

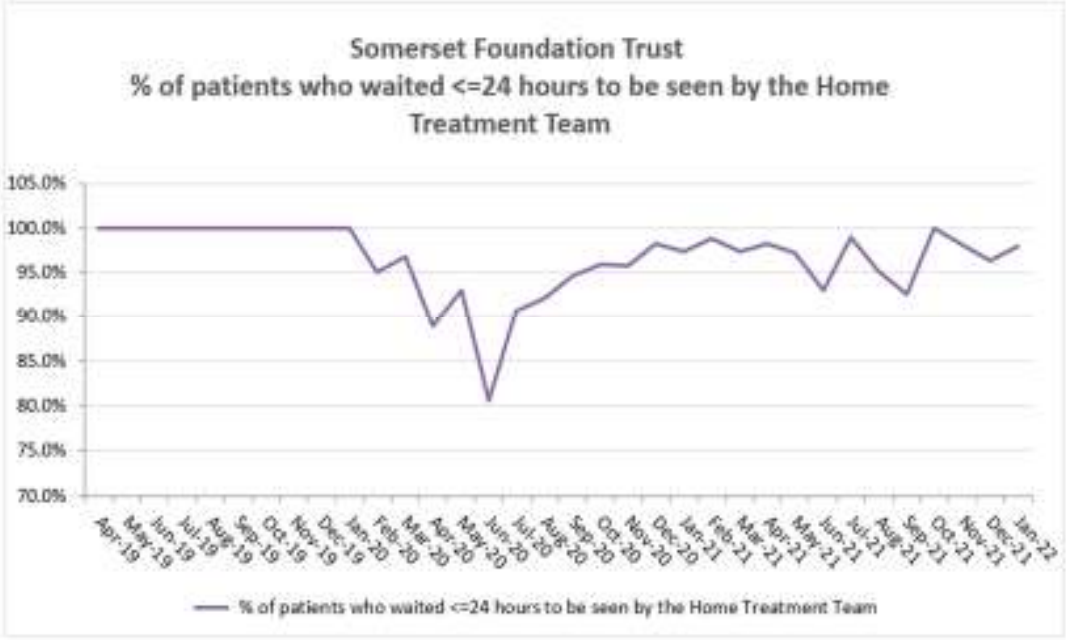

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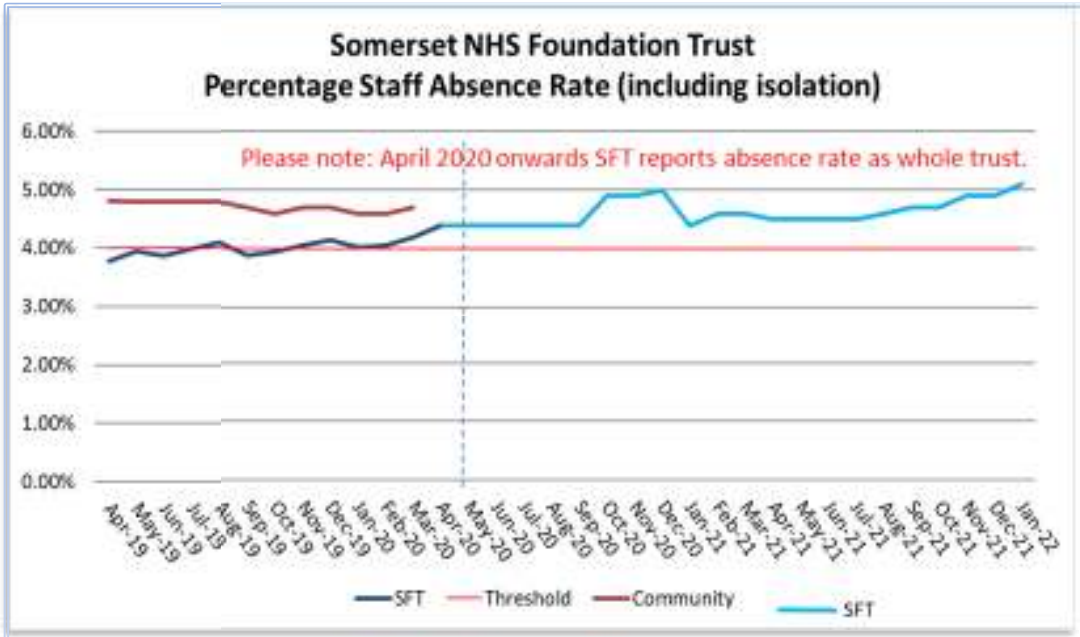

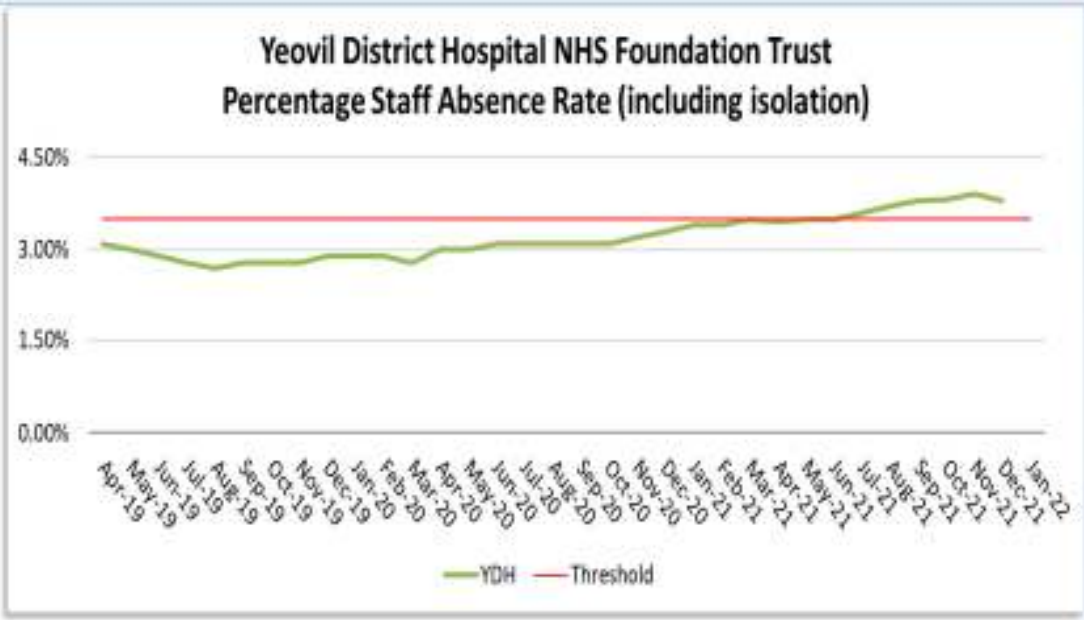

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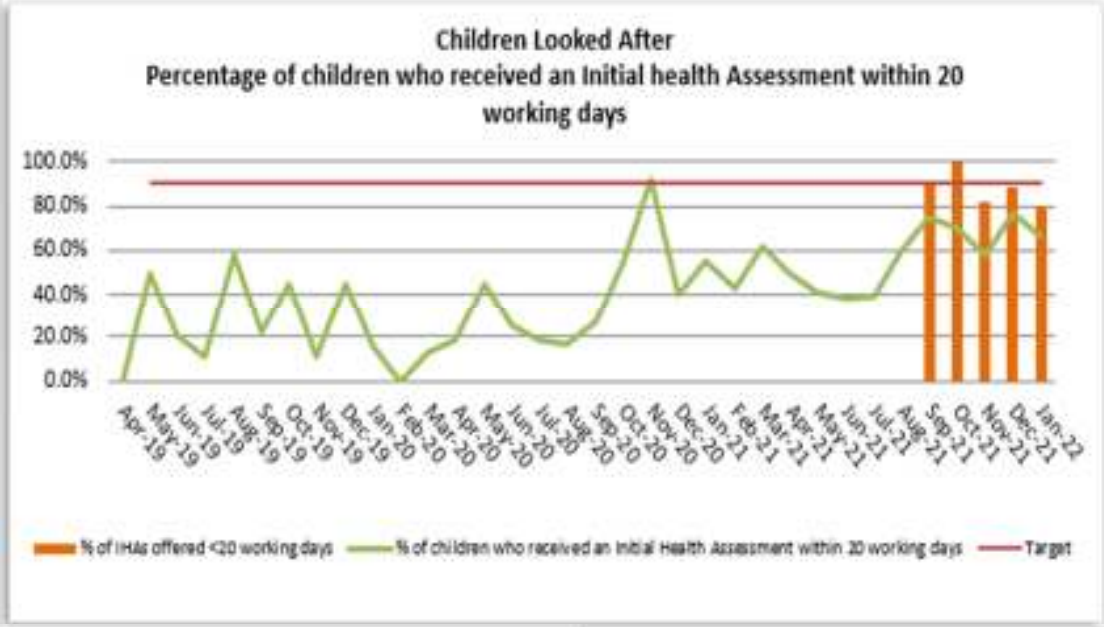
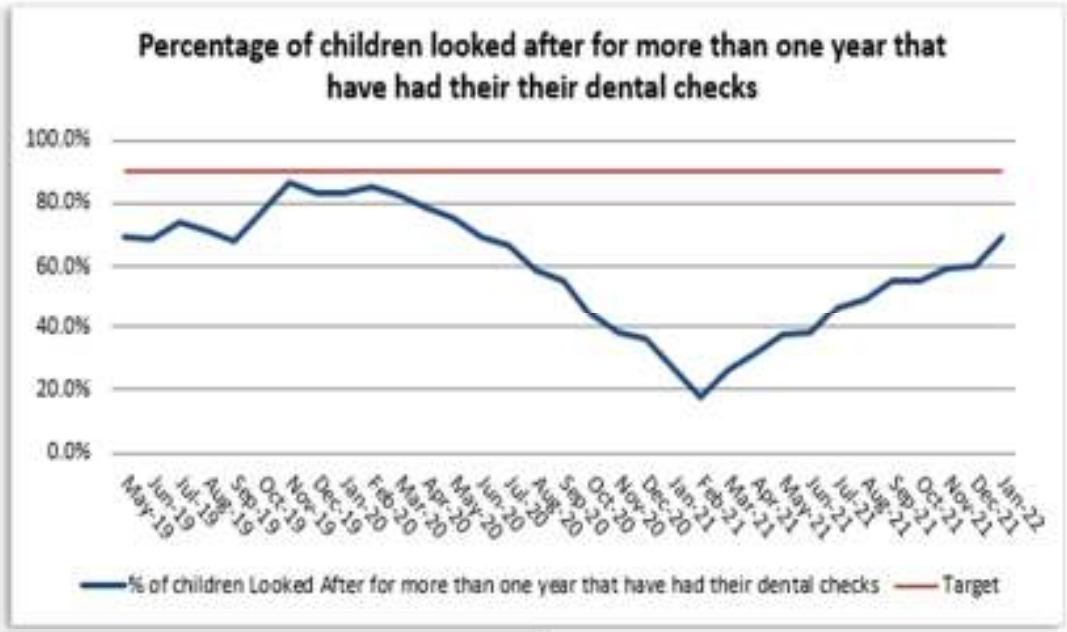
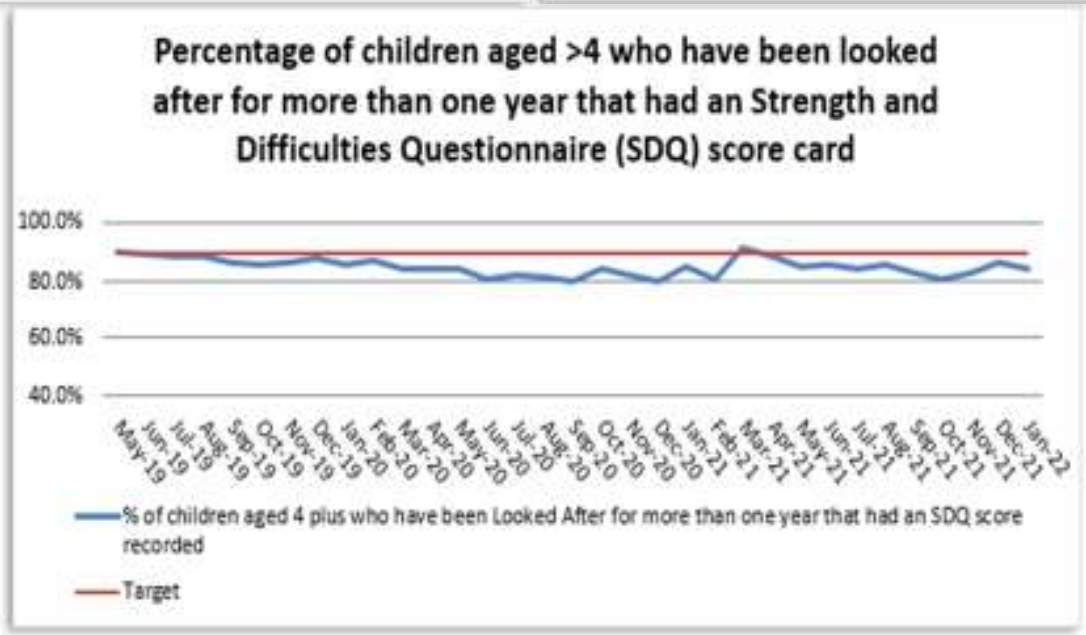






Quality Reporting as at January 2022

Continuing Health Care

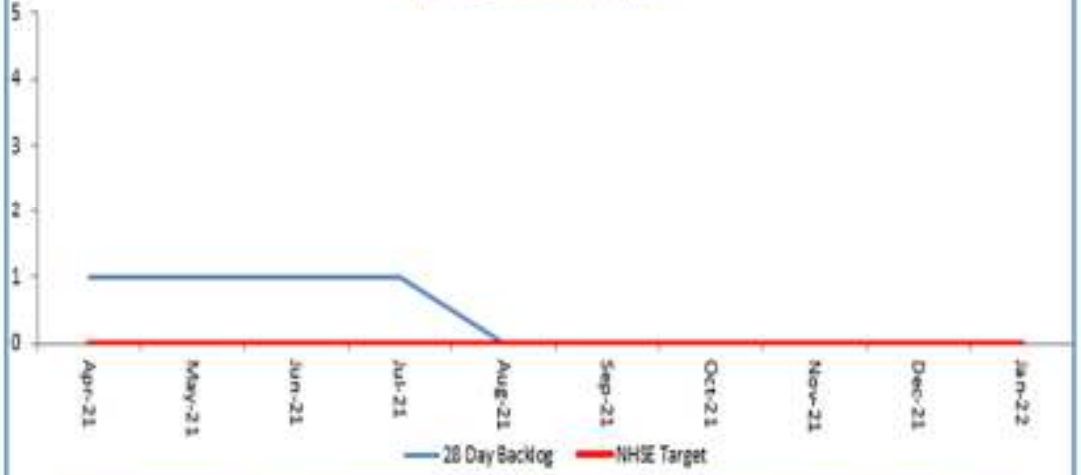
NHS Somerset Clinical Commissioning Group

CHC 28 Day Standard

(NHS England KPI)

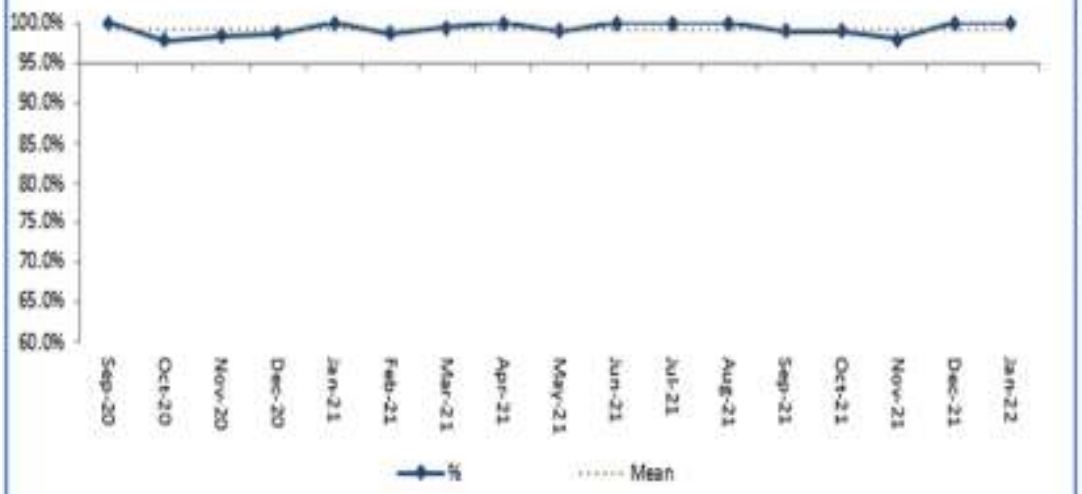
CHC 28 Day Backlog

(NHS England KPI - NEW 2021/22)

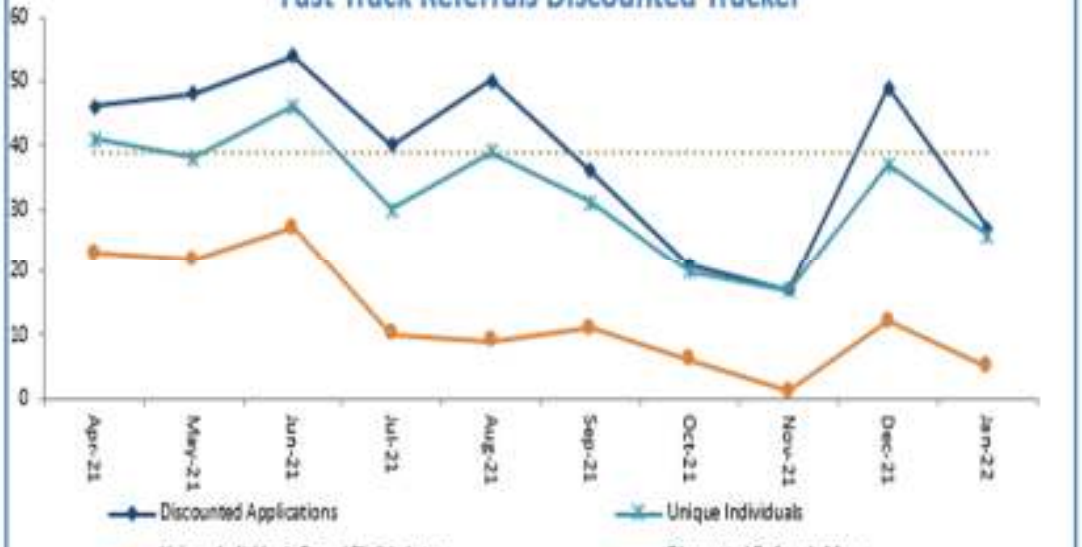


This KPI relates to those CHC Cases unconcluded on the last day of each month, where the Case is exceeding 28 days by 12+ Weeks.

% of Fast Track Referrals Ratified within 24 Hours



Fast Track Referrals Discounted Tracker



Quality Reporting

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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	December	January
HOHA (Hospital onset health care associated)	4	7
COHA (Community onset health care associated)	2	2
Primary Care	12	4

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	December	January
HOHA	1	1
COHA	0	0
Primary Care	1	0

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	December	January
HOHA	5	3
COHA	1	1
Primary Care	4	5

Quality Reporting

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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	December	January
HOHA	7	11
COHA	6	4
Primary Care	27	24

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

Pseudomonas	December	January
HOHA	1	0
COHA	0	0
Primary Care	1	2

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

Klebsiella	December	January
HOHA	4	2
COHA	1	0
Primary Care	12	8

Quality Reporting

NHS Somerset Clinical Commissioning Group

Falls:

- Somerset FT -The Trust are carrying out an overarching review of falls, to identify any themes.
- Due to system wide pressures it is thought that the steady high numbers of falls are related to bed pressures, increase in the acuity of patients, Covid-19 and social distancing requirements and an increase in sickness and absence.
- YDH FT -There has been a very slight decrease in falls this month and the Trust are still maintaining the improvement work with a Rapid Response Team attending falls, working in bays at night and many other differing projects across the organisation.
- There are concerns that the current pressures within the organisation may have a negative impact going forward with bed pressures, higher acuity (intensity of nursing care requraed by patient), Covid-19 isolation and social distancing and staff sickness and absence.

Venous Thromboembolism (VTE)

- Somerset FT – VTE assessments have increased but remain below target within the acute setting but have remained above the 95% target within the community.
- There has been a recent agreement for a VTE improvement programme to take place and further updates on this will be available by February 2022. There have been challenges in co-ordinating the improvement work due to the clinical leads required within clinical areas. A digital solution is being developed but this has been delayed due to not being able to technically meet need and the in house team are now reviewing and developing this, work ongoing for improvement without digital solutions continues.
- YDH FT -The trust have decided to continue with the current way of completing and auditing VTE, and are currently not going to a digital solution. They still remain above the 95% target.

Pressure Ulcers

Pressure Ulcers information for both the trusts will differ from previous results due to the validation work that is undertaken on each incident.
The trusts are looking at introducing a rapid review process similar to the falls process to improve pressure ulcer rates.

- Mental Health have reported zero cases of pressure ulcers for the last 6 months.
- Somerset FT - The Pressure Ulcer Networking Group has re-started and this will focus on education and prevention in the community. There is a need for wider collaborative working, and the first meeting was successful in this and there are high levels of engagement to improve the community situation.

- YDH FT - It is thought that a rise in pressure ulcers may be due to the pressures within the Trust regarding bed pressures, higher acuity of patients, sickness and absence and the impact of Covid-19; a review is taking place.

Mandatory Training

- Somerset FT - Mandatory training continues to improve, going above the 90% target. This is due to a review of the training needs and a change in the delivery of the training.
- YDH FT - Mandatory training continues to be under the 90% target, the Trust is working to improve this where possible. Clinical demand remains a challenge against completing mandatory training.

