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Clinical Commissioning Group

Report to the NHS Somerset Clinical Commissioning Group on 27 May 2021

Title: Integrated Board Assurance Report for the Period 1 April 2020 to 31 March 2021	**Enclosure G**

Version Number / Status:	1
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Summary and Purpose of Paper

Following discussion at the Finance and Performance Committee meeting held on 20 April 2021, the enclosed paper provides a summary of escalation issues for quality and performance against the constitutional and other standards, for the period 1 April 2020 to 31 March 2021, and provides a detailed summary for the following areas:

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

Recommendations and next steps

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

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

Quality	Decisions regarding improvements against the performance standards are made to deliver with regard to the best possible value for service users.			
Privacy	No issues identified.			
Engagement	All discussions regarding performance improvement have been detailed in the enclosed report.			
Financial / Resource	The current resource allocation for NHS Somerset Clinical Commissioning Group is £971,746,000 for 2020/21.			
Governance or Legal	Financial duties of Somerset Clinical Commissioning Group not to exceed its cash limit and comply with relevant accounting standards.			
Risk Description	The Somerset Clinical Commissioning Group must ensure it delivers financial and performance targets.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
	3	2	6	SC17

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Integrated Board Assurance Report
March 2021

Somerset System overview – March 2021

NHS Somerset Clinical Commissioning Group

Primary Care – GP contacts/demand

296,668 *

*Compared to 12 month average

CALL 111

Answered within 60 seconds

88.51%

8,161 Calls

Cat 1 **8** min
Cat 2 **27** min
Cat 3 **64** min
Cat 4 **107** min

Mean response time

4 hours A&E

85.93%

Total A&E Attendance

19,631

NHS Somerset NHS Foundation Trust

4 hours A&E

79.47%

Total A&E Attendance

5,593

Yeovil Hospital Healthcare

4 hours A&E

95.33%

Total A&E Attendance

4,222

Total emergency admissions

5,855

904 Re-admissions within 30 days of discharge

Somerset System overview – March 2021

NHS Somerset Clinical Commissioning Group

Referral to treatment

12,919 Clock starts

62% <18 weeks

3976, people waiting >52 weeks

4,942 people waiting >40 weeks

Diagnostics

Waiting list

10,506

>6 weeks 3,901

31.2%

Cancer

Total 2ww

2,290

142 >2ww waits

2ww performance 94%

31 day performance 94%

62 day performance 84%

IAPT - Improving Access to Psychological Therapies

access (roll-out) 14.8%*

*for the 3 month period ending March 2021. Q4 target is 16%

66.6 % moving to recovery

CYPMH

Children and Young People's Mental Health access 26.3%*

*local un-validated estimate for the 12 month period ending March 2021 Q4 target is 28.8%

97.4% of patients waited <=24 hours to be seen by the Home Treatment Team

95.6% of patients on CPA had an annual review

Somerset System overview – March 2021

NHS Somerset Clinical Commissioning Group

Safeguarding

Children Looked After

61.9%

Initial Health Assessments <20days

*November Data

Strengths & Difficulties Questionnaire 91.1%

Dental Checks

26.2%

Continuing Health Care

28 Day Quality Premium 52%

Deferred Assessment Caseload 0

LeDeR

Allocation to a reviewer within 3 months 33%

19%

Reviews completed within 6 months

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

0.35*

*January. Data awaited

Infection control

MRSA 1

18 MSSA

E.coli 37

8 C.diff.

Emergency

C section

19.6*%

*Year To Date

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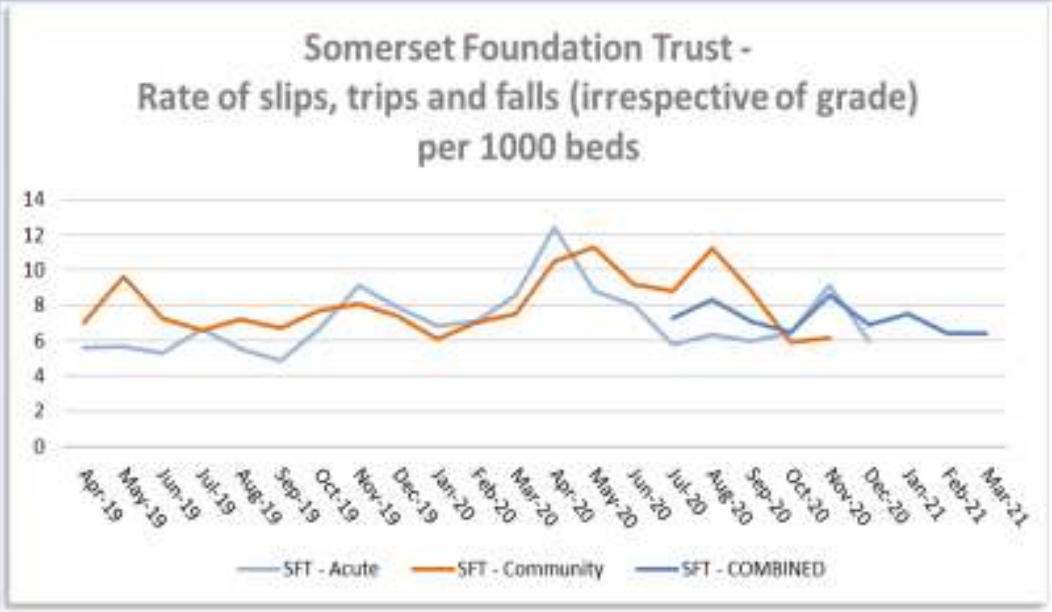
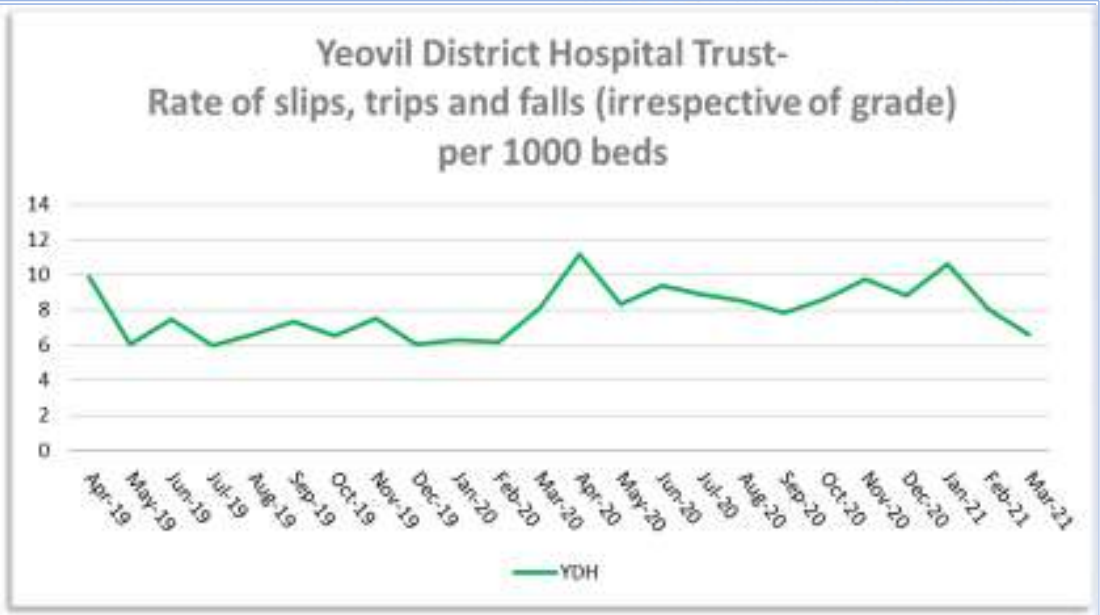
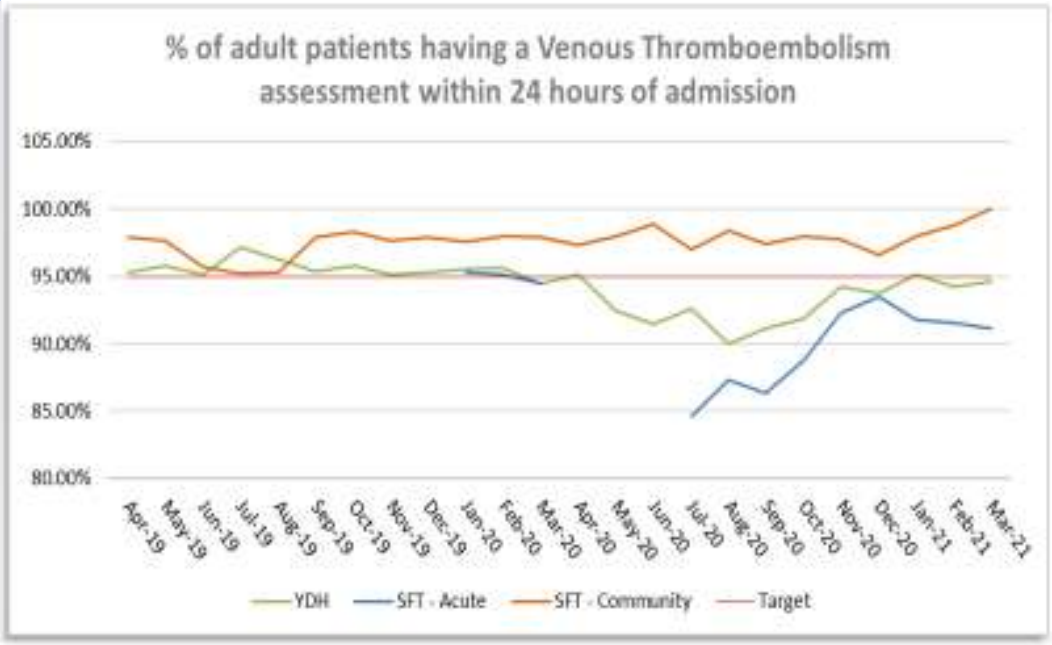
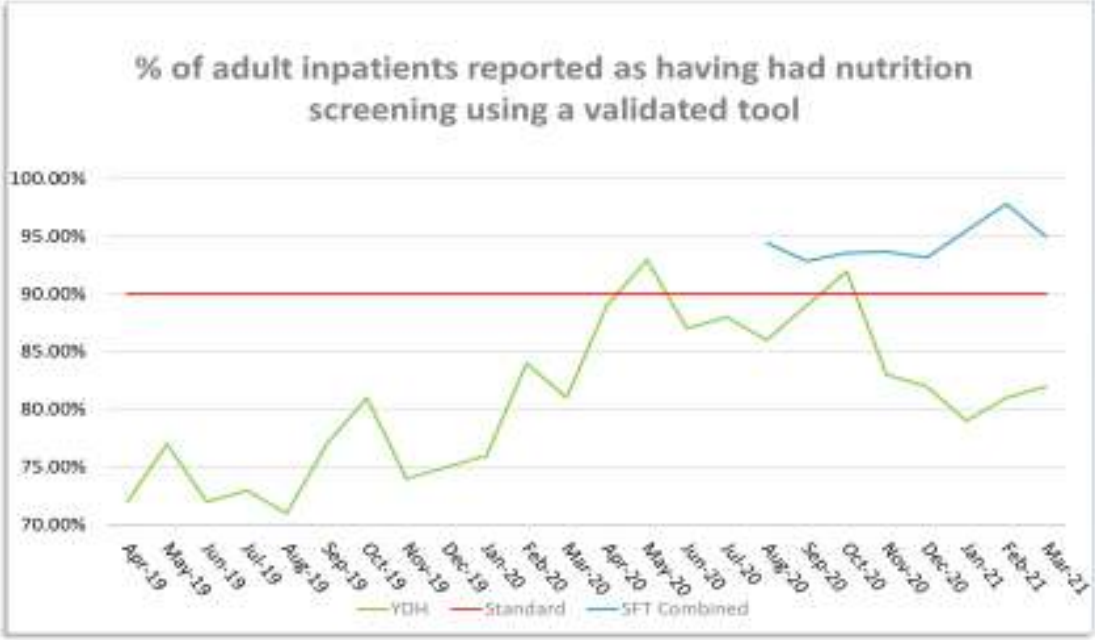
NHS Somerset Clinical Commissioning Group









Quality Reporting

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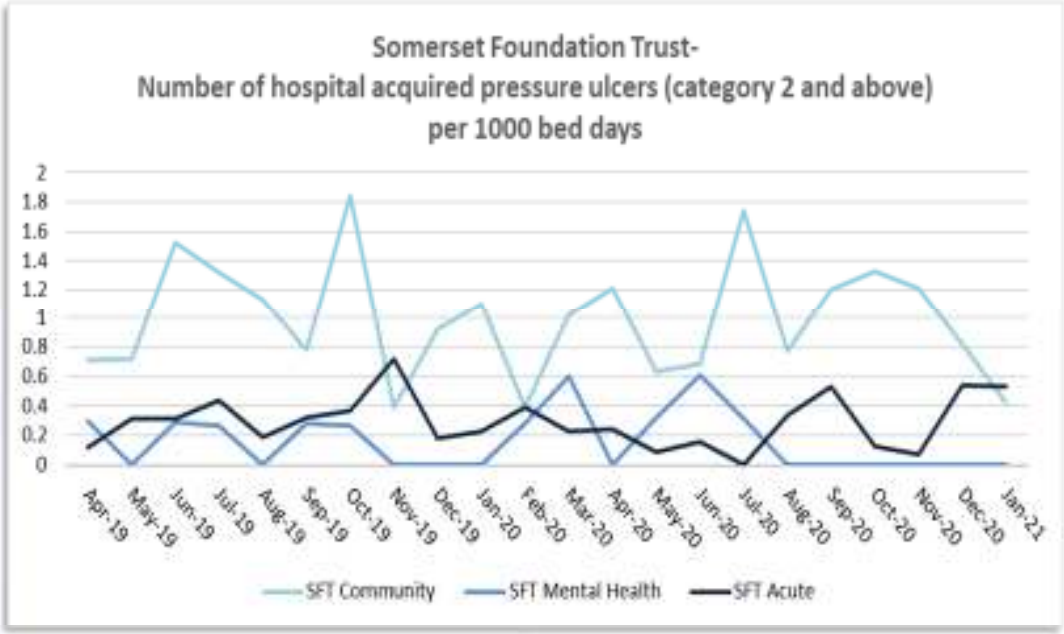

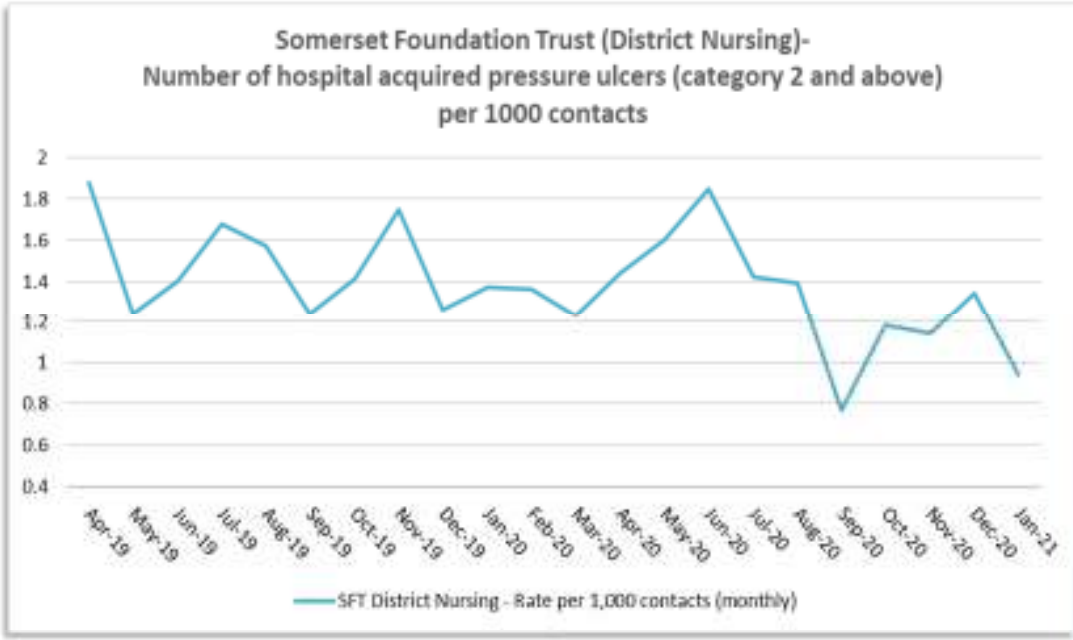

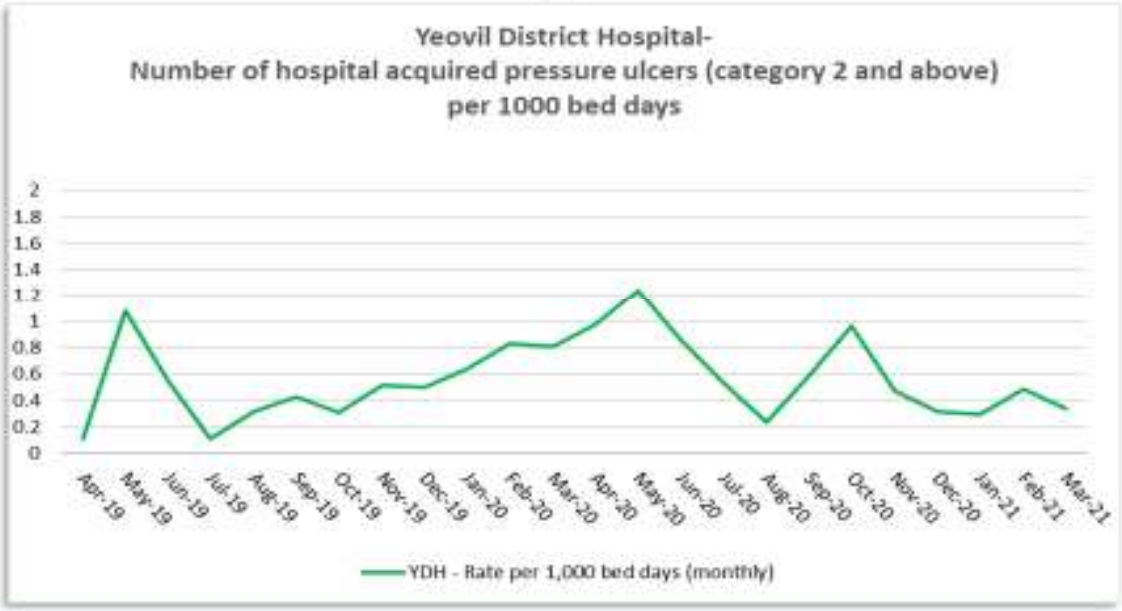

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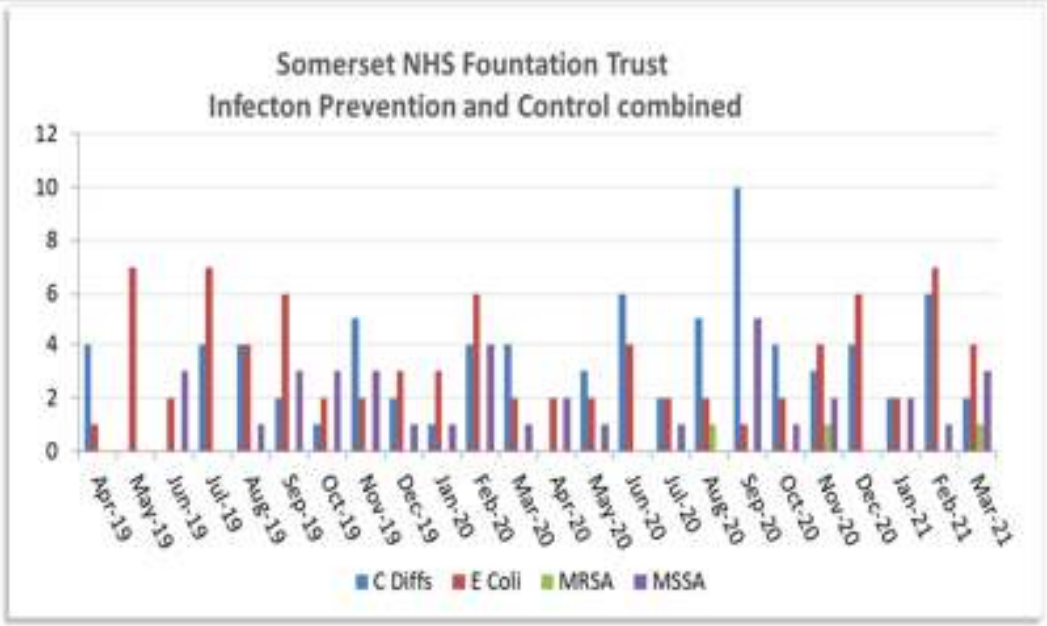

