

Report to the NHS Somerset Clinical Commissioning Group on 24 September 2020

Title: GOVERNING BODY QUALITY, SAFETY AND PERFORMANCE EXCEPTIONS REPORT 2019/20 1 APRIL 2020 – 31 July 2020	Enclosure K
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Version Number / Status:	1
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Summary and Purpose of Paper

Following the deep dive at the Finance and Performance Committee, the enclosed paper provides a summary of escalation issues for quality, safety and performance against the constitutional and other standards for the period 1 April 2020 to 31 July 2020, and provides an analysis for both across the following areas:

- urgent and emergency care
- elective care
- mental health
- quality indicators

Recommendations and next steps

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

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 Somerset Clinical Commissioning Group has a budget of £300,535,000 . It is confirmed funding for the period 1 st April to 31 st July 2020. There is currently no confirmed funding allocation for the full financial year. The resource implications are included within the Finance Report.			
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

Integrated Board Assurance Report July 2020

Somerset System overview



Answered within
60 seconds

89.25%



7972 calls

Cat 1 **7** min
Cat 2 **25** min
Cat 3 **68** min
Cat 4 **78** min



Total
emergency
admissions

5257

706 Re-admissions
within 30 days
of discharge

4 hours

A&E

92.67%

Total A&E
Attendance

16,131



4 hours

A&E

91.46%

Total A&E
Attendance

5,256



4 hours

A&E

97.18%

Total A&E
Attendance

3,792

Somerset System overview



Referral to
treatment

9131

Clock
starts



23.68% <18 weeks

1068 people waiting >52 weeks

3382 people waiting >40 weeks



Diagnostics

Waiting list

11,348

>6 weeks 5,581

49.18%



Cancer
Total

1556 2ww

118 >2ww waits

31 day performance

96.43%

62 day performance

85.31%

*June 2020 data



IAPT - Improving Access
to Psychological Therapies

access 11.3%

61.2 % moving to recovery

CYPMH

Children and Young People's Mental Health

access 14.5%

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Quality Monitoring Reporting Development

The Quality Team have been working closely with the Performance Team to develop a new style for presentation of quality monitoring reporting to improve accessibility and analysis.

A prototype version of quality monitoring metrics was considered by the Patient Safety and Quality Assurance Committee (PS&QA) on 16 September 2020. The format was agreed which included, an infographic of current month's data, data trend analysis and a narrative analysis of the implications and actions arising from data. This builds upon the current performance data presentation in this report. This is illustrated through the next sample slide (covering slips, trips and falls and venous thromboembolism). The PS&QA considered the wider range of quality and safety metrics available and used by the CCG. The committee resolved to agree a core set of sentinel metrics to be included routinely in the Governing Body Integrated Quality and Performance Report to commence from October 2020. The wider side of metrics will be reviewed by the PS&QA Committee on a rolling basis a part of 'focus on' and exception reporting. Any issues arising will be escalated as exceptions to the Governing Body as additional subject items in the Governing Body Integrated Report.

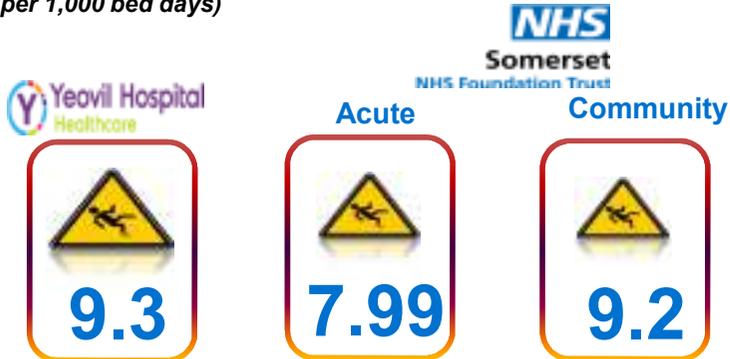
The current quality and safety metric data includes YDH FT and Somerset FT. This will be extended to capture UHBW and RUH Bath, where it is available to the CCG (subject to lead commissioner contractual frameworks).