Nutritional Screening

- Somerset FT - Nutritional screening assessments have decreased this month within the acute setting and have had a significant increase within the community settings. The decrease again this month is due to the increased unprecedented demand and pressures such as staff sickness/absence, the number of patients admitted as well as increase in patient acuity (the intensity of nursing care required by patient)
- YDH FT - Nutritional screening remains below the 90% standard. The Trust has changed the process for how this data is captured with Vital Pac and Fundamentals of Care audits. Following discussions with the Trust this is highlighted to the Board and discussed widely at various meetings Focused work has been carried out on EAU (Emergency Assessment Unit) and has shown staff are getting used to the new system.).

Integration of the Nutrition and Hydration groups across both organisations, looking at improvements and training.

Quality Reporting

NHS Somerset Clinical Commissioning Group

Mental Health

The “percentage of patients on Care Programme Approach who have received an annual review” has increased from 94.6% in Dec to 96.4% in January. This was a national reporting requirement, being part of the Monitor Risk Assurance Framework and has now been stood down although SFT still continue to monitor. Regarding the changes in the CPA Programme (see hyperlink below), SFT has confirmed that SFT Mental Health & Learning Disabilities are progressing with work to overhaul this area in respect of care planning and will be moving away from the former CPA monitoring model. All should be in place on or before March 2022.
https://www.england.nhs.uk/wp-content/uploads/2021/07/Care-Programme-Approach-Position-Statement_FINAL_2021.pdf
The “percentage of patients who waited <=24 hours to be seen by Home Treatment Team” performance in January is 97.9%, this is a increase from the performance in Dec of 96%. The SFT raw data report shows the fluctuating nature of this measure as it is impacted on by demand on the team by the wider Somerset system.

Workforce
The trusts sickness and absence has increased, placing pressures on the organisations, due to Covid-19, isolation and working pressures, it is unlikely that there will be a decrease within these rates. The trusts have invested greatly in health and wellbeing for staff and are supporting staff where needed.

Children Looked After (CLA)
Initial Health Assessments (IHA) within 28 days: Of the 5 children whose assessments were not completed on time, 3 were due to out of area capacity issues, 1 was rearranged on request from the child’s Social Worker and 1 was due to capacity issues at YDH FT. The CCG is working with YDH FT to address the service delivery issues there. Ongoing dental access issues have been escalated to NHSEI SW by the CCG and we are awaiting confirmation about the use of Dental Access Centres to deliver routine dental assessments (see chart for dental check for children looked after on slide 10) .

Number of children who became Looked After in November 2021 - **15**
Number of children who left care before 20 working days - 0
Number of children who were offered but declined an Initial Health Assessment - **0**
Total number of children eligible for an Initial Health Assessment - **15**
Total number (and percentage) of children **offered** an Initial Health Assessment within 20 working days - 12 **(80%)**
Total number (and percentage) of children who **received** an Initial Health Assessment within 20 working days - 10 **(66.6% of total number of children who became looked after in month)**

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

28 Day Standard
Summary of CHC performance attainment against this KPI since Quarter 1 2018/19. Monthly performance attainment since June 2021 has consistently been in excess of the 80% target, with performance in January 2022 being recorded at 95%.

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

Primary Care

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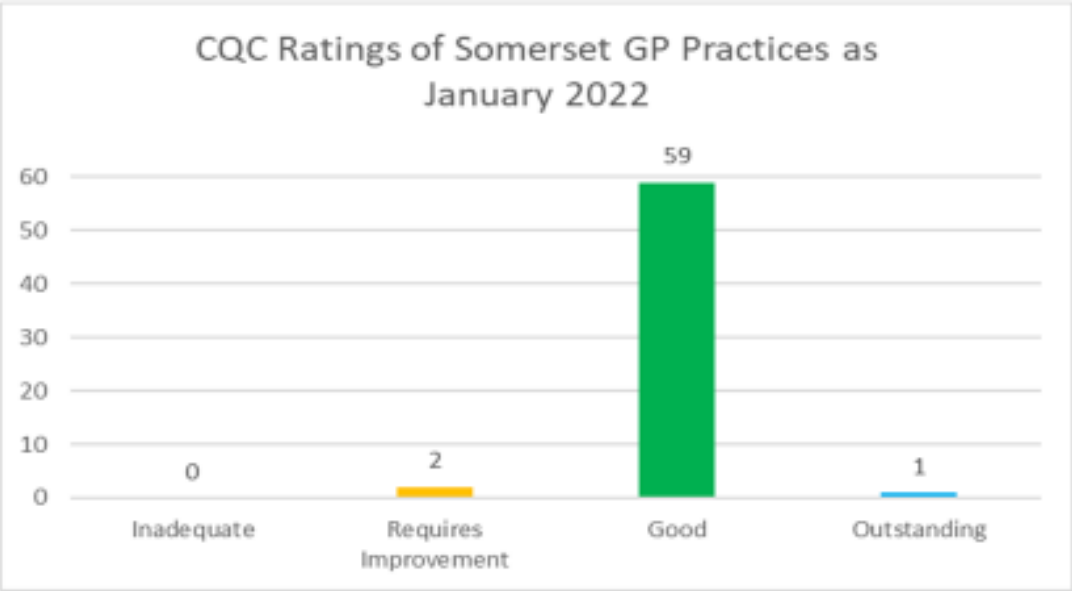

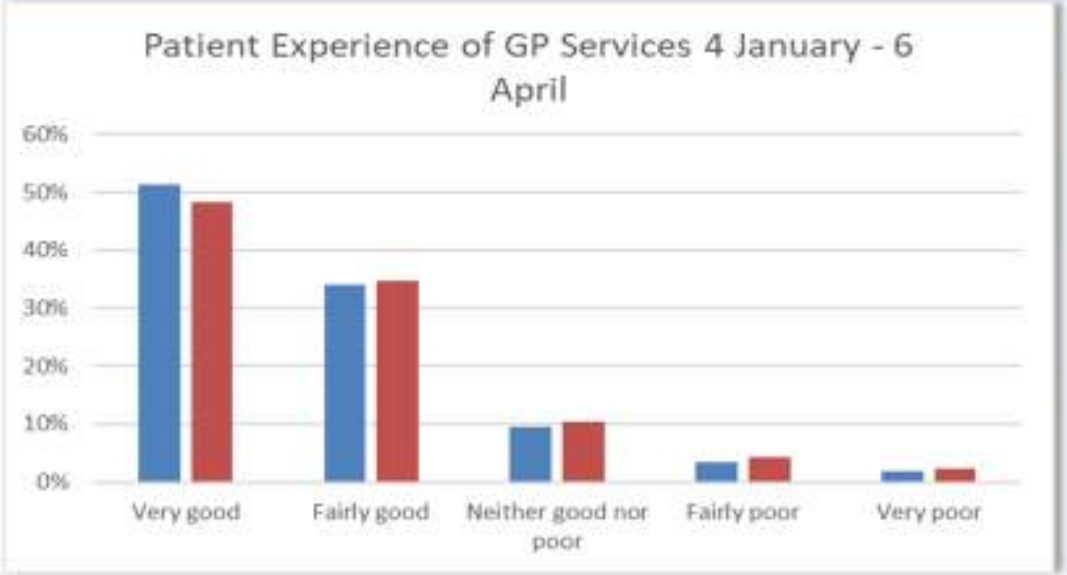

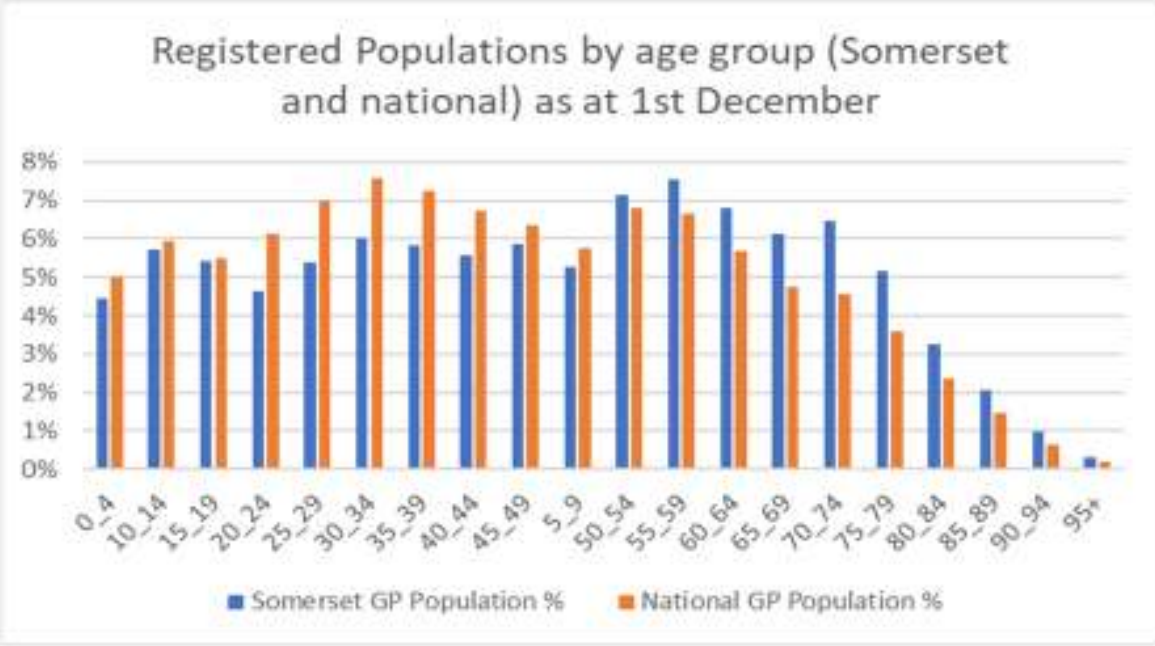

Primary Care

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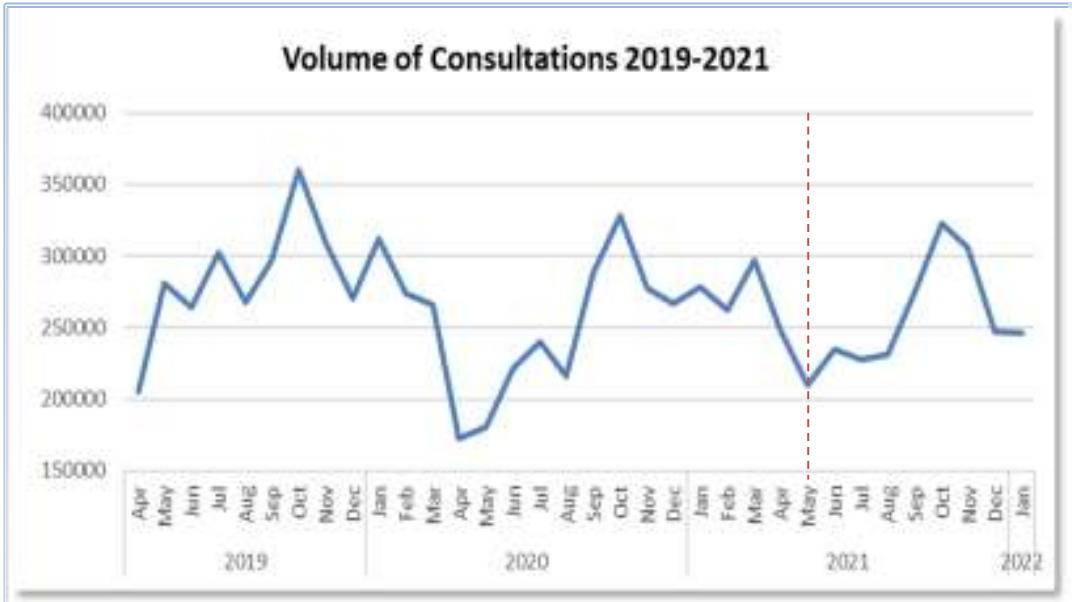

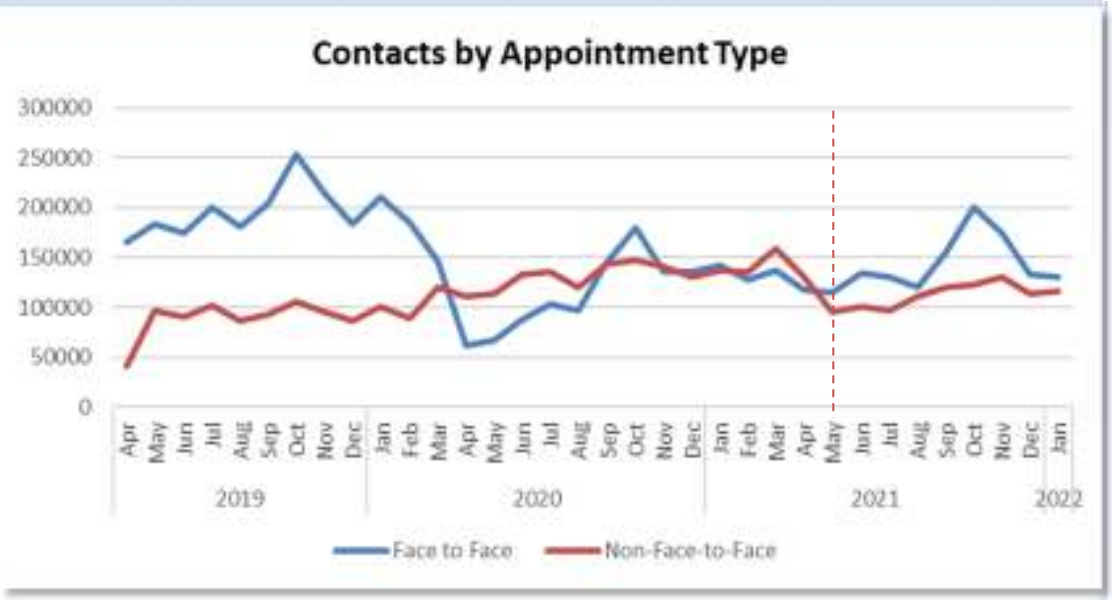

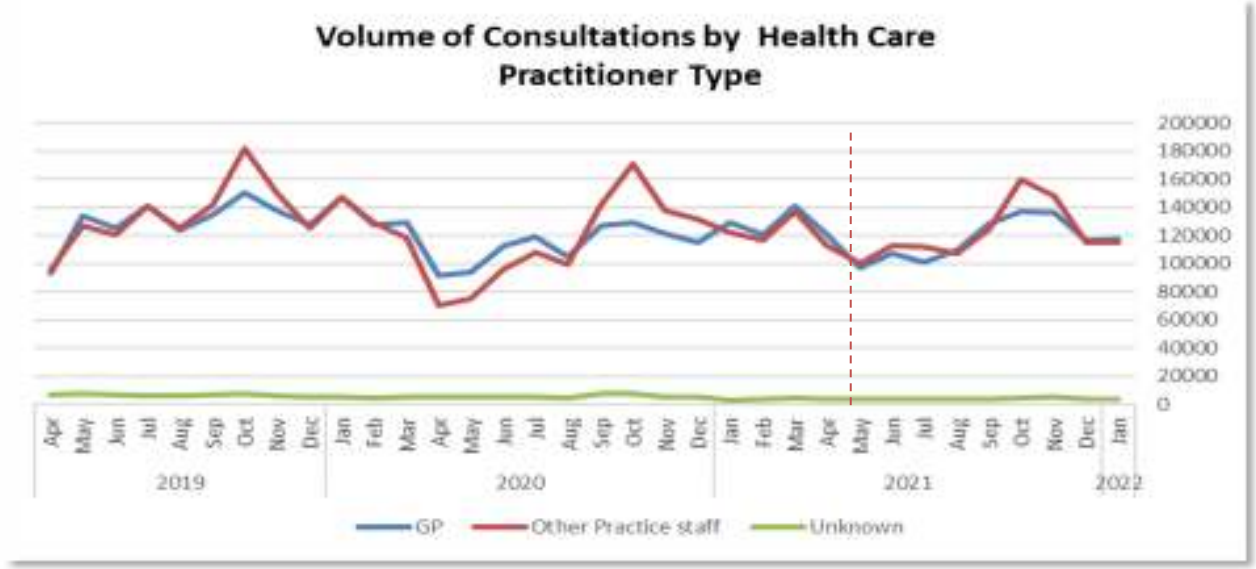

Please Note: GP appointment Data from May 2021 onwards is incomplete, this is due to the National System under-reporting for Somerset. This is signified on the graphs by the red dashed line

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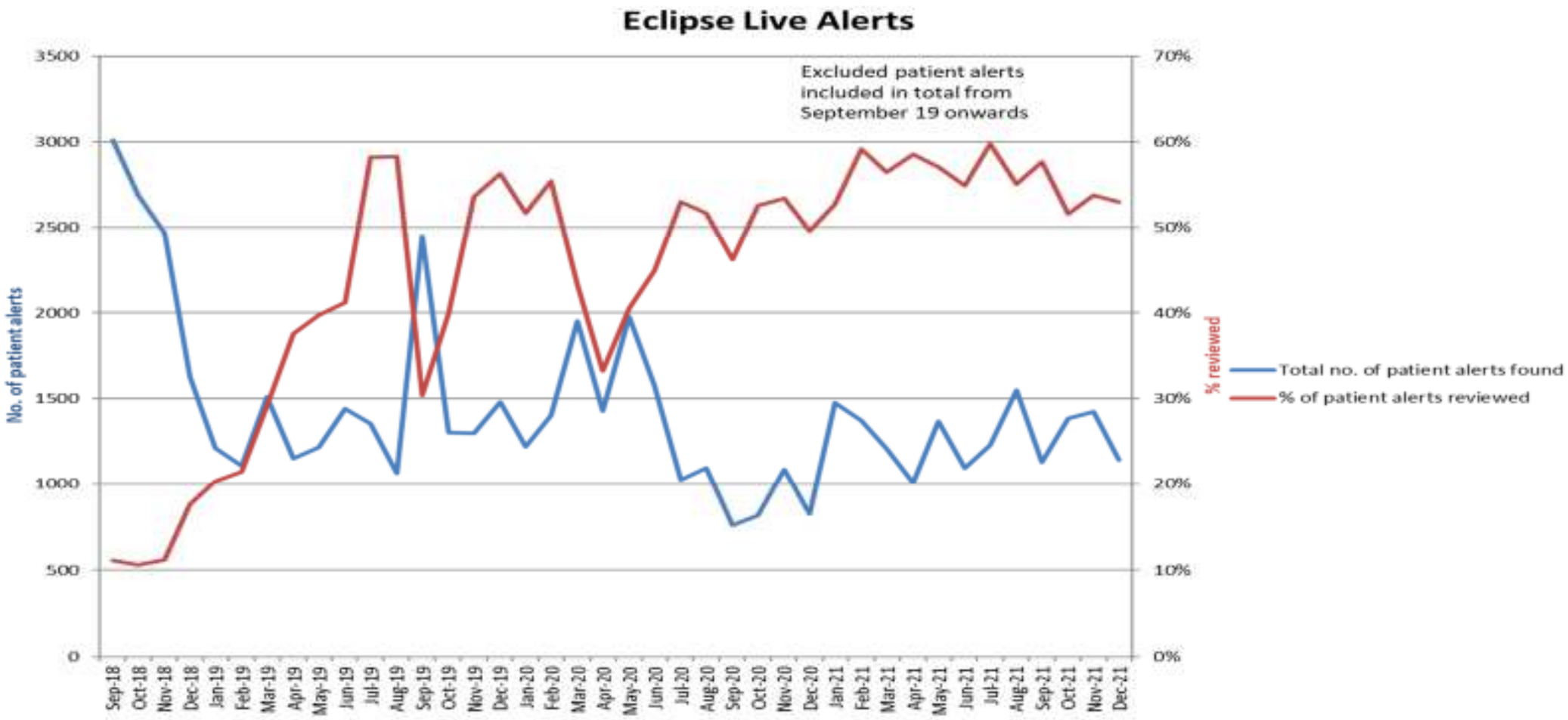

Primary Care

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General Practice continues to be extremely busy however since May 2021 the national Primary Care Consultations (GPAD) data published by NHS Digital is not reflecting this position which is due to not all practices in Somerset being reported. Whilst it is recognised that this dataset is experimental and is still in the testing phase we have escalated the coverage issue to NHS Digital To address this issue Somerset CCG has established a Primary Care Data reporting group who are meeting fortnightly to review data quality / completeness, alternate data sources and softer intelligence in order to better understand Primary Care demand.

CQC ratings
We continue to have no practices rated 'Inadequate'. We have two practices rated as 'Requires Improvement'; Burnham & Berrow Medical Centre and Frome Medical Practice.

Patient experience
Somerset continues to perform better than the national result on overall patient satisfaction with GP services. A comprehensive programme of access improvement is being overseen by the Primary Care Commissioning Committee. This is also part of the national GP Access Plan and associated Winter Access Fund.

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

Consultations
Patient demand is high. Patients who need to be seen face to face continue to receive this type of appointment, which constitutes 52.8% of consultation types as at January 2022. The busiest days for all appointments in January were Wednesdays, Thursdays and Fridays. Approximately half of the GP practices reported OPEL 3 (Operational Pressures Escalation Levels) levels, where demand/staff absence is sufficiently high that daily workload cannot be managed even with available additional resources; the practice can cope short term but is likely to utilise other services more than usual

Medicines management
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 maintain the safety of prescribing by supporting practices to review safety alerts identified by the Eclipse Live system. Despite the impact of COVID and workforce pressures in primary care the weekly reviews of these alerts – looking at 500 different safety algorithms has been maintained at a steady rate. For our population of ~580,000 patients just over 1,000 alerts per month are being identified and over 50% recorded as being reviewed by the practice.