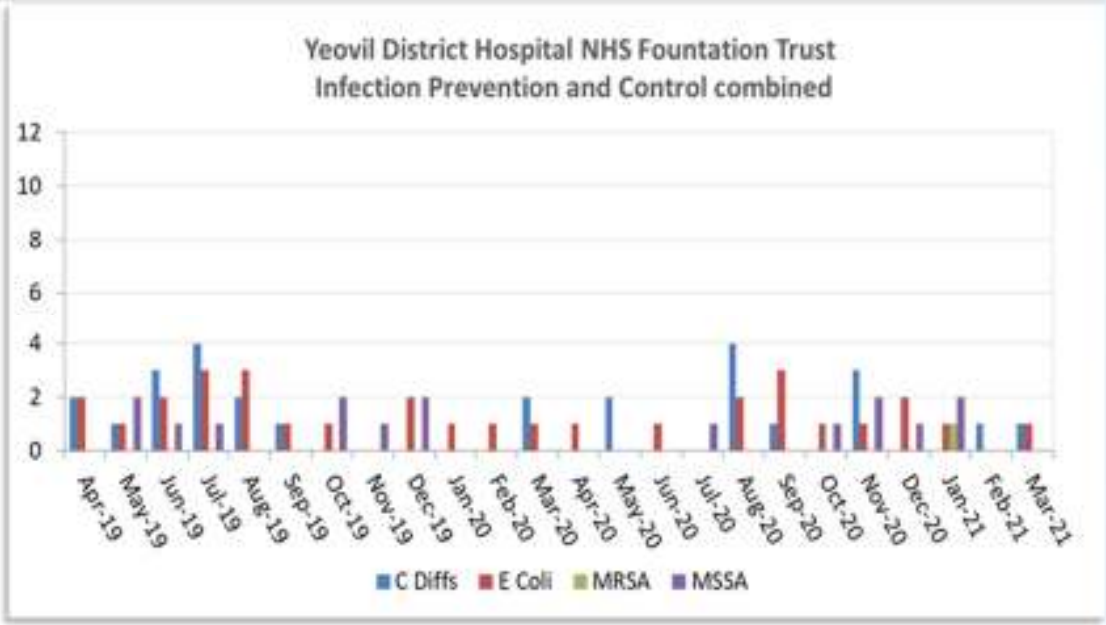

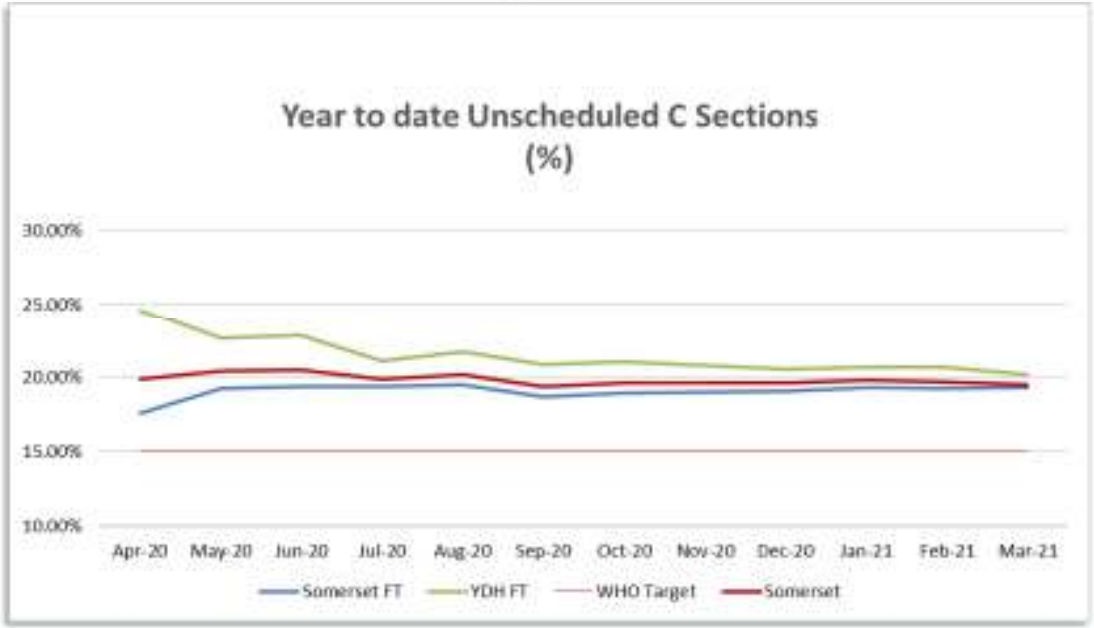

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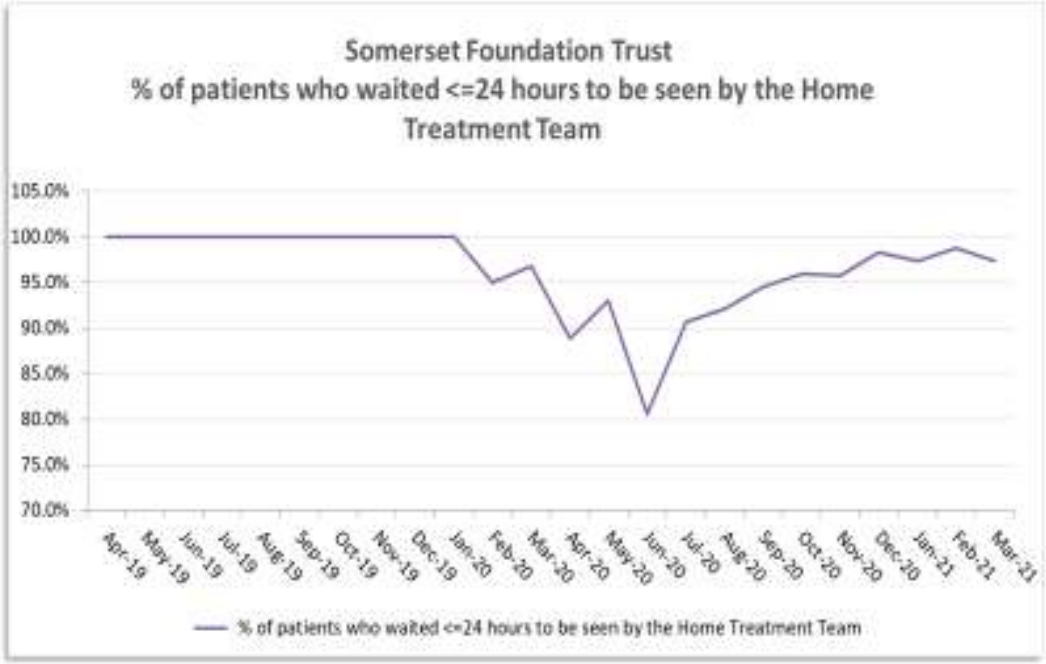

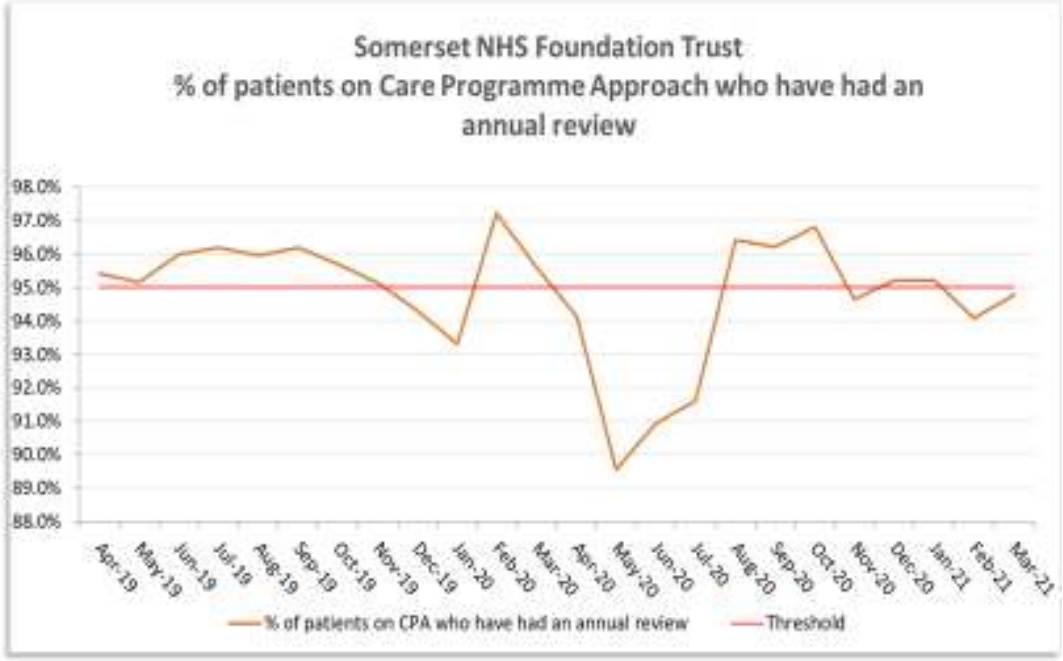

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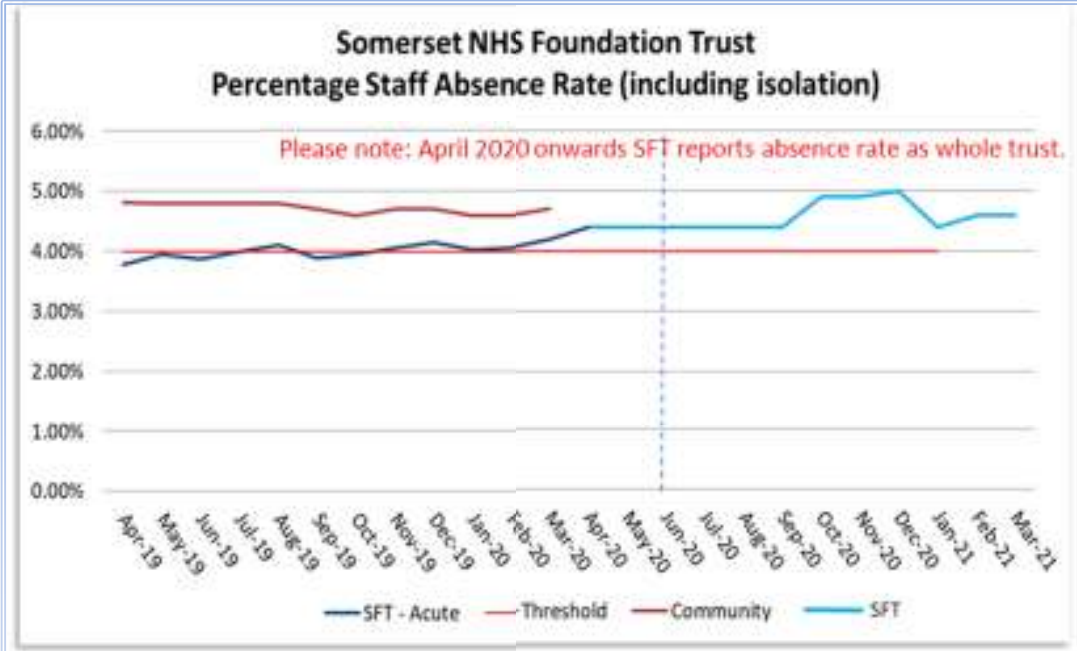

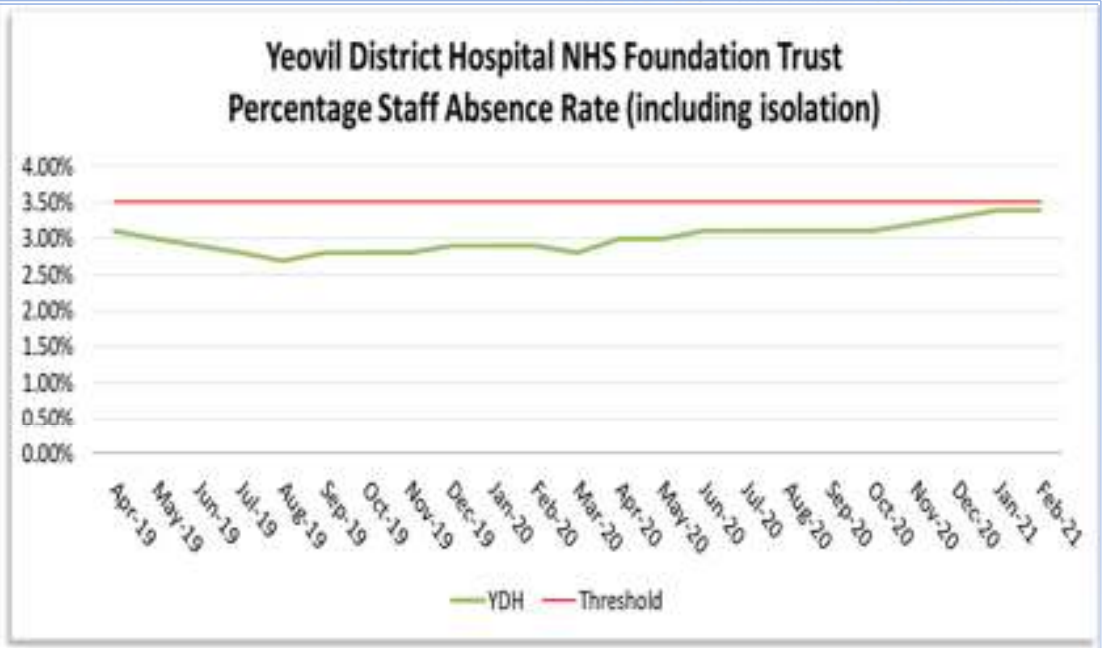

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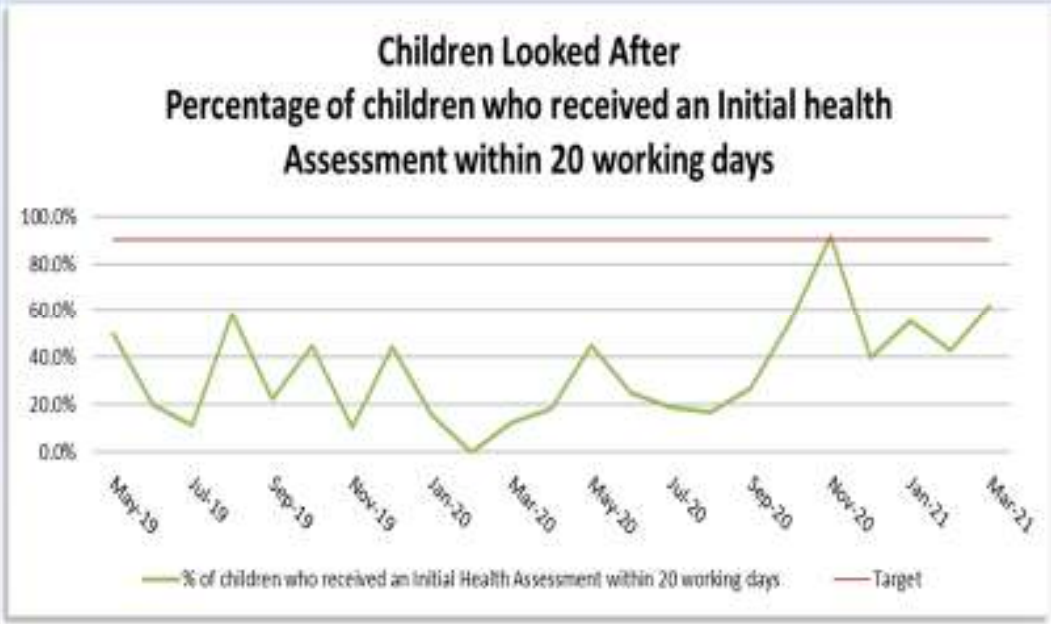
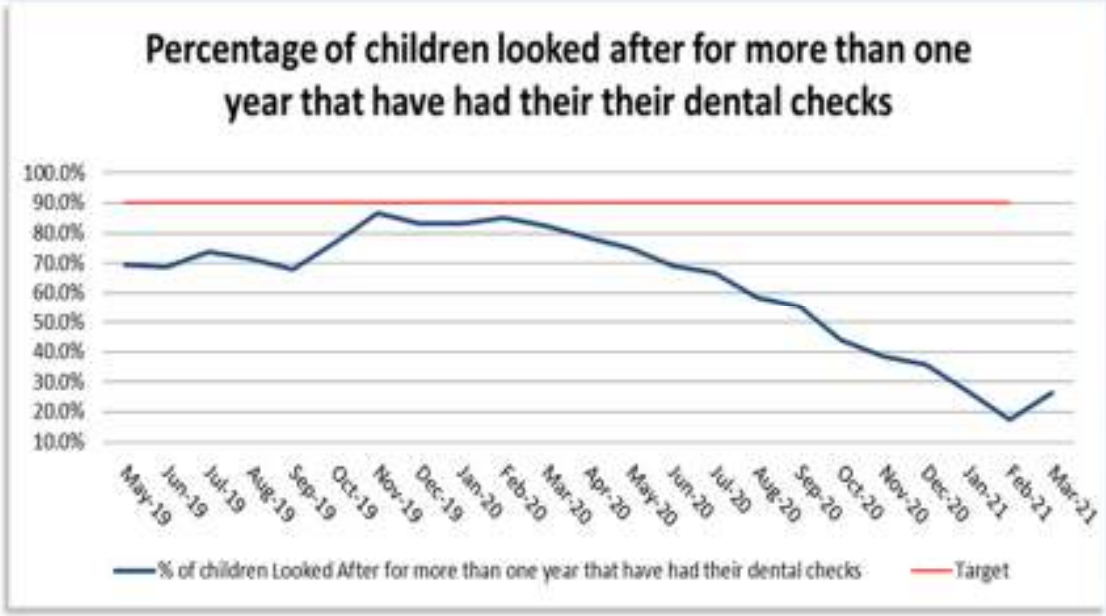
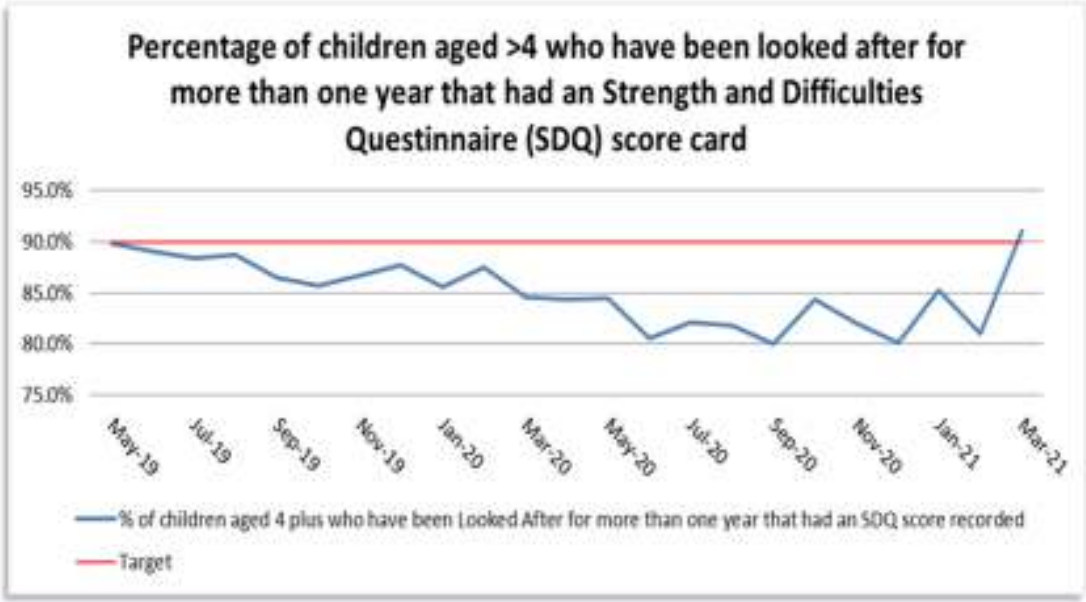


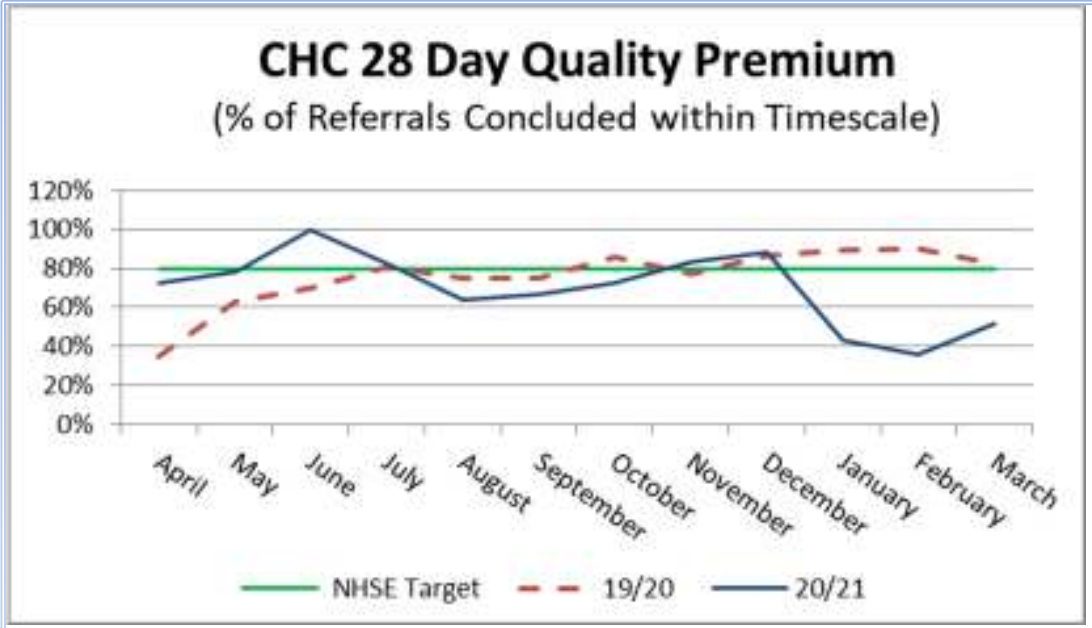


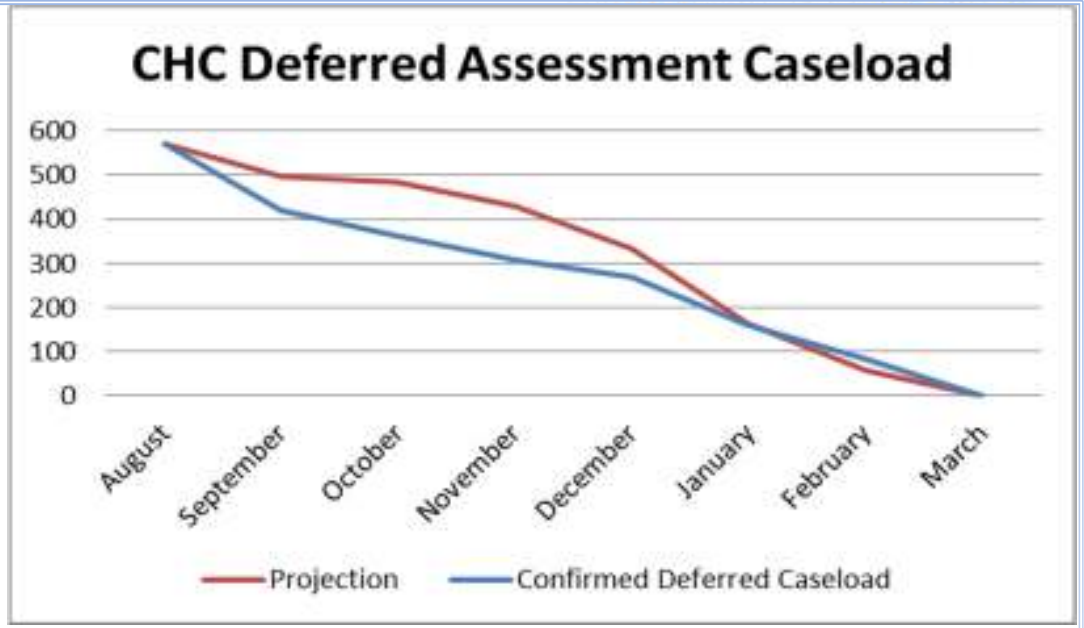


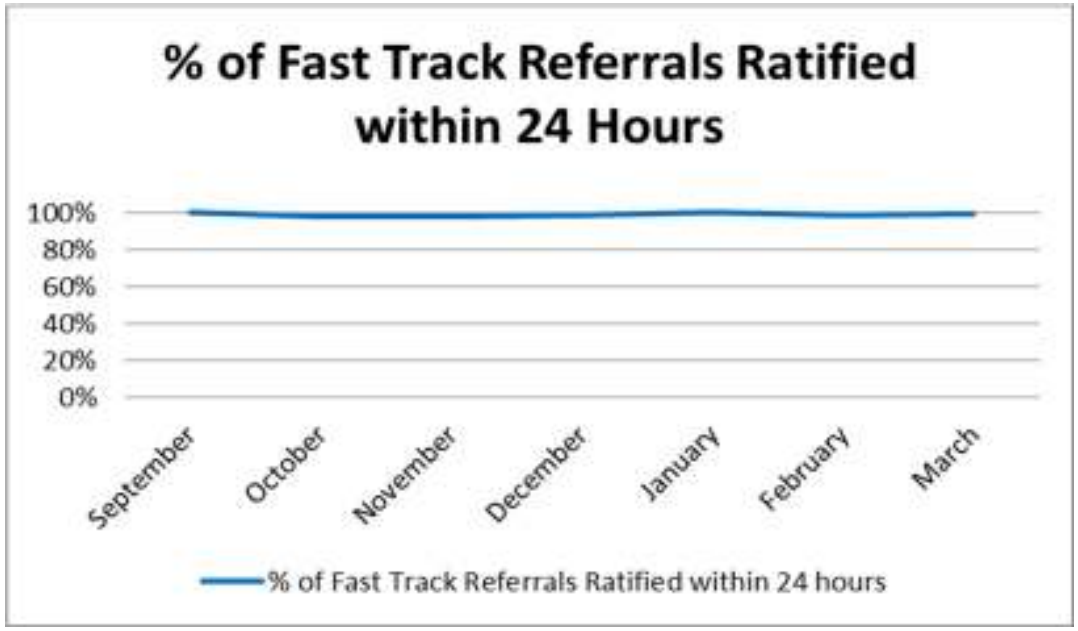
Quality Reporting as at March 2021

Continuing Health Care

NHS Somerset Clinical Commissioning Group







Quality Reporting

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Falls:

- There have been an overall decrease of falls across the providers in the last three months (Jan-March 21), this will continue to be monitored through the Clinical Review Monitoring Process.

Venous Thromboembolism (VTE)

- Work is being carried out across the providers to improve compliance in the completion of VTE assessments, there has been a slight increase at YDH and with Somerset Foundation Trust in the community, there have been no improvements at Somerset FT. YDH have reviewed the current process and are working with pharmacy and ward staff to ensure completion and Somerset FT are devising an electronic solution.
- There is a plan to review plans in July following the implementation of improvement plans at the trusts, continued monitoring will take place through the Clinical review Monitoring process.