Routine quality monitoring processes are in transition to revised 'new normal' arrangements following nationally mandated reduced reporting requirements under Covid-19 *Reducing the Burden* to free up capacity to deal with the Covid-19 emergency <https://www.england.nhs.uk/coronavirus/publication/reducing-burden-and-releasing-capacity-at-nhs-providers-and-commissioners-to-manage-the-covid-19-pandemic/>

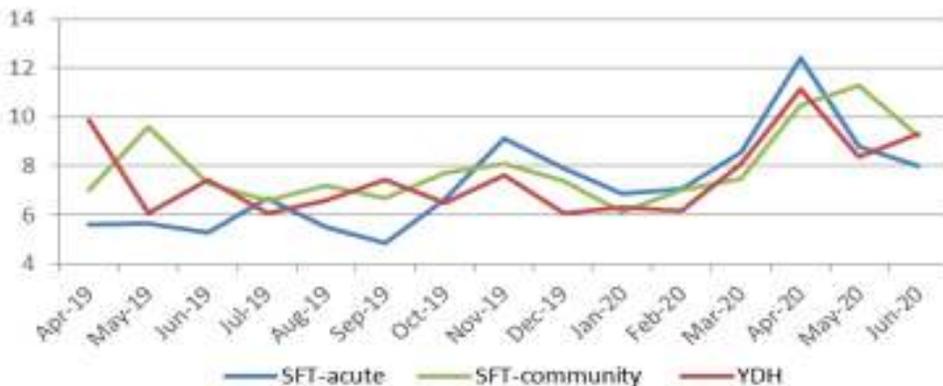
In practice providers have continued to provide a full set of quality and safety indicators to the CCG, albeit some of the monthly submissions were delayed during the Covid-19 wave 1 outbreak period (March to June 2020). The CCG Quality team continue to review and analyse this data for any concerns.

Quality Reporting as at June 2020

Rate of Slips, Trips and Falls (per 1,000 bed days)



Rate of slips, trips and falls per 1000 bed days

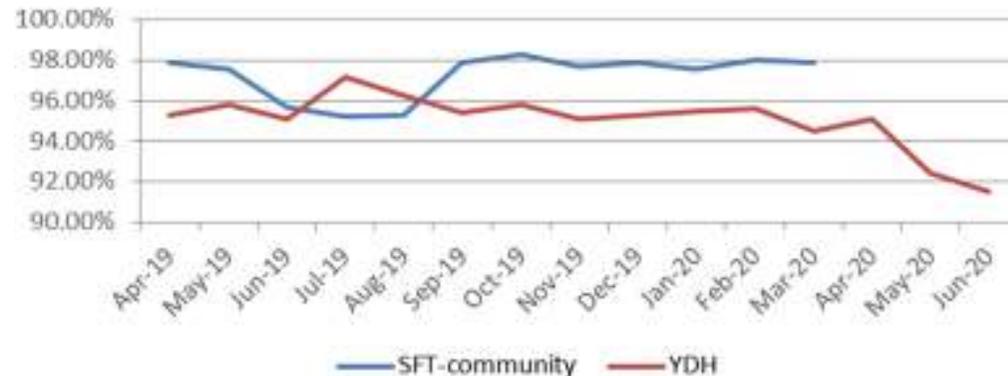


There looks to be a Special Cause Variation noted for an increased rate of falls in April 2020, although this also needs to be reviewed in context of longer term data. YDH FT has identified this as an outlier, and we have asked them for further details. It could be an impact from Covid-19 during this period, as the number of falls remained unchanged, but the number of bed days reduced.

Venous Thromboembolism (VTE) (% of adult patients risk assessed within 24hrs of admission)