Emergency – NHS 111 Performance

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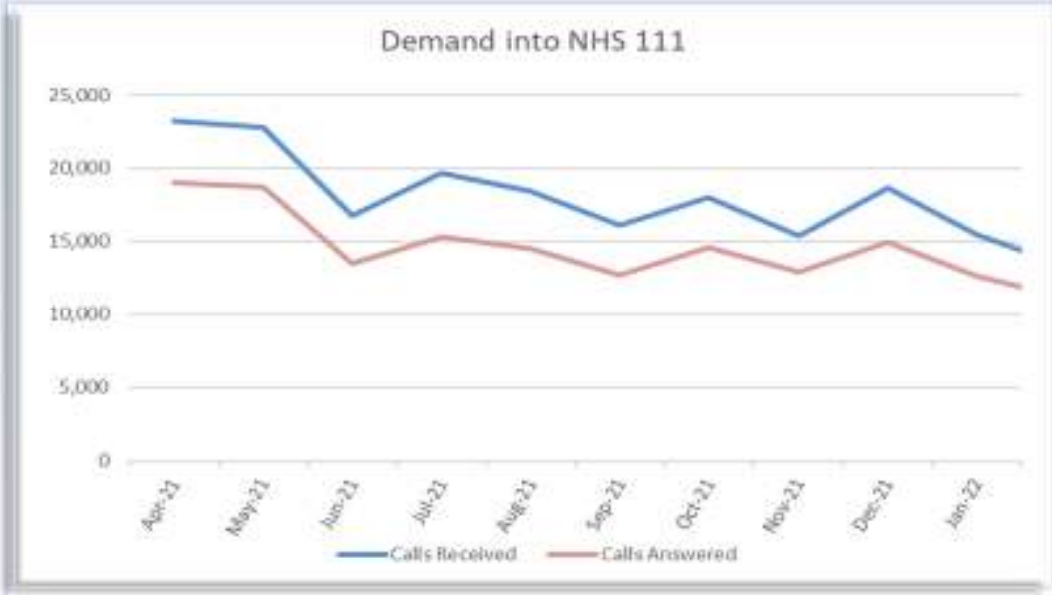
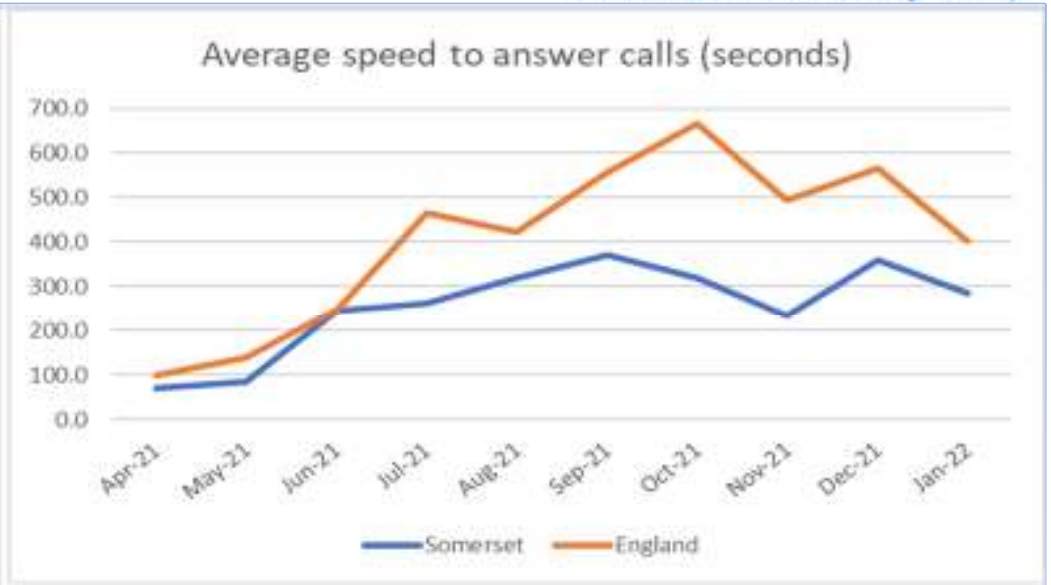
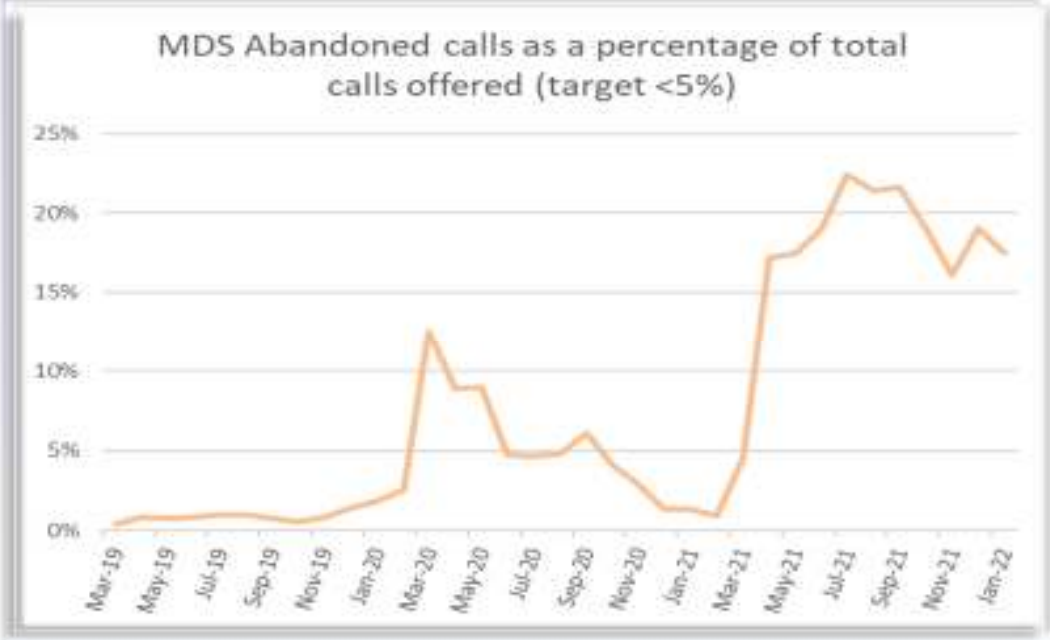
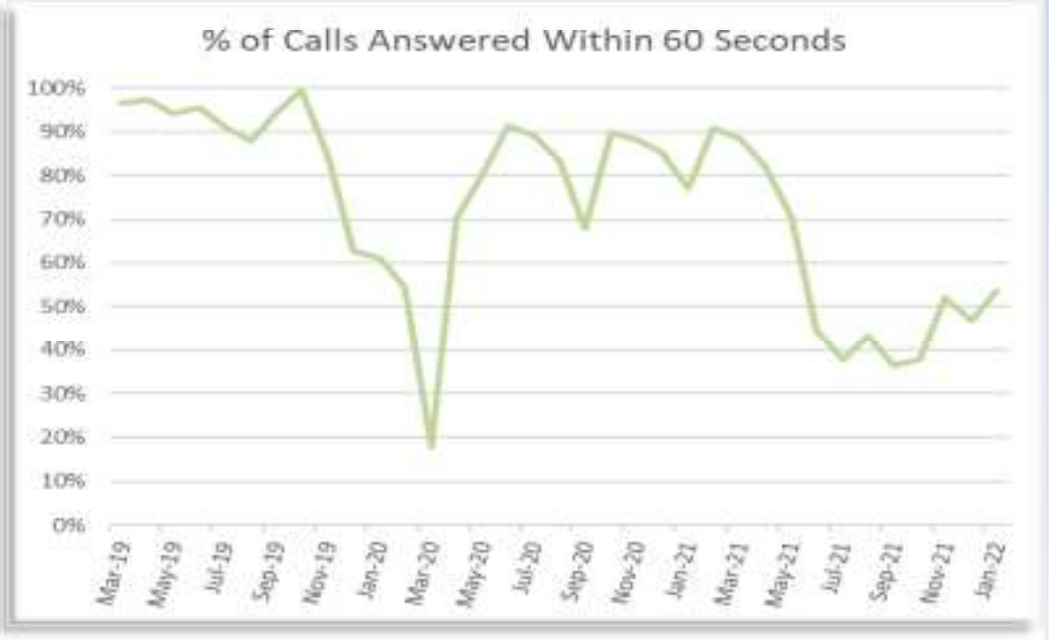
Clinical Commissioning Group









Emergency – NHS 111 and Integrated Urgent Care Service

NHS Somerset Clinical Commissioning Group

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

Performance – Background Information
Information in relation to Somerset IUCS featured in this report includes the provisional statistics for January 2022 so may be subject to change once the final version is published by NHSEI. England average is quoted for some metrics in this report but due to a number of IUC providers (not including Devon Doctors) still not providing a complete data set to NHSEI any comparison with England average must, for the moment, be viewed with some degree of caution

The IUC ADC (Integrated Urgent Care Aggregate Data Collection) data set changed in April 2021 with a revised list of key performance indicators. As indicated by NHSEI a number of these are 'Established' being unchanged KPIs with expectation of attainment to standards from April 2021 and others are 'Developmental' being new data items/KPIs which will take some time to bed in and understand the current attainment of standards. The IUC ADC has been reviewed nationally throughout 2021/22 and a revised set of metrics including KPIs go 'live' 1 April 2022.

Improvements to Data Integrity
Devon Doctors, as part of a IUCS provider-wide programme led by the NHSEI IUC ADC Team, is undertaking a complete review of it's IUC ADC submissions for 2021/22 and revising methodology accordingly. As a consequence, IUC ADC data is being re-submitted. The performance noted on the KPIs quoted on the next slide, therefore, are subject to change due to this process. The CCG Commissioning Manager and Performance Team has met and continues to work with Devon Doctors and NHSEI to understand the process and impact on reported performance.

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 continues to be 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. In addition further ongoing pressures result from staff abstractions be it through attrition; lower than anticipated recruitment particularly in the field of clinical advisors; or sickness (including Covid-19 related). 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. After a national review of the impact of this message on 111 telephony activity during February 2022, it continues to be active 24/7.

Integrated Urgent Care

NHS Somerset Clinical Commissioning Group

As with other services Somerset IUCS continues to meet ongoing rota fill challenges. This is for a number of reasons including Covid-19 related absence; clinician fatigue; home visiting paramedics working extra shifts within the 999 service; annual leave. Devon Doctors is mitigating this through ongoing incentives across all clinical roles further supported by additional national investment provided to the service (including 111 element) during 2nd half of 2021/22. Mutual aid is also provided via the Devon IUCS service at times: an arrangement reciprocated with Somerset IUCS also lending support on occasions. In addition, DDOC continues with its clinical resourcing and recruitment work, on which the CCG received an update at the Monthly Contract Review Meeting (MCRM) on 26 January 2022 (next update due 28 April 2022 meeting) with the CCG currently supporting Devon Doctors to explore rotational clinical roles with UEC and primary care system partners.

Despite these shift fill challenges DDOC continues to perform in line or better to England average for the triage (KPI5b and KPI5c) except for KPI5a (call backs within 20 mins) which is under England average. Overall triage performance continues to be monitored throughout the month and KPI5a performance and challenges to limiting improvements in this metric is discussed with DDOC via the MCRM process.

- 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 52.1% in December compared to a national average of 52.3%. Based on current provisional data, January's performance was 53.8% compared to a national average of 38.1%.
- In relation to KPI1 (established): calls abandoned (meaning that of the 111 calls received and reaching 30 seconds after being added into the queue for an advisor, how many callers hung up before they were answered); in December the performance was 19.9% compared to an England average of 23.3%. From current provisional data, performance in January was 17.6%.
- Regarding KPI2 (developmental): 'average speed to answer' (which replaces the previous 'calls answered within 60 seconds' metric) performance was at 360.15 seconds in December, compared to a national average of 565.13 seconds. Based on current provisional data, performance in January was 288.41 seconds.

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

- KPI5a: 64.3% of patients offered a call back within 20 mins (immediately), who received a call back within 20 mins. December's performance was at 24.5% (34.8% England average).
- KPI5b: 76.1% 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. December's performance was at 41.8% (36.9% England average)
- KPI5c: 66.2% of patients offered a call back within a timeframe over 1 hour, who received a call back within the specified timeframe. December's performance was at 57.9% (54.1% England average)
- KPI16 (developmental): In November 2021 70.8% of patients received a face-to-face consultation at their home residence within the specified timeframe against the 95% target. December's performance was at 73.5% (78.9% England average).
- KPI17 (developmental): 91% of patients received a face-to-face consultation in an IUC Treatment Centre within the specified timeframe against the 95% target. December's performance was at 84.4% (85.3% England average)

NHS Somerset Clinical Commissioning Group

Devon Doctors CQC Inspection Nov 2021 (published 11 January 2022)

- CQC carried out an announced comprehensive inspection at Devon Doctors on 3, 4 and 5 November 2021 with a focus on reviewing improvements required from previous inspections
- A final published copy of Devon Doctors CQC inspection report is now available and CQC has rated the service as "requires improvement overall". Previously inspectors rated Inadequate, and are no longer in 'special measures'.

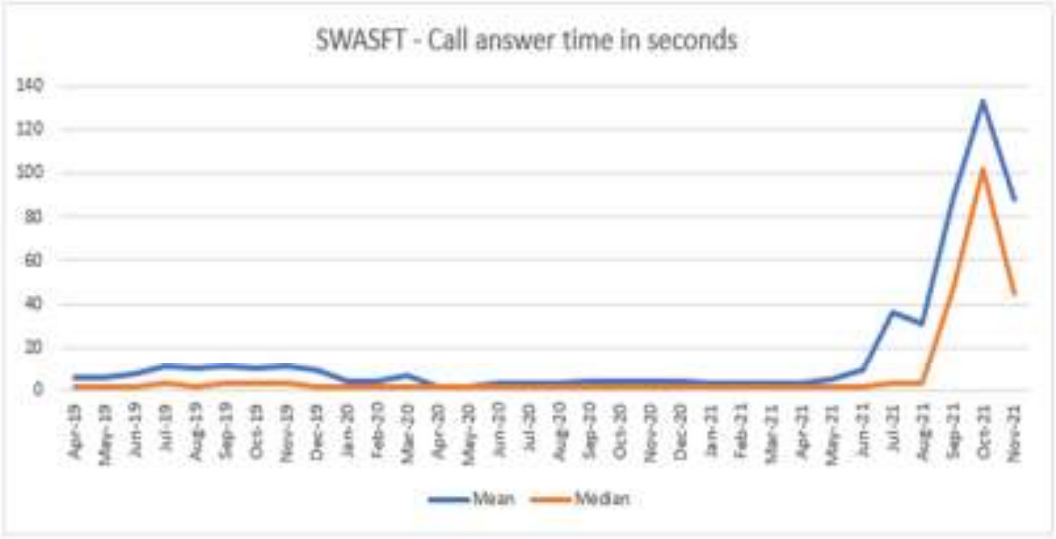
Key Questions	Aug 21	Nov 21
Are services safe?	Requires improvement	Requires improvement
Are services effective?	Inadequate	Requires improvement
Are services caring?	Requires improvement	Good
Are services responsive?	Requires improvement	Requires improvement
Are services well – led?	Inadequate	Requires improvement

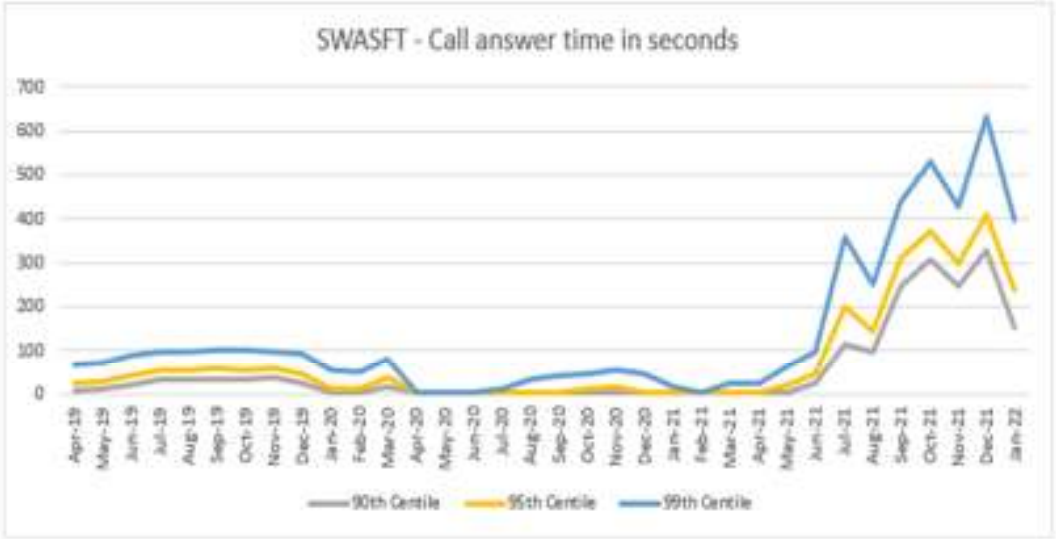
Some key area where the inspectors found improvements:

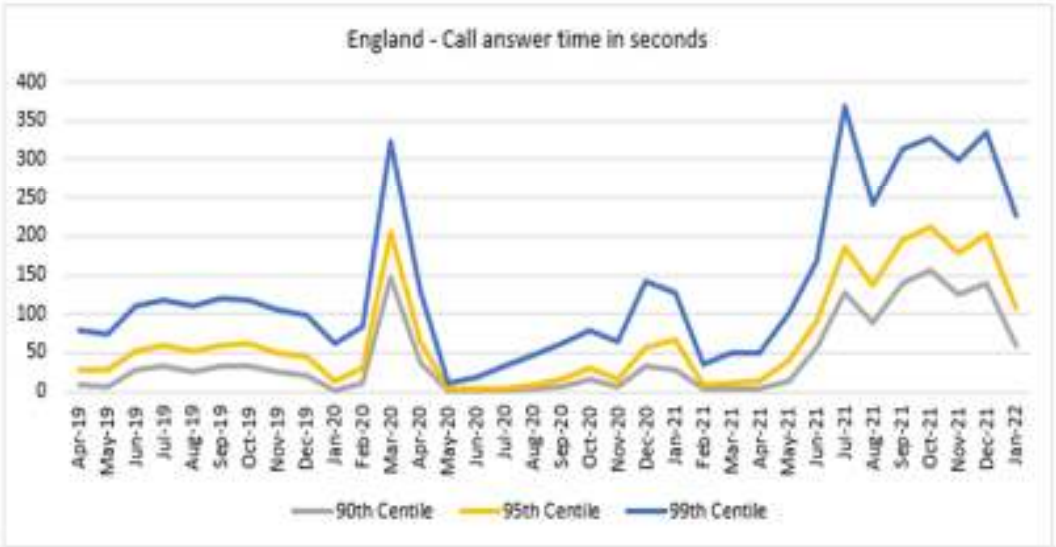
- Prioritising safeguarding to minimise risk to patients. All staff have received appropriate training for their roles.
- Work was ongoing in the recruitment of sufficient staff numbers to provide the service. There were still issues with high staff turnover, but changes had been made to the recruitment process and there was a broader range of opportunities for allied health professionals.
- Regular monitoring of staffing levels and performance occurred. The service aimed to minimise risk to patient whenever possible, if there were insufficient staff to operate all of the sites.
- Risks to patients were assessed, monitored and managed to maintain patient safety.
- The whole of the board and governance structure had been reconfigured.
- Systems had been implemented to monitor learning; further development was needed to ensure these were embedded in practice.