Pressure Ulcers

- Low numbers of incidents of hospital acquired pressure ulcers affect the rate variation. Pressure ulcer on admission from home and community settings are at a higher rate, this has led to the Pressure Ulcer Collaborative having a focus in improvements across, District Nursing, Care homes and Hospices, this has been delayed due to Covid-19 however is due to restart July 2021.

Mandatory Training

- Both trusts have seen an increase in compliance of Mandatory training, despite the challenges faced with Covid-19.

Nutritional Screening

- We have noted there is a reduction in the completion of nutritional screening, however as part of the “Reducing the Burden” (see link below) the trusts at present are not required to undertake the audit and provide the data for nutritional screening. There are no other indicators to suggest that this is an issue within the trust, however the CCG will monitor this and provide additional assurance if required.

Adobe Acrobat Document

Maternity (Unscheduled C. sections)

- The Local Maternity Neonatal System Governance and Safety Group (LMNS) are meeting on 10/05/2021 to discuss quality pathways and to discuss the development local quality KPI’s. Once these KPI’s have been agreed by all within the system, feedback on monitoring, improvements will be provided to PSQAC and in turn the Governing Board. Following on from the Ockenden report recommendations, it has been agreed that C-Seconds or Still Births will not be used as a measurement on our Providers maternity services. Feedback will be provided regarding our Quality KPI’s at the next meeting.

Quality Reporting

NHS Somerset Clinical Commissioning Group

Infection Control

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.)

- On the 26th March we completed reviews of Clostridium Difficile cases for quarter 3 and quarter 4. Peer review is taking place on 25th June. Initial reviews have identified themes in timeliness of stool sample being taken and isolation of patients mostly in SFT, who are already taking action to improve this.

Methicillin-resistant Staphylococcus aureus Blood stream infection (MRSA BSI is resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections. It mainly affect people who are staying in hospital.)

- 1 case currently remains under investigation with the GP surgery

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.)

- Quality Improvement work now being reviewed- Presentation teaching session to the care homes took place on the 29th April which had 29 attendees from various healthcare providers across the county.

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

- Small monthly review as requested from NHSEI - showed issues with line management which we have requested audits for from both trusts.- This is still awaiting due to resource pressures within the acute providers- we aim to have a response by June 2021

Quality Reporting

NHS Somerset Clinical Commissioning Group

Mental Health

- The dip in performance in undertaking annual reviews aligns to the first lockdown and so they were challenged in terms of actual delivery but recovered by the summer.
- The dip in performance in the Home Treatment Team is more concerning as by definition this team provides support to a higher risk patient group. A similar pattern is evidenced in the graphs (1st lockdown) as well as a comparable recovery trajectory. Clearly in the very early stages of the lock down issues as to who could be seen, where, what precautions were required in terms of PPE, etc., all impacted on delivery. Further work is being done by Somerset FT to ensure that the necessary risk assessments are in place to ensure appropriate decisions are made about who needs to be seen face to face.
- Finally in both instances, it must be pointed out that the graph only shows the top quarter of the data range, thereby making it look at first glance as a much bigger dip in performance than it was.

Workforce

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

Children Looked After

- Initial Health Assessments within 20 working days: the chart shows (slide 10) the percentage of children looked after that have had their statutory health assessment completed within the required 20 working days from May 2019 to March 2021. Since December 2021 the rate is steadily increasing once more and in March 2021 the rate turned amber at 61.9%. It is hoped that the new arrangement for assessment will have a positive impact on performance and that this will be shown in April’s data.
- The second chart on slide 10 shows the percentage of children looked after for more than 1 year that have had their dental check from May 2019 to March 2021. This has been steadily declining since February 2020 due to Covid-19 related dental practice closures and restrictions but emergency treatment remains accessible across Somerset . This work forms part of the multi-agency Corporate Parenting Board’s health and wellbeing sub group. It is reassuring that performance is beginning to improve as dental practices become more accessible again
- The third chart shows the percentage of children aged more than 4 years looked after for more than 1 year that have had an SDQ (Strength and Difficulties Questionnaire) score card completed from May 2019 to March 2021. This has been steadily declining since February 2020. Since December 2020 there has been a sudden increase. This work forms part of the multi-agency Corporate Parenting Board’s health and wellbeing sub group. The Local Authority have been doing a lot of work with foster carers and kinship carers to ensure the completion of the SDQ is a priority. Furthermore the Local Authority are also cleansing their own data ahead of their annual national data submission which may also have had an impact on the number of completed assessments.

Continuing Health Care (CHC)

- Since the recommencement of the CHC Service on 01 September 2020 our performance attainment against NHSEI’s 28 Day Quality Premium (QP) Target has been affected as a significant percentage of the ‘CHC Assessor’ resource has been re-directed to focus on the Covid-19 Deferred Assessment backlog. Further to this, performance attainment for January and February 2021 has further been exacerbated due to the redeployment of CHC staff to support Somerset’s Mass Vaccination Programme
- The CHC Deferred Assessment Caseload (only notifications between March and end of August)has consistently reduced on a monthly basis since the recommencement of the CHC Service on 01 September 2020. CHS Healthcare were commissioned to support the reduction of this backlog in line with the trajectory above and CHC provide a 2 weekly SITREP to NHSEI. As of the end of September CHC had over 419 deferred assessments and as of the end of March 2021 all deferred assessments have been completed.
- CHC staff have focused tightly on ensuring performance attainment on this Covid-19 funded priority backlog despite the redeployment of CHC staff to support Somerset’s Mass Vaccination Programme as well as necessary quality assurance processes against the CHS Healthcare contract.

Primary Care

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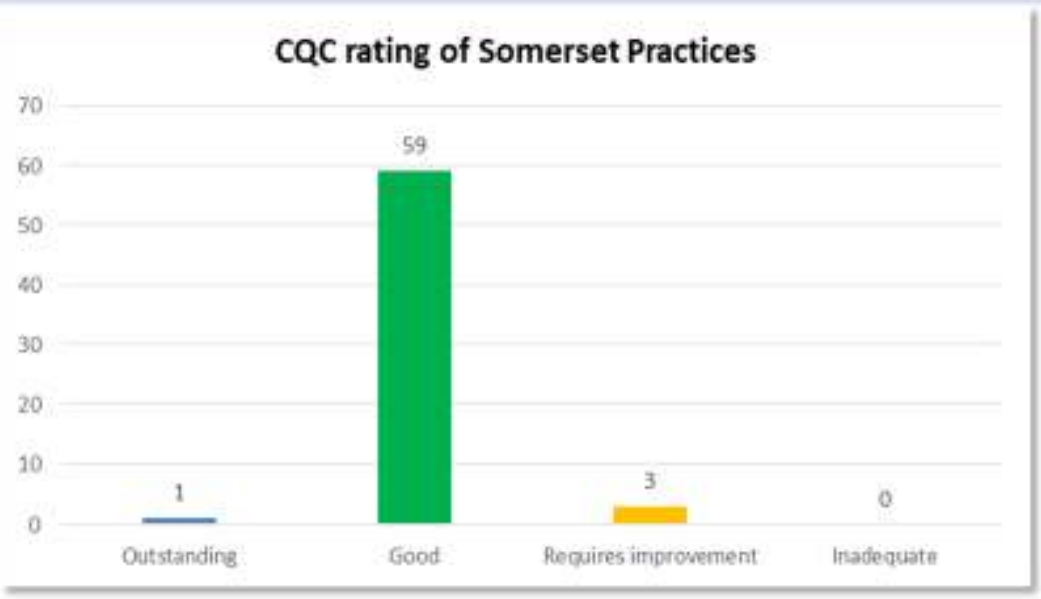

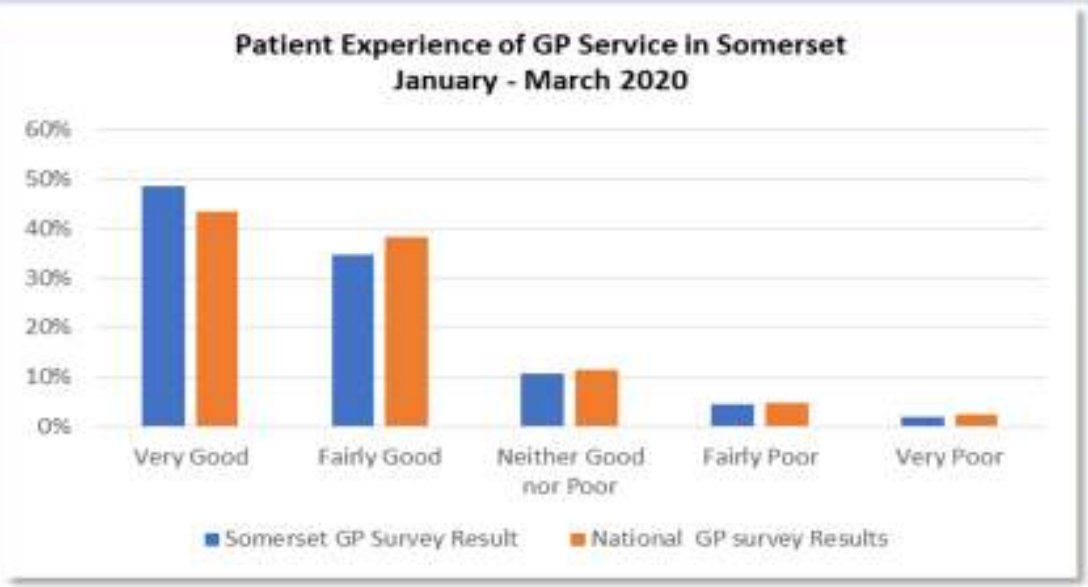

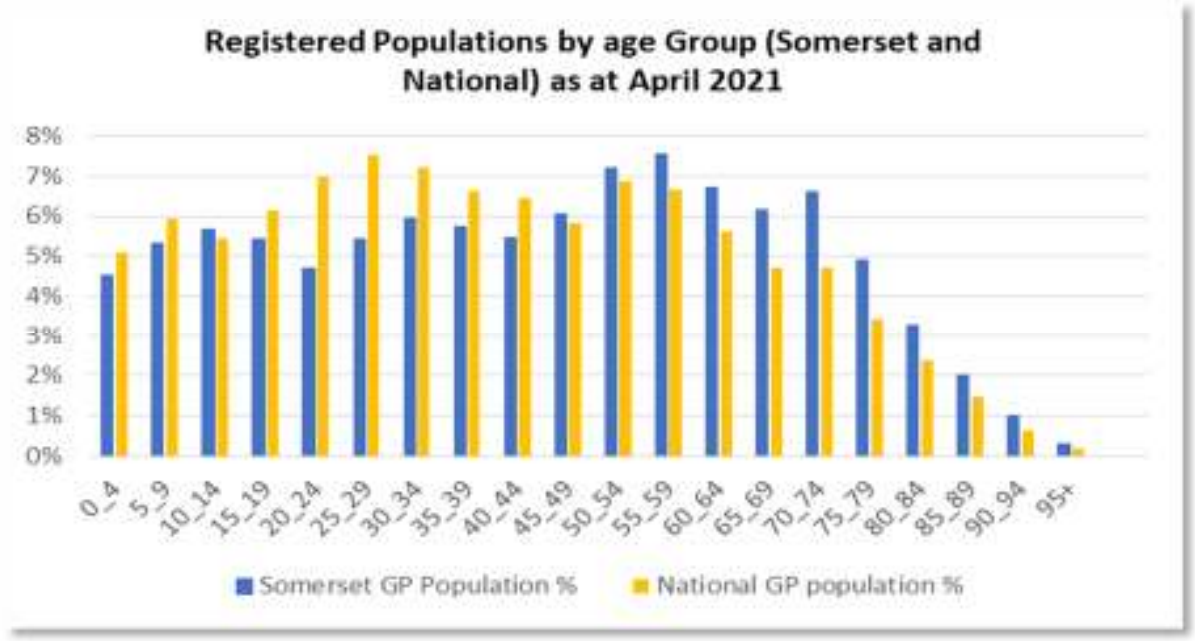

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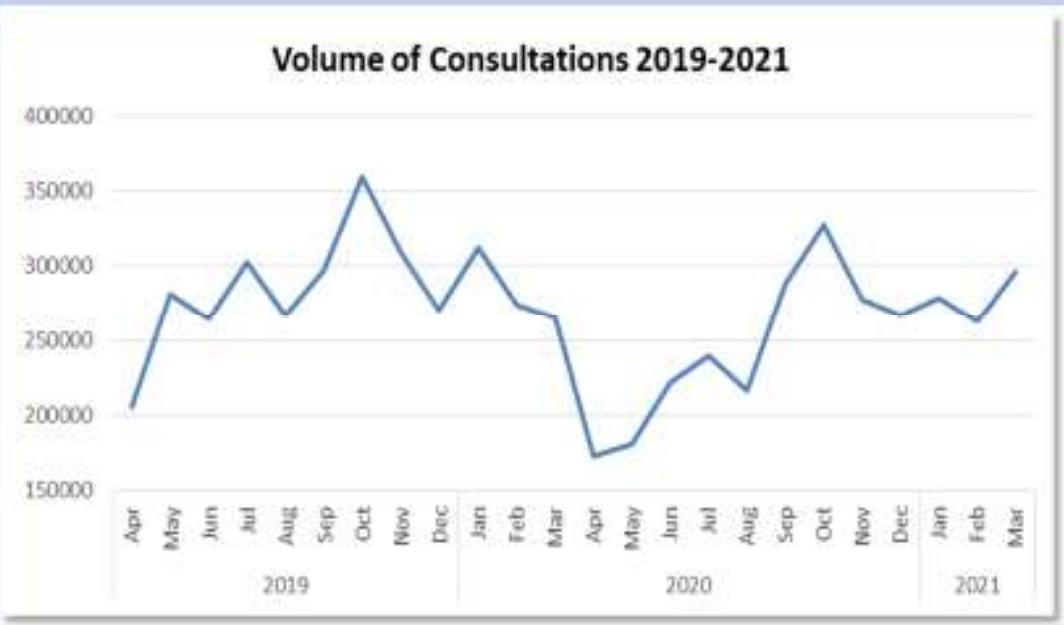

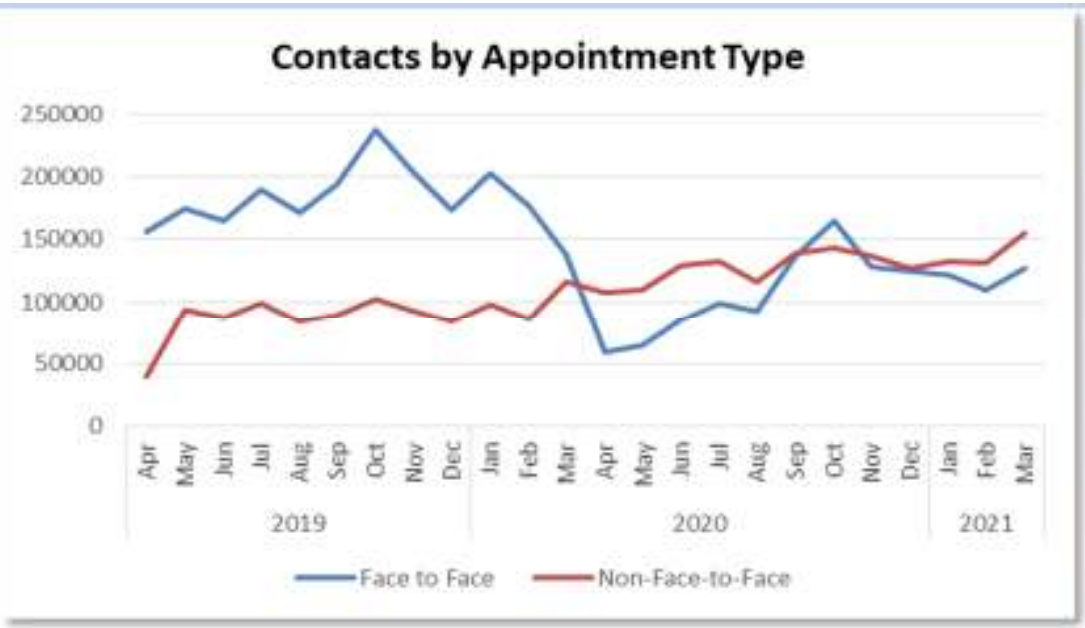

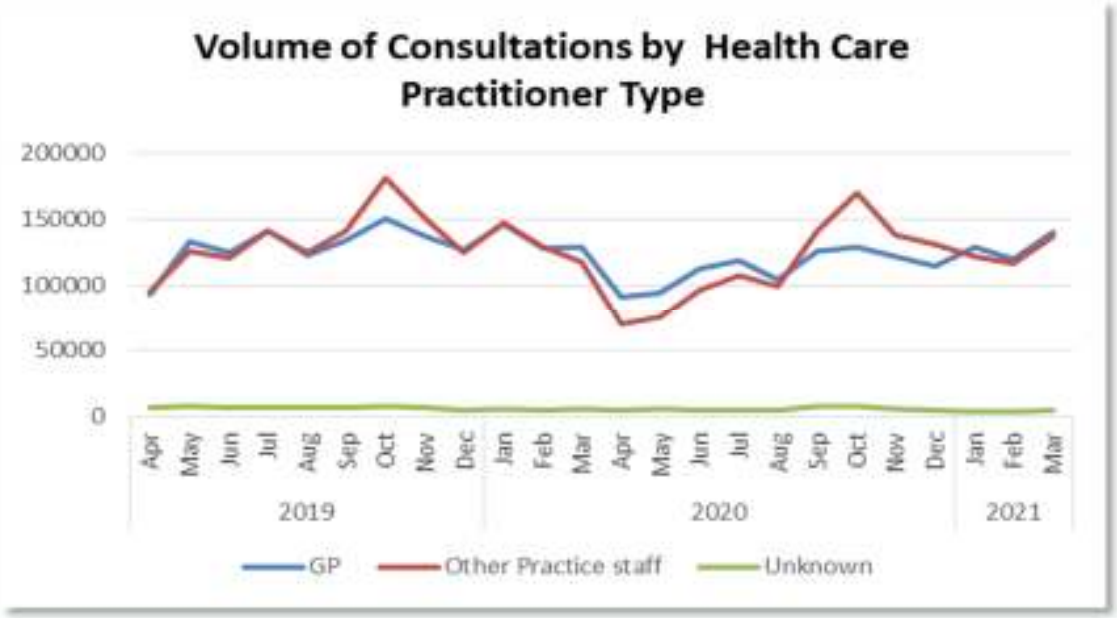

Primary Care

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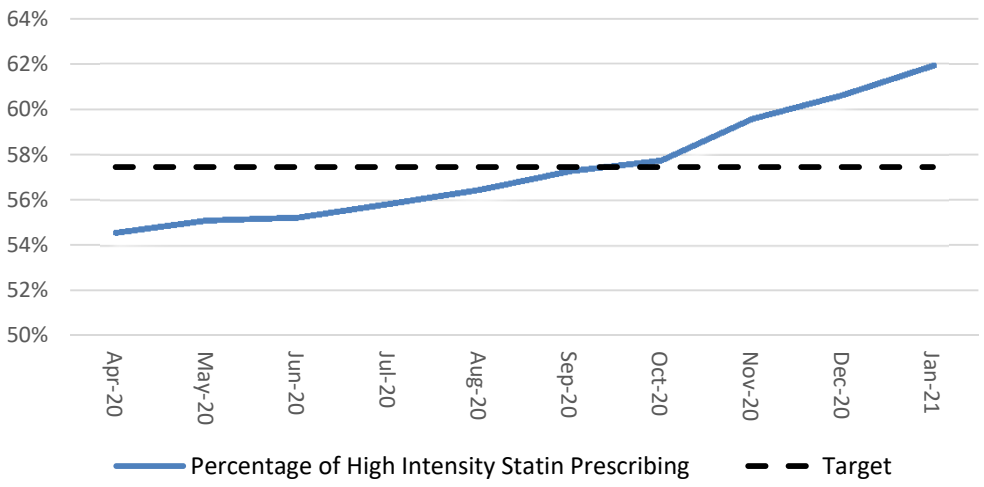
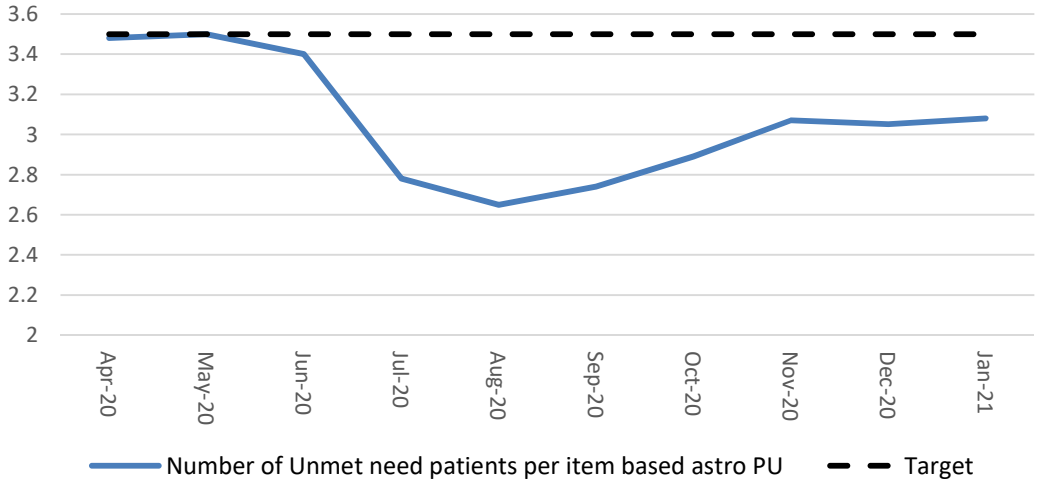
Increasing high intensity statin prescribing as % all statins >57.44%



Statin prescribing for patients with unmet CVD* prevention need < 3.5 Unmet need patients per item based *ASTRO PU



*CVD – Cardio Vascular Disease

*Age, Sex, and Temporary Resident Originated Prescribing Unit

Primary Care

NHS Somerset Clinical Commissioning Group

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

Headline
General Practices continue to be extremely busy. In March 2020 there were a total of 296,668 GP appointments delivered, compared with 225,033 in March 2020. The monthly average over the last 12 months has been 268,850.

CQC ratings
We continue to have no practices rated 'Inadequate'. We expect that those practices currently rated 'Requires Improvement' will move to 'Good' when re-inspected, which will happen in the near future.

Patient experience
Somerset continues to perform better than the national result on patient satisfaction with GP services.

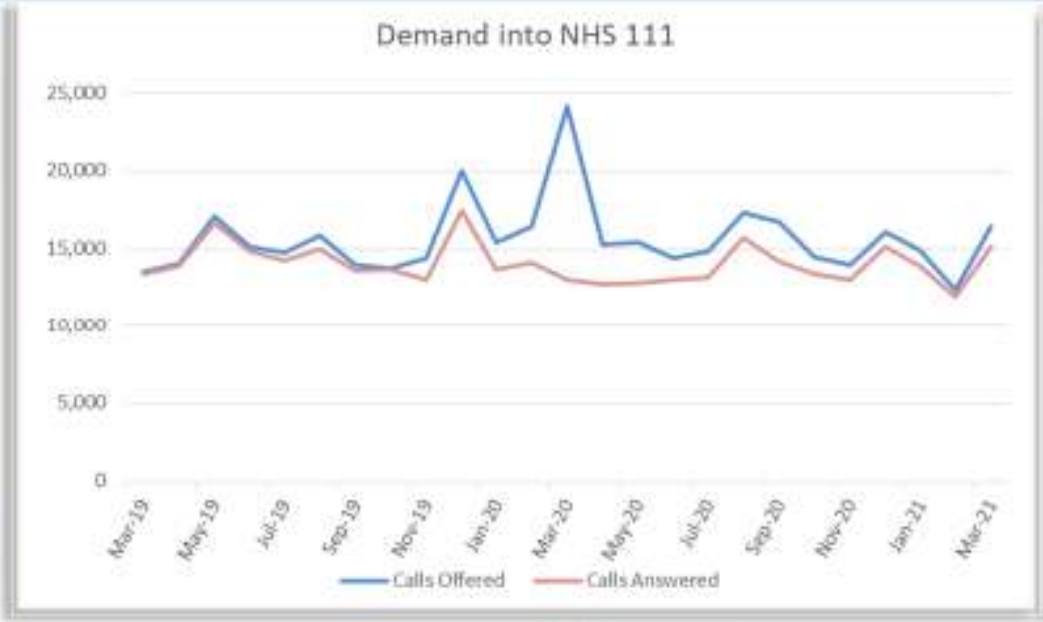
Demographic
The GP registered population of Somerset is significantly older and has a higher level of healthcare need than the national distribution.