VTE
% of adult patients having an assessment within 24 hours of admission

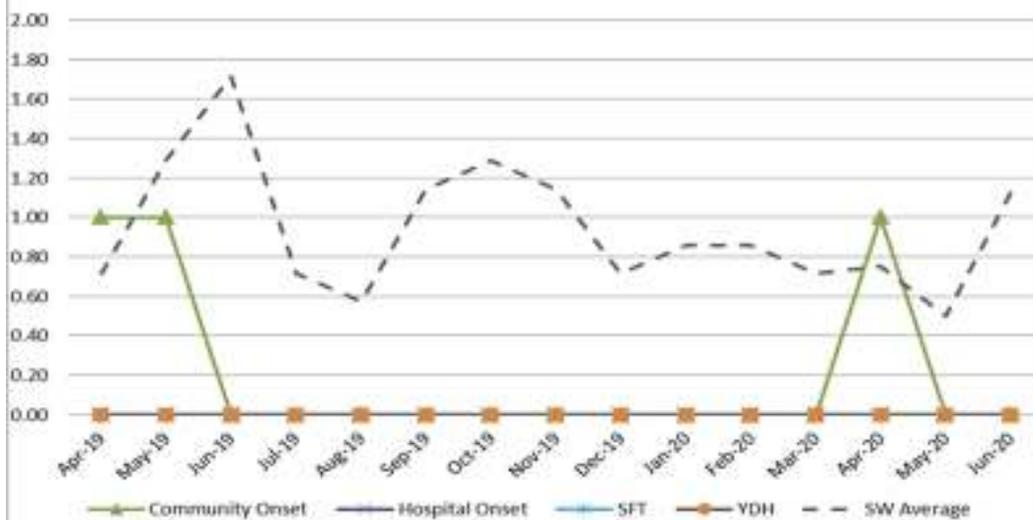


YDH FT decline in VTE assessment rates noted. Added to Clinical Review action tracker to monitor and will raise with the Trust.

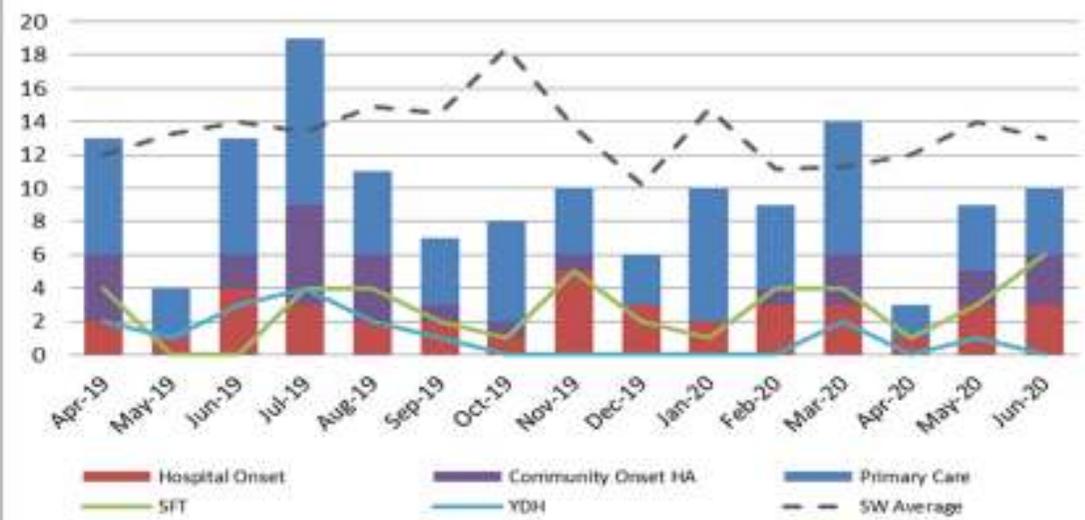
Further data awaited from Somerset FT on VTE, however, to reduce the reporting burden on Providers during Covid-19 Somerset CCG have not yet reviewed with Somerset FT, but have added to the action tracker as 5 expected to re-commence shortly.

Infection Prevention and Control Data Reporting as at June 2020

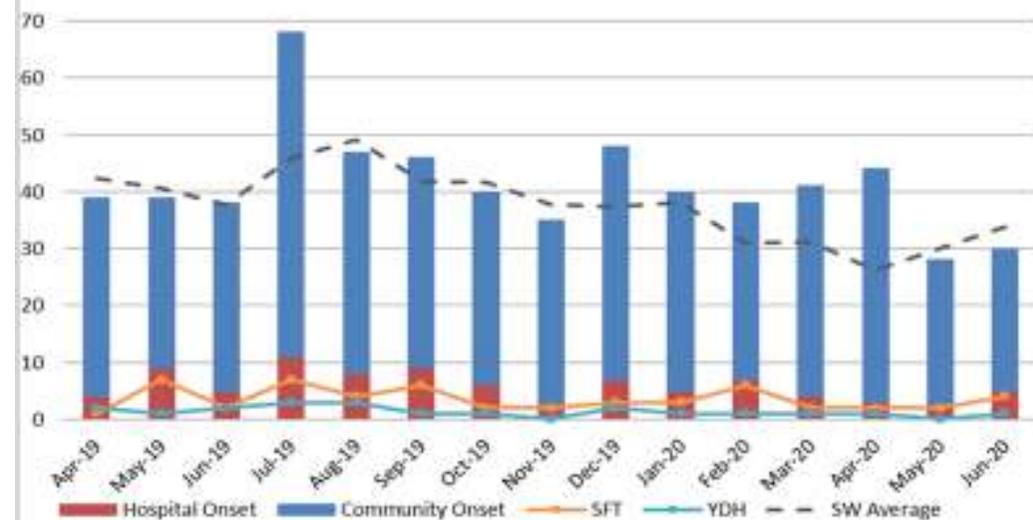
MRSA Case Numbers - 15 months to June 2020