Emergency – SWAST Performance

NHS Somerset Clinical Commissioning Group



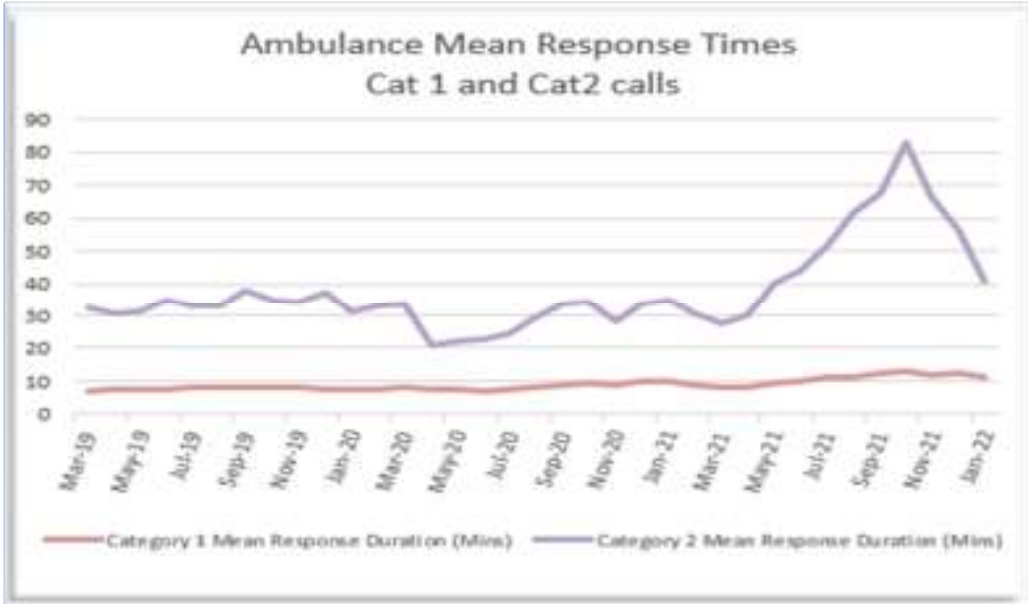


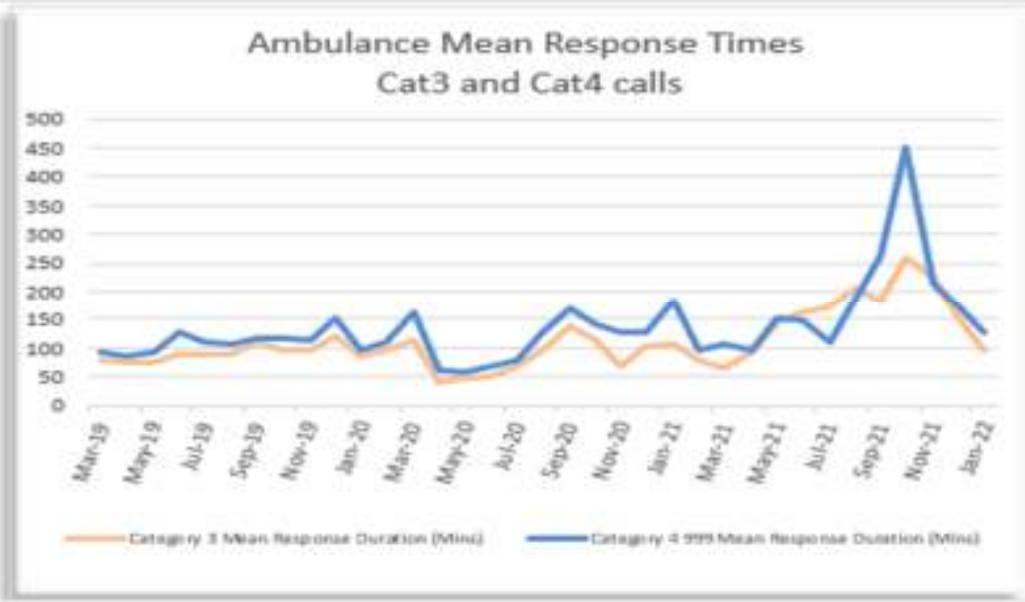


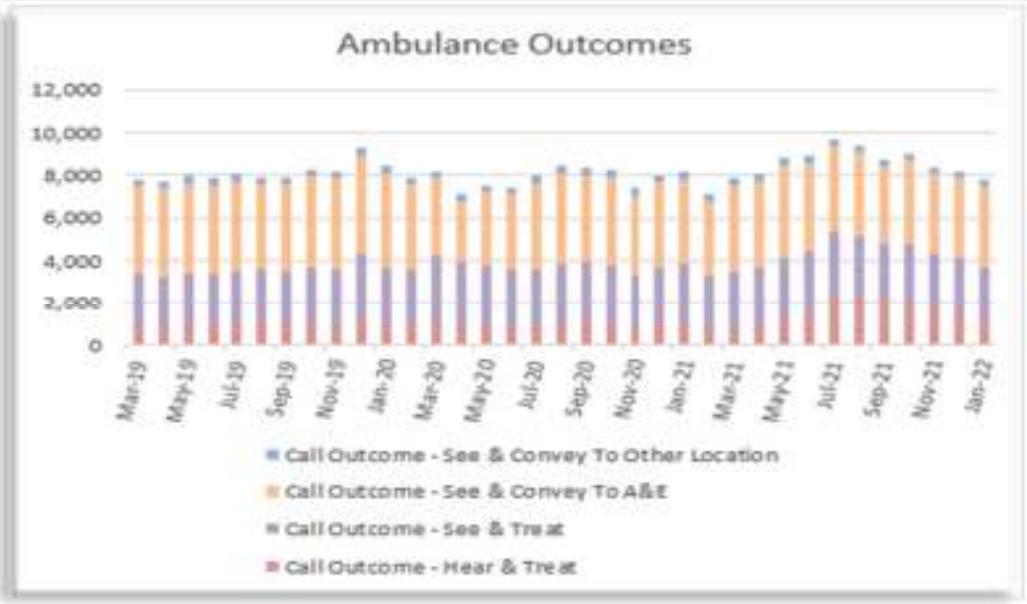
A median call answer time of 7 seconds means that half the calls were answered in less than 7 seconds. The median is identical to the 50th centile. A 90th centile incident response time of 13 minutes means that 9 out of 10 incidents were responded to in less than 13 minutes.

Emergency – SWASFT Performance

NHS
Somerset
Clinical Commissioning Group







Emergency – SWAST Performance

NHS Somerset Clinical Commissioning Group

Ambulance Response Times

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

Month 2020/21	Cat 1 (Mean 90th Percentile)		Cat 2 (Mean 90th Percentile)		Cat 3	Cat 4
	7 Mins	15 mins	18 mins	40 mins	120 mins	180 mins
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
October	13.3	23.9	82.9	169.3	691.3	975.6
November	11.9	21.9	66.3	137.6	583.7	418.7
December	12.2	22.3	56.1	119.1	406.9	334.9
January	10.9	19.8	41.2	87	252.1	352.8

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 October, November and December but has improved slightly in January for Cat 1, 2 3

Emergency – SWAST Performance

NHS Somerset Clinical Commissioning Group

Handover delays

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

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

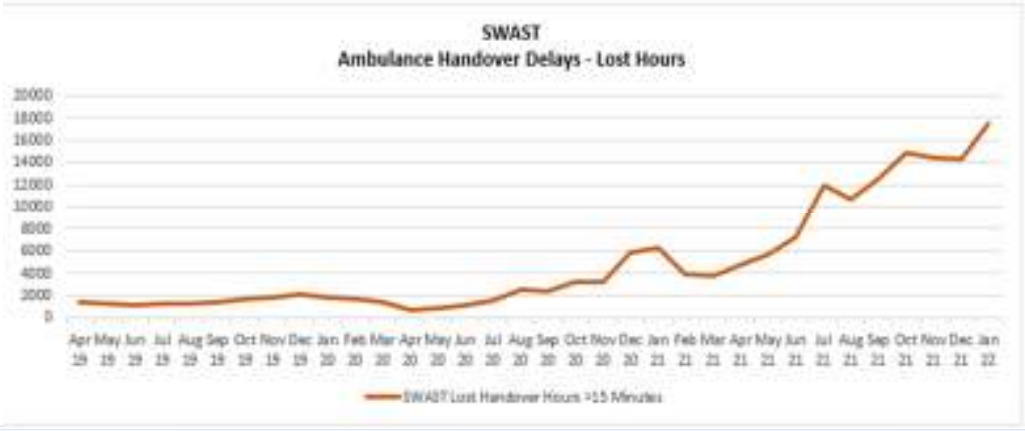
In November SWAST had a total of 14,389 lost ambulance hours
In November Somerset had a total of 507 lost ambulance hours

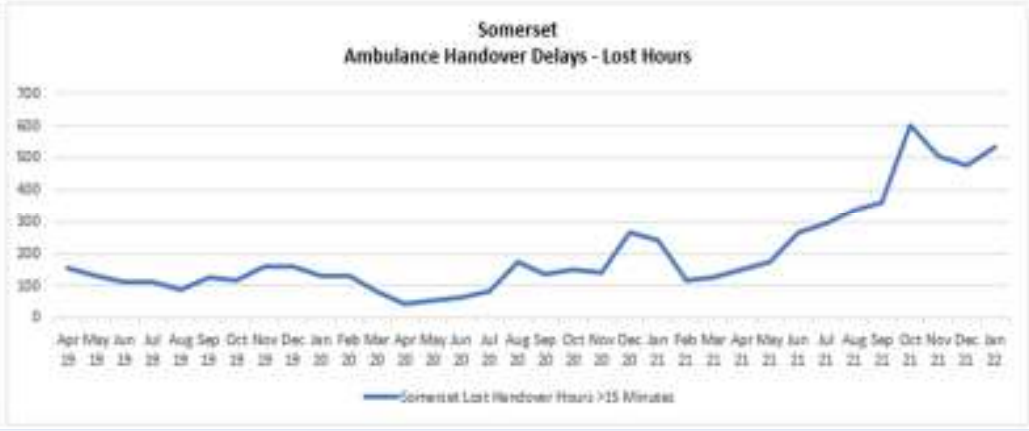
In December SWAST had a total of 14,328 lost ambulance hours
In December Somerset had a total of 478 lost ambulance hours

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

The Trust is working with regional and system partners to increase the traction in reducing handover delays. The aims are to maximise every opportunity to avoid patients attending ED, and to ensure efficient and effective processes are in place when patients do attend. It is a clinical, quality and safety piece of work with senior members of the acute trust and system, including SWASFT, coming together regularly to identify the work required;
Onsite hospital ambulance and liaison officers (HALO) have been deployed to manage the hospital – ambulance interface, coordinating and expediting speedy handovers

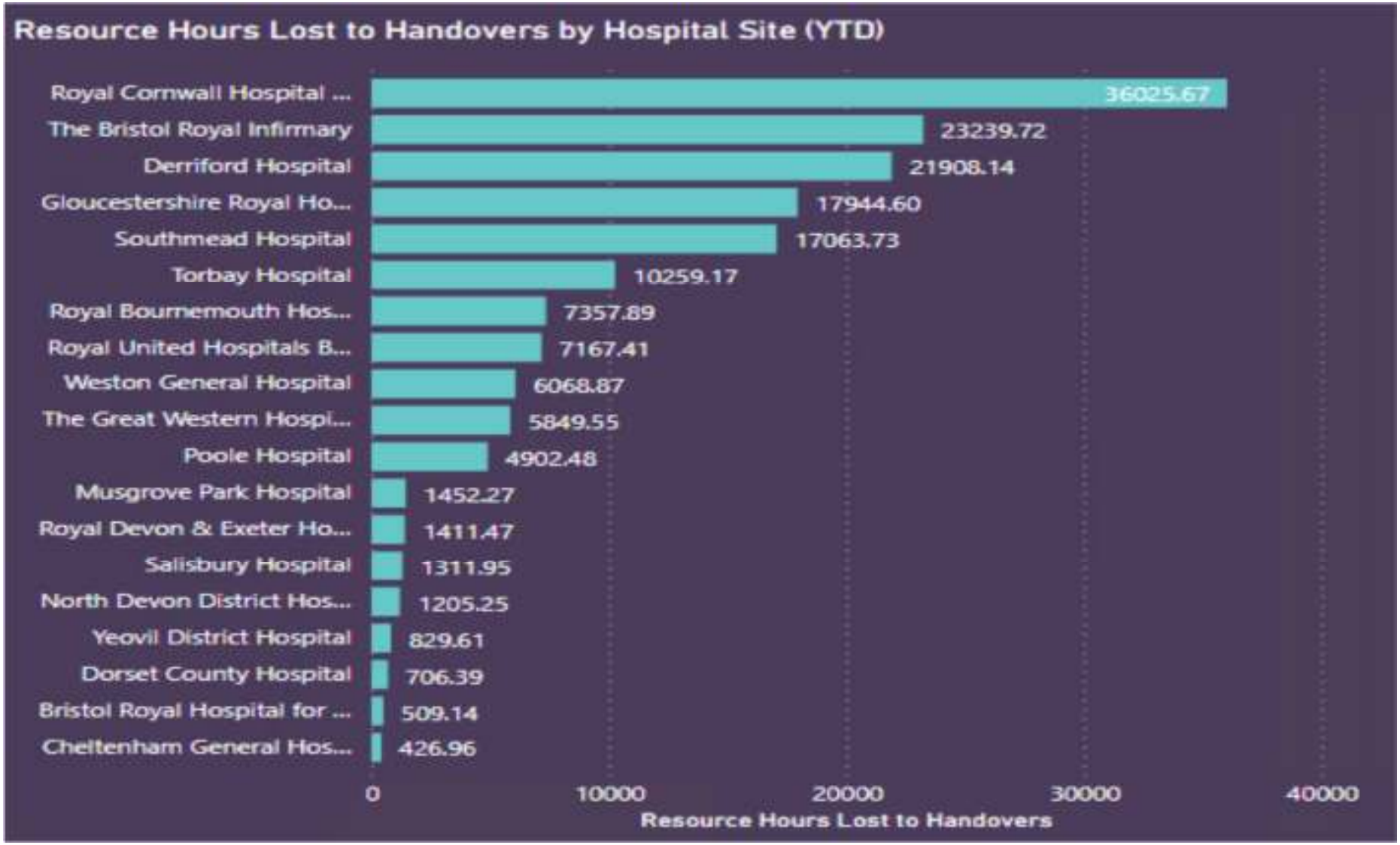
In addition, a pilot is taking place at the Bristol Royal Infirmary and Treliske Hospital to immediately hand over a patient and release ambulance crews at such times when a hospital is in escalation. This will allow nearby ambulance resources to be deployed and respond to a Category 1 call





Resource Time Lost across all hospitals

NHS Somerset Clinical Commissioning Group



Emergency – A&E

NHS
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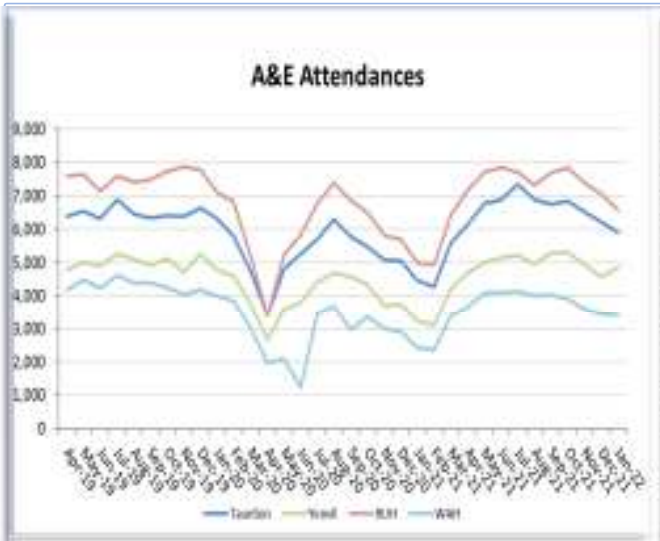
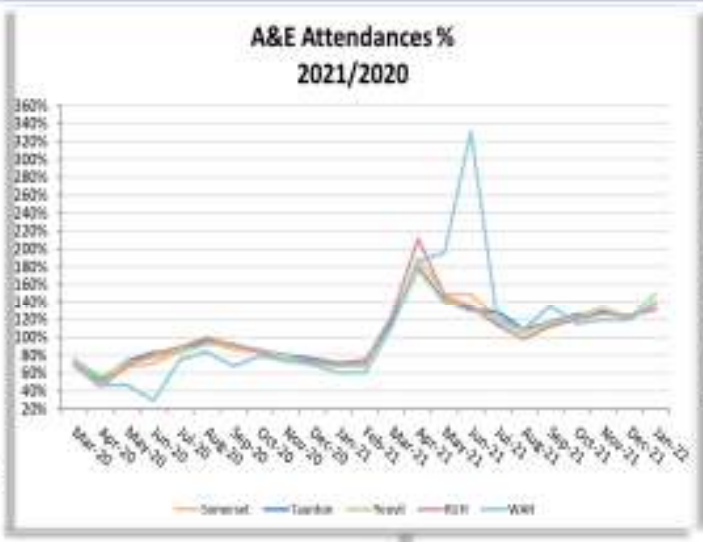
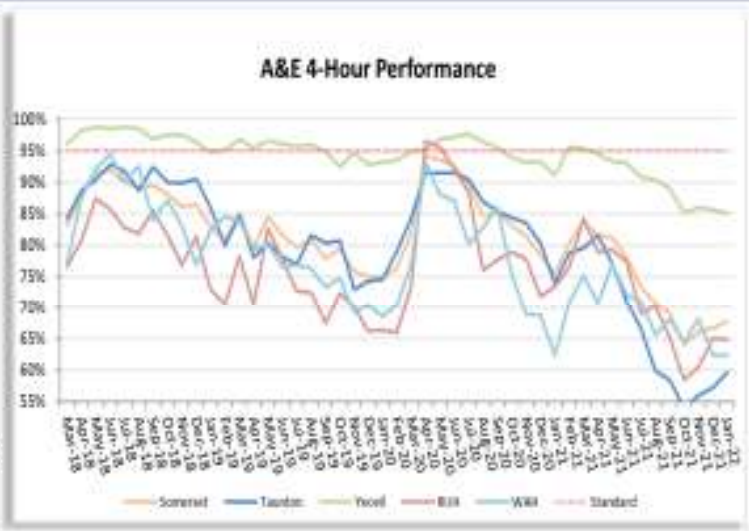
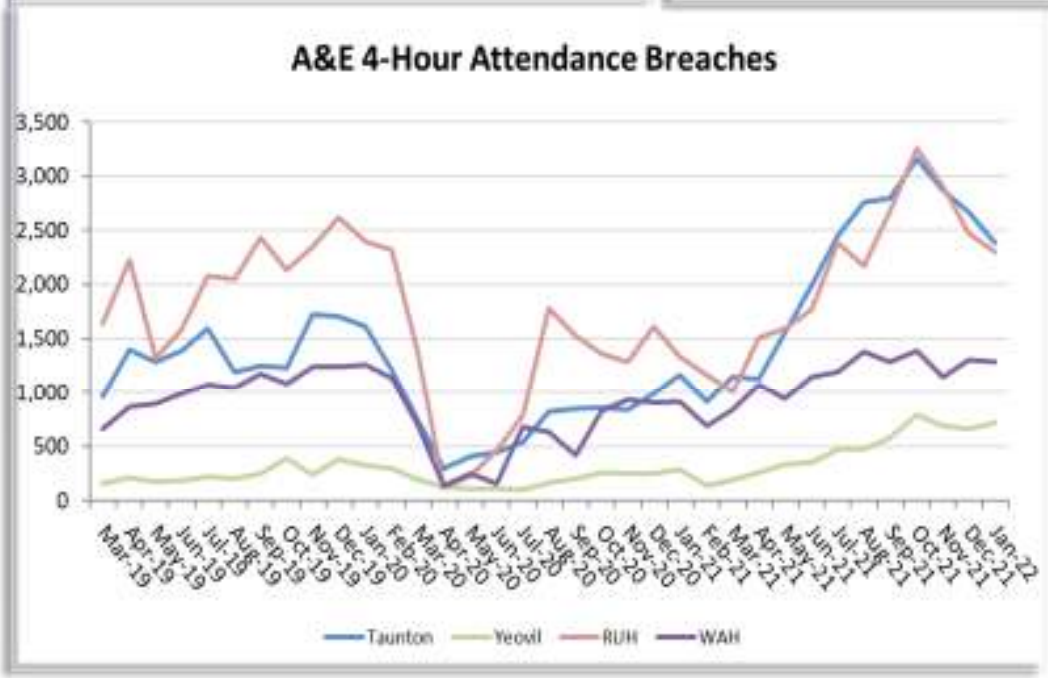
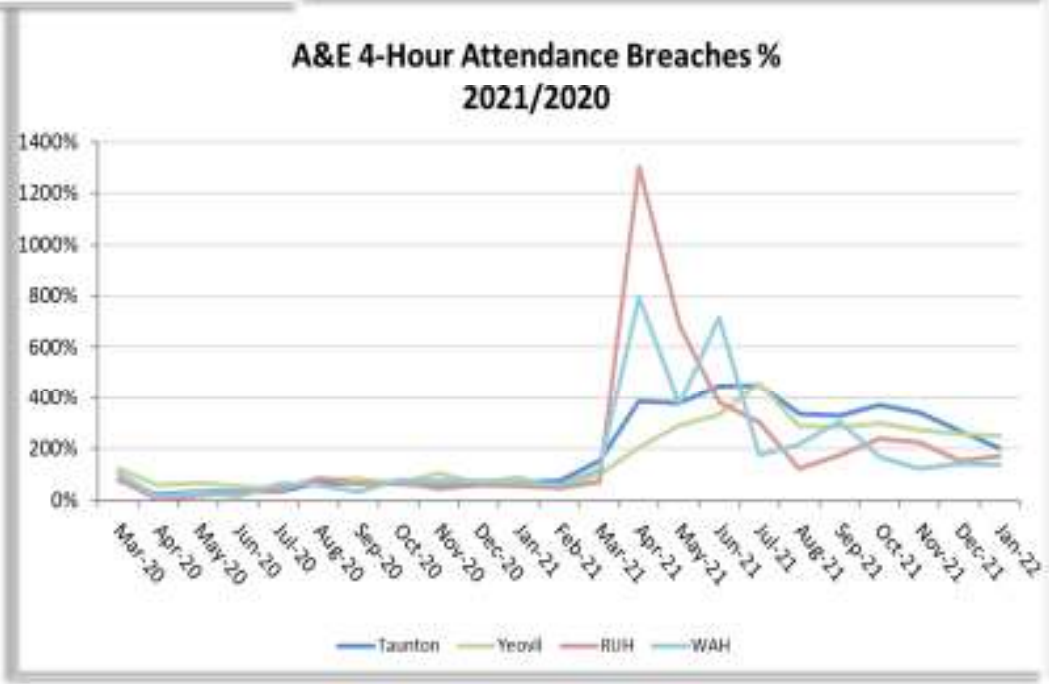










Emergency – A&E

NHS Somerset Clinical Commissioning Group

Somerset: the number of patients attending A&E Departments in January were 7.7% lower (-1,722) than in the last reported month of November 2021
During the cumulative period April-January there were 229,041 attendances. This was 1.6% lower (-3,768) in volume compared to the same period in 2019/20
The 4-Hour performance in January was at 67.7% and during the cumulative period (April – January) was 71.9%, lower than the same period in 2019/20 (78.9%)

Somerset FT: The number of patients attending the A&E Department in January was 9.4% lower (-614) than in the last reported month of November 2021
During the cumulative period April-January 2021, there were 66,278 attendances. This was +2.5% (+1,592) higher in volume compared to the same period in 2019/20 (64,686)
4-Hour performance in January was 59.6% and during the cumulative (April-January) period was 64%, lower than the same period in 2019/20 where performance was 78%