Consultations
Please note that non-Face to Face includes 'unknown appointment' type which NHS Digital attributes to, *'Practices using the Vision GP system are unable to supply appointment mode data. Consequently the proportion of appointments with an 'Unknown' appointment mode is higher in releases from July 2019 onwards when Vision practices were included in the publication.'*
Patient demand is high, and the nationally mandated triage arrangements remain in place. Patients who need to be seen face to face continue to receive this type of appointment, which constitutes 49% of consultation types as at February.

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.
This period we highlight two measure covering prevention of cardio-vascular disease (see graphs on slide 17). Somerset practices have made progress in preventing cardio-vascular disease during the current year by increasing the prescribing of higher potency statins as recommended by NICE. Somerset is now well above the national average for this measure.
Significant numbers of Somerset patients have cardiovascular risks which are currently untreated but could be mitigated by medical treatment. Some progress has been made in the year in identifying patients with unmet cardiovascular risks and following discussion initiating statins for those patients. Progress stalled on this indicator as a result of the Covid-19 lockdowns.
Work continues on both indicators going forwards as prevention of cardiovascular disease for those with known and unmet need remains a Somerset priority.

Emergency – NHS 111 Performance

NHS Somerset Clinical Commissioning Group



Emergency – NHS 111 and Integrated Urgent Care Service

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

- 111 Minimum Data Set reports for week ending 4 April 2021 shows a continued challenged position for NHS 111 services across the country. This is due to the impact of recently increasing call activity (and call arrival patterns) owing to various factors including lockdown easing; schools returning; Easter holidays; and dealing with Covid-19 vaccination queries. Somerset 111 overall continues to perform strongly compared to other 111 providers with call answering performance (60 seconds) being at 85.4% against England average of 69.5% (range 54.2% - 97.3%). Call abandonment rate (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) was at 4.9% against England average of 6.8% (range 0.4% - 18.6%) for week ending 4 April 2021.

- All NHS 111 service providers have access to national contingency (mutual aid) support at times of operational pressures and Somerset 111 has been providing support at times such aid is required. To further reflect general NHS 111 pressures across England, NHSEI has, on occasions, been required to add an 'NHS 111 is busy' addition to the recorded message patients hear, advising of delays and providing alternative options such as 111 Online.

- To give a broader view of Somerset 111 performance: lowest performance, 2021 to date, for call answering within 60 secs was 66.1% week ending 17 January 2021 at a time when England average was 72.9%: this is the only time, 2021 to date, that Somerset 111 has performed at a level below national average. Highest performance, 2021 to date, was 94.2% week ending 28 February at a time when England average was 88.5%. Regarding call abandonment metric, the highest rate, 2021 to date, was for the same week ending 17 January 2021 at 7.6% compared to England average of 5.3% and lowest rate of 1.3% week ending 7 February equalling England average that same week of 1.3%. It should be noted that due to Covid-19 related demands impacting on performance of all 111 providers during 2020 and into 2021, NHSEI/I have been monitoring providers on the basis of performance compared to national average rather than the usual 'business as usual' targets associated with these metrics.

- Devon Doctors Ltd is currently undertaking a focussed Service Advisor recruitment drive, which will provide resource targeted at answering NHS111 calls within the Clinical Assessment Service to provide a more robust service for patients. The CCG continues to monitor both recruitment and Devon Doctors Ltd-delivered elements of 111 through the Monthly Contract Review Meetings.

Integrated Urgent Care

NHS Somerset Clinical Commissioning Group

- Devon Doctors Ltd (DDOC) is the provider of Somerset's Integrated Urgent Care Service. In July 2020, the Care Quality Commission (CQC) carried out an announced focussed inspection of the service which resulted in the application of urgent conditions to the provider registration of Devon Doctors Ltd. The Care Quality Commission Report was published on 14 September 2020 and noted some Requirement Notices relating to regulations that had not been met.

- The CQC undertook a follow-on inspection of Devon Doctors Ltd, on 7, 8 and 9 December 2020: this was a short notice announced focused inspection to follow up on the urgent conditions imposed on the provider and requirements made in July 2020. Due to other areas of concern highlighted during the three-day inspection the inspection changed from a focussed inspection to a full comprehensive inspection.

- Following this inspection, the Care Quality Commission took regulatory action and varied the urgent conditions placed on the service after its inspection in July 2020. The timescales for the urgent conditions were extended, as evidence gathered during December's inspection showed some improvement, but it was insufficient to deem that the urgent conditions had been met. In addition, two new urgent conditions were imposed on the provider's registration relating to taking calls from for the NHS 111 service for Devon. Further Requirements Notices were also imposed relating to meeting the CQC's *fundamental standards. These were complaints handling, provision of staff training, appraisals and supervision, and health and safety.
**https://www.cqc.org.uk/what-we-do/how-we-do-our-job/fundamental-standards*

- The Care Quality Commission rating for the service (overall) was changed to 'Inadequate' (from 'Good') and placed in Special Measures. The Care Quality Commission Report on its December 2020 inspection was published 17 March 2021

- Following the July 2020 inspection, Devon Doctors Ltd developed and has since been implementing a detailed improvement plan: this was revised further following the December 2020 inspection. Fortnightly meetings with Somerset CCG (in partnership with Devon CCG) provides assurance on progress and this is supplemented by other meetings between provider and commissioners to discuss and support specific areas of improvement work. This gives the opportunity for commissioners to scrutinise, gain assurances and provide support where required. The Improvement Plan describes how they will work towards rectifying the urgent conditions and regulatory notices and the next slide provides examples of some of the improvement measures that have already been put in place.

Integrated Urgent Care

NHS Somerset Clinical Commissioning Group

- Continuation of comfort calling - strengthened with appropriate training for staff to undertake this at times of escalation. They are now taking place for both breaches of Home Visits and Triage. Comfort calling performance is monitored by the CCG and further assurances are sought whereby comfort calling targets are not maintained.

- Production of a Clinical Workforce Strategy alongside a 12 Week Plan to support recruitment, training and retention of clinicians (of a variety of skill mixes) into the service, including GPs. In addition the newly created Chief Nursing Officer role will support embedding delegated locally focused clinical leadership and team management to ensure that clinical presence and guidance is threaded through every patient facing process.

- Clinical Governance structure changes coupled with revised Governance process to influence change within the organisation, based on quality reporting; awaiting cycles of change before being able to evidence impact of the revised process. Both Somerset and Devon Clinical Commissioning Groups' Quality Teams are also attending internal meetings within the organisation to observe implementation of proposed clinical governance changes.

  Several interim roles have been placed within the organisation whilst stability in permanent roles is established in relation to quality and governance. The team have brought the organisation mostly in line with where the CCG would expect the figures of long standing complaints and incidents to be. The outcomes and learning is a priority for the CCG to monitor to gain assurance that a process for continuous improvement is embedded within the service.

- Lead IUCS (Integrated Urgent Care Service) clinician to have oversight of the clinical queue between Sat and Sun, 0800-2300 which provides increased safeguards to prevent potential patient harm

- DX (disposition) codes relate to the outcome of an NHS 111 assessment. For example, if an NHS 111 assessment results in a DX code of Dx010 this means that an emergency ambulance response for potential cardiac arrest is required, necessitating the need for immediate transfer to the relevant 999 ambulance service.

  Since January 2021,Meddcare has implemented a DX Operating Model in their Integrated Urgent Care Services. This means that the service works towards meeting DX (disposition) codes resulting from 111 assessments rather than converting such DX codes into further quality metrics (targets) that inadvertently created added pressure within the Integrated Urgent Care Services. Such metrics had been national measures until recently, but have since been replaced by the Integrated Urgent Care Aggregated Data Collection and associated Key Performance Indicators.

Integrated Urgent Care - OOH

NHS Somerset Clinical Commissioning Group

Key Performance Indicator (KPI) 13 - Proportion of patients receiving a face to face consultation in an IUC Treatment Centre for March 2021 (95% target)

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

- 0*% of patients are receiving a face to face consultation in an IUC Treatment Centre within 1 hour,
- 86.4% of patients are receiving a face to face consultation in an IUC Treatment Centre within 2 hours
- 91.4% of patients are receiving a face to face consultation in an IUC Treatment Centre within 6 hours

KPI 14 - Proportion of patients receiving a face to face consultation within their home residence within the specified period March (95% target)

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

- 0*% of patients are receiving a face to face consultation within their home within 1 hour,
- 81.9% of patients are receiving a face to face consultation within their home within 2 hours,
- 88.4% of patients are receiving a face to face consultation within their home within 6 hours,

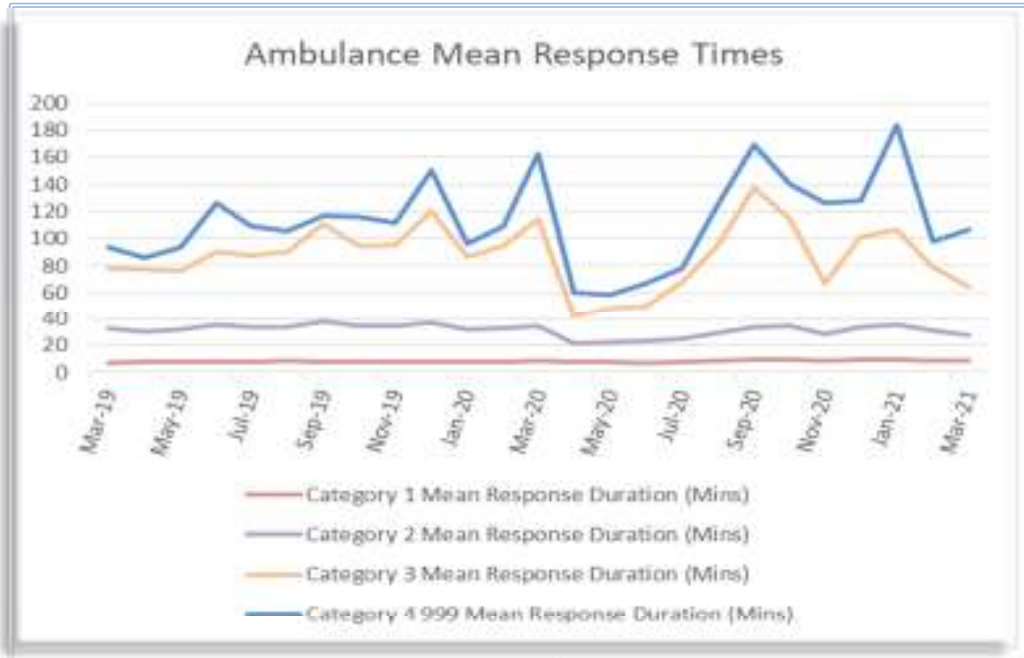
KPI15 – Proportion of calls assessed by a clinician (50% target)

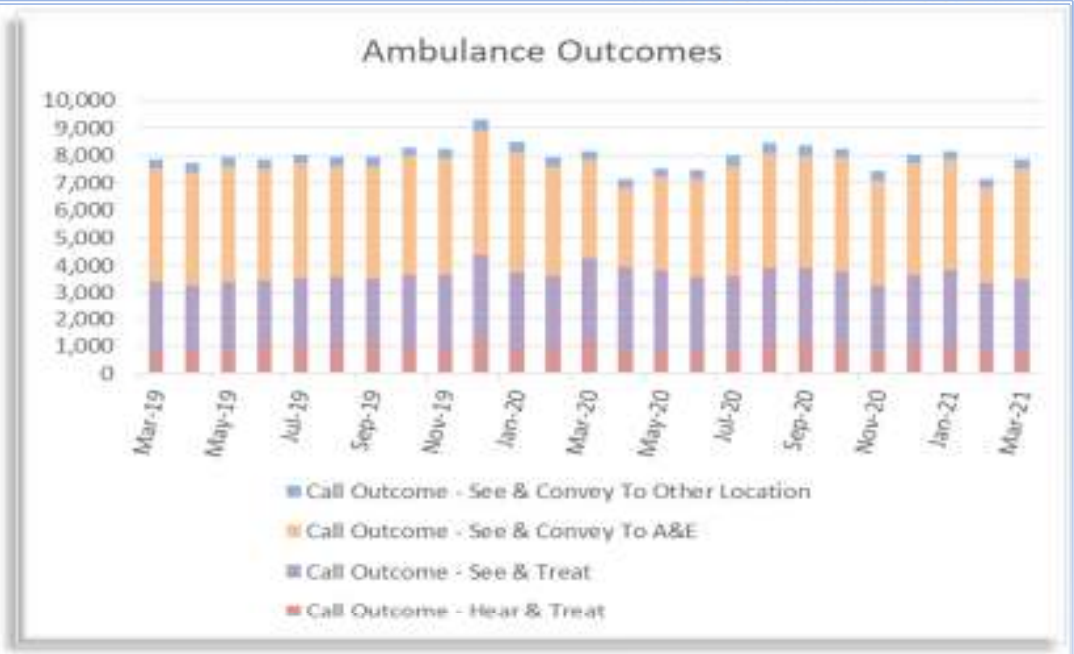
51.5% of calls were assessed by a clinician

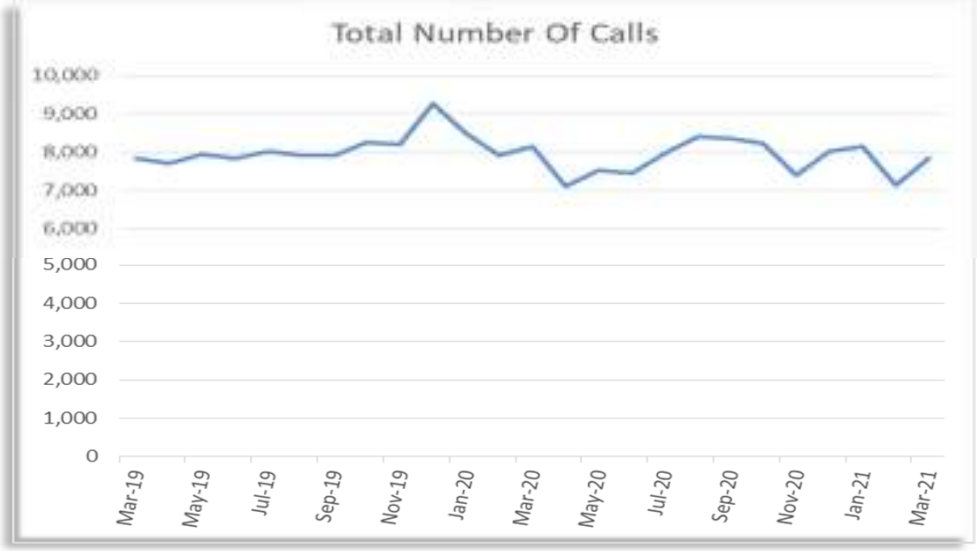
***Because of the very small numbers involved, the percentage figures will vary greatly month on month.**
KPI 13: In March 0 patients required an urgent tc consultation (within an hour)
KPI 14 : in March 0 patients required a face to face consultations within their home within an hours

Emergency – SWAST Performance

NHS Somerset Clinical Commissioning Group







Emergency – SWAST Performance

NHS Somerset Clinical Commissioning Group

Areas of focus during Covid-19:

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

Month 2020	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
April	7.3	13.1	21.1	41.1	93.3	152.6
May	7.3	14.4	22	42.7	100.7	138.8
June	7.2	13.5	22.8	44.7	109.1	150.3
July	7.3	14	24.7	47	152.9	205
August	8.4	16	29.4	57.1	236.1	341.8
September	9	17	33.8	66.6	331.4	362.4
October	9.5	17.6	34.2	68.6	271.4	254.9
November	8.8	15.5	28	53.7	152.4	224.3
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

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 improved through February and March in all categories, the impact of improved response times are due to the following:

Cat 1 – volumes of calls are reducing and an extra 10% additional provision of resource was available

Cat 2 – extra conveyance resource through the People Investment Plan which has been ongoing – investing in more Double Crewed Ambulances (DCA) within the Somerset area also additional agency crews have supported the activity, this is the same for Cat 3 and Cat 4. In addition the 111 validation for Cat 3 and 4 has had an impact by freeing up resources to attend more high acuity calls.

There has also been an improvement in handover delays at both Yeovil and Taunton hospital, which improves the ARP standards for Somerset.

Emergency – SWAST Performance

NHS Somerset Clinical Commissioning Group

Areas of focus during Covid-19:

- Although 999 activity significantly reduced during the first peak of Covid-19 Somerset CCG continues to be an outlier as is reporting the highest level of demand across the South West.

- Somerset CCG have mobilised all 3 schemes in line with the Transformation Plan featured as part of the South West Ambulance Commissioning Strategy. This is a range of commissioner-led initiatives being taken forward across the South West to support provision of patient care delivered at the right place at the right time and aim to support mitigation of 999 activity growth within Somerset:

- The IUC clinical validation work with Devon Doctors and Practice Plus Group aims to support reducing low acuity 999 dispositions and Emergency Department (ED) walk-ins, enabling 999 resourcing to be better able to meet ARP standards as well as improve Emergency Department flow, increase capacity for higher acuity patients and also mitigating the risk of ambulances queueing. It is thought that the IUC CAS validation work that was initially piloted throughout October 2020 before going live 2 November 2020 may have led to such an improvement in the number of cat 3 and 4 calls dispatched (see data below). The CCG continues to monitor this service and will continue to raise any issues identified. The current data for March shows:

    - Out of 1,096 Cat 3 and 4 calls 86.77% were downgraded by the Clinical Assessment Clinicians and only 65 cases had an ambulance dispatched to the patient
    - Out of 918 ED attendances 91,72% were downgraded and only 200 patients were seen in ED

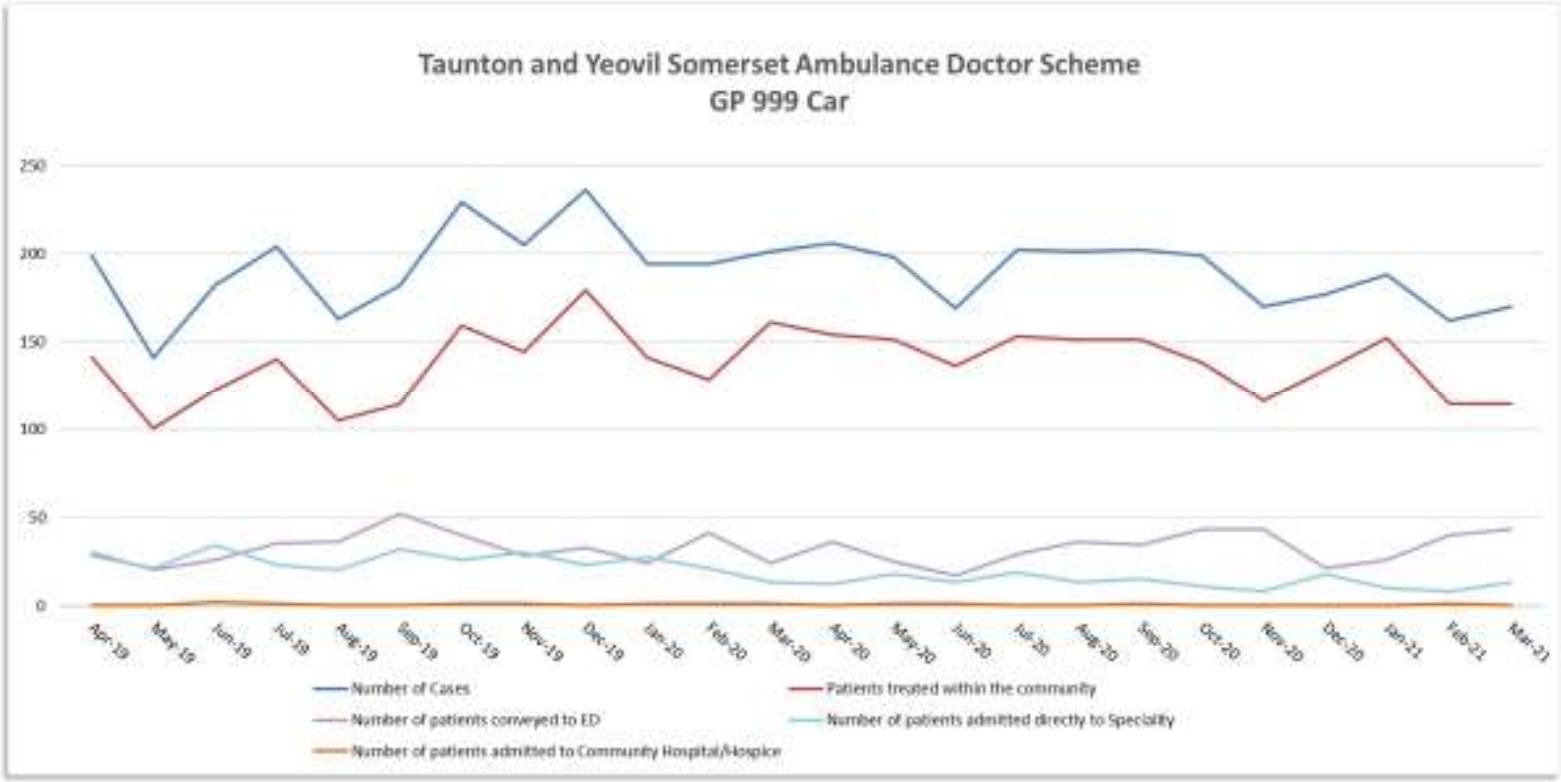
    - Think 111 First – Somerset Think 111 First went live 1 December 2020. There has been positive feedback from ED clinicians as to the role the IUC CAS validation has had in redirecting patients who do not require ED to more appropriate alternative urgent care services. The CCG's Performance Team has been devising a Think 111 Dashboard to further evaluate the programme, with initial draft presented to the Somerset Think 111 First Clinical Group 19 May. Data suggests that services are seeing a relatively low number of heralded patients (i.e. those who have called 111 first who are then provided with an ED arrival slot) and an increase in walk-in attendances (who have not called 111 beforehand). Work continues across the system to better understand the reasons behind such high levels of ED walk-in activity alongside working with Communications Team colleagues to further promote and highlight the benefits of calling 111 first. In addition, to Think 111 First the Group's focus is now on supporting referrals into Same Day Emergency Care (SDEC), initially on the 111 to SDEC pathway. Somerset is a regional NHSE/I pilot for this work, which is currently in progress: pilot is due to end August 2021.

    - **The High Intensity** Users scheme is in place and is taking referrals from ED. The referral criteria and the evaluation measures have just been agreed. The team are working with clients in the community in an attempt to understand the behaviour and why they are using the emergency services. Care plans are being introduced by the High Intensity User Trust groups which include input from Ubuntu (this is another name used for the High Intensity Users Scheme) . It is anticipated that a 6 month evaluation will be carried out in July.