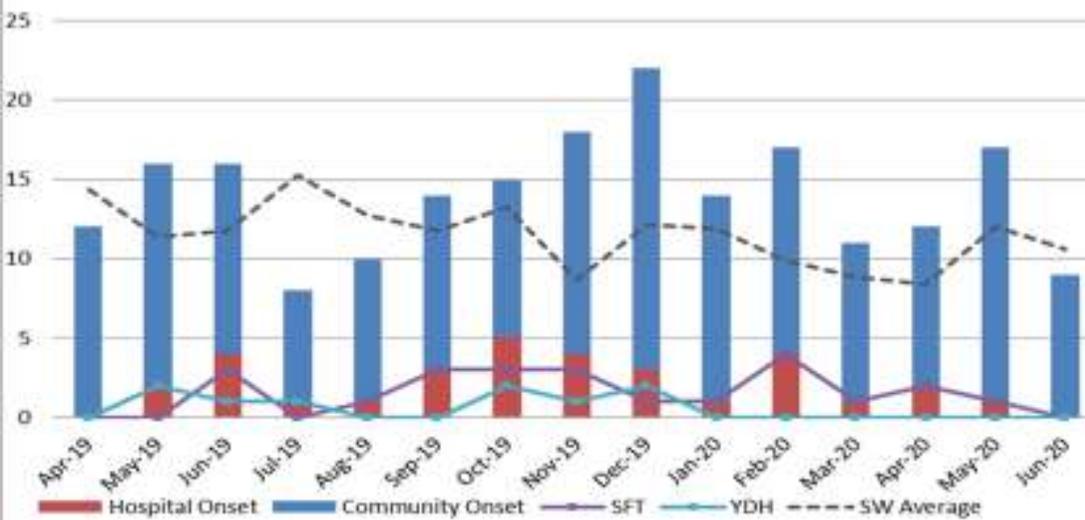
C Diff Case Numbers - 15 months to June 2020