YDH FT: The number of patients attending the A&E Department in January was 2.1% lower (-106) than the previous reported month of November 2021.
During the cumulative period April-January, attendances were 0.3% higher (+142) compared to the same period in 2019/20 (50,029)
4-Hour performance in was 85.2% and during the cumulative period April-January was 89.3%, lower compared to 2019/20 April-January cumulative period of 94.8%

RUH Bath: The number of patients attending the A&E Department in January was lower in volume -10.9% (-807) compared to the last reported month of November 2021
During the cumulative period April - January, attendances were -1.4% (-1,067) lower than the same period in 2019/20. 74,310 compared to 75,377
4-Hour performance in January was 64.9% and during the cumulative period of April-January was 68.9%, lower compared to the same cumulative period of 2019/20 of 71.8%

UHBW: The number of patients attending the Weston site A&E Department in January was 3,604, -5.4% lower (-195) compared to the last reported month of November 2021
During the cumulative period April - January, attendances were 10.3% lower (-4,435), than the same period in 2019/20
4-Hour performance in January was 62.3% and during the cumulative period of April-January was 68.2% compared to the same cumulative period of 2019/20 of 74.6%

Challenges

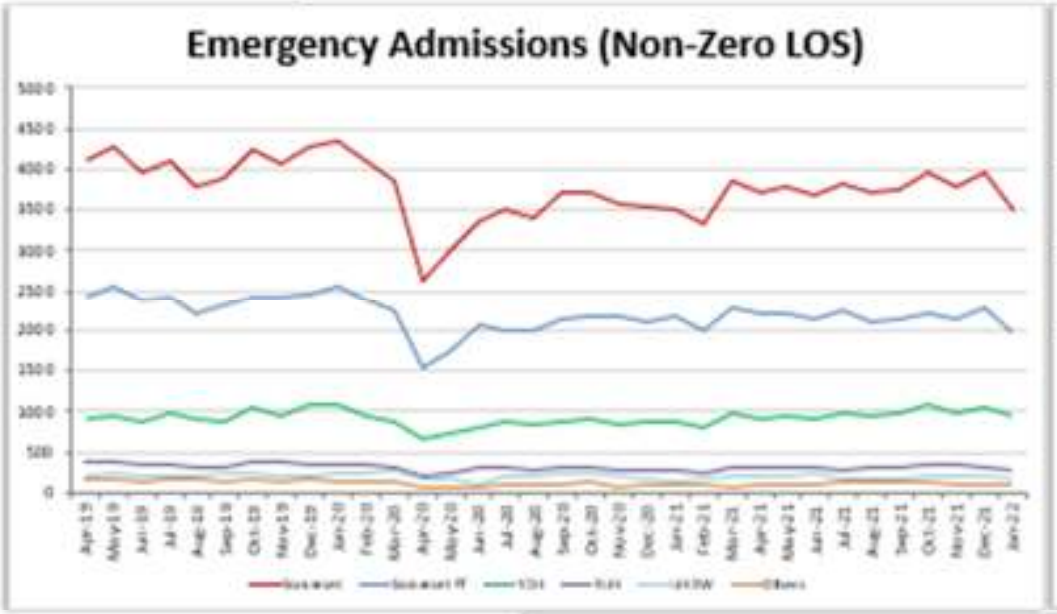
- Somerset FT: Covid-19 admissions have increased but levels remain lower than the second wave of the pandemic. High level of attendances and increase in patient acuity.
- YDH FT: Higher number in presentations of acutely ill patients as well as with minor ailments. Increase in minor activity where the patient did not have emergency need.
- RUH Bath : Whilst pressure remained significant all month, between the 31st of December and14th January the RUH declared an Internal Critical Incident. This was driven by a surge in Omicron COVID variant cases. (as per RUH board report) Performance was further impacted by ambulance handover delays, growing number of No Criteria to Reside patients, high number of staff absences.
- UHBW (Weston site): Flow through the department has been the main challenge with patients bedded every night in ED awaiting a speciality bed that being the highest breach reason in December (latest data available). This resulted in capacity issues within the department and diverts were arranged. 313 12 hours breaches in December which is a reflection of the challenges with patient flow through the site. High number of medically Fit for Discharge Patients. (As per UHBW Board Report). Nursing shortages further impact performance.
- The increase in ambulance handover delays from April in Somerset follows a similar pattern to the increase in ambulance arrivals to A&E at all sites (see graph on slide 28)

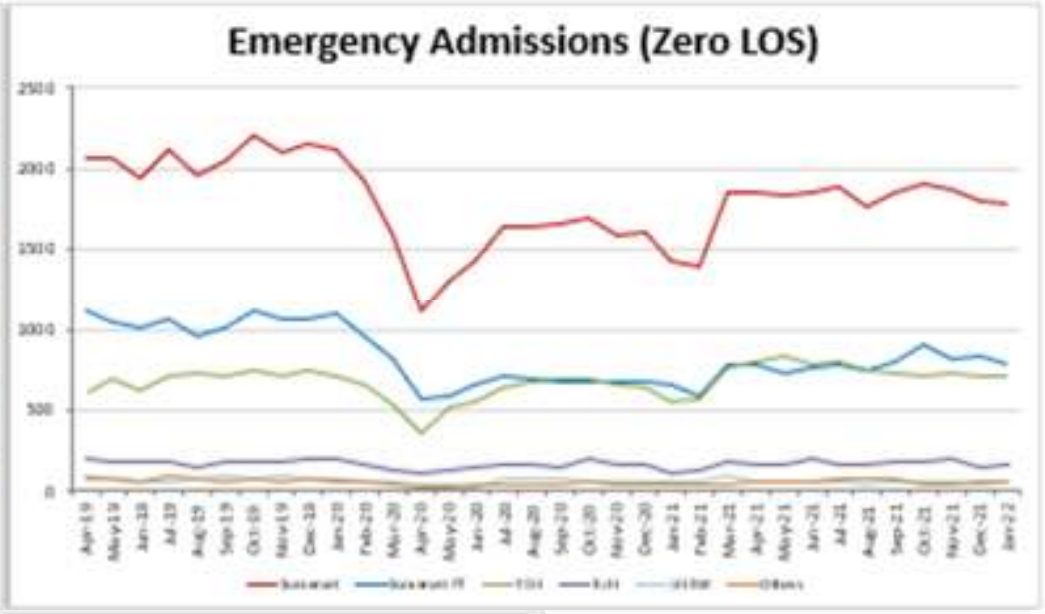
Mitigation

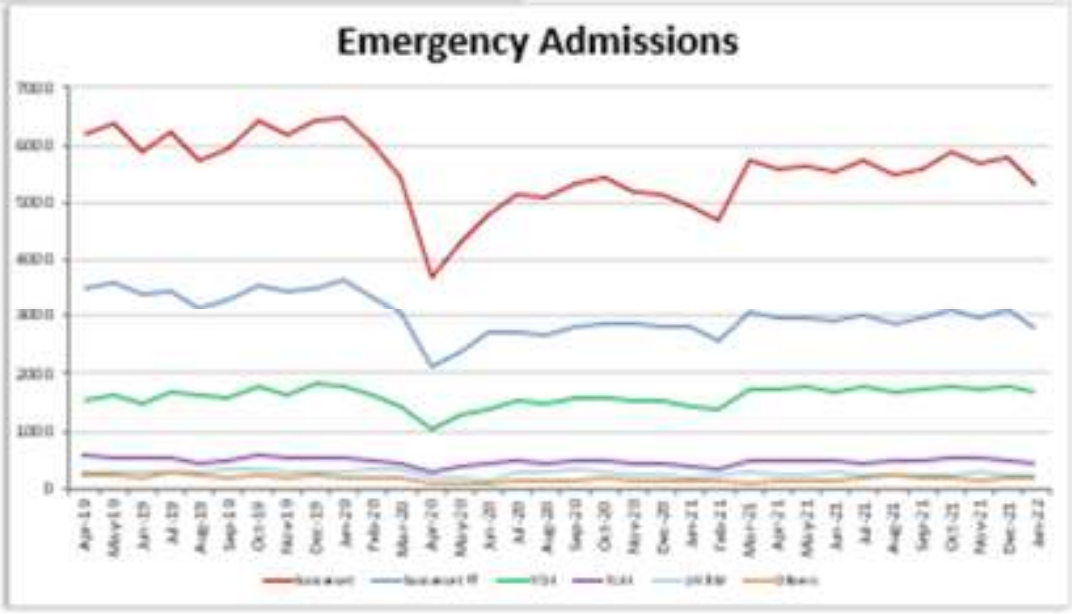
- Contingency plan for patient flow and bedded care is being developed in the event of increased emergency demand. Zoning to separate positive / query positive and negative Covid-19 patients and Covid-19 testing regimes on admission continues. Close work with intermediate care to support increase in capacity and also recruitment and staff transfer. Discharge Lounge has been reinstated in the Outpatients Department. Trust escalation beds have been fully activated to support inpatient flow. (Somerset FT)
- Introduced new infection prevention and control infrastructure, new roles and ways of working within urgent care, opened extra capacity within the hospital to support flow, developing standardised operating procedures (RUH)
- Weston have continued with its redirecting work ensuring that patients go to the right healthcare service, including signposting to MIUs, primary care or pharmacy. This has helped in times of surge to minimise the crowding in the waiting room.

Emergency – Emergency Admissions

NHS Somerset Clinical Commissioning Group

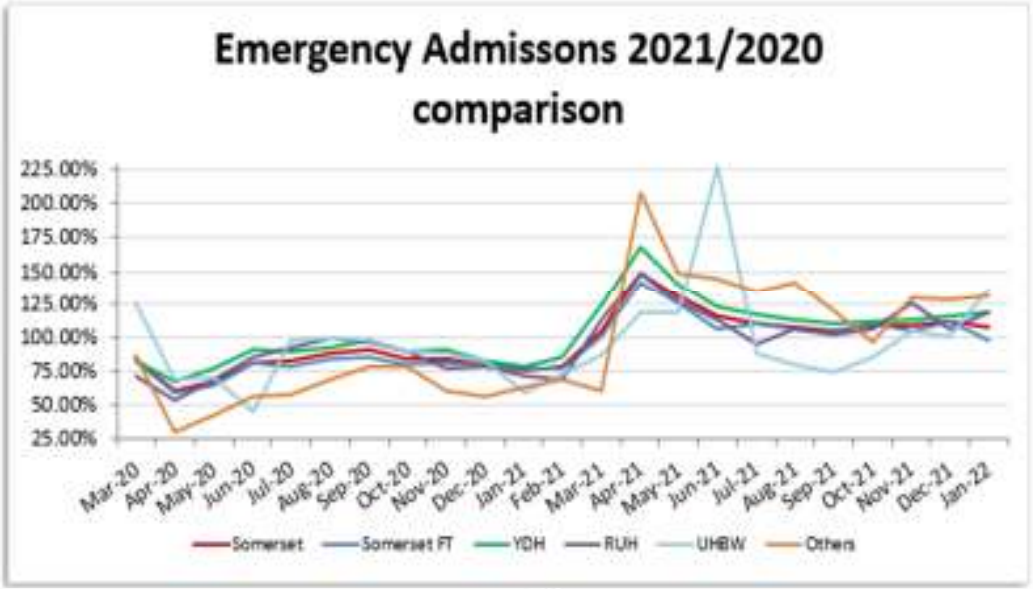


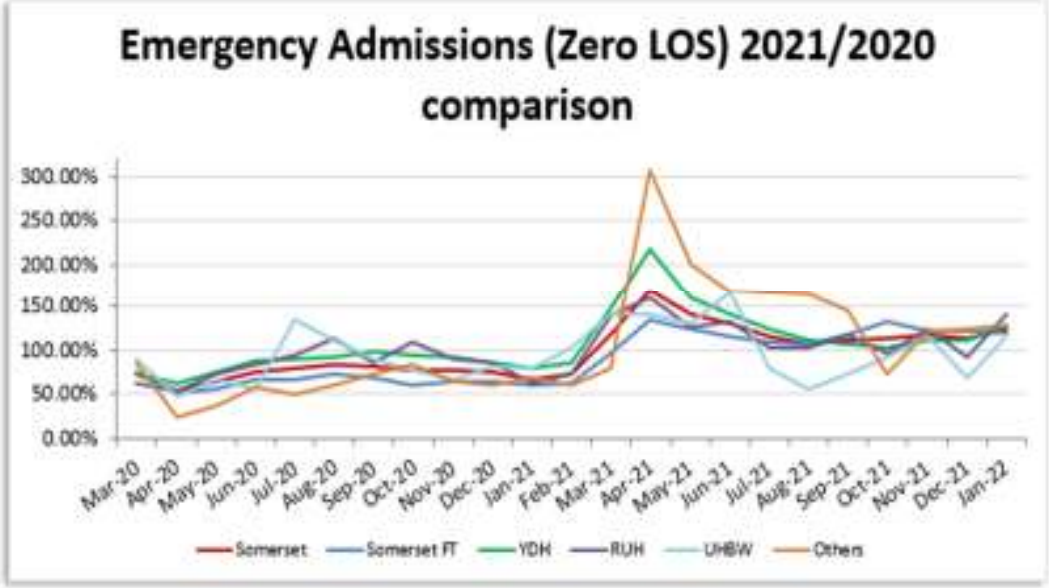


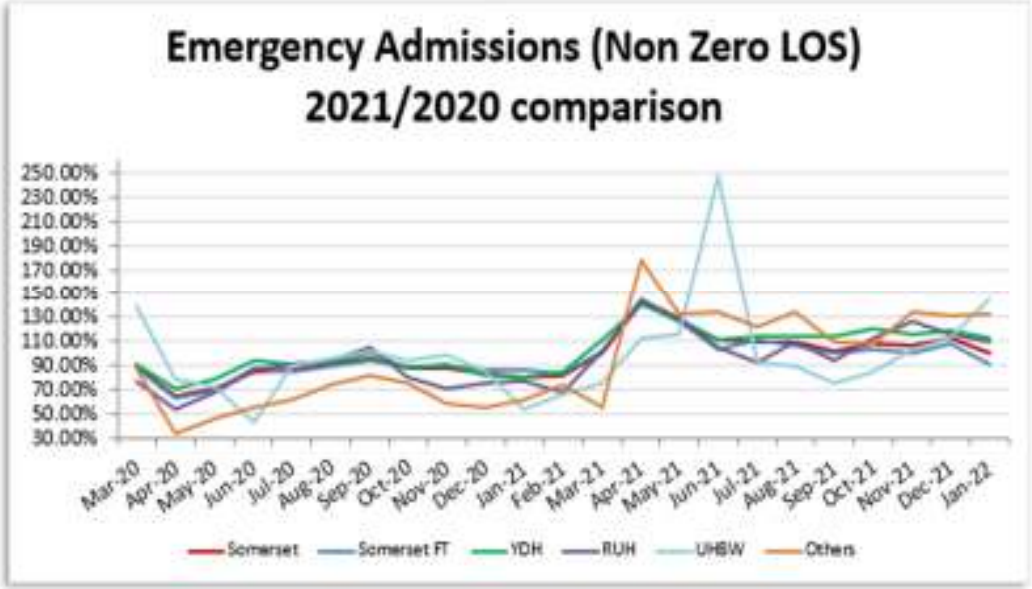


Emergency – Emergency Admissions

NHS Somerset Clinical Commissioning Group







Emergency – Emergency Admissions

NHS Somerset Clinical Commissioning Group

- **Somerset**: The number of emergency admissions in January 2022 were 18.3% lower (-1,184) than in January 2020 and when comparing the cumulative period of April 2021 to January 2022 to the correlating period in 2019/20 the volume of emergency admissions have reduced by 9.3% (-5,743). The average number of daily admissions in January has decreased by 17.6 admissions per day when compared to November 2021 (the last reporting period) and this decrease is seen within zero and non-zero LOS

- **Somerset FT**: The number of emergency admissions in January were 24.5% lower (-893) than in January 2020 and when comparing the cumulative period April 2021 to January 2022 to the correlating period in 2019/20 the volume of emergency admissions have reduced by 14.5% (-5,036). The average number of daily admissions in January 2022 has decreased by 10 admissions per day when compared to the previous reported month of November and is seen mainly in the non-zero LOS

- **YDH FT** : The number of emergency admissions in January were 6.8% lower (-123) than in January 2020 and when comparing the cumulative period April 2021 to January 2022 to the correlating period in 2019/20 the volume of emergency admissions have increased by 4% (+660). The average number of daily admissions in January 2022 has reduced by 3 admissions per day and it is seen in both zero and non-zero LOS

- **RUH Bath**: The number of emergency admissions in January were 15.4% lower (-83) than in January 2020 and when comparing the cumulative period April 2021 to January 2022 to the correlating period in 2019/20 the volume of emergency admissions have reduced by 9% (-484).The average number of daily admissions have decreased by 3.4 admission per day and mainly contributed by non-zero LOS

- **UHBW**: The number of emergency admissions in January were 20.3% lower (-63) than in January 2020 and when comparing the cumulative period April 2021 to January 2022 to the correlating period in 2019/20 the volume of emergency admissions have reduced by 16.5% (-498). Compared to the previous reporting period, the daily admissions have decreased by 1.4 admissions per day, predominantly in non-zero LOS.

Emergency – Emergency Admissions

NHS Somerset Clinical Commissioning Group

During January the average Opel level across the Somerset System was Operational Pressures Escalation Levels (OPEL) Level 4 - Pressure in the local health and social care system continues to escalate leaving organisations unable to deliver comprehensive care. There is increased potential for patient care and safety to be compromised. Decisive action must be taken by the Local A&E Delivery Board to recover capacity and ensure patient safety. All available local escalation actions taken, external extensive support and intervention required. Regional teams in NHS E and NHS I will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally, and will be actively involved in conversations with the system. Where multiple systems in different parts of the country are declaring OPEL 4 for sustained periods of time and there is an impact across local and regional boundaries, national action may be considered.

Ongoing challenges

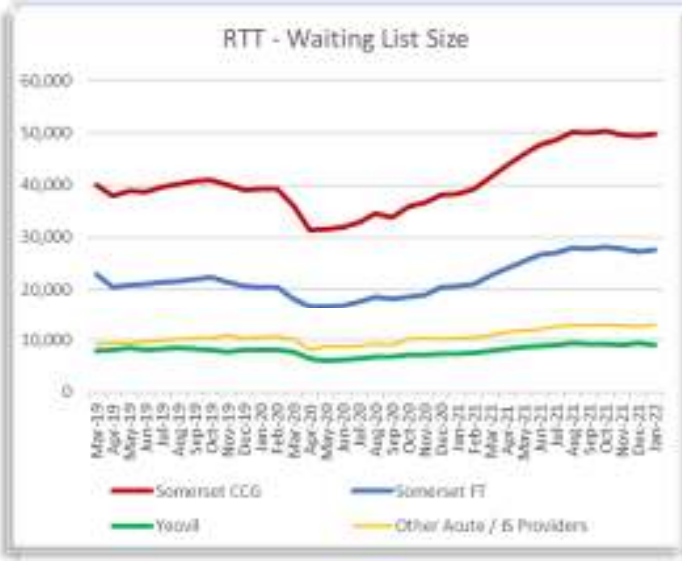
- Those patients being admitted to an inpatient bed continue to have longer stays. This is consistent with a slowing of the rate of discharge for medically fit patients due to domiciliary capacity challenges and a shortfall in bedded care packages. Increased paediatric admissions, reasons for this are not yet fully understood. High number of No Criteria to Reside patients at all trusts.
- 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

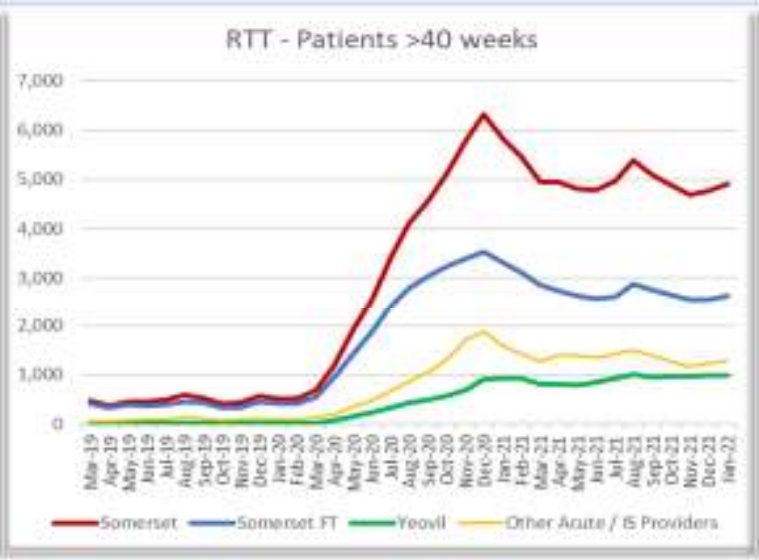
Mitigation

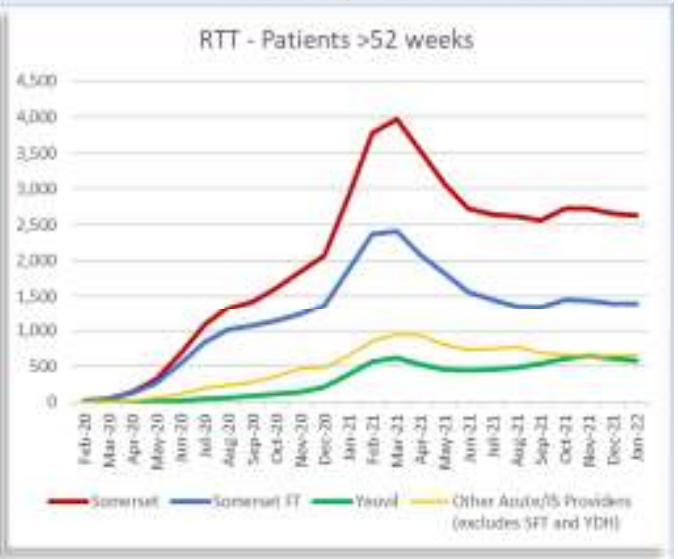
- Virtual wards. It supports patients with clinically suspected or confirmed Covid-19 where the ward team is in touch with the patient at home and monitoring the patient remotely. (Somerset FT and YDH FT)
- Revision of the process of bed requests and allocation to reduce any delays with admission of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