Emergency – SWAST Performance GP 999 Car

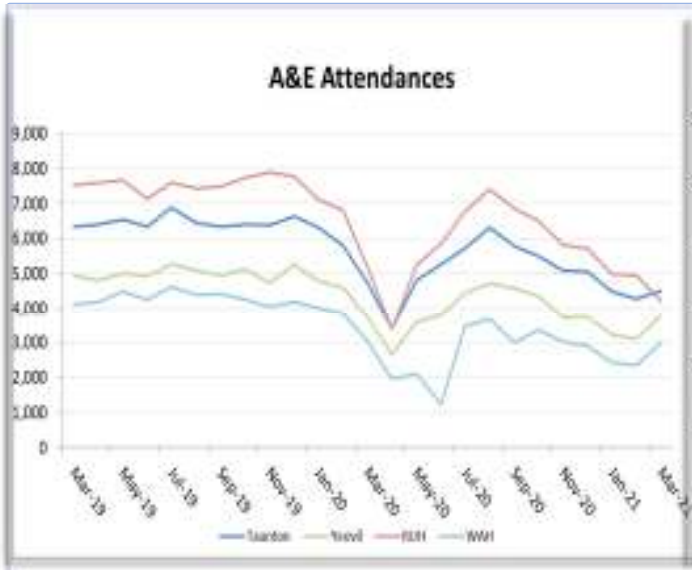
NHS Somerset Clinical Commissioning Group

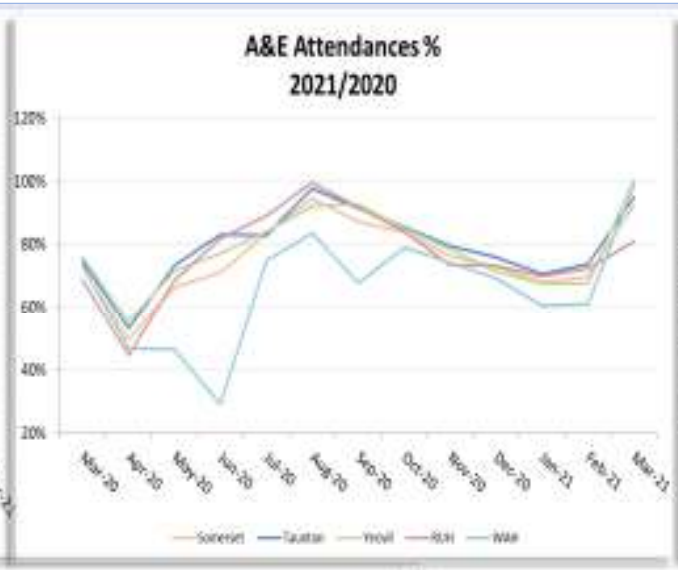
GP 999 Car – the purpose of the GP 999 Car is an additional resource to SWAST ensuring as many high acuity calls can be dealt with within the community without the patient being conveyed to hospital. Urgent Care GPs attend high acuity calls that are accessed through the 999 stack, potentially treating patients within their homes or on scene without conveying them to hospital – this scheme has been running since it's pilot stage in 2014 and continues to provide an extra resource to patients with high acuity illnesses within the community – the data below shows number of cases that were treated within the community, conveyed to a speciality or community hospital rather than being conveyed to an Acute Hospital.

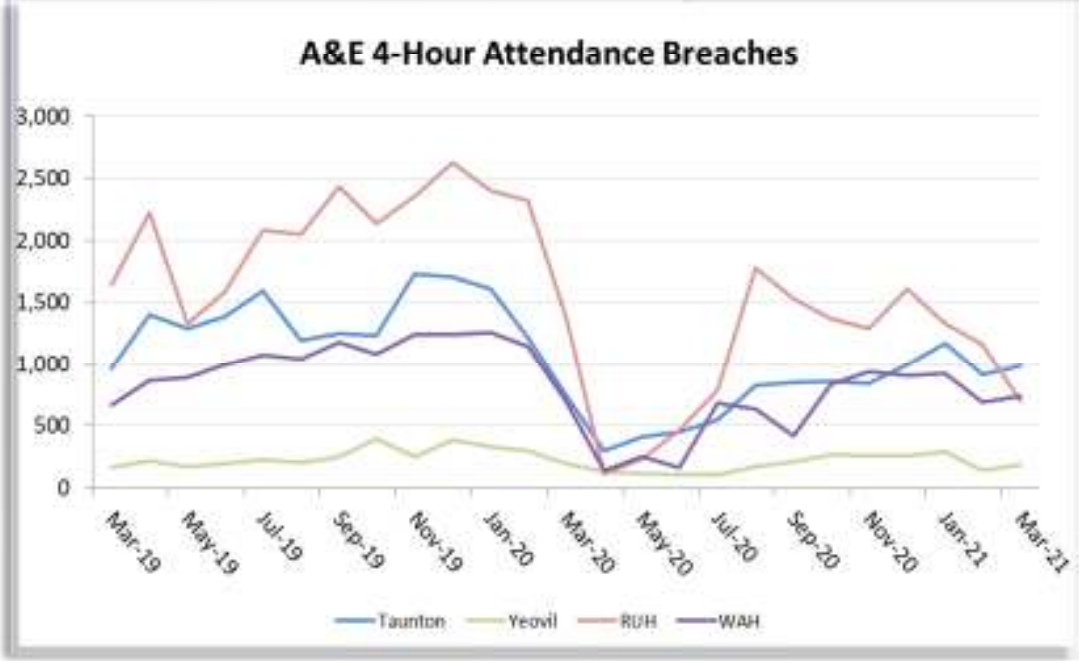


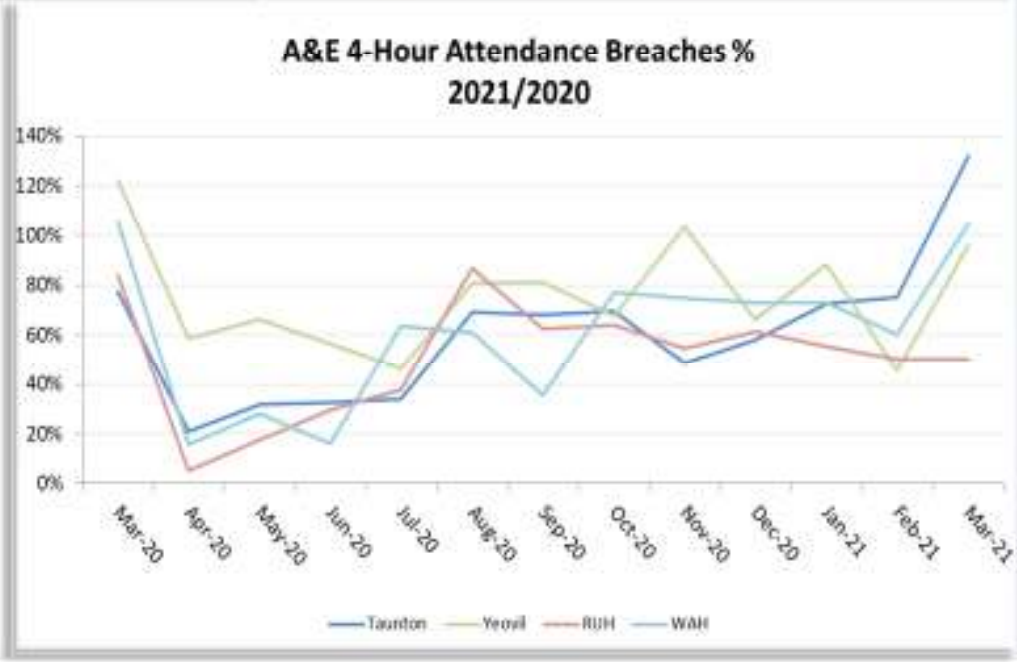
Emergency – A&E

NHS Somerset Clinical Commissioning Group









Emergency – A&E

NHS Somerset Clinical Commissioning Group

Monthly volumes of attendances are now approaching pre-pandemic levels as result of the relaxation of the lockdown rules.

- **Somerset FT:** The number of patients attending the A&E Department in March was higher (+861) than the same month in the previous year
  - During the cumulative period April-March, attendances were 18.6% lower (-13,978) than the same period in the previous year
  - 4-Hour performance in March was 79.5% and during the cumulative (April-January) period was 84.8%

- **YDH FT:** The number of patients attending the A&E Department in March was 12.4% higher (+466) than the same month in the previous year
  - During the cumulative period April-March, attendances were 20.8% lower (-12,107) than the same period in the previous year
  - 4-Hour performance in March was 95.3% and during the cumulative period was 95.2%

- **RUH Bath:** The number of patients attending the A&E Department in March was 23.9% higher (+1,238) than the same month in the previous year
  - During the cumulative period April-March, attendances were 20% lower (-17,515) than the same period in the previous year
  - 4-Hour performance in March was 84.3% and during the cumulative period was 81.9%

- **UHBW:** The number of patients attending the Weston site A&E Department in March was 11.9% higher (+360) than the same month in the previous year
  - During the cumulative period April-March, attendances were 33.9% lower (-16,841) than the same period in 2019/20
  - 4-Hour performance in March was 75.2% and during the cumulative period was 77.5%

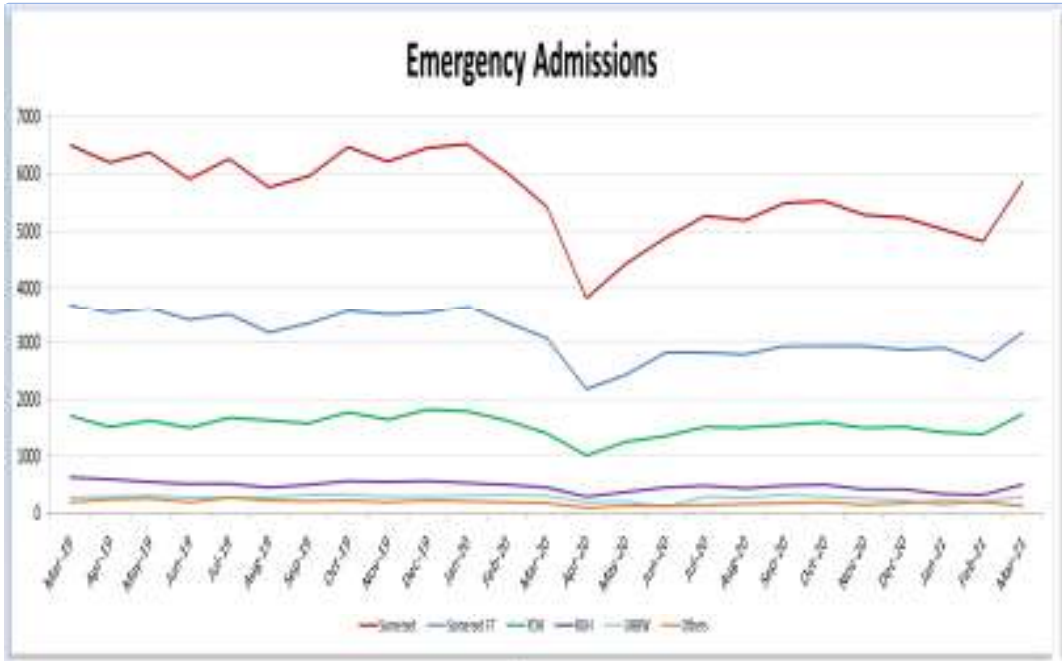
Challenges

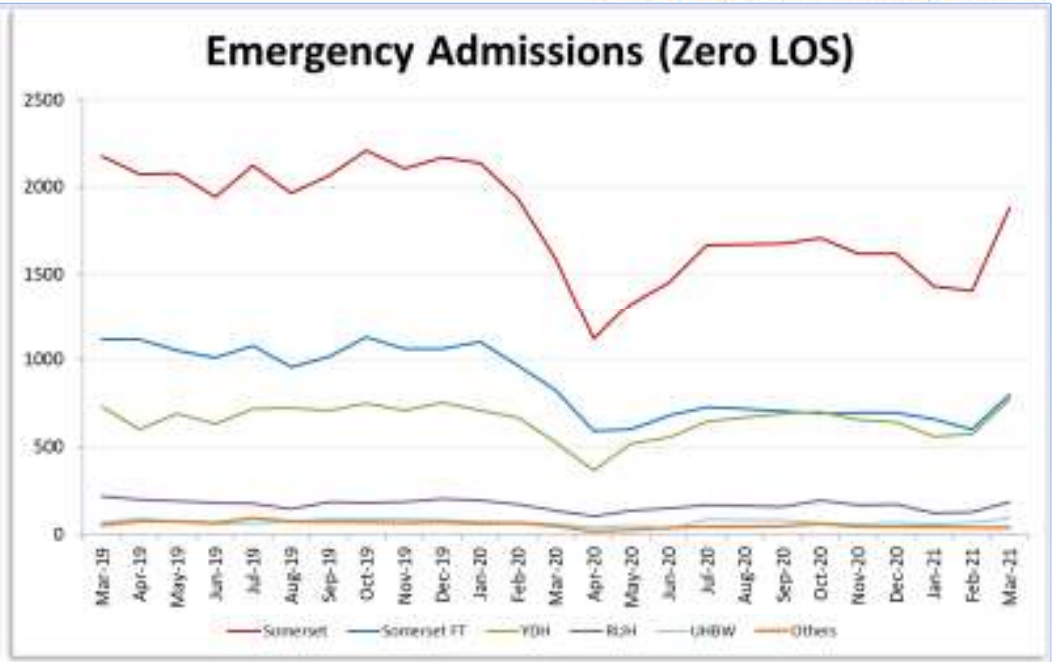
- Somerset FT: A&E 4 hour performance drop is attributed to high levels of Covid-19 related admissions. Staffing gaps still remain in the ED rota.
- YDH: Higher numbers of mental health presentations and higher levels of patient acuity.
- RUH Bath: Flow out of the A&E Department has been impacted due to timeliness of decision to admit and availability for front door bed capacity, resulting in overcrowding and delays to Ambulance handovers.
- UHBW (Weston site): Lack of flow out of the department, mainly due to availability for beds and as a result the ED continues to bed patients overnight. Overcrowding also led to ambulance handover delays.

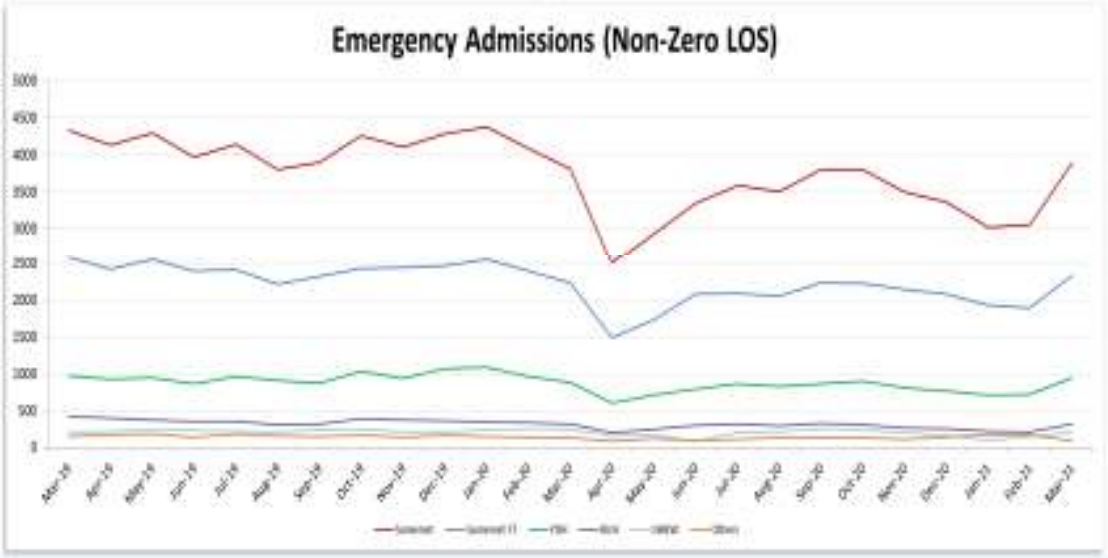
- **Mitigation**
- Zoning to separate positive / query positive and negative Covid-19 patients and Covid-19 testing regimes on admission continues
- The new Think 111 First Service was implemented from 1 December 2020 and there is continued focus on improvement work for this service to support awareness of urgent care activity flow into the A&E; if a patient needs urgent (but not life-threatening care) they should call NHS 111 before attending A&E and if following a conversation with NHS 111 attendance at an A&E Department is appropriate patients will be provided with a scheduled a time to attend. Whilst people can still go to A&E or an MIU without calling ahead but thinking “NHS 111 First” will mean: shorter waiting times via a booked slot at the emergency department or another appropriate service and safe social distancing away from busy emergency department waiting rooms to protect themselves and others from Covid-19. It is contributing in the reduction of the number of attendances to A&E.
- Patients presenting with minor illnesses redirected to appropriate, alternate providers, such as primary care and urgent treatment centres.(All Trusts)
- Medvivio Enhanced Triage Pilot at RUH (review of all NHS 111 calls before ED is advised at weekends to support reduction in minor attendances)
- Covid-19 ‘Virtual Ward’ at Somerset FT enabling patients to be discharged to recover at home with equipment to monitor blood oxygen levels and provide support for the 14 days after their symptoms first started.

Emergency – Emergency Admissions

NHS Somerset Clinical Commissioning Group

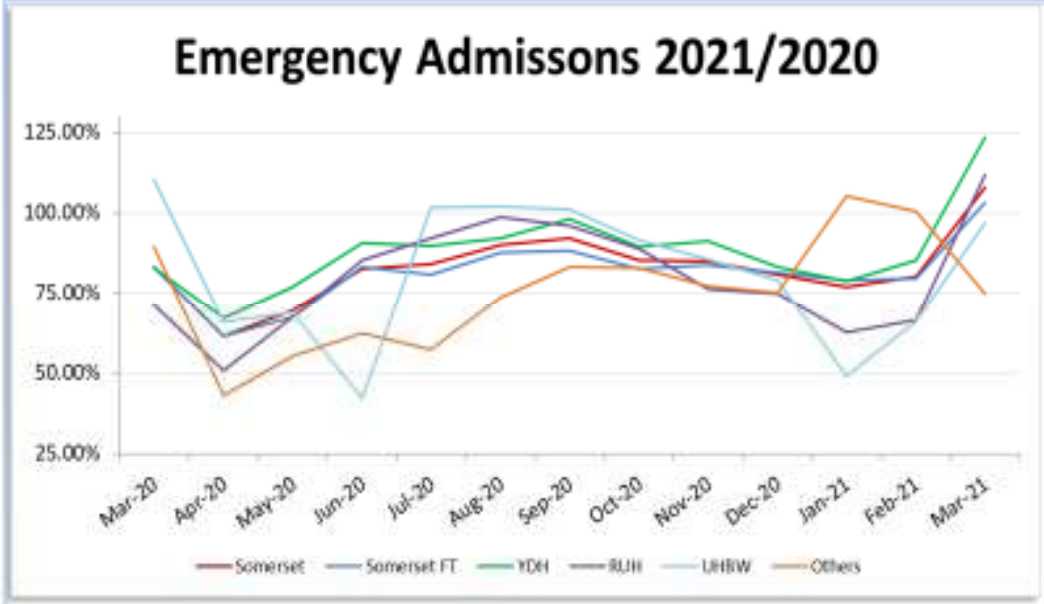


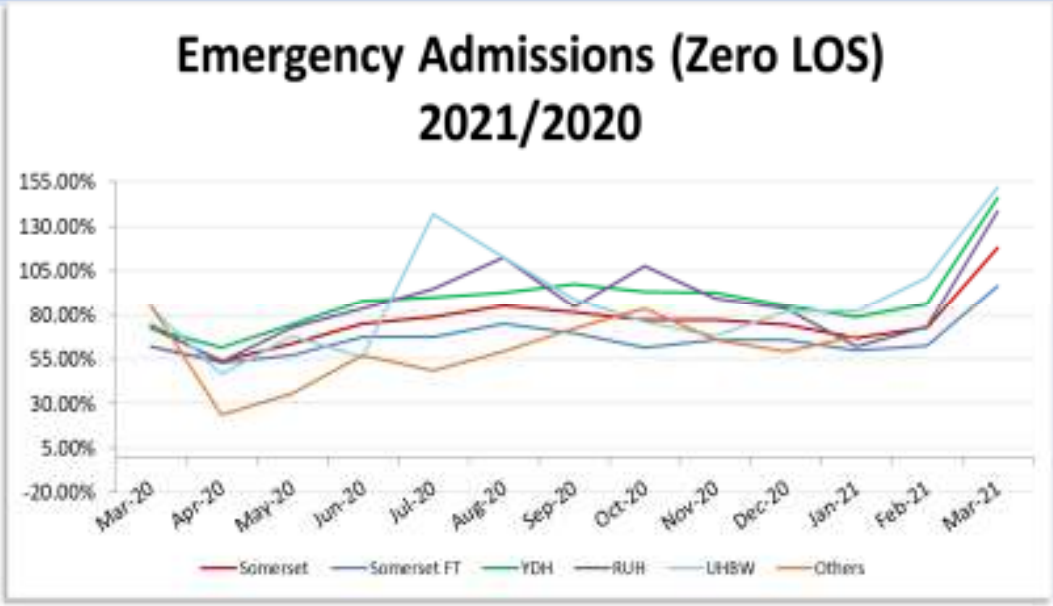


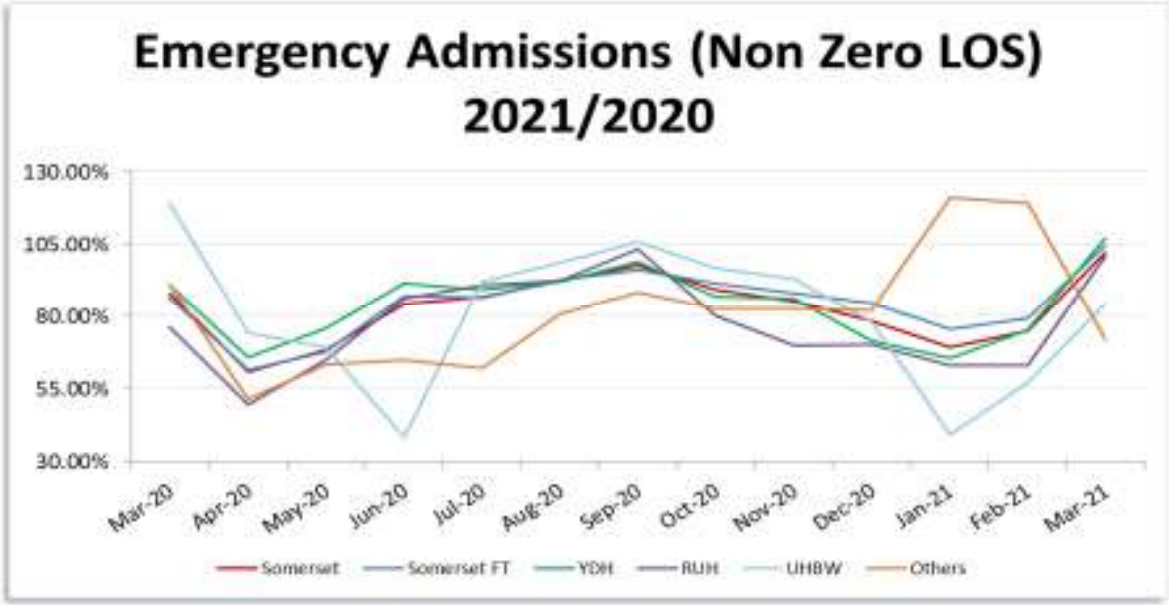


Emergency – Emergency Admissions

NHS Somerset Clinical Commissioning Group







Emergency – Emergency Admissions

NHS Somerset Clinical Commissioning Group

- **Somerset**: The number of emergency admissions in March was 7.93% higher (+430) than the same month in the previous year and during the cumulative period April-March the number of emergency admissions were 17.3% lower (-12,763) than the same period in the previous year. We see increase both zero and non-zero length of stays compared to the same month the previous year and it is in line with the increased volume of attendances in the A&E departments across Somerset in March.