E Coli Case Numbers - 15 months to June 2020



MSSA Case Numbers - 15 months to June 2020

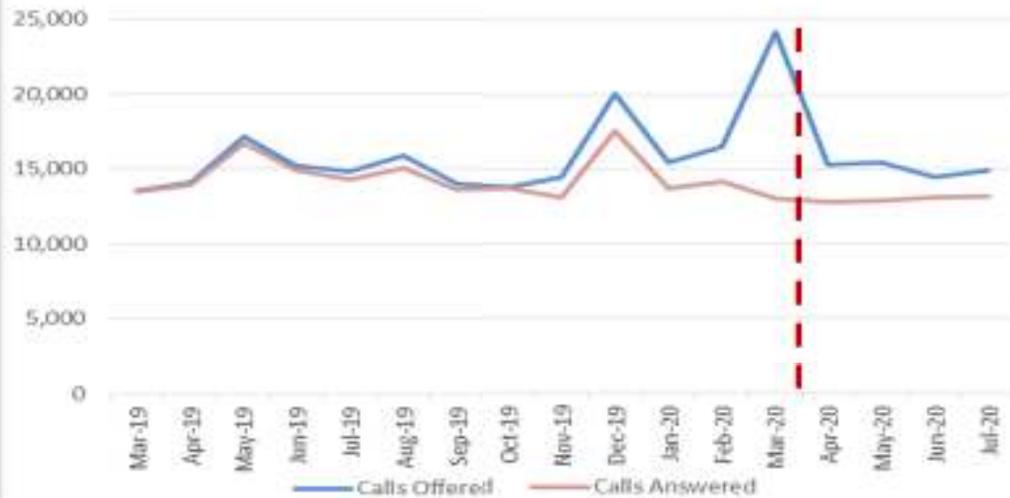


NHS Somerset CCG Antimicrobial Targets - Summary

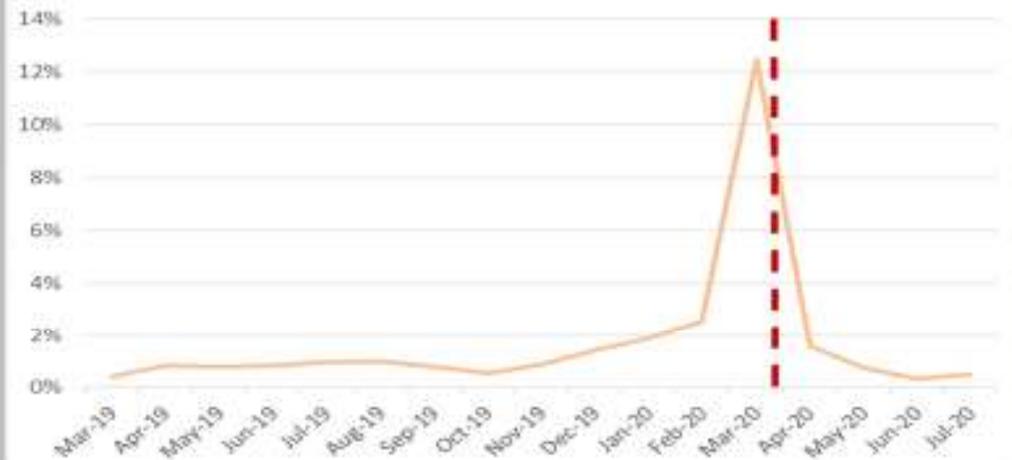
Performance 2019-20	Antibacterial items per STAR PU		Trimethoprim items for patients aged ≥70 years (baseline June15-May-16)		Co-amoxiclav Cephalosporins & Quinolones % of all Antibiotics		Trimethoprim items per item-based ASTRO PU	
	CCG Performance	CCG & National Target TBC	CCG Performance	CCG & National Target TBC	CCG Performance	AMS Monitoring purposes	CCG Performance	AMS Monitoring purposes
Year on year results								
Baseline March 2019	0.892	<u>< 0.953</u>	-68.9%	<u>30% reduction</u>	4.8%	<u><8.7%</u>	1.52	<u><2.0</u>
June 2019 (12m: July-18-June-19)	0.879		-70.1%		4.8 %		1.43	
September 2019 (12m: Oct-18-Sept-19)	0.868		-71.0%		4.7%		1.35	
December 2019 (12m: Jan-19-Dec-19)	0.867		-72.4%		4.6%		1.29	
March 2020 (12m: April 19 – Mar 20)	0.866		-74.1%		4.4%		1.18	
June 2020 (12m: July 19 – June 20)	0.840		-75.3%		4.5%		1.12	