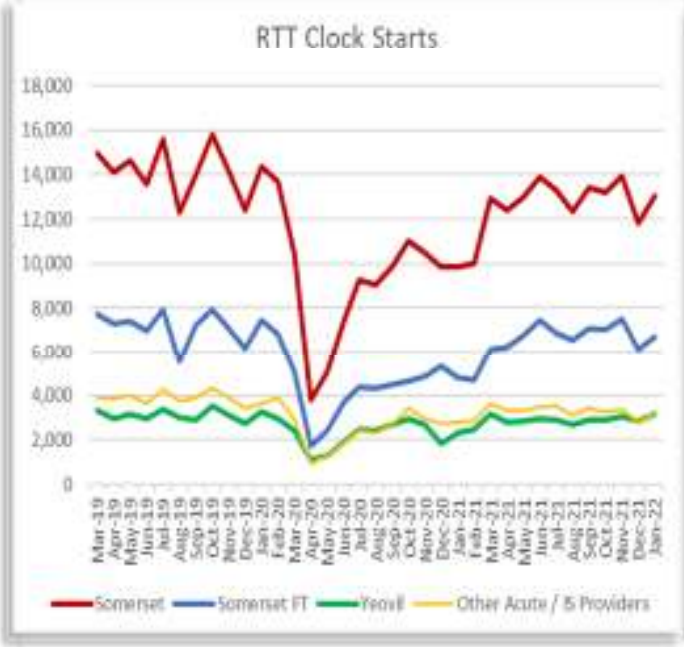
Referral to Treatment

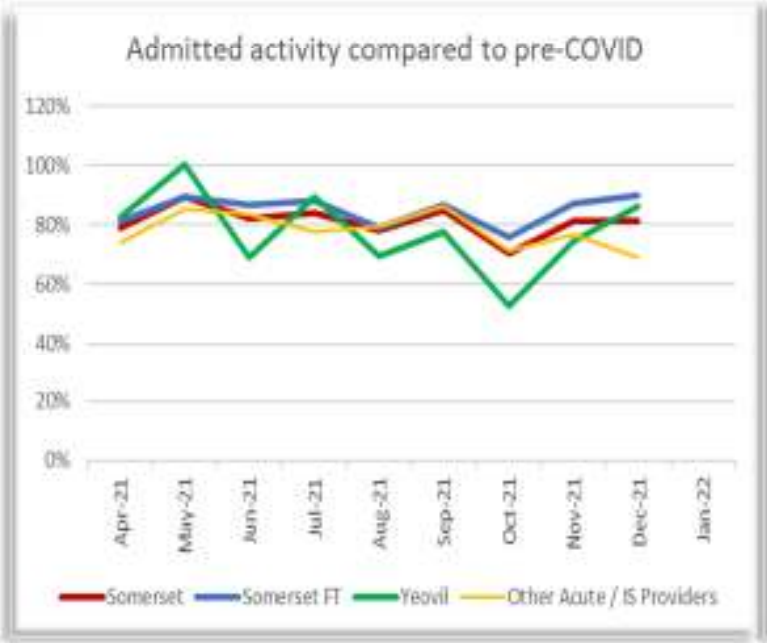
NHS Somerset Clinical Commissioning Group

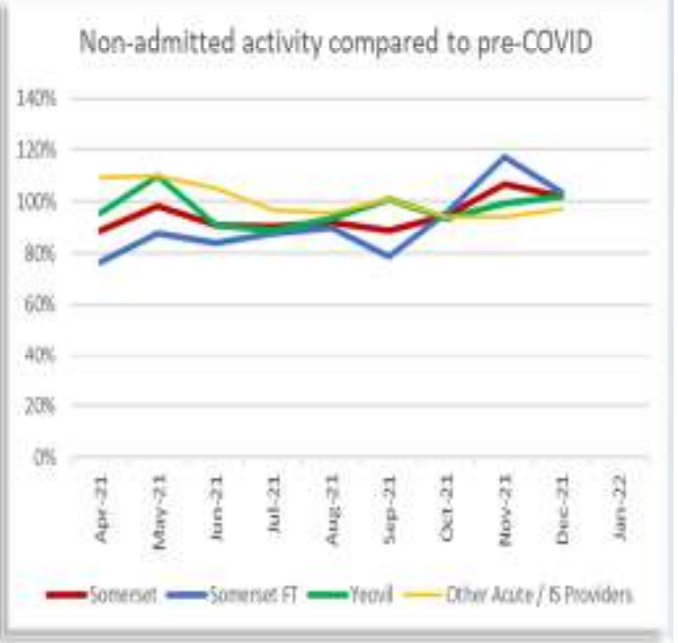












RTT

NHS Somerset Clinical Commissioning Group

Key Challenges

- All RTT performance measures continue to be impacted by the Covid-19 pandemic due to services working at reduced capacity due to the ongoing impact of social distancing and enhanced infection control measures, workforce constraints and patients choosing not to attend (for both Covid-19 and non Covid-19 reasons). The emphasis continues to be to keep patients safe whilst ensuring that those patients with urgent conditions continue to be prioritised

- There has been an active programme of system-wide working to ensure the efficient use of all available out-patient and in-patient capacity across the System and to agree plans to extend capacity for specific services or specialities. Despite this approach due to a combination of the prioritisation of cancer and urgent cases, the loss of treatment capacity against a backdrop of increasing referral demand, a resurgence of Covid-19 cases has led to the cancellation of elective surgeries. The consequential impact of these cancellations is an increase in the overall size of the waiting list as well patients waiting longer for treatment

- Elective referrals have continued to restore during 2021/22 with cancer demand returning to pre pandemic levels and routine referrals continuing to increase (although there is variation at a specialty level). During the period April to January 2022 the referral volume was 92.5% of those received during the same period in 2019/20. In January 2022 there were 13,016 new clock starts which equates to 651 per working day compared to 14,373 in January 2020 (or 653 per working 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 January 2021, there were 49,707 patients on an incomplete pathway waiting their first definitive treatment which is an increase of 8,162 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 over the autumn and winter period

- In January 2022 there was 96.1% of RTT clock stop activity carried out when compared to January 2020 (100.7% of RTT out patient activity and 83.5% of RTT in-patient activity) and during the cumulative period April to January 2022 there was 91.4% of RTT clock stop activity carried out when compared to the same period in 2019/20 (95.3% of RTT out patient activity and 81.3% of RTT in-patient activity)

- Activity output relative to input continues to be impacted by the Covid-19 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. However over the winter period due to the extreme emergency pressures operating capacity has had to be reduced. Out-Patient recovery is being supported by increasing the level of virtual consultations, expansion of Single Point of Access and moving to Advice First as well as increasing out-patient optimisation (increasing advice and guidance consultations and Patient Initiated Follow Up appointments)

RTT

NHS Somerset Clinical Commissioning Group

Key Challenges

- The pressures being seen across primary care and all emergency services is unprecedented resulting in an increased volume of patients arriving at A&E and being admitted; in addition, we are seeing an increase in length of stay of approximately 0.5 days due to a combination of increased acuity and discharge delays due to intermediate care capacity challenges. Despite these pressures the Trusts are working hard to restore elective services to pre pandemic levels with the focus is upon treating priority patients first and working to reduce those waiting the longest

- The new national focus is upon treating all long wait patients; by 30 June 2022 there are to be zero patients waiting in excess of 104 weeks and by 31 March 2023 zero patients waiting in excess of 78 weeks

- The number of patients waiting in excess of 52 weeks has remained broadly at the same size since June 2021:

  - >52 Week Waits: In January 2022 there were 2,631 patients whose wait exceeded 52 weeks which is a reduction of 1,345 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 January 2022 there were 759 patients (+181) upon April 2021 (but a reduction of 13 when compared to November 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 January 2022 there were 187 patients (+155 upon April 2021 although the rate of increase has slowed) 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 - 1,397, >78 weeks - 329 >24 months - 103
  - YDH FT: >52 week - 585, >78 weeks - 174, >24 months - 18
  - RUH Bath: >52 week - 100, >78 weeks - 10, >24 months - 1
  - UHBW: >52 week - 137, >78 weeks - 34, >24 months - 15
  - SMTC: >52 week - 13, >78 weeks - 5, >24 months 2
  - Nuffield : >52 week - 34, >78 weeks - 11, >24 months 3
  - Other Providers: >52 week - 562, >78 weeks - 106, >24 months – 45

RTT

NHS Somerset Clinical Commissioning Group

Key Focus

- In January 2022, the volume of elective activity at all Somerset Providers that took place during the month across all points of delivery (ordinary and day case admissions) equated to 82.4% of the activity delivered in January 2020; this breaks down to overnight in-patient recovery of 65.2% and day case recovery of 85.0%

- In November 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 93.6% of the activity delivered in January 2020 (with percentage recovery at Somerset FT of 93.3%, YDH FT 101.7% and Other Providers 87.0%)

- The way in which out-patients are delivered have transformed since the onset of the Covid-19 pandemic; the use of digital technologies has enabled patients to have access to out-patient care without the need of visiting the hospital and has resulted in a significant increase in the proportion of consultations delivered virtually. When assessed against the new virtual consultations ambition of 25% during 2019/20 5.9% of out-patient appointments were attended virtually compared to 22.8% during 2021/22

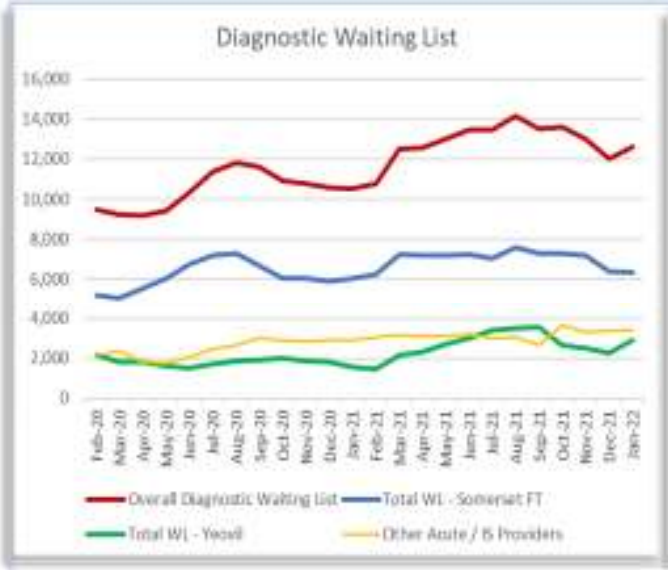
- There is an active programme of system-wide actions to support recovery and improvement actions which include:

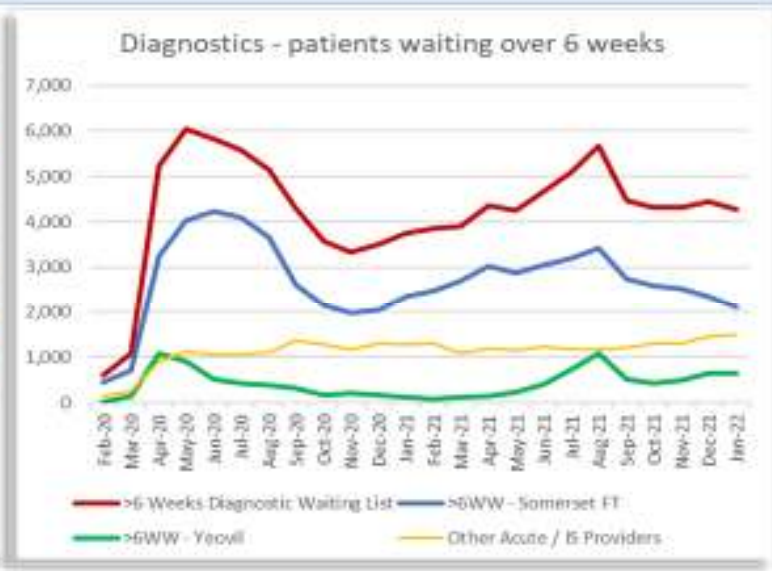
    - Rapid diagnostic services
    - Diagnostic Hubs
    - Sourcing additional capacity for long waiters
    - Waiting list transfers
    - Outpatient transformation
    - Pathway redesign and service model changes
    - Theatre productivity and efficiency

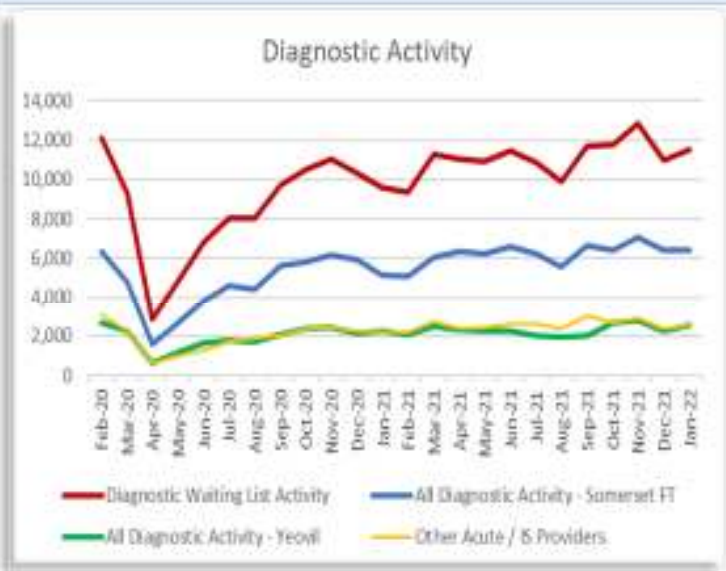
- In addition, the Somerset System has set out a significant programme of work with analysis underway to understand at a granular level the patterns of healthcare access for those patients coming from the highest 3 deciles of deprivation to ensure that there is equity of access

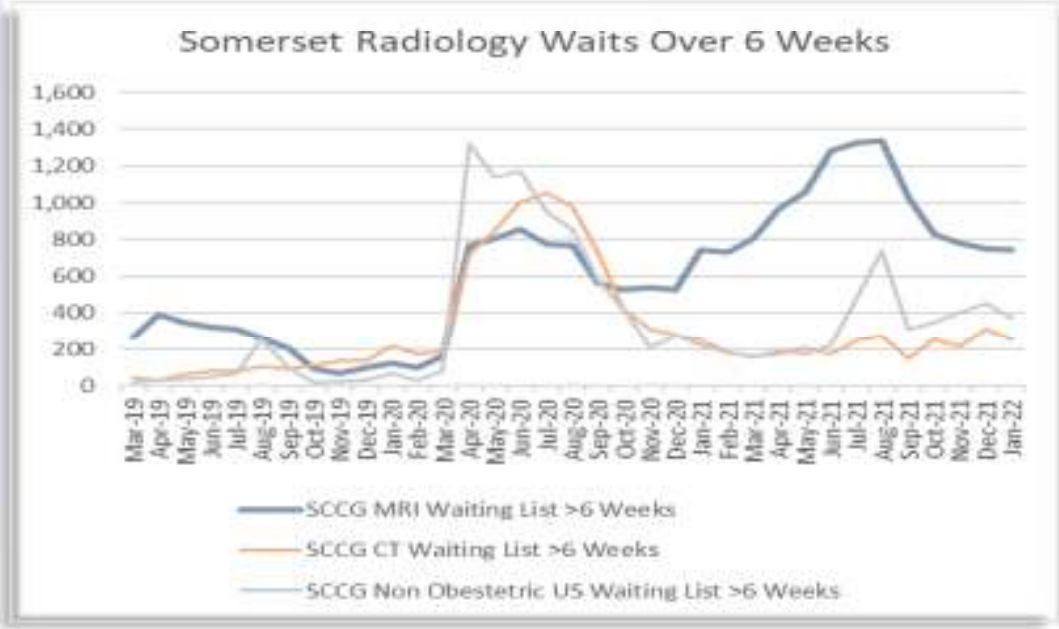
Diagnostics

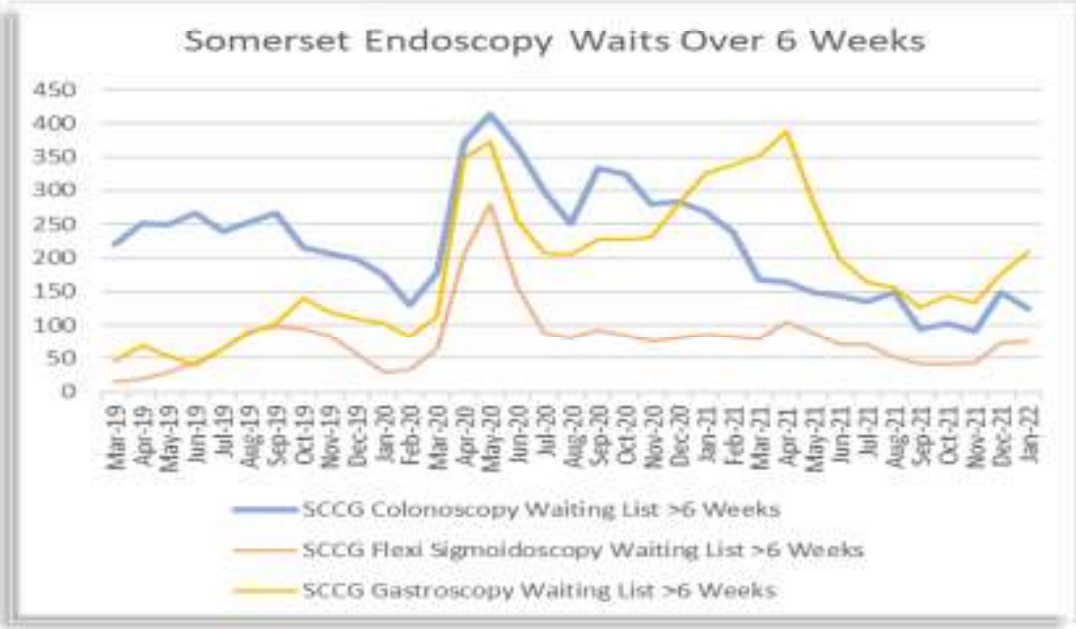
NHS Somerset Clinical Commissioning Group











Diagnostics

NHS Somerset Clinical Commissioning Group

- In January 2022 the volume of diagnostic tests or procedures carried out was 106.5% of the level carried out in January 2020 and cumulatively during the period April 2021 to January 2022 (compared the same period in 2019/20) the percentage of activity restoration was 100.3%

- 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, 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 4,270 patients in January 2022 waiting in excess of 6 weeks (which whilst is an increase of 11 patients when compared to March 2021, a reduction of 39 patients upon the previous reported month of November) resulting in performance of 66.2% against the 99% standard (-0.63 % compared to March 2021)

- There were 2,218 patient waiting in excess of 13 weeks in January 2022 which whilst is an increase of 111 patients on March 2021 is a reduction of 40 upon the previous reported month of November.
  - Number of patients waiting in excess of 6 weeks by Provider: Somerset FT 2,119, YDH FT 647, Other Providers 1,504
  - Number of patients waiting in excess of 13 weeks by Provider: Somerset FT 1,336, YDH FT 92, Other Providers 790

- The diagnostic modalities with the greatest challenges and highest volume of 6-week and 13-week backlog are MRI, Echocardiography, Non-Obstetric Ultrasound, CT and Endoscopy (with the change in backlog compared to the previous month shown in brackets)
  - MRI (6 weeks: 743 (-6), 13 weeks: 282 (-3))
  - CT (6 weeks: 250 (-61), 13 weeks: 68 (-95))
  - Non-Obstetric Ultrasound (6 weeks: 368 (-86), 13 weeks: 101 (-5))
  - Audiology (6 weeks: 296 (+70), 13 weeks: 56 (+3))
  - Echocardiography (6 weeks: 2,017 (-41), 13 weeks: 1,502 (-22))
  - Endoscopy (6 weeks: 439 (+3), 13 weeks: 179 (no change))

- The diagnostic modality with the greatest backlog is Echocardiography and makes up 47.0% 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. Somerset FT has had a successful programme of recruitment and the backlog is expected to continue to reduce as a result of increasing capacity

- When looking at the diagnostic test type (waiting list, planned or unscheduled/emergency) during the cumulative period April 2021 to January 2022 there has been a significant increase emergency (unscheduled activity) with activity restoration of 131.9% compared to waiting list activity restoration of 91.9% 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 January 2022: Radiology: 112.3%, Physiological 89.1%, Endoscopy: 97.9%)
  - Diagnostic Activity recovery in April 2021 to January 2022: Radiology: 105.1%, Physiological 84.8%, Endoscopy: 95.6%)

RTT & Diagnostics

NHS Somerset Clinical Commissioning Group

- Actions that have taken place to restore capacity include securing additional external MRI capacity, the opening of the Rutherford's Diagnostic Centre at Taunton, ensuring maximum utilisation of all available endoscopy capacity (with additional gastroscopy capacity delivered at Bridgwater Community Hospital) and utilising an insourcing company to provide additional echocardiography capacity at Somerset FT whilst the recruitment process concluded