- **Somerset FT**: The number of emergency admissions in March was 3.3% higher (+101) than the same month in the previous year and during the cumulative period April-January the number of emergency admissions were 18.8% lower (-7,742) than the same period in the previous year

- **YDH FT** : The number of emergency admissions in March was 23.3% higher (+330) than the same month in the previous year and during the cumulative period April-March the number of emergency admissions were 11.5% lower (-2,261) than the same period in the previous year

- **RUH Bath**: The number of emergency admissions in March was 11.7% higher (+53) than the same month in the previous year and during the cumulative period April-March the number of emergency admissions were 20% lower (-1,278) than the same period in the previous year

- **UHBW**: The number of emergency admissions in March was 3% lower (-9) than the same month in the previous year and during the cumulative period April-March the number of emergency admissions were 20.7% lower (-757) than the same period in the previous year

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

Ongoing challenges
- Reduced bed availability due to increased Covid-19 related admissions at Somerset FT and YDH FT.
- UHBW (Weston site) – 113 patients have waited more than 12 hours in ED after a decision to admit has been made called “Trolley Waits” (as per UHBW February board report)
- Reduction in the number of beds due social distancing, zoning of patients
- Acute staffing remains extremely challenging across all trusts.

Mitigation
- Revision of the process of bed requests and allocation to reduce any delays with admission of patients from the department.(Somerset FT)
- Rapid Assessment and Treatment process (RAT) being embedded to reduce the overall length of stay in the department. Aim to free the purpose built RAT space in ED. Covid-19 testing delays has a detrimental effect on the onward flow for admitted patients. Implementation of near patient Covid-19 testing (RUH, UHBW)
- Zoning to separate positive / query positive and negative Covid-19 patients and Covid-19 testing regimes on admission (all trusts)

Elective Care

NHS Somerset Clinical Commissioning Group

- Sir Simon Stevens and Amanda Prichard communicated in their joint letter dated 17 March 2020 the immediate requirement to postpone all non-elective operations for a period of at least 3 months to enable Trusts to free up general and acute beds in order to expand critical care capacity; as a consequence waiting times significantly deteriorated during the first wave of the pandemic.

- Sir Simon Stevens again wrote to healthcare leaders on the 31 July 2020 to set out the third phase of the Covid-19 response which outlined acceleration to pre-Covid-19 levels of activity ahead of winter, to prepare for winter demand pressures alongside further Covid-19 outbreaks and to lock in learning from the first phase of Covid-19 with specific actions upon health inequalities and prevention

- The phase 3 plans (covering the period September 2020 to March 2021) required that Systems deliver:

  - 80% of pre-Covid-19 levels of elective in-patient and day case activity in September 2020, rising to 90% in October and sustained throughout winter

  - 100% of pre-Covid-19 levels of MRI, CT and Endoscopy diagnostic activity by October 2020 and sustained throughout winter

  - 100% of pre-Covid-19 levels of Out-Patient activity in September 2020 and sustained throughout winter, with the expectation that 25% of First and 60% of Follow Up Out-Patient Appointments are delivered virtually

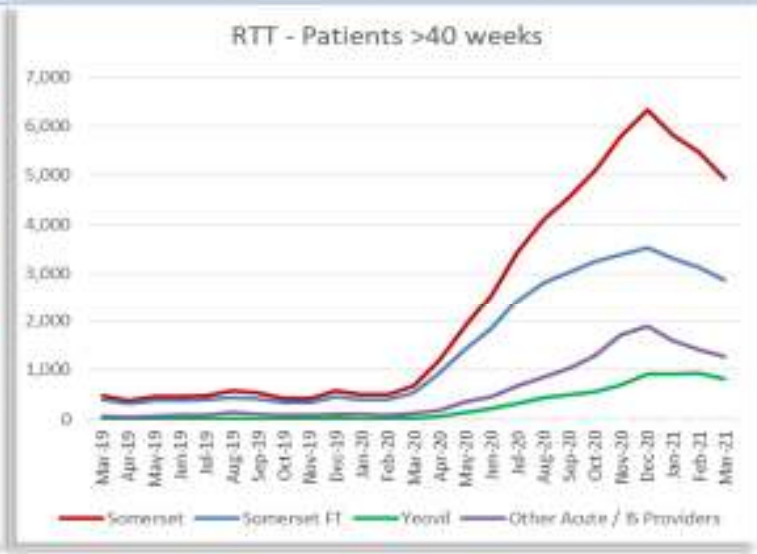
- Somerset System Partners fully collaborated and submitted a jointly agreed plan on the 5 October 2020 which was predicated on a low level of Covid-19 outbreaks (as seen during the first wave of the pandemic) and demonstrated that the re-start ambitions would be met by March 21 and that the highest priority and longest waiting patients would be treated

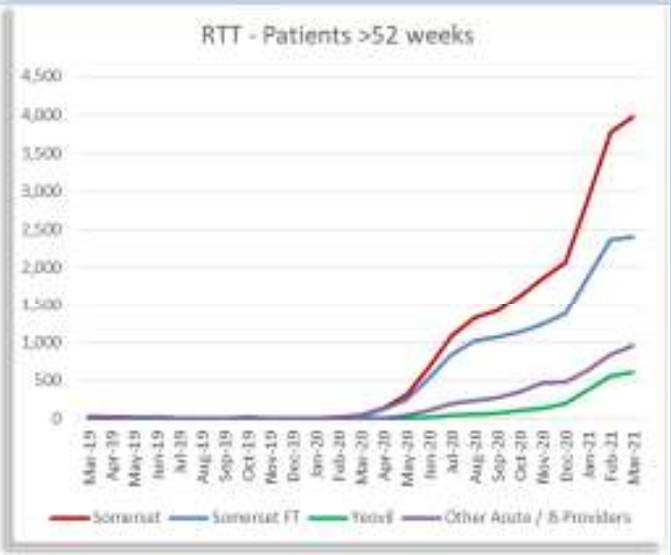
- Amanda Prichard and Julian Kelly jointly wrote to System Leaders on 23 December 2020 to express their thanks and gratitude for the extraordinary efforts across Health and Social Care during 2020 and to outline the priorities for the next phase of the Covid-19 Response, both for the remainder of 2020/2021 which includes maximising capacity in all settings to treat non-Covid-19 patients and the reduction of backlogs and long waits during 2021/22

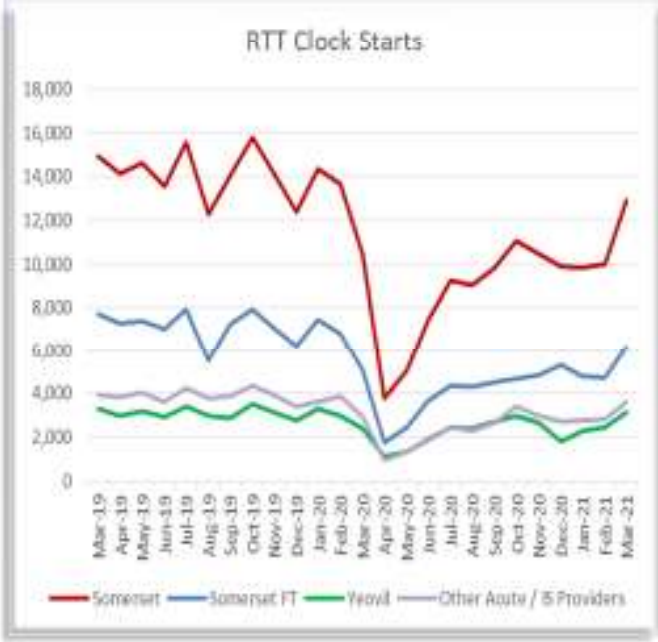
- The NHS is accelerating the delivery of operations and other non-urgent services during 2021/22; additional funding has been made available to help the health service recover all patient services following the intense winter wave of Covid-19. By July 2021 the national expectation is that elective activity (elective in-patients, day case and out-patients) will be restored to 85% of pre Covid-19 levels. Somerset System partners are working collaboratively on recovery plans which are due to be submitted on 3rd June 2021

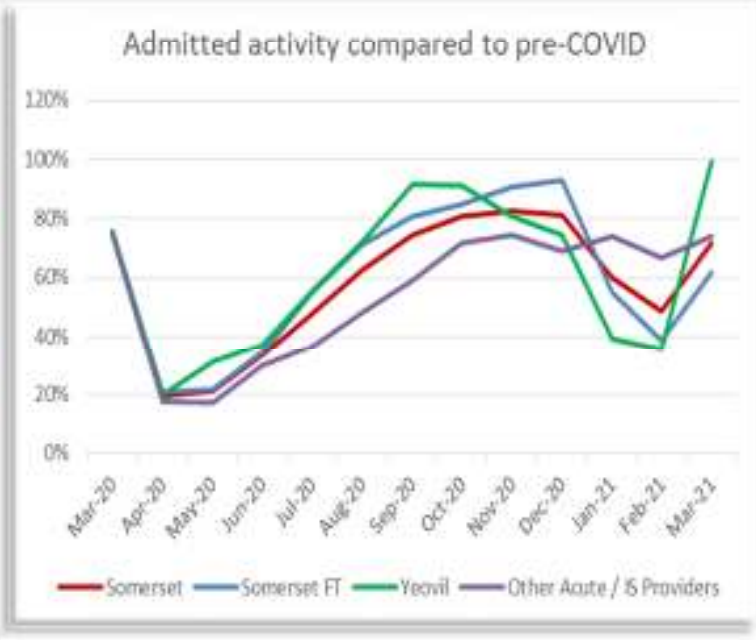
Referral to Treatment

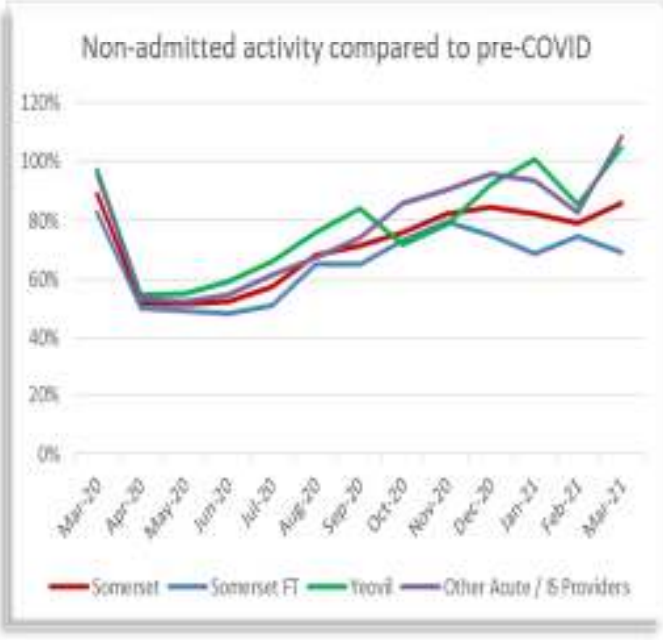
NHS Somerset Clinical Commissioning Group











RTT

NHS Somerset Clinical Commissioning Group

Key Challenges

- All RTT performance measures continue to be heavily impacted by the Covid-19 outbreak due to lost out-patient and surgical capacity, a shortfall of staff, social distancing and patient choice not to attend. The emphasis continues to be to keep patients safe ensuring that those patients with urgent conditions continue to be prioritised

- Due to the loss of capacity the overall size of the waiting list and backlog has significantly increased during Quarter 4 and there has been an active programme of system-wide working to support long term recovery and the efficient use of all available capacity

- There has been a reduction of 60,922 new clock starts (a measure of referral demand) when comparing the cumulative period April 2020 to March 2021 to the previous year (March 2019 to February 2020) which could be an indication of potential unmet demand which could enter the hospital via an emergency pathway

- During March 2021 there were 12,924 new clock starts which equates on average to 562 working per day; this is an increase of 62 new clock starts when compared to the previous month (or +X%). Whilst there has been an increase in new clock starts in March 2021, the level of demand remains 17.8% lower (-122 per working day) than February 2020 which was the last month unaffected by Covid-19. Suspected cancer and urgent demand has broadly returned to expected levels, although routine referrals remain significantly lower despite primary care demand now exceeding pre Covid-19 levels

- In March 2021 there were 41,540 (last reported period, January was 38,401) patients on an incomplete pathway awaiting their first definitive treatment which is an increase of 2253 patients when compared to the pre Covid-19 level in February 2020. After an initial steep reduction between February and April the overall waiting size has been steadily increasing and this is underpinned by the increase in referral demand (new clock starts) and reduction in the volume of patients treated during quarter 4

- The size and shape of the waiting list has changed throughout the year; during the first wave of the Covid-19 pandemic there was an initial reduction in the number of referrals (and a high proportion of those received were patients on either a suspected cancer or urgent pathway thus received their treatment within 18 weeks). During this period there was also a notable reduction in the number of patients receiving treatment from the over 18 week category (seen as a reduction in clock stops) and the combination of these factors resulted in the initial deterioration in 18 week performance dropping from 81.3% in February to 43.5% in July. A similar pattern has been observed during the most recent wave of Covid-19 resulting in the 18 week performance dropping from 66.18% in December (highest performance of the year) to 61.66% in March 2021

NHS Somerset Clinical Commissioning Group

Key Challenges

- The number of patients waiting in excess of 18 weeks started to reduce from September and is linked to the reduction in referrals earlier in the year resulting in a temporary improvement in 18 week performance. As a consequence of the reduction in the number of patients treated the number of patients waiting in excess of 18 weeks has been incrementally increasing since December 2020 reaching 15,928 March 2021. This is 8,585 (46.15%) patients higher than February 2020 and has resulted in the proportion of patients waiting less than 18 weeks declining to 61.66% March 2021.

- The number of long wait patients has significantly increased since February 20 (the last month unaffected by Covid-19) where there were 507 patients waiting in excess of 40 weeks and 21 patients waiting in excess in 52 weeks

- In March 2021 the number of patients waiting in excess of 40 weeks reduced from 6,319 patients in December 2020 (the highest reported month during 2020/2021) to 4,942 in March 2021; this is only temporary reduction and linked to the change in demand earlier in the year resulting in less patients reaching the 40 week waiting time cohort. Whilst the number of >40 week patients has reduced the volume of patients waiting in excess of 52 weeks has increased every month (with the most significant increase occurring during Quarter 4 (from 2,069 in December 2020 to 3,976 March). The increase in very long waits in March is attributed to a combination of reduced capacity due to Covid-19, the prioritisation of urgent and cancer patients and an increase in the number of patients choosing to delay treatment

- The breakdown of 52 Week Waits by Provider is as follows: Somerset FT 2,405 , YDH FT 618, RUH Bath 135, UHBW 218, SMTC 210 and Other Providers 390. Providers who have not previously seen long waits (including YDH FT and the smaller and independent sector providers) have also seen a significant deterioration in waiting times

- Nationally the number of patients who exceeded 52 weeks has significantly increased from 1,724 in February to 388,988 in February 2021 (latest national data available) and across the South West Region there were 35,068 patients. This ranked the CCG as the 28th highest commissioner (out of 157).

- The admitted waiting list initially reduced at the start of the Covid-19 pandemic due to the lower demand and out patient throughput during the spring and summer reducing the number of patients being added to the admitted waiting list. The waiting list has been slowly increasing and has now reached a comparable level to February 2020 with 10,666 awaiting elective treatment in March 2021 although patients are waiting significantly longer for treatment. Approximately 65% of the patients waiting in excess of 52 weeks are awaiting elective treatment (2565 patients compared to 14 in February 2020).

    - During the cumulative period April 2020 to February 2021 there was a significant reduction in the volume of elective admissions undertaken (64% when compared to the same period in 2019-20 (Overnight Elective: 67%, Day Case: 49%)). The reduction in elective activity was initially due to the national instruction to cancel all routine in elective surgeries at the onset of the pandemic and latterly during Q4 related to the need to expand critical care capacity in January and February as a result of the significant increase in number suspected and confirmed Covid-19 infections in both the G&A (General and Acute) and Critical Care beds and further compounded by the requirement to prioritise the treatment of urgent and Priority Status 2 (P2) patients. However in March 2021 as the number of theatres increased throughout the month resulting in the proportion of elective activity carried out (to 81.8%, Overnight Elective: 59%, Day Case: 82%)) when compared to March 2019. *Please note, the March comparison to March 2019 given the March 2020 was impacted by the reduction in elective activity at the onset of the pandemic.*

RTT

NHS Somerset Clinical Commissioning Group

Key Focus

- Most challenged admitted specialities (and those with the longest waits) are General Surgery, Urology, Trauma and Orthopaedics, Ophthalmology, ENT and Gynaecology

- The Non-Admitted waiting list has been increasing steadily month on month following an initial reduction earlier in the year due to the significant reduction in referrals and in March 2021 there were 30,874 patients on a non-admitted pathway compared to 28,534 in February 2020 (and 21,501 in May when the waiting list reduced to its smallest point). In March 2021 35% of patients on the non-admitted waiting list exceed 52 weeks with a high proportion of these on a surgical pathways meaning that the admitted backlog will continue to increase as these patients proceed to a surgical pathway.

  - The Non admitted long waits have increased in many of the medical and surgical specialities and waiting times have significantly deteriorated due to the initial stand down of routine elective services and the prioritisation of urgent and cancer (Priority 2 – P2) patients.

  - The number of patients who attended a first out patient appointment (either face-to-face or virtually) has continued to increase month on month throughout the year as a result of routine out-patient clinics being stood back up following the first wave of the pandemic. This has been supported by a significant increase in the number virtual consultations and when comparing the cumulative period April 2020 to February 2021 the recovery percentage was 81% (First Out-Patients: 84% Follow Up Out-Patients: 79%) and in March 2019 to March 2021 the percentage recovery was 99% (First Out-Patients: 84% Follow Up Out-Patients: 79%)

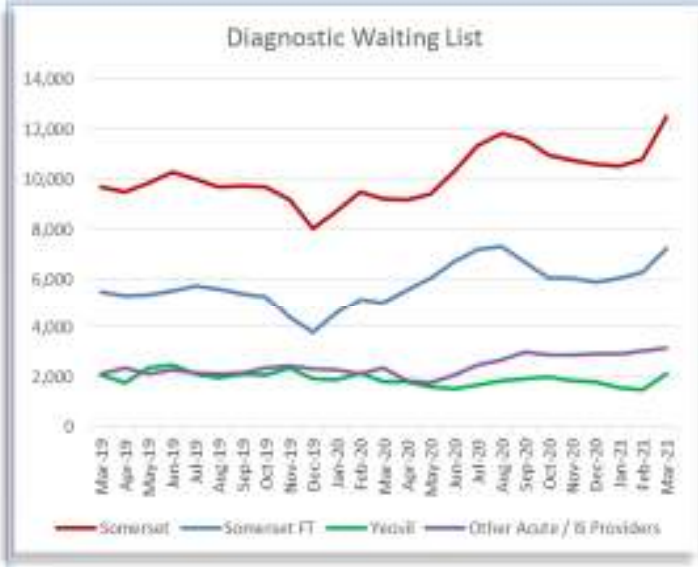
  - During 2019/20 5.9% of out patient activity was delivered virtually and the aim in the long term plan was to reduce a third of out patient visits by 2023/24 by transforming services. During the Covid-19 response services were rapidly re-designed and supported by digital technologies and the roll of 'Attend Anywhere' resulting in 39.7% of out patient consultations in March 2021 being delivered virtually. It is expected that virtual performance will reduce during Q1 due to the requirement to see a greater volume of patients face-to-face and the plan for 2021-22 in to see 25% of overall out-patients virtually.

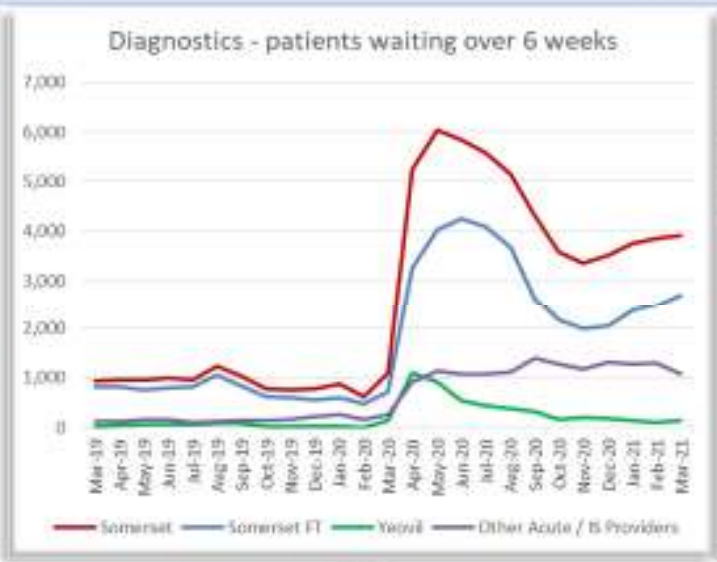
- The Somerset system set four key priorities for elective care in 2020-21 order to :
  - reduce referrals into secondary care where better care can be provided in the community
  - maximise elective activity
  - reduce the volume of longest wait patients, particularly those exceeding 52 weeks
  - maximise use of the independent sector

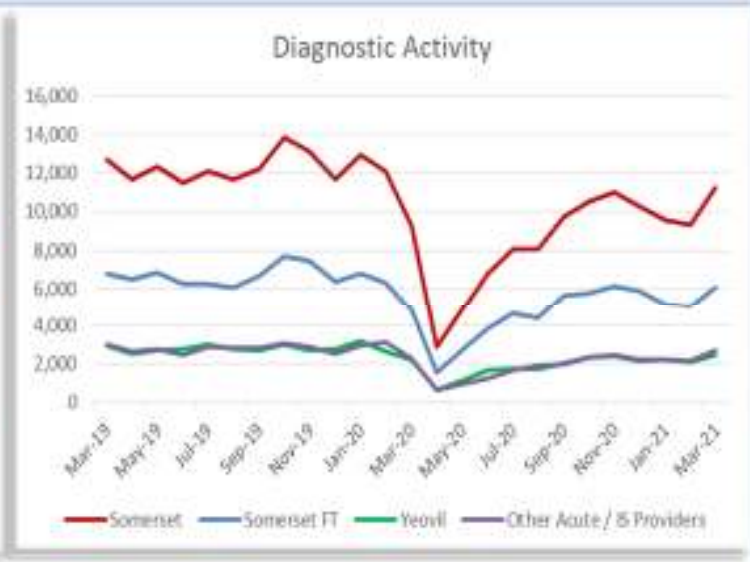
- Plans are currently being agreed with System Partners in respect of recovery actions to 2021/22

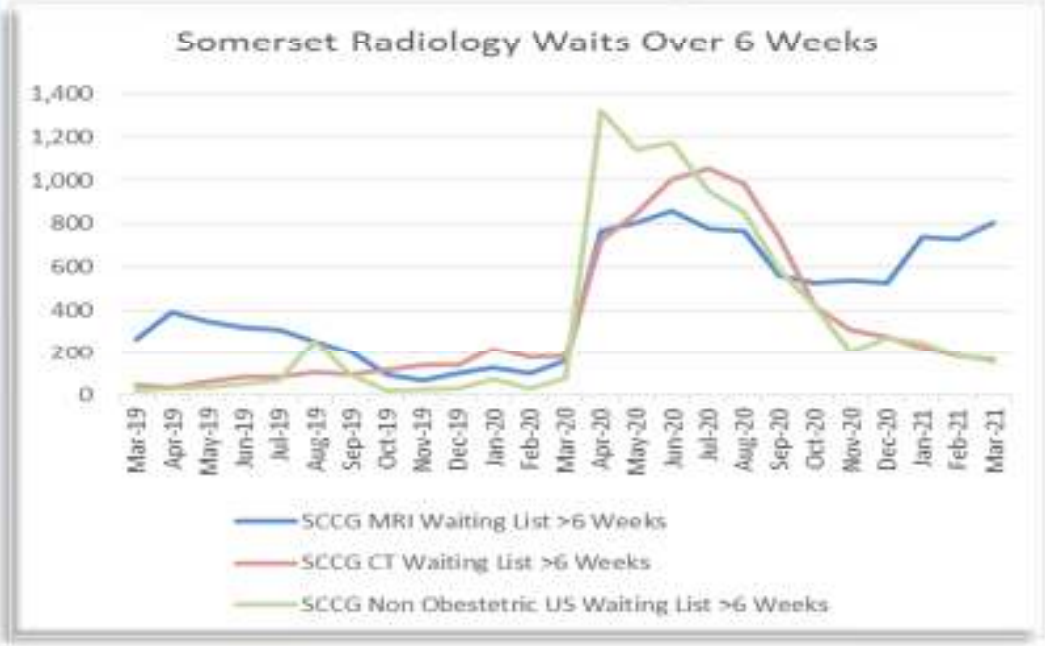
Diagnostics

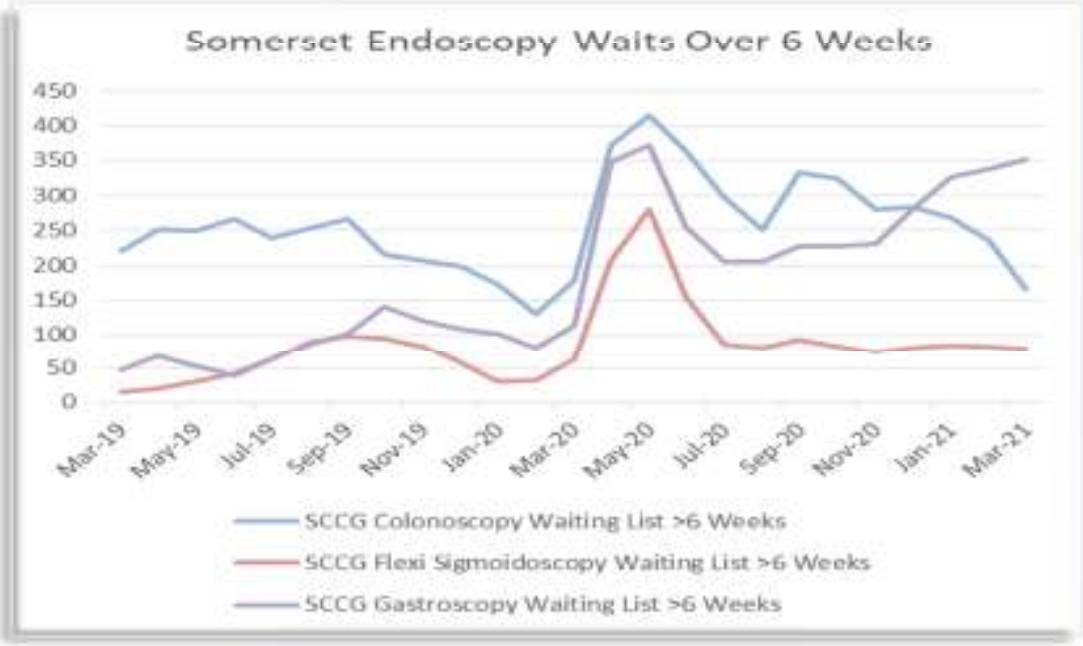
NHS Somerset Clinical Commissioning Group











Diagnostics

NHS Somerset Clinical Commissioning Group

Key Challenges

- As a result of the stand down of routine diagnostic tests and procedures during Covid-19, all Somerset Providers have experienced an increase in the number of patients waiting in excess of 6 weeks totalling from 610 in February to 3,901 in March 2021 resulting 6 week performance of 68.81%, an improvement of 2.6% compared to the previous month (and linked to an increase in overall waiting list size rather than achieved via a reduction in the backlog)

- Capacity has been increased but social distancing in waiting areas, PPE and cleaning measures between patients, staff sickness (and isolation) and the impact of the Covid-19 pandemic continues to have an impact on available capacity and waiting times.

- The number of patients whose wait exceeds 13 weeks significantly increased from 124 in February to 4,032 in July when the number of very long waits peaked. Whilst the position has significantly improved when compared to the peak the number of patients waiting in excess of 13 weeks increased by 450 during Quarter 4 to 2,107 in March 2021

  - Number of patients waiting in excess of 6 weeks by Provider: Somerset FT 2,700, YDH FT 128, Other Providers 1,073
  - Number of patients waiting in excess of 13 weeks by Provider: Somerset FT 1,507, YDH FT 41, Other Providers 559

- There has been a decline in the number of 6 week breaches across the 3 diagnostic modality areas (radiology +23, physiological +73, endoscopy -49) when comparing March 2021 to the previous month.

  - Physiological increase is predominantly in Echocardiography (+73 when compared to the previous month, and +337 when compared to December (prior to the most recent increase in Covid-19 cases))

- The volume of diagnostic tests or procedures carried out March 2021 when compared to March 2019 showed recovery of 88.1% (and on a cumulative basis comparing April 2020 to February 2021 to the same period in the previous year, performance recovery was 77.3% with variability at a diagnostic modality level:
  - March 2021: Radiology: 93.9%, Physiological 69.8%, Endoscopy: 82.9%)
  - Cumulative: Radiology: 82.1%, Physiological 59.9%, Endoscopy: 76.3%)

RTT & Diagnostics

NHS Somerset Clinical Commissioning Group

- **Radiology** – the overall number of Radiology (MRI, CT and Non Obstetric Ultrasound) 6 Week Waits climbed steeply from 296 in February 2020 to 3,033 in June 2020 where the number of long waits peaked. The backlog exceeding 6 weeks has seen some variation during Quarter 4 and the longest waits (those in excess of 13 weeks has been continuing to slowly increase).
  - MRI 6 Week Waits increased from 96 in February and peaked at 856 in June; the numbers increased in Q4 to 804 in March 2021
  - CT 6 Week Waits increased from 173 in February and peaked at 1051 in June; the number of long waits has subsequently reduced to 162 March 2021
  - Non-Obstetric Ultrasound 6 Week Waits has increased from 27 in February and peaked at 1,173 in June; the number of long waits has subsequently reduced to 151 in March 2021

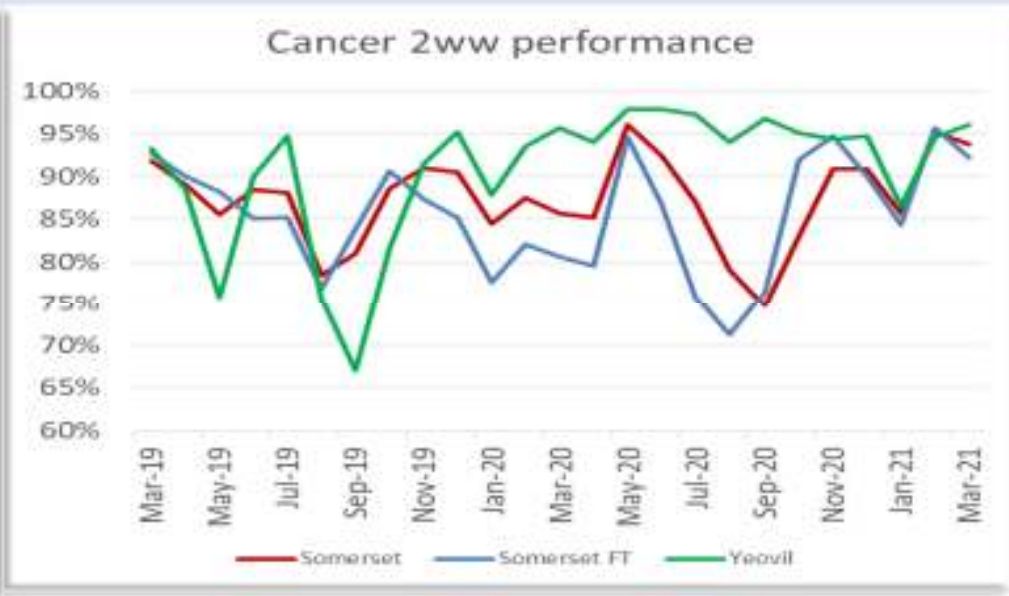
- **Endoscopy** – the overall number of Endoscopy 6 Week Waits has increased from 245 in February and peaked at 1,113 in May; the number of long waits has reduced to 714 in March 2021
  - Colonoscopy: 6 Week Waits increased from 130 in February and peaked at 414 in May; the number of long waits has subsequently reduced to 167 in March 2021
  - Flexi-Sigmoidoscopy: 6 Week Waits increased from 32 in February and peaked at 280 in May; the number of long waits has subsequently reduced to 80 in March 2021
  - Gastroscopy: 6 Week Waits has increased from 82 in February and peaked at 373 in May; the number of long waits has increased during Q4 to 352 in March 2021

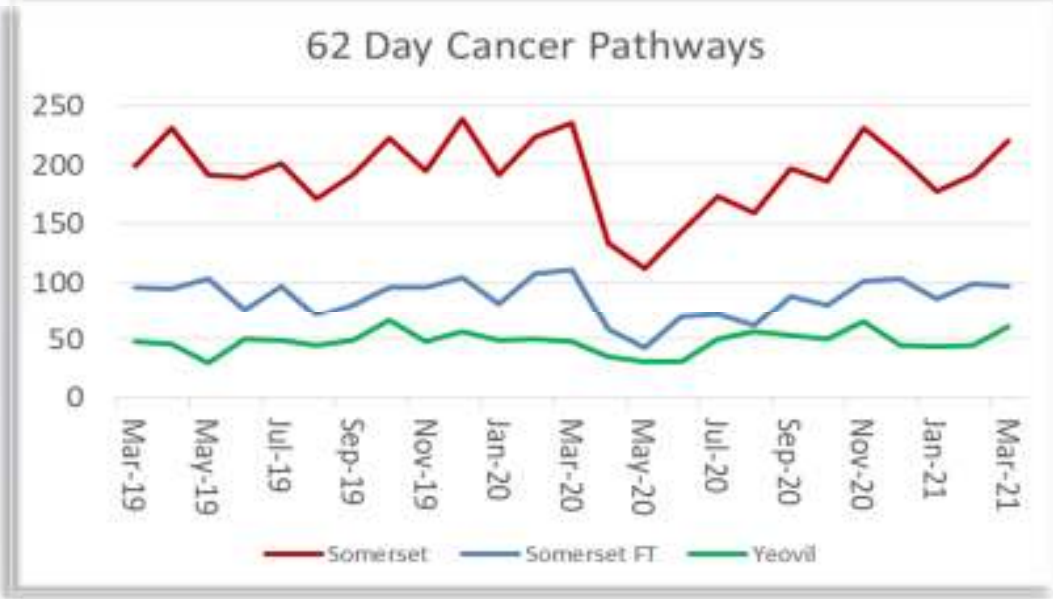
- **Physiological Diagnostics**– the overall number of Physiological 6 Week Waits has increased from 69 in February and peaked at 2196 in July; the number of long waits has increased over the winter period/Q4 to 2,070 March 2021
  - Dexa Scans 6 Week Waits increased from 4 in February and peaked at 286 in June; the number of long waits has subsequently reduced to 149 in March 2021
  - Audiology Assessments: 6 Week Waits has increased from 23 in February and peaked at 622 in June; the number of long waits has subsequently reduced to 63 in March 2021
  - Echocardiography: 6 Week Waits has increased from 21 in February and subsequently increasing monthly (and most significantly during Q4) to 1,615 in March 2021
  - Peripheral Neurophysiology: 6 Week Waits has increased from 2 in February and peaked at 331 in July; the number of long waits has subsequently reduced to 16 in March 2021
  - Sleep Studies: : 6 Week Waits has increased from 9 in February and peaked at 223 in August; the number of long waits has subsequently reduced to 48 in March 2021
  - Urodynamic: 6 Week Waits has increased from 8 in February and peaked at 156 in August; the number of long waits has rapidly increased since January to 175 in March 2021

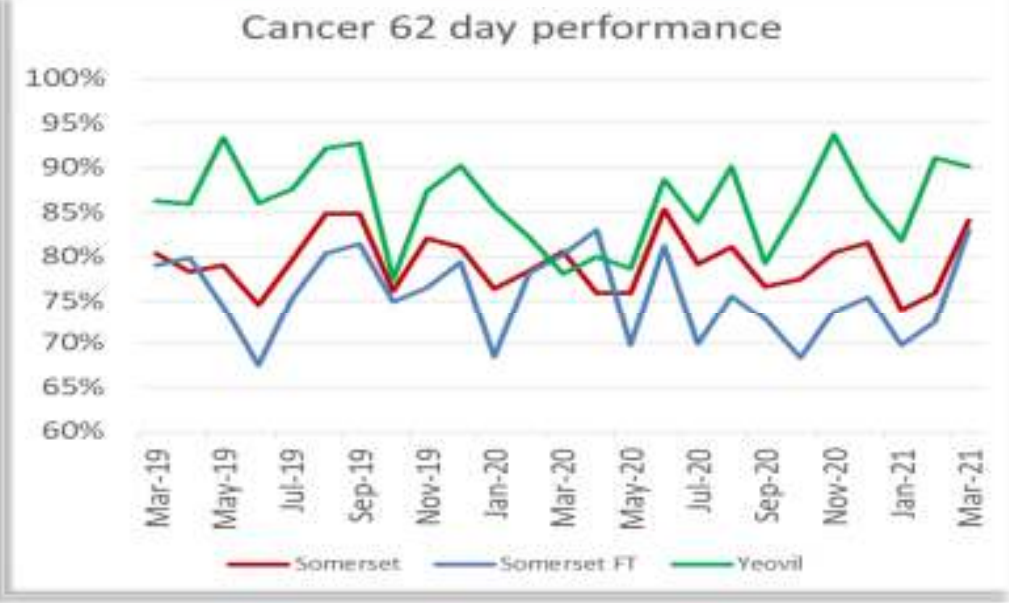
- Actions are being developed by Somerset System partners (and outlined in Somerset System Operational Plan) to increase capacity and address the backlog to enable the Somerset System to reach the 99% access standard (where by 1% of patients will exceed 6 weeks) by 31 March 2022

Cancer

NHS
Somerset
Clinical Commissioning Group







Cancer

NHS Somerset Clinical Commissioning Group

Key Challenges:

- The level of referrals has been steadily increasing from May (when compared to February 2020, the last month unaffected by Covid-19) and reached pre-Covid-19 levels from September to November. December and the first two months of the new year seen a dip in the volume of referrals received. This is mainly due to the tier system being re-introduced in December and the third national lockdown in January. On 8 March 2021, England began a phased exit out of lockdown and it reflects in the volume of referrals rising once again to pre-pandemic levels, a 30% jump in the volume of referrals compared to the previous reported month of January.
    - Somerset FT: +27.7%, (+234); YDH FT: +34.9%, (+165), RUH: +24.4% (-+55), UHBW: +38.1% (+68), Others: +11.4% (+5) (all compared to the previous reported month of January)
- The proportion of patients on a suspected cancer pathway waiting less than 2 weeks initially declined in April and May prior to performance peaking in May at 96.0%; the 2 week wait performance has steadily declined mainly attributed to other providers until September and improving since then.
- January performance:
    - Somerset FT: 92.21%, YDH FT: 96.08%, RUH Bath: 94.23%, UHBW: 97.96%, Others: 75.51%
- The 2 week wait breaches in March 2021 are predominantly within suspected breast cancer (SFT, YDH, RUH and Other providers), head and neck cancers (all providers), lower (all providers) and upper GI (all providers)
- In March 2021 Somerset CCG saw a 24.3% increase in the number of patients on a 62 day pathway who received their first definitive cancer treatment following GP referral when compared to the previous reported month of January, reaching pre-pandemic volumes. Somerset performance greatly improved despite the rise in the number of referrals, however still 1% below target (85%):
    - Somerset FT: +12.8% (+11); YDH FT: +38.6%, (+17), RUH: +20.5 % (+4), UHBW: +21.6% (+5.5), Other Providers: +275%, (+5.5)
- The percentage of patients in Somerset receiving their first definitive cancer treatment within 62 days was 84.09% in March, a 10% increase compared to the last reported month of January 2021.
    - Somerset FT: 82.99% (+13.22%), YDH FT: 90.16% (+8.34%), RUH: 76.6% (-0.32%), UHBW: 83.87% (+9.36%), Other Providers: 73.33% (+23.3%)
    - Breaches predominantly in
        - Lower Gastrointestinal cancer (health care provider initiated delay to diagnostic test or treatment planning, complex diagnostic pathway or other, not listed reasons)
        - Urological cancers (complex diagnostic pathway and also due to health care provider initiated delay to diagnostic test or treatment planning and other reasons)
        - Lung cancers (complex diagnostic pathway, health care provider initiated delay to diagnostic test or treatment planning)
        - Skin cancer (Health Care Provider initiated delay to diagnostic test or treatment planning)
        - Other cancers (Complex diagnostic pathway or due to elective capacity)

Cancer

NHS Somerset Clinical Commissioning Group

Actions to support cancer services:

- The Somerset System is working collaboratively with Somerset, Wiltshire, Avon and Gloucestershire Clinical Advisory Groups (SWAG) to submit a robust recovery plan that pulls on the learning from Adapt & Adopt workshops focusing on Radiology, Endoscopy, Theatres & Outpatients and the key objectives are:
    - Return the number of people waiting for longer than 62 days to the level we saw in Feb 2020 (or to the national average in Feb 2020 where this is lower)
    - Increase the number of people coming forward and appropriately being referred with suspected cancer (with a particular focus on groups under-represented among those who have come forward) to a level that will help address the shortfall in the number of first treatments by March 2022
    - Ensure there is sufficient diagnostic and treatment capacity in place to meet the increased level of referrals and treatment required to address the shortfall in the number of first treatments by March 2022.
- In order to achieve this the following actions are being undertaken:
    - Working closely as a system to analyse data provided in SWAG Weekly Cancer Data Pack to identify potentially delayed demand at tumour site level, and the other referral routes through which patients may be presenting
    - Monthly meeting of Somerset Cancer Board to ensure collaborative partnership working between primary and secondary care services to discuss and agree transformation programmes of work that will have a positive impact on patient pathways.
    - Monthly operational meetings with both Trusts to involve key colleagues from CCG and acute trusts which will aim to identify any issues of inequality of access to cancer services and understand what action needs to be taken to address these
    - A Project Manager has been appointed to help deliver the Early Diagnosis to include targeted support in Primary Care to implement the requirements of the Primary Care Network (PCN) Directed Enhanced Service (DES) Highlight report has been developed utilising available data from NHS Fingertips (December 2020), SWAG Cancer Scatter Plot, NHS Business Services Authority (NHSBSA) Insight, & SWAG FIT (Faecal Immunochemical Test) Testing Report (November 2020) This is intended to be the basis of further discussions with Primary Care to discuss inequalities in routes to diagnosis, screening uptake and help increase the number of cancer referrals.
    - Cancer Transformation Team presented on early Diagnosis at Somerset Engagement and Advisory Group (SEAG) to reach out to local communities to try to understand the local barriers to people attending their GP, particularly in those hard to reach groups. Further meetings are being arranged to meet with people with those groups identified as ‘hard to reach’.
    - A targeted piece of work is in progress to raise public awareness of the importance of early diagnosis ; the first campaign led by Angela Beattie our GP Cancer Clinical lead & Caroline Osborne, Yeovil Hospital Consultant Breast Surgeon went out on local TV and radio the week commencing 19th May 2021, focusing on lung and breast cancer, further dates are to be arranged focusing on the more hard to reach & underrepresented groups
    - Working with system partners an Equality and Diversity workgroup has been developed to identify the level of inequality in Somerset, and identify which groups are at most risk, and the population size. A Somerset specific data pack will be developed to help deliver an improvement in Cancer Early Diagnosis going forward.

Cancer

NHS Somerset Clinical Commissioning Group

Cancer improvement actions continued:

- The 3rd phase of the NSS RDS (Rapid Diagnostic Service pilot is due to commence end of June 2021.. The hub & spoke model will provide a single point of referral, hosted by Somerset FT, re-aligning cancer pathways across both providers to meet RDS principals for patients presenting with vague symptoms.

- Implementation of primary care two week wait FIT (Faecal Immunochemical Test) continues to embed as business as usual to support endoscopy demand reduction. The process will be audited and results fed back to Cancer Board in June 2021.

- Somerset weekly Elective Care Board Tracker has been developed to monitor waiting list sizes, backlogs and activity levels by provider and as a system. This includes monitoring patient backlogs at all stages of the cancer pathway including diagnostics and treatment type

- Trusts will continue to use the national priority system for the treatment of patients and will prioritise longer waiting patients in line with clinical priority.

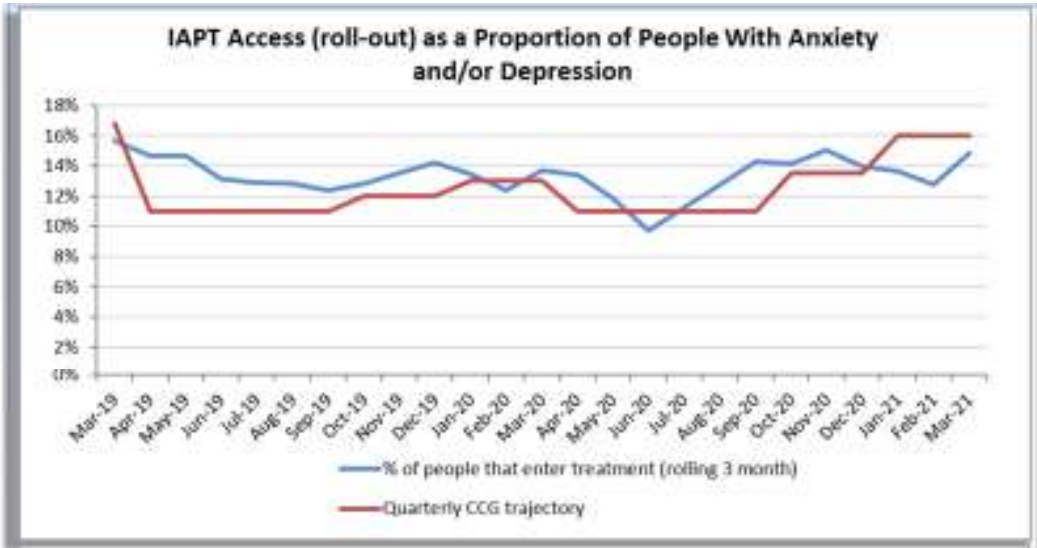
- Work underway to ensure patients are routinely offered the three main personalised care interventions (Personalised Care and Support Planning; Health and Wellbeing Information and Support; End of Treatment Summary) for breast, prostate and colorectal patients.

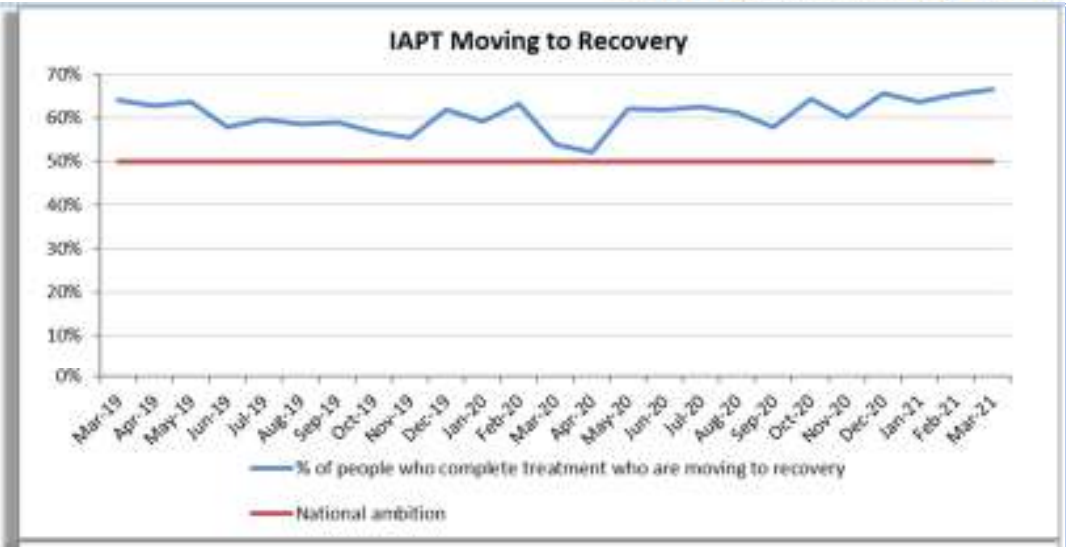
- Funding has been secured from SWAG CA to identify a suitable Cancer Diagnostic Tool to support the requirements of the Early Diagnosis PCN DES. A project plan has been developed with a plan for implementation by Quarter 2.