- An improvement trajectory has been developed for the 2 modalities with the biggest 6-week backlogs at SFT (MRI and Echocardiography); the number of 6 and 13 week Echocardiography breaches in January 2022 marginally reduced. The level of MRI >6 week breaches has reduced by 581 (44%) since August 2021 when the backlog reached its highest level; the pace of recovery has slowed since the autumn due the increase level of emergency demand. Improvement plans and recovery trajectories are in place for both diagnostic modalities and progress against these plans continue to be monitored on a weekly and monthly basis

- 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 244 (from 1,117 in March 2021 to 1,361 in January 2022); however it should be noted that the backlog has significantly reduced (-984) over the past 5 months when comparing to August 2021 (which is the month when the backlog reached its highest point in the year)

  - MRI 6 Week Waits reduced by 61 from 804 in March 2021 to 743 in January 2022 and has reduced by 44% since August 2021 when the backlog reached the highest point in 2021
  - CT 6 Week Waits increased by 88 from 162 in March 2021 to 250 in January 2022 but has reduced 8% since August 2021 when the backlog reached the highest point in 2021
  - Non-Obstetric Ultrasound 6 Week Waits increased by 217 from 151 in March 2021 to 368 in January 2022 but has reduced by 50% since August 2021 when the backlog reached the highest point in 2021

  Endoscopy – during 2021/22 the overall number of Endoscopy 6 Week Waits has reduced by -274 (from 713 in March 2021 to 439 in January 2022) and has increased over the past 2 months

  - Colonoscopy: 6 Week Waits reduced by 42 from 167 in March 2021 to 125 in January 2022 and has reduced by 25.1% since May 2021 when the backlog reached the highest point in 2021
  - Flexi-Sig: 6 Week Waits reduced by 4 from 79 in March 2021 to 75 in January 2022 and has reduced by 28% since June 2021 when the backlog reached the highest point in 2021
  - Gastroscopy: 6 Week Waits has reduced by 144 from 352 in March 2021 to 208 in January 2022 and has reduced by 46.3% since April 2021 when the backlog reached the highest point in 2021

RTT & Diagnostics

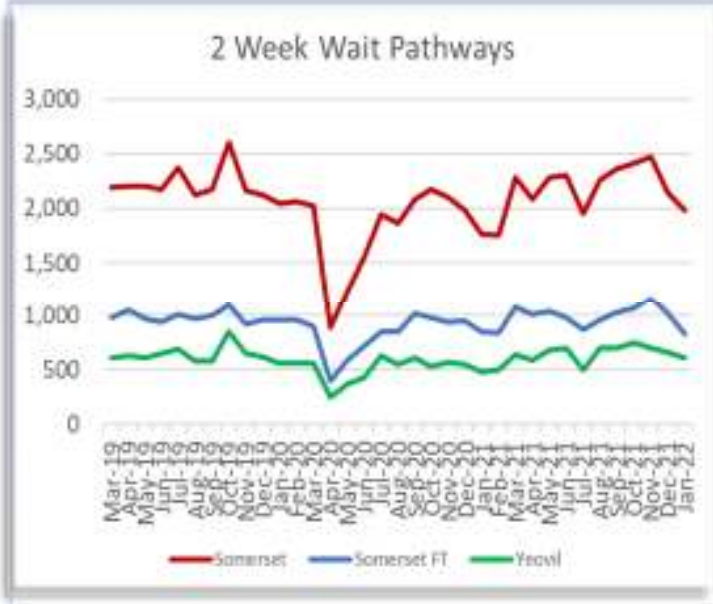
NHS Somerset Clinical Commissioning Group

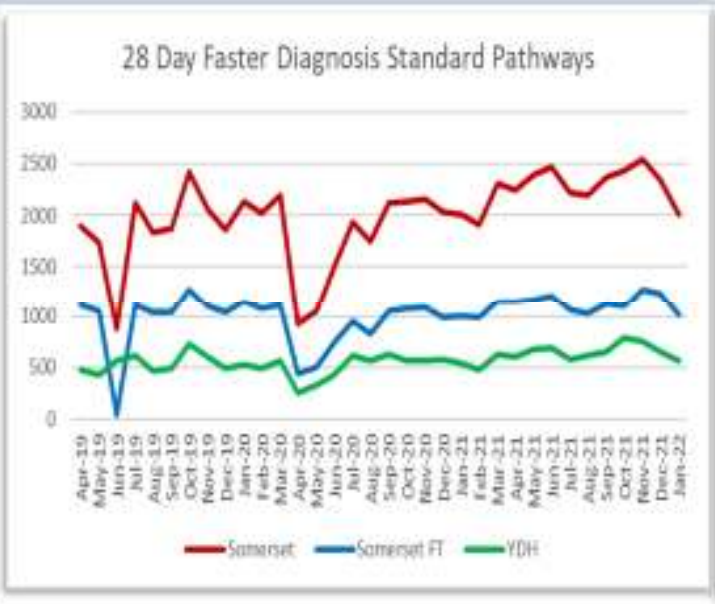
- Physiological Diagnostics– during 2021/22 the overall number of Physiological 6 Week Waits has increased by 400 from 2261 in March 2021 to 2470 in January 2022; however the 6-week backlog peaked in August 2021 (2870) and in January 2022 has reduced by 400

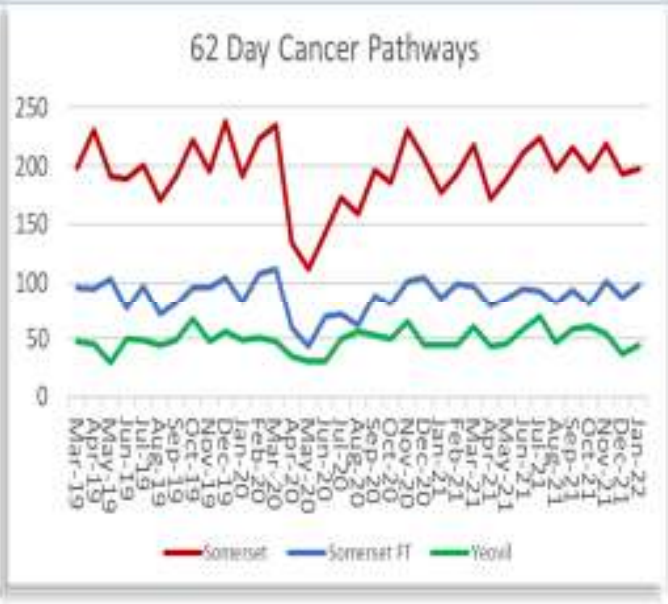
  - Dexa Scans 6 Week Waits reduced by 109 from 149 in March 2021 40 in January 2022 and has reduced by 73% since April 2021 when the backlog reached the highest point in 2021
  - Audiology Assessments: 6 Week Waits increased by 233 from 63 in March 2021 296 in January 2022 and has returned to the highest level of breach which was seen in August 2021
  - Echocardiography: 6 Week Waits increased by 402 from 1615 in March 2021 2,017 in January 2022 but has reduced by 11.9% since August 2021 when the backlog reached the highest point in 2021
  - Peripheral Neurophysiology: 6 Week Waits increased by 22 from 16 in March 2021 27 in January 2022 and the backlog has remained at a low level throughout 2021
  - Sleep Studies: 6 Week Waits reduced by 27 from 48 in March 2021 21 in January 2022 and the backlog has remained at a low level throughout 2021
  - Urodynamic: 6 Week Waits reduced by 123 from 175 in March 2021 52 in January 2022 and has reduced by 71.6% since April 2021 when the backlog reached the highest point in 2021

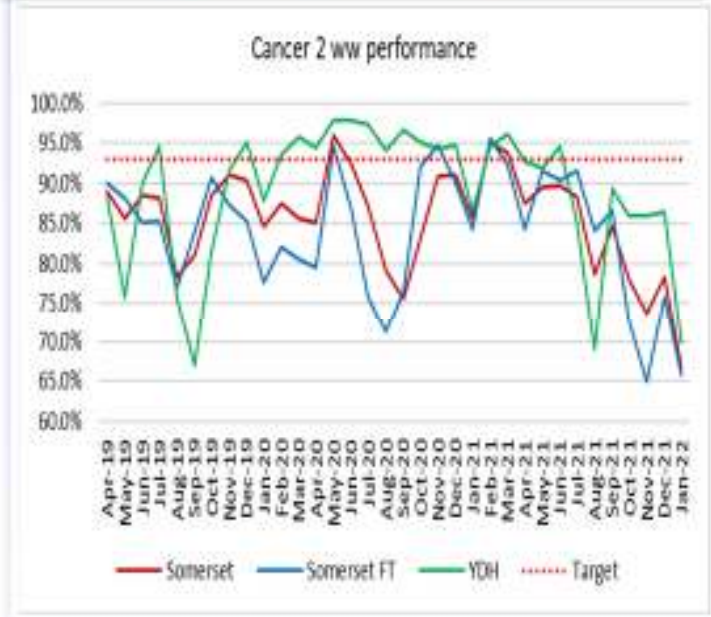
Cancer

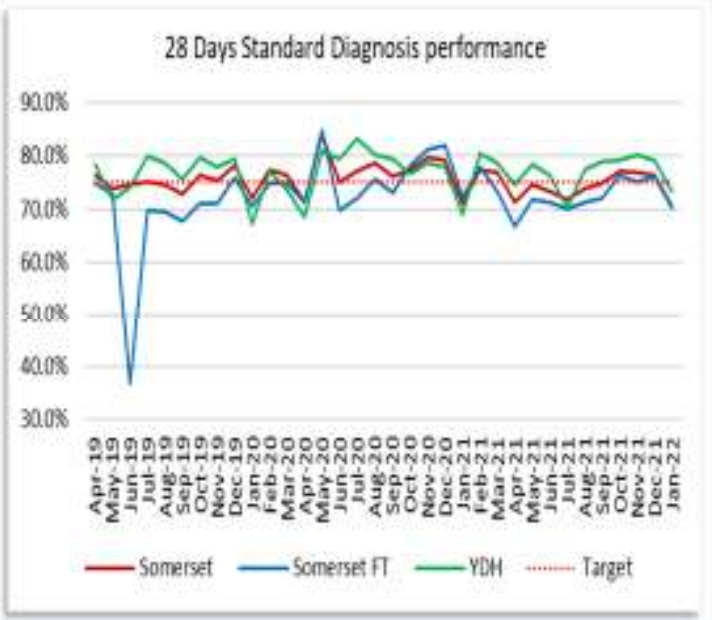
NHS
Somerset
Clinical Commissioning Group

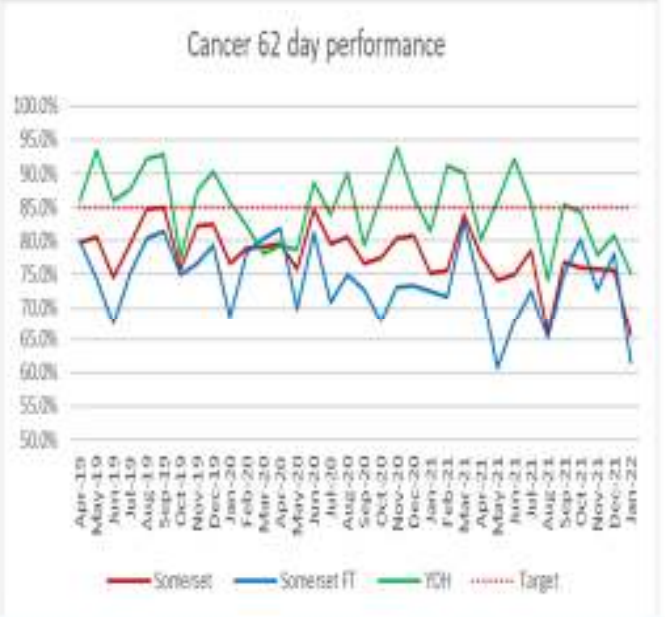












Cancer - January

NHS Somerset Clinical Commissioning Group

- **Volume of 2 week wait referrals:**
  - Somerset: -20% (-495), Somerset FT: -28.7%, (-334); YDH FT: -12.4% (-87), RUH: 10.9% (-33), UHBW: -11.9% (-30), Others: -18.6% (-11) (all compared to the previous reported month of November)

- **2 week wait Performance (target 93%):**
  - Somerset: 66.7% (-10%), Somerset FT: 65.8% (+1%), YDH FT: 69.8% (-19%), RUH Bath: 72.5% (-1%), UHBW: 59.2% (-30%), Others: 43.8% (-24%) all compared to the previous reported month of November.

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

- **Volume of First definitive treatment within 62 days from GP referral**
  - In January 2022 the number of patients in Somerset on a 62 day pathway who received their first definitive cancer treatment following GP referral has reduced by -9.6% (-21) when compared to the previous reported month of November 2021, breakdown of trusts:
  - Somerset FT: 2.5% (-2.5); YDH FT: -17.6%, (-9.5), RUH: +23.3% (+5), UHBW: -47.3% (-17.5), Other Providers: 63.6% (+3.5)

- **62 Day Performance (target: 85%):**
  - Somerset System: 13% decrease in performance to 65.7%.
  - Somerset FT: 61.4% (-16%), YDH FT: 75.3% (-3%), RUH: 66% (-2%), UHBW: 71.8% (-17%), Other Providers: 50% (-31%)

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

Cancer

NHS Somerset Clinical Commissioning Group

- **Volume of 28 day Faster Diagnosis Standard referrals:**
  - Somerset: -20.7% (-526), Somerset FT: -20.2%, (-256); YDH FT: -24%, (-180), RUH: -9.5% (-25), UHBW: -27.2% (-55), Others: 20.4% (-10) (all compared to the previous reported month of November)

- **28 day Faster Diagnosis Standard Performance (target 75%):**
  - Somerset: 70.6% (-8%), Somerset FT: 70.3% (-6%), YDH FT: 73.4% (-8%), RUH Bath: 61.5% (-14%), UHBW: 80.3% (-2%), Others: 56.4% (-29%) all compared to the previous reported month of November.

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

Actions to improve performance include:

Introduction of additional Endoscopy capacity from Q2 and improvements theatre throughput and list utilisation

Continuation of additional MRI/CT mobile capacity (re-sited to South Somerset – Yeovil/South Petherton)

Service Delivery Funding approved by SWAG CA (Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance) which will be used to support cancer recovery and strategic aims of LTP (Long Term Plan) for Cancer.

The pan Somerset Non Site Specific Rapid Diagnostic Service for patients with vague symptoms that could indicate cancer was implemented on 26th July 2021. Initial referral numbers are low, however, it is anticipated that referrals will gain traction over the next couple of weeks.

A colorectal pre-referral test pilot for Primary Care is now live to ensure pre-2ww referral filter tests are completed. This will help speed up the pathway for patients, ensuring they are only sent on a 2ww pathways where appropriate and support Primary Care with conducting tests.

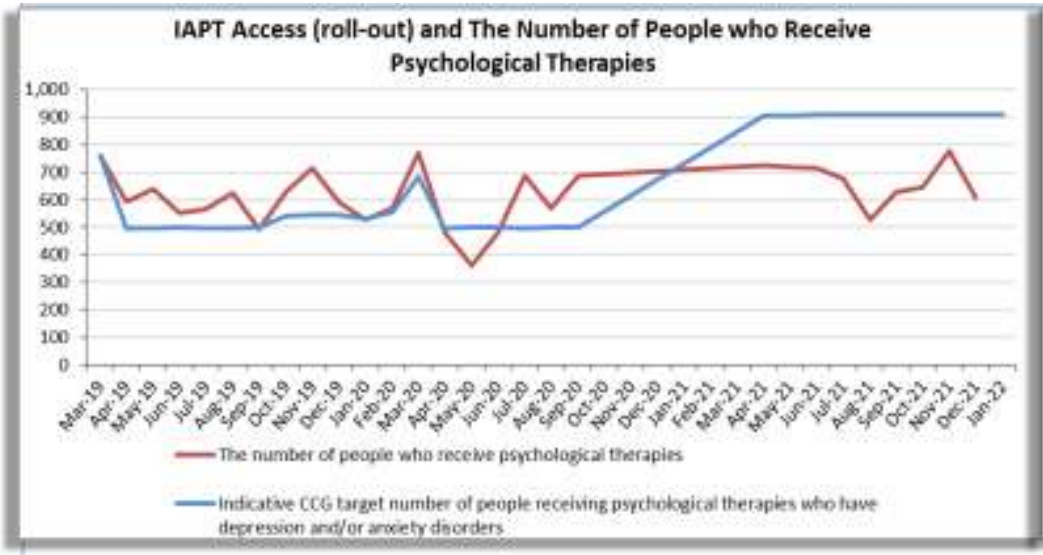
Both YDH FT and Somerset FT have robust plans to support the 28 day Faster Diagnosis Standard in Lung, Colorectal and Prostate.

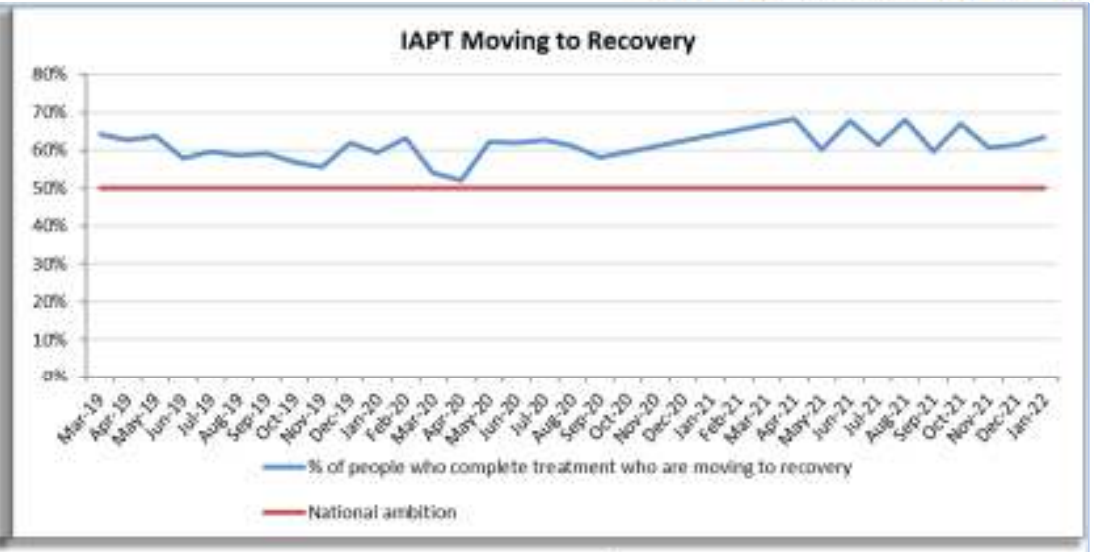
Somerset FT: Additional nurses have now been appointed to the endoscopy team which has allowed the service to increase the number of sessions which can be run from Bridgwater Community Hospital. • Additional temporary support was put into the colorectal Faster Diagnosis team to support triage. This has now started to reduce the delays.

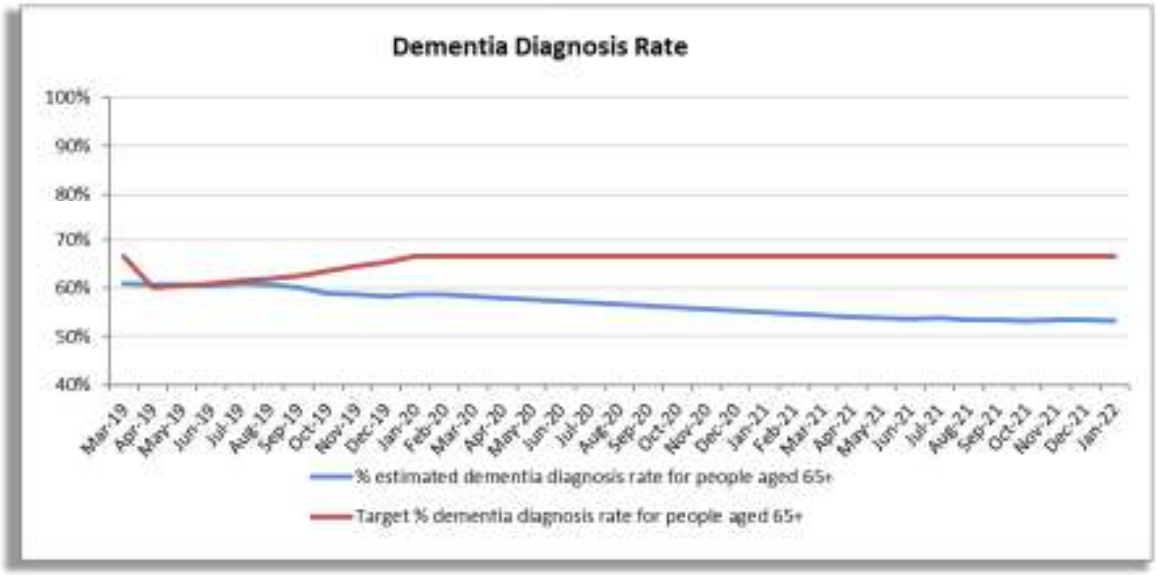
“C The signs” is a multi-platform digital decision and referral support tool for GPs is now live and monitoring of use is ongoing. The tool helps GPs to identify patients at risk of cancer at the earliest and most curable stage of the disease.