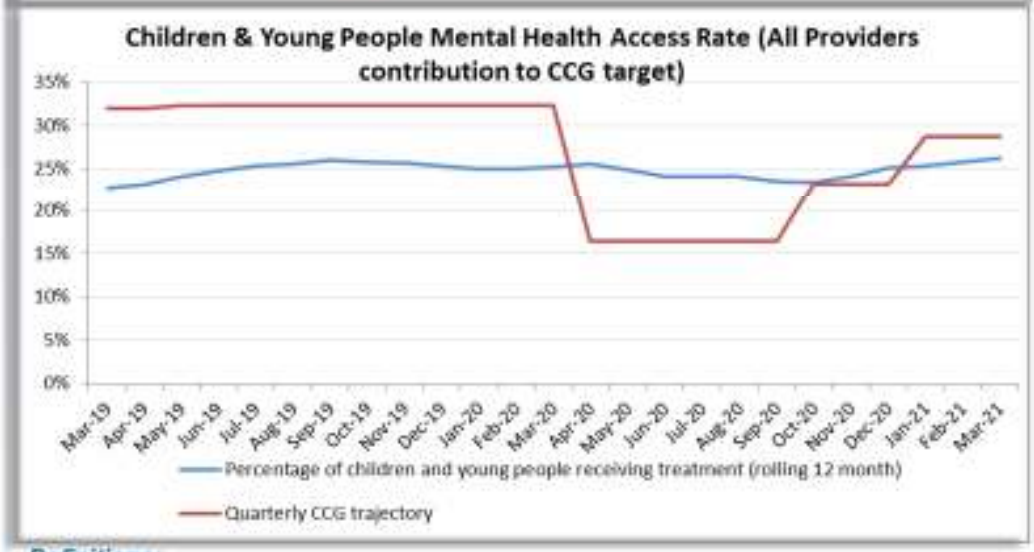
- YDH FT Direct Access Breast Clinic pilot project, involving 3 GP Practices commenced 4th January 2021 – allowing GP's to refer any female patients aged 30 years or older with any breast symptoms. All patients will be given an appointment within 14 days in line with 2ww pathway. An audit of the pathway will be carried out in 6 months to assess the impact on the patient pathway, prior to consideration of further roll-out across the system.
- Innovations funding has been secured to pilot both capsule endoscopy and AI Behold red dot systems (Behold.ai, a radiology AI specialist to implement its red dot® prioritisation platform. The red dot® AI algorithm separates radiology studies into normal and abnormal categories alerting radiographers to urgent findings at the point of acquisition and helping clinicians prioritise workloads and reduce reporting backlogs) in SFT which will speed up the diagnosis of both GI and lung Cancer.

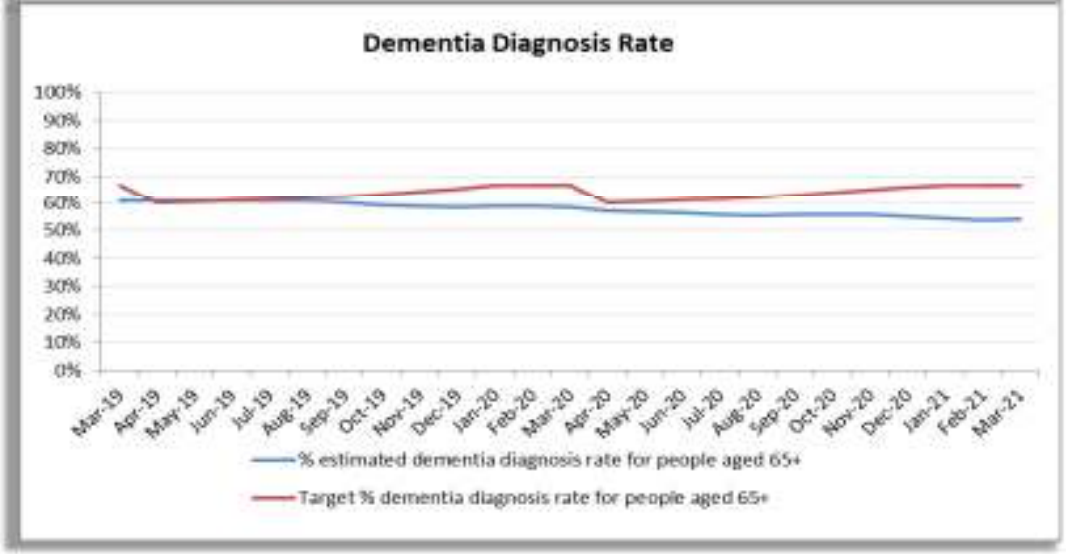
Mental Health

NHS Somerset Clinical Commissioning Group







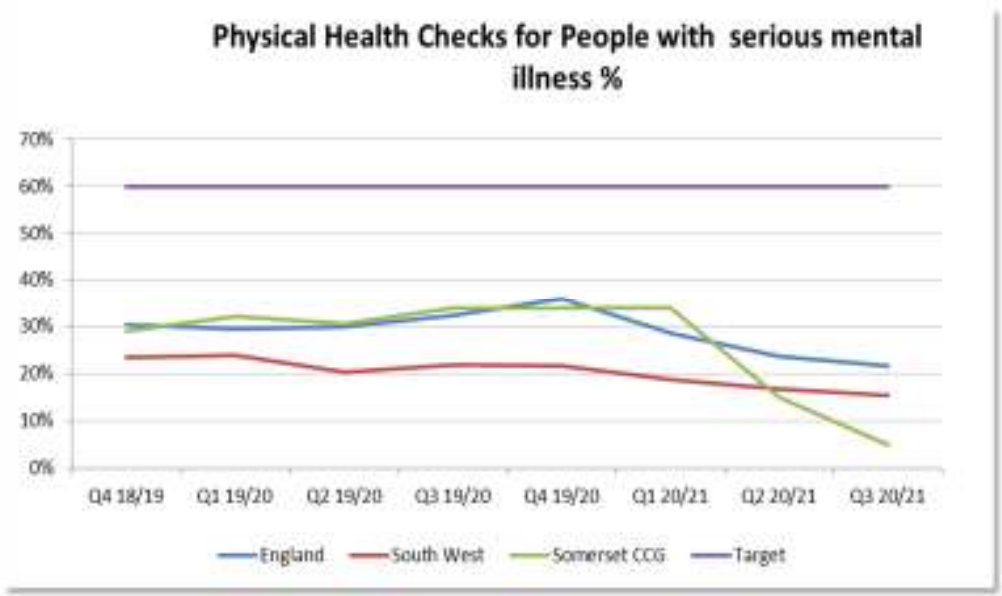


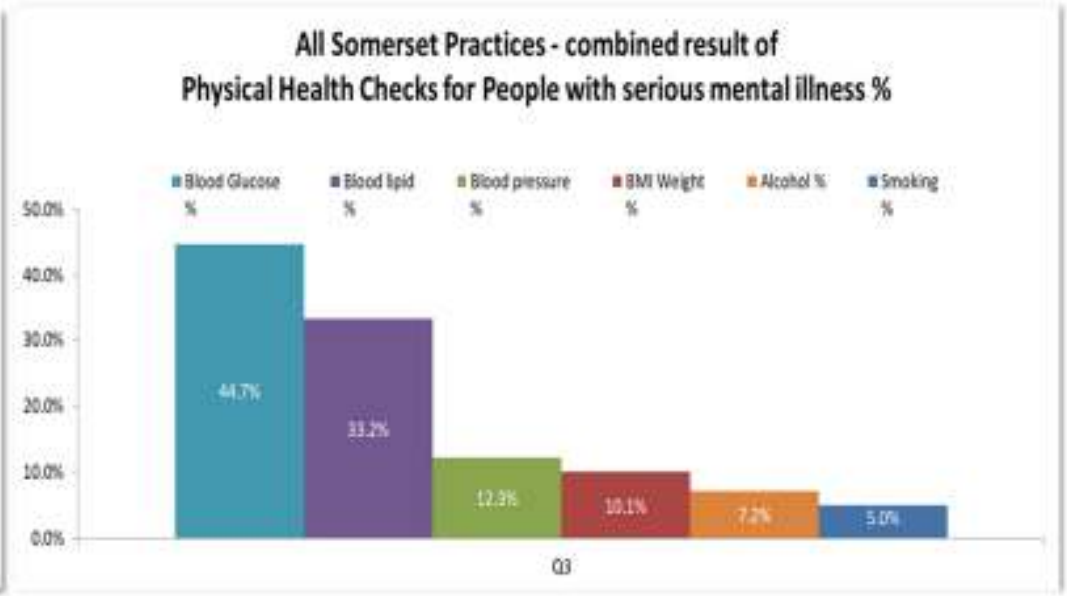
Definitions:

- ***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***
- ***CYP MH access rate measures the percentage of CYP accessing (counted as two contacts) NHS funded community MH services against prevalence (estimated number of CYP with a diagnosable mental health condition)***
- ***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





Mental Health

NHS Somerset Clinical Commissioning Group

Improving Access to Psychological Therapies (IAPT):

- Unvalidated performance suggests that Q4 local trajectory of 2,174 has been missed by 158 patients and this equates to a Q4 *access rate of 14.8%, against a target of 16%. We continue to underperform against the Long Term Plan ambition. Performance this year was affected by a significant dip in referrals in the early part of the 2020/2021 financial year
  **Access rate (reported on rolling quarter basis)The number of people who enter treatment to IAPT Services in the reporting period against the number of people who have depression and/or anxiety disorders (local estimate based on Adult Psychiatric Morbidity Survey 2000)*

- For 2021/22, we are growing the service and will be increasing our Long Term Conditions offer, support to perinatal and staff support in line with the national resilience funding expectations

- The IAPT recovery rate for March is 66.6% and the national ambition of 50% continues to be met and exceeded

- The IAPT service continues to consistently meet and exceed the 6 and 18 week national ambitions. In March, 92.0% of patients referred for treatment were seen by the service within 6 weeks against the 75% national ambition, and 99.5% 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 Foundation Trust and a range of VCSE partners, is operating under 'Open Mental Health'. In February, there were over 1000 contacts across both NHS and VCSE (Voluntary, Community and Social Enterprise) partners in February 2021. The average wait times to access the service are less than 4 weeks, though we are aware that demand is growing. We are currently working on streamlining the dataset across the range of providers, including a consistent suite of outcomes metrics in collaboration with the NHSEII national team.

Mindline 24/7 Crisis Line:

- Since launching the 24/7 service in late March 2020 the line has in total received nearly 29,567 calls to 25 April 2021
- The Mindline 24/7 crisis line offers a supported conversation to callers and has increased access to availability of Mental Health Services within Somerset; the services include Mindline Enhanced, Somerset IAPT and Community Mental Health Teams, depending on the level of need
- Callers are presenting with an increasing range of issues and high levels of anxiety, depression, distress, isolation, family, physical health issues, service issues and concerns around Covid-19 are being seen; the main purpose of a call is the provision of emotional support, and the service is able to access other NHS or VCSE provided support for callers as appropriate
- Since 23 March there have been over 2,000 calls from Children and Young People (aged 18 and under) and their families, averaging 60 calls per week. Callers requiring non-urgent or wellbeing support are referred to the Young Somerset Wellbeing Service; those callers with an urgent MH issue are transferred to CAMHS Single Point of Access, Enhanced Outreach Team or 7 day Out of Hours.

Demand and Capacity Modelling:

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

Mental Health

NHS Somerset Clinical Commissioning Group

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

- The CCG has planned to deliver 28.8% CYPMH *access rate in 2020/2021 with Somerset FT, digital therapy and other tier 2 providers contributing to the Somerset access rate
  **Access rate: (reported on a 12 months rolling basis) is the number of Children and Young People under the age of 18 who have had at least two contacts from an NHS funded mental health services against prevalence (estimated number of CYP with a diagnosable mental health condition (based on 2014 estimates))*

- Un-validated data for the rolling 12 month period to March shows locally estimated performance of 26.3% for all Providers contributing to the Somerset access rate. It should be noted that work is ongoing to consolidate the position against the nationally reported position at provider level

- A CAMHS Project Lead has been appointed and will start to address the issues associated with the CYPMH access target in Somerset. They will work with the CCG CYPMH Commissioning Team, CCG Performance Team and NHSEI Service Improvement Team. A high level mobilisation plan has been produced and issues surrounding access have been identified which will help place Somerset in a good position to implement changes in reporting and counting processes locally, and therefore help to improve the access rate for the next financial year

- Young Somerset Wellbeing Service has helped bridge the gap for early interventions to address the mental health and emotional wellbeing needs of CYP in Somerset aged 11-18, however an increase in demand for CYP who have higher complexity needs has been seen. CAMHS and Young Somerset are working together to develop a 'Getting Help Team' and the team is set to go live in April 2021 and the team will offer support to those CYP whose needs are too complex to be seen by Young Somerset, but do not meet the criteria for CAMHS

- Requests for support are steadily increasing for the Mental Health Support Teams (MHSTs) and the model (supporting a 'whole school approach') is in development with the system working to provide extra resource in order to meet the needs of our CYP in Somerset

- The CCG CYPMH Commissioning Team have attended participation groups for children, young people, parents and professionals. A survey has been developed and shared with Somerset County Council, an evaluation of data received is set to take place in June, following this a specification for an online service will be drafted. Working with the CCG's Procurement Team and KOOTH the established online counselling service contract has been extended until October 2021. The CCG CYPMH Commissioning Team and CCG Engagement Team have produced an Engagement and Activity Plan to meet with service users to understand their experiences and how Covid-19 has impacted on their mental health. The sessions are to commence in April and run until the end of May.

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. Job descriptions for the new roles within the MMHS are currently in development with the aim to go out for advert in May.

Mental Health

NHS Somerset Clinical Commissioning Group

Dementia:

- Somerset CCGs dementia diagnosis rate performance for March 2021 is 53.8%, against national ambition of 66.7%
- Somerset has been impacted, as has the rest of the country and beyond, by the pandemic over the last 12 months. This has particularly affected the previously proposed approach to improve dementia diagnosis rates in Somerset which was based upon physically visiting care homes and other sites, both to diagnose people and to educate the staff on site to enhance their confidence in pursuing diagnosis and to ensure that they are using the correct coding methodology. During the pandemic understandably this work had to stop
- We have now established the multi-organisational Dementia Operational Oversight Group and an associated Dementia Task and Finish Group to look holistically at the entire Dementia pathway (including diagnosis) and services offered in Somerset. These new groups will work together to ensure that new funding for 21/22 is invested appropriately to substantially improve the experiences and quality of life of Dementia service users and their support networks across the county.

Physical health checks for people with a serious mental illness

- It has been challenging to deliver physical health checks to people with a serious mental illness for a number of reasons, including anxiety regarding attending healthcare premises and the impact of Covid-19 response. 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.
- Performance percentage cannot be greater than the minimum figure reported in any of the 6 physical health checks, therefore while individual practices may achieve a good standard, Somerset performance can be only viewed as a whole and the overall performance is heavily influenced by the worst performing physical health check.

Learning Disabilities & Autism

NHS Somerset Clinical Commissioning Group

Transforming Care
Reliance on Inpatient Care:

	Q1 2020/2021	Q2 2020/2021	Q3 2020/2021	Q4 2020/2021	Target March 2021
Adults, non-secure (CCG)	5	6	6	3	3
Adults, secure (NHSEI)	6	7	7	7	7
C&YP (NHSEI)	0	0	0	1	1

Annual Health Checks (AHC):
The Quality Team (Learning Disability and Mental Health) is leading a programme of work to increase the uptake and quality of Annual Health Checks (AHCs) for people with learning disability. The Programme is progressed through a system wide steering group, including relevant system partners as well as parents / carers representatives and peer support groups to ensure meaningful co-production
The Covid-19 restore aspect of the programme (based on the NHSEI target of 67% completion of those eligible for an AHC by the end of March 2021) is part of this programme of work. We are waiting for the figures to be confirmed but indications are we have achieved 78%. CQRS Data as at the end of Q3 was 41%. The co-production work has now also been completed and 'principles of expectations' have been created. The peer support group will create a video to enable this message to be shared across the Somerset system. One of the principles underlines the importance of talking about Mental Health as part of the AHC.

Local review of services:
A 3 year delivery plan for the learning disability and autism programme was submitted to NHSEII in March 2021. Following feedback, an updated plan was submitted at the end of April. Plans include investment in community learning disability services , the rapid intervention team and the adult autism service. An overarching vision, to accompany the delivery plan, is due for completion in Q1.

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

Learning Disability Mortality Reviews (LeDeR)

NHS Somerset Clinical Commissioning Group

The narrative provides a summary for 2020/2021, as at 31/03/2021.
In 2020/2021 a total number of 54 'Notifications' were received by LeDeR relating to an LD death within Somerset. It is worth noting that this represents a significant increase of 92.86% when comparing to the number of 'Notifications' received in 2019/20, where only 28 were received.
The number of LeDeR deaths reported corresponded to the Covid-19 pandemic waves and peaked in April / May 2020, as again in December 2020.
The main causes of death for those individuals where a 'Notification' was received in 2020/2021 were:

- Covid-19 suspected/confirmed (20.37%);
- Aspiration Pneumonia (12.96%)
- Unknown (11.11%);
- Pneumonia (9.26%);
- Neurological Conditions (7.41%);

Status update as of 30 April 2021: the remaining number of cases are low. We are unable to progress with the 13 cases that are left, because of reasons outside our control, which are: 1 case was out of scope, 1 is with the coroner, 4 are part of the CDOP and there are 7 'paused' ones. (The reason 7 cases are paused is because of the current update work done to the national LeDeR platform. 7 notifications have come in for Somerset since the system was paused which we are unable to progress until 1 June. However, we are doing as much prep work (requesting documentation etc.) as we can, so we can hit the ground running from June 1st.)
Since July 2017 in Somerset we have received 138 notifications of which we have now completed 125.
To give a picture of the huge amount of work done in the recent 4 months from January 2021 – April 2021:
Completion of LeDeR reviews:
January 18
February 16
March 16
April 24.

Learning from LeDeR:

- Learning from reviews are thematically considered by CCG LeDeR team and presented to the LeDeR Steering Group for endorsement and agreement on actions. The steering group has representation from system partners;
- LeDeR programme development and key learning into action will also be presented to the Quality Steering Group for discussion and endorsement;
- LeDeR newsletter/communications sent out regularly to the system partners via CCG communications;
- An Annual Report will be developed to support the sharing of LeDeR activity in Somerset along -side key messages and learning into action;
- The themes identified in the LeDeR reviews are informing the 3 year LD & Autism strategy (roadmap);

Themes identified through the Reviews:

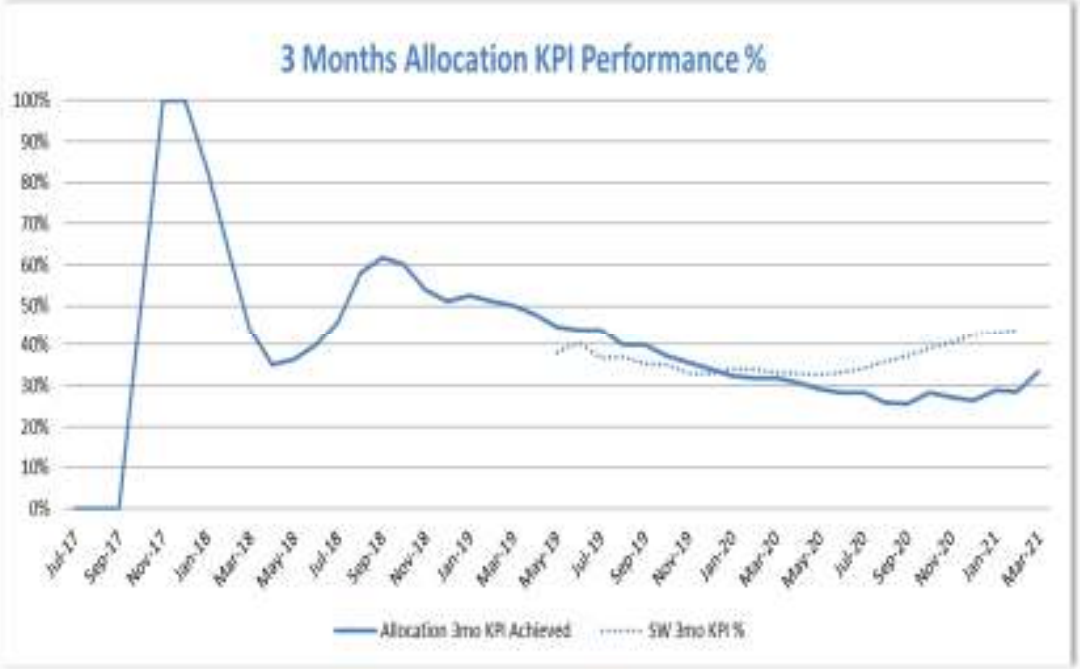
- The importance of Annual Health Checks. A programme of work has been started to increase the uptake and quality of Annual Health Checks in Somerset;
- Mental Capacity and its application for people with LD;
- Developing a joint health and social care approach to commissioning and quality contract management that supports holistic care to individuals;

Recruitment:

- Somerset has been successful in recruiting 3 part-time (0.5) substantive LeDeR reviewers on a 6 months fixed contract;

Learning Disability Mortality Reviews (LeDeR)

NHS Somerset Clinical Commissioning Group



3 months allocation – which means that all cases, once the notification has been received, need to be allocated to a reviewer within 3 months
The 3 month Allocation KPI demonstrates that initially, when notifications were low, allocations were being made within the 3 month timescale. As the number of notifications increased, the number of notifications that were allocated within the 3 month timescale decreased steadily until it was in-line with the SW 3 month KPI average.

And the 6 months completion – which means that the reviews need to be completed within 6 months.
The 6 month completion KPI demonstrates that until August 2018, notifications were taking longer than 6 months to complete. After this time, there were a substantial number that were completed within 6 months, however as notifications continued to be received, the 6 month completion performance steadily reduced to be in-line with the SW 6 month KPI average.

Maternity

NHS Somerset Clinical Commissioning Group

- During the year 2020/2021 there have been 4309 women that have delivered babies, 2,917 at Somerset FT and 1,392 at YDH FT.
- Emphasis on the increase of Midwife Led deliveries (goal ≥15%); Somerset performance for the Local Maternity and Neonatal System (LMNS) is 19.9% for the year 2020/2021, a 4% increase compared to the previous year.
- Both Trusts are focused on achieving all actions required in the Ockenden Report. Working closely with the LMNS, CCG Quality and Safety team and NHSEI for assurance. Early feedback from NHSEI is positive. Main themes include embedding processes and ensuring maternity software captures the relevant information to evidence the good practice taking place.
- Both trusts and Public Health nursing are UNICEF Baby Friendly Initiative accredited to support and promote breastfeeding.
- Both trusts now allow one support partner to attend all maternity appointments including scans. Somerset Maternity Voices Partnership (MVP) have supported women during the pandemic, responding to concerns and raising queries with the maternity team. This feedback from Somerset women has been invaluable during the pandemic and work continues to coproduce services with women from a range of backgrounds and we encourage all women get involved.
- The number of preterm births is reducing as both trusts implement the requirements of the Saving Babies Lives Care Bundle v2. Work is ongoing to further reduce the number of women smoking during pregnancy. Both trusts have also implemented the PeriPrem Care Bundle to improve the outcomes for premature babies
- All pregnant women with Type 1 diabetes are now offered Continuous Glucose Monitoring to help monitor their condition
- Actions to support maternity services:
    - A Maternity Equity strategy to be produced by March 2022
    - Additional support to upskill Midwifery Support Workers
    - Implementation of the National Bereavement Care Pathway
    - Public Health midwife to promote healthy pregnancy
    - Building closer links with our neighbouring LMNSs to share learning and improve communications pathways for cross border transfers