Mental Health

NHS Somerset Clinical Commissioning Group





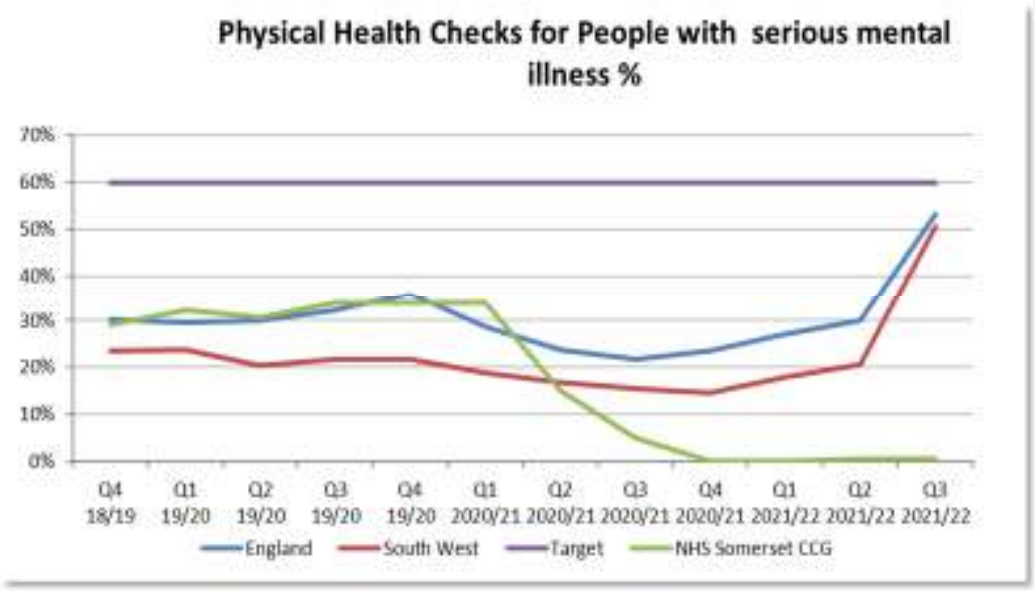


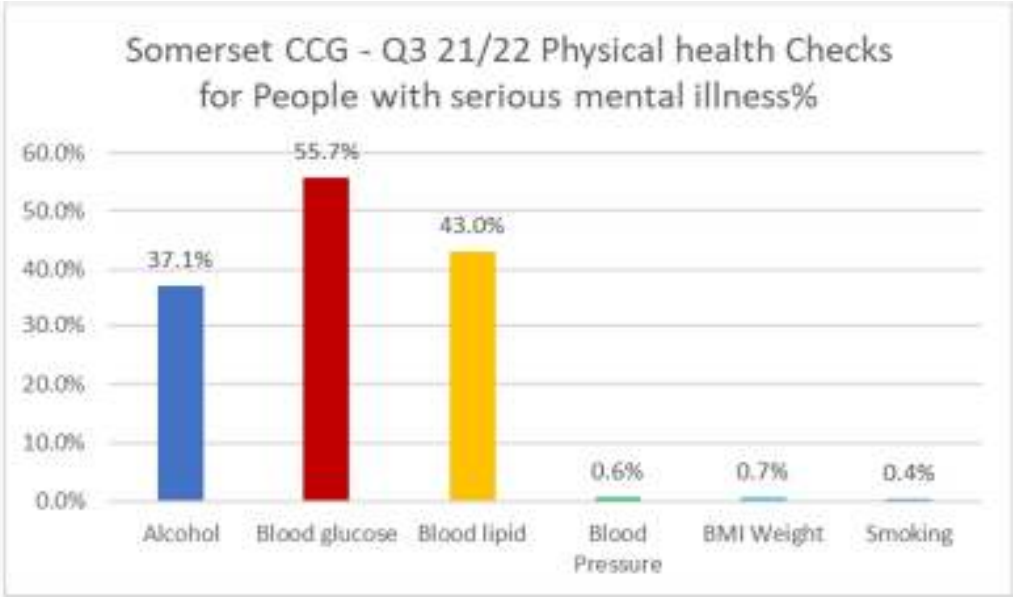
Definitions:

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

Mental Health

NHS Somerset Clinical Commissioning Group





NHS Somerset Clinical Commissioning Group

Improving Access to Psychological Therapies (IAPT)

- The number of people accessing treatment for the period April 2021 to January 2022 is 6,773 against a local indicative target of 9,078 (76% delivered); performance for the period is lower than plan, due to workforce issues within the service, there are a number of vacancies and unplanned absences (long term sickness and maternity). Recruitment to vacant positions continues to be challenging as there is a national shortage of appropriately qualified therapists; however we anticipate we will make progress in closing the access gap over the rest of the year as new trainees commence, staff return from leave, new access routes are put in place, e.g. Long Term Conditions (LTC) and historic access routes return to normal.

- 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 January is 63.5%. The national ambition of 50% continues to be met and exceeded, and Somerset is one of the top performing systems nationally.

- The IAPT service continues to exceed the 6 and 18 week national ambitions. In January, 77.2% of patients referred for treatment were seen by the service within 6 weeks against the 75% national ambition, and 99.2% were seen and received treatment within 18 weeks from referral against the 95% national ambition.

Mental Health

NHS Somerset Clinical Commissioning Group

Community Mental Health Services

- The Community Mental Health Services transformation programmes; a collaboration between Somerset FT and a range of VCSE (Voluntary, Community and Social Enterprise) partners, is operating under 'Open Mental Health'. In December 2021 (latest complete data period), there were 3,038 contacts across both NHS and VCSE partners. The average wait times to access the service is less than 4 weeks, though we are aware that demand is growing and waiting times performance is declining. 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. Performance deterioration in the % people seen within 4 weeks in Q3 has improved significantly in January. The performance deterioration can be attributed to non-working days in December as well as some short term staff sickness.

Mindline 24/7 Crisis Line

- In December, the Mindline received 2,963 calls, with approximately 4% of these calls from Children and Young People. Fewer than 1% of total calls were directed towards the ambulance service or the police, and fewer than 1% were directed towards the Home Treatment Team or equivalent for CAMHS.

- The Mindline 24/7 crisis line offers a supported conversation to callers and has increased access to availability of Mental Health Services within Somerset; the services include Mindline Enhanced, Somerset IAPT and Community Mental Health Teams, depending on the level of need

- Callers are presenting with an increasing range of issues and high levels of anxiety, depression, distress, isolation, family, physical health issues, service issues and concerns around Covid-19 are being seen; the main purpose of a call is the provision of emotional support, and the service is able to access other NHS or VCSE provided support for callers as appropriate.

Demand and Capacity Modelling

- As part of our planning for potential long-term implications of Covid-19, we have been undertaking demand and capacity modelling with a bespoke tool being developed by South Central West Commissioning Support Unit. This is intended to take into account the whole MH ecosystem; covering urgent activity, VCSE activity and social care alongside traditional mental health services. The modelling now includes core adult services and VCSE activity under Open Mental Health. The tool will be designed to look at the interaction between services across the community, internal referrals and the onward impacts of any change

- A workshop was held in December, with a further meeting planned for late January to take this work forward. The modelling has been delayed due to some data quality issues, but we are proposing using the DQIP for 2022/23 to take this forward in the new financial year

Mental Health

NHS Somerset Clinical Commissioning Group

Children and Young People's Mental Health (CYPMH)

- The access measurement for CYP has changed from April 2021 and systems will be monitored using one contact (previously two contacts). Estimates using local un-validated data shows that Somerset has delivered 7,588 contacts to CYP during the 12 month period to January 2021, against the national ambition of 6,167 for 2021/22

- A reconciliation of local access data against national data is underway as the local data may be including some duplicated data in the 12 month rolling access* position Mental Health Data Working Group has been established to support this area of work; the group involves representatives from Somerset CCG, local CYP Service Providers and Regional NHSEI. Somerset CCG's Performance Team and CYPMH Commissioning Team are implementing plans to support smaller providers with new CYPMH reporting requirements and 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 have completed their restructuring process and are now finalising recruitment. There is a plan set to align with Mental Health Support Teams (MHSTs) with Young Somerset's Community Wellbeing Service. The MHSTs have appointed 2 new Service Managers; these posts will prioritise engagement with school settings, and have a clear focus on health inequalities.

- Somerset CCG has extended the contracts for two providers: 2BU – a youth work service supporting CYP who identify as LGBTQ+ and The Space – a counselling service in Cheddar.

- Somerset CCG, CAMHS, SCC and the VCSE have worked alongside young people to develop the Somerset's CYP MH & EWB Local Transformation Plan. Somerset CCG has received positive feedback from NHSEI and will now continue to finalise and publish the plan, with the aim of producing an easy-read / young person friendly version.

- Somerset CCG secured NHS England/Improvement funding to address the Winter Pressures that result in increased attendance at Emergency Departments. A number of proposals have been rolled out, including: Somerset Big Tent VCSE Member Grant Funding; 7 Youth Matter Groups facilitated via MIND for ages 11-21 across Somerset involving an array of peer support and wellbeing activities; increasing VCSE support for children and young people with eating disorders – Somerset CAMHS and SWEDA are working in partnership to develop a 'step down / up' approach; and supporting a multi-agency (CAMHS, Social Care and VCSE) out of hours Intensive Support Team for children and young people in crisis.

Perinatal and Maternal Mental Health

- Somerset has been awarded with 'Fast Follower' status to develop and implement a Maternal Mental Health Service (MMHS) in Somerset. The MMHS will align with the established Perinatal Mental Health Service and will focus on women with issues surrounding bereavement, Tokophobia and birth trauma. The Maternal MH Team have faced challenges in terms of recruitment, a full launch will commence in the Spring to align with Maternal MH Week.
- Somerset's PNMH Team have started developing plans for the Perinatal MH Long Term Plan ambitions which includes offering partner assessments, increasing access into the service and extending how long care can be provided by the specialist PNMH Service from preconception to 24 months after birth.

Mental Health

NHS Somerset Clinical Commissioning Group

Dementia

- Somerset CCG's dementia diagnosis rate performance for January 2022 is 53.2%, 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 (DOOG) 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 FT 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 and met twice to date), 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 (SDWM) that is based upon the Bristol Dementia Wellbeing model and the Sandwell model which is being held as an exemplar by NHSEI. This work is discussed with the Sounding Board forum to ensure that their experiences and needs inform the new dementia strategy and current contract renegotiations are nearing completion with providers to start realising the model. A VCSE Dementia Collaborative Forum has also been established to bring together all VCSE providers that work in the dementia space to start working collaboratively (with a future goal of becoming formalised as a VCSE alliance at the heart of our new model). The model is being co-produced to better support people and their carers in the community, throughout their entire pathways from pre-diagnosis onwards to prevent need for admission wherever possible.

- The model is nearing completion and a business case to seek funding from across the system has been developed and submitted for sign off and system prioritisation.

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

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 0.4% against the 60% national ambition in Q3 2021/22. We are aware that a separate national extract from practice systems is showing much higher performance, and are working with our NHSEI colleagues and the Somerset LMC to resolve this data flow issue (we are using an old system for the data collection; a new system is being developed to extract the data using the new read codes).

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

Learning Disabilities & Autism

NHS Somerset Clinical Commissioning Group

Learning Disability and Autism programme update

- 3 year delivery plans include investment in adult community learning disability services , the rapid intervention team and the adult autism service, sensory friendly autism environmental changes in adult and CAMHs inpatient settings, and for C&YP - a pilot for rapid assessment of autism, and establishment of a 'taking a break form care fund' to help avoid crises and admissions. An assistant psychologist lead for the Keyworker project has been recruited. Work continues to improve crisis provision for people with a learning disability and/or autism, to avoid unnecessary admission to mental health wards and to improve patient experience and shorten length of stay where admission is required.

Reliance on Inpatient Care

- The table shows the number of Somerset patients with a learning disability and/or autism in specialist learning disability or autism hospital placements (including mental health inpatient units). The March 2021 target was achieved, however looking forward it is unlikely that the target for March 2022 will be met. Somerset compares favourably both regionally and nationally, with consistently low use of inpatient services for people with a learning disability and/or autism. More realistic targets have been proposed for 22/23, which meet the requirements of the NHS Long Term Plan.

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

Autism pathway – children and young people

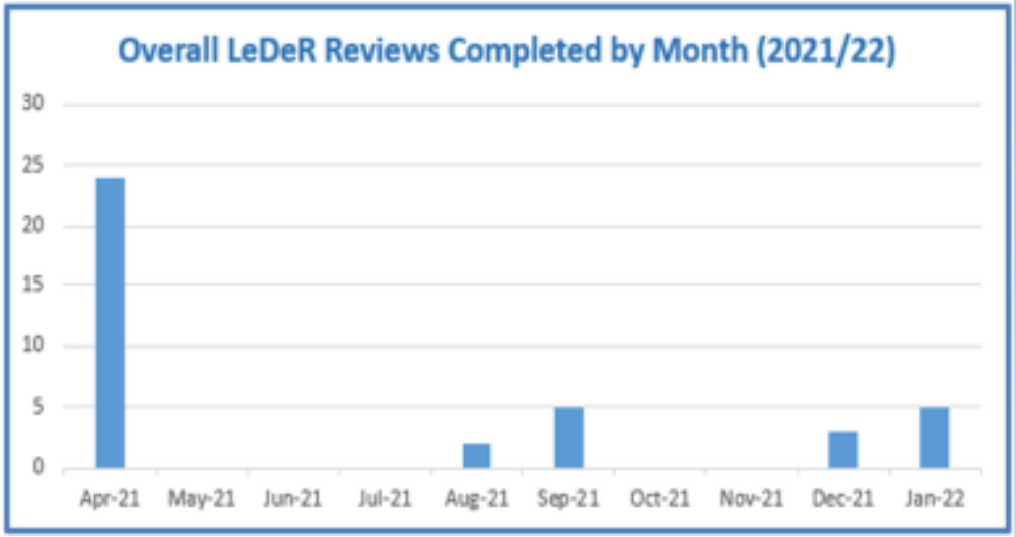
- The Ofsted/CQC local area inspection and the local review found areas where improvements in services for people with autism are required. These include diagnosis, pre-diagnostic and post diagnostic support and services. 'Next steps' pre-assessment pathway and Multidisciplinary triage and assessment is in-place across the County, with benefits including reduced waiting times for assessment and a reduction in rejected referrals. A co-production workshop for the assessment pathway took place on 29th September, with further engagement during October and Nov. Following engagement, the assessment pathway was published on the Local Offer website in January. During Jan – March 2022 the focus will be on post-assessment pathway, and the assessment of ADHD, with publication of the whole pathway due in April.

Annual Health Checks (AHC)

- The Quality & Patient Safety Team (Learning Disability and Mental Health) is leading on a programme of work to increase the uptake and quality of Annual Health Checks (AHCs) for people with a learning disability. This work is an integral part of the LeDeR Learning Into Action workstream and set out in our LeDeR 3 year strategy. Currently the focus is on supporting primary care to achieve the NHSEI target in line with recent guidance. Future updates from work done will be overseen by the LD and Autism Partnership Board which is jointly chaired by Somerset CCG and Somerset County Council. Part of the improvement work is also focusing on improving access to Advance Care Planning services including a Train the Trainer project called 'No Barriers Here'; the Talk About Project and the development of a co-produced video to explain the Treatment Escalation Plan.

Learning Disability Mortality Reviews (LeDeR)

NHS Somerset Clinical Commissioning Group

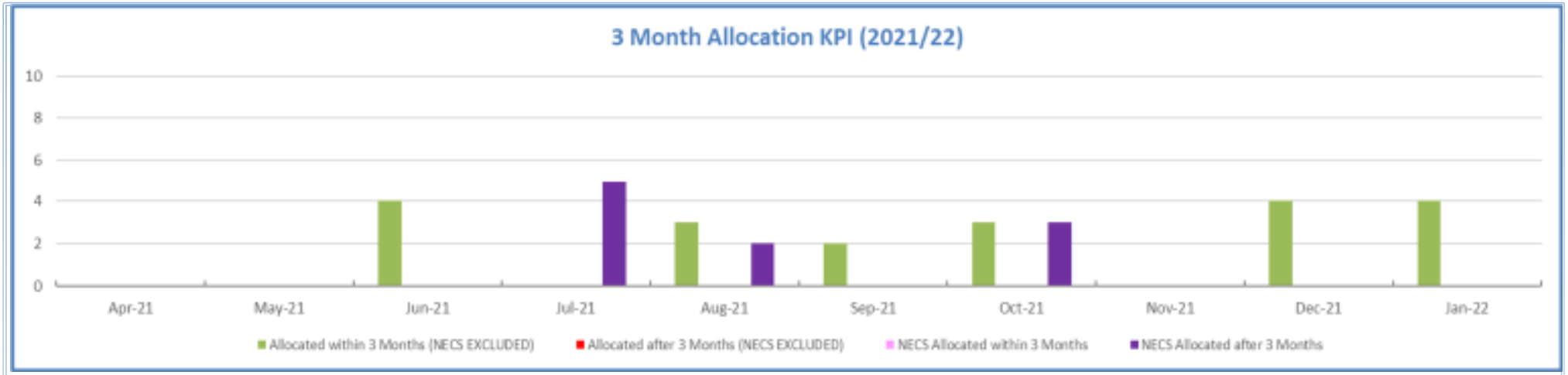


Three Notifications were received into the Service in January 2022. There was a hold-up at the NHSEI hub caused by illness and / or COVID-related demands, which delayed receipt by Somerset CCG. However, all three were allocated in January or early February.
Five Reviews were completed in January 2022, all originally allocated to NECSU (North of England Commissioning Support Unit), which completes all the work outsourced to NECSU since the platform change.

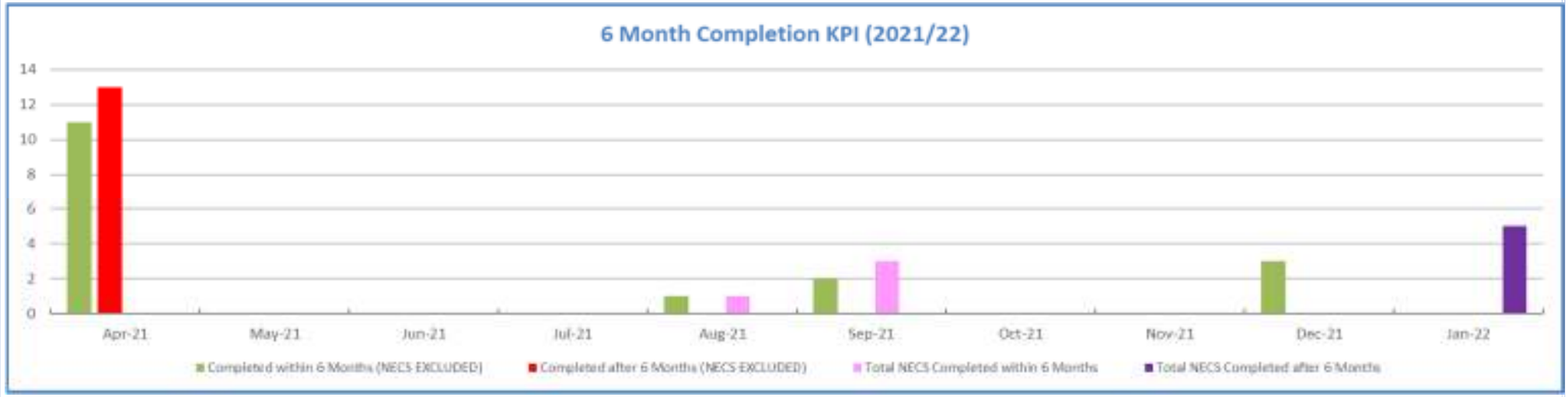
January focus – In January we looked at re-starting our formal Quality Assurance Panels now that the new LeDeR platform is embedded. These Panels enable us to provide additional assurance about the quality of our Reviews and the relevance and accuracy of our SMART actions. The Panels will run regularly going forward with input from across the ICS and will provide an opportunity for the Reviews to be robustly quality assured before being discussed at the LeDeR Governance Group.

Learning Disability Mortality Reviews (LeDeR)

NHS
Somerset
Clinical Commissioning Group



3 Month Allocation KPI – requires any Notifications received to be allocated to a Reviewer within 3 months of the Notification Date.
Four Reviews were allocated in January, all within the KPI.



6 Month Completion KPI – requires all Reviews to be completed within 6 months of the Notification Date. Five Reviews were completed in January, all outside the KPI. All five were the outstanding Reviews handled by NECS.

Maternity

NHS Somerset Clinical Commissioning Group

During the year, the period of April-January 2021/22 there have been 3,630 women that have delivered babies, 2,528 at Somerset FT and 1,102 at YDH FT.

Both trusts are currently under pressure due to increase in numbers with an increase in complexity (people giving birth in later life, rising levels in obesity and Covid in pregnant women), and Covid-19 related staff absence. Support available across the system and regionally, Somerset FT and YDH FT have been outstanding in offering support to neighbouring trusts when they have capacity and the same levels of support are offered to us. A regional divert policy has also been developed for the South West. This is expected to ease as midwives are recruited, however this will be a gradual process as newly qualified midwives will need to be supported to ensure competency and build confidence.

Both Trusts are focused on achieving all actions required in the Ockenden Report. Working closely with the LMNS (Local Maternity and Neonatal System), 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. The next Ockenden report is due to be published late March and further recommendations made. The Kirkup (East Kent) report is expected during the autumn.

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 (Long Term Plan) requirements. Year to date the proportion of women who smoked at the time of delivery reduced by 0.62% compared to 2020/21. Both trusts have also implemented the PeriPrem Care Bundle to improve the outcomes for premature babies

Work is ongoing promoting Covid-19 vaccination amongst our pregnant population

A Vision for Somerset Maternity Services has been co-produced with the MVP (Maternity Voices Partnership), which is now undergoing a final sign off by the comms team

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.

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.

Work continues to align the digital systems to improve communication.

Actions to support maternity services:

- Implementation of the National Bereavement Care Pathway across both trusts
- Public Health midwife to promote healthy pregnancy and link maternity with Public Health services
- Building closer links with our neighbouring LMNSs (Local Maternity and Neonatal System) to share learning and improve communications pathways for cross border transfers
- A Maternity Equity Strategy to be published this year.