Emergency – NHS 111 Performance

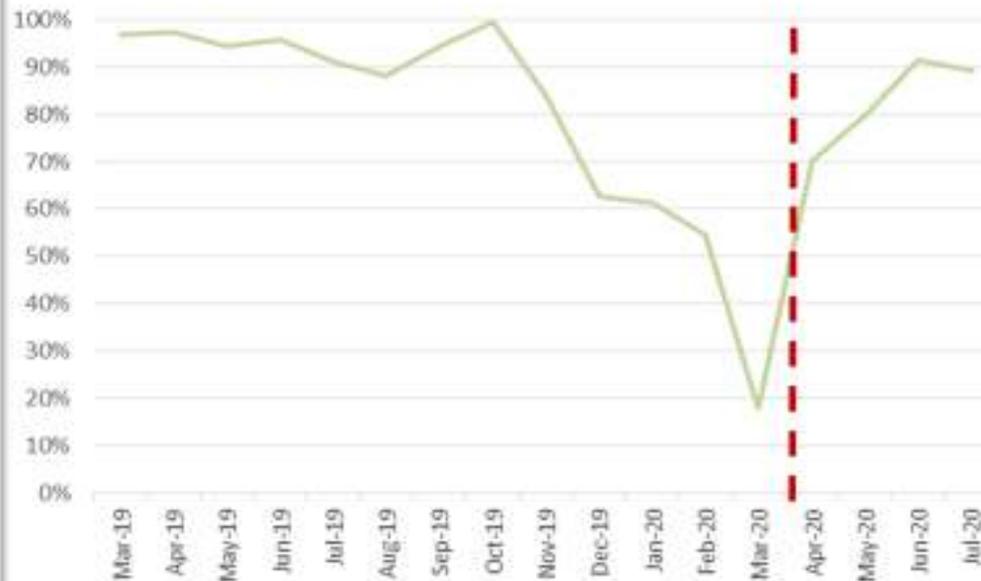
Demand into NHS 111



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



% of Calls Answered Within 60 Seconds



Emergency – NHS 111 and Integrated Urgent Care Service

- Demand into NHS 111 increased in March 2020 to 24,164 calls, which is almost double the number of calls when compared to the same month in the previous year (13,450 calls in March 2019); demand has since reduced to 14,902 calls received in July 2020.
- Performance in March significantly reduced for both the 60 second call answering rate, at 17.9% against the national target of 95%, and for the 30 second call abandonment rate, 12.5% against the 5% national target.
- Since March, performance has improved but still remains challenged, with the most recent weekly performance data (week ending 23 August 2020) showing the 60 second call answering metric for Somerset 111 is 80.5% National average of 85% and the 30 second call abandonment rate is 4.4% against a national average of 3.7%
- Somerset 111 remains an outlier on call abandonment rate compared to the rest of the Care UK estate and this is in part due to the configuration of the 111 options (such as repeat prescriptions and dental) going directly to Meddcare Somerset. Dental call demand has increased due to changes in access to dental services due to the Covid-19 response; Somerset CCG is liaising with NHSE/I as commissioner of dental services to better understand the situation and what improvements are being put in place. Somerset CCG will be attending the Devon Doctors MCRM on 16 September 2020.
- Somerset CCG is currently working with Meddcare Somerset to ensure that validation activity from Care UK to the Somerset Clinical Assessment Service (CAS) is taking place. Other services, such as Kernow Integrated Urgent Care System, have demonstrated that clinical validation within the CAS by a clinician not restricted to working within NHS Pathways, has led to a more effective validation process, with patients being referred to the Urgent and Emergency Care service most appropriate to their clinical needs, as well as supporting a reduction in 999 activity and Emergency Department (ED) walk-ins. Validation is key to supporting improved ED patient flow due to current capacity limits owing to social distancing, mobilisation work is progressing, supported by weekly calls facilitated by the Somerset CCG, so that validation within the CAS is fully online by 1 November 2020.
- Although overall complaint numbers remain relatively low (5 in Q1), the themes relate to delays within differing areas of the service.

Emergency – SWAST Performance

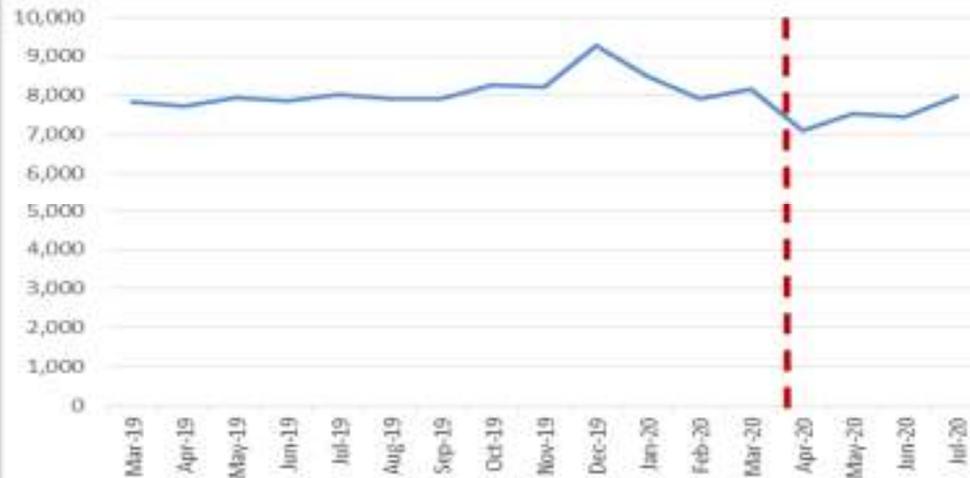
Ambulance Mean Response Times



Ambulance Outcomes



Total Number Of Calls



Emergency – SWAST Performance

Areas of focus during Covid-19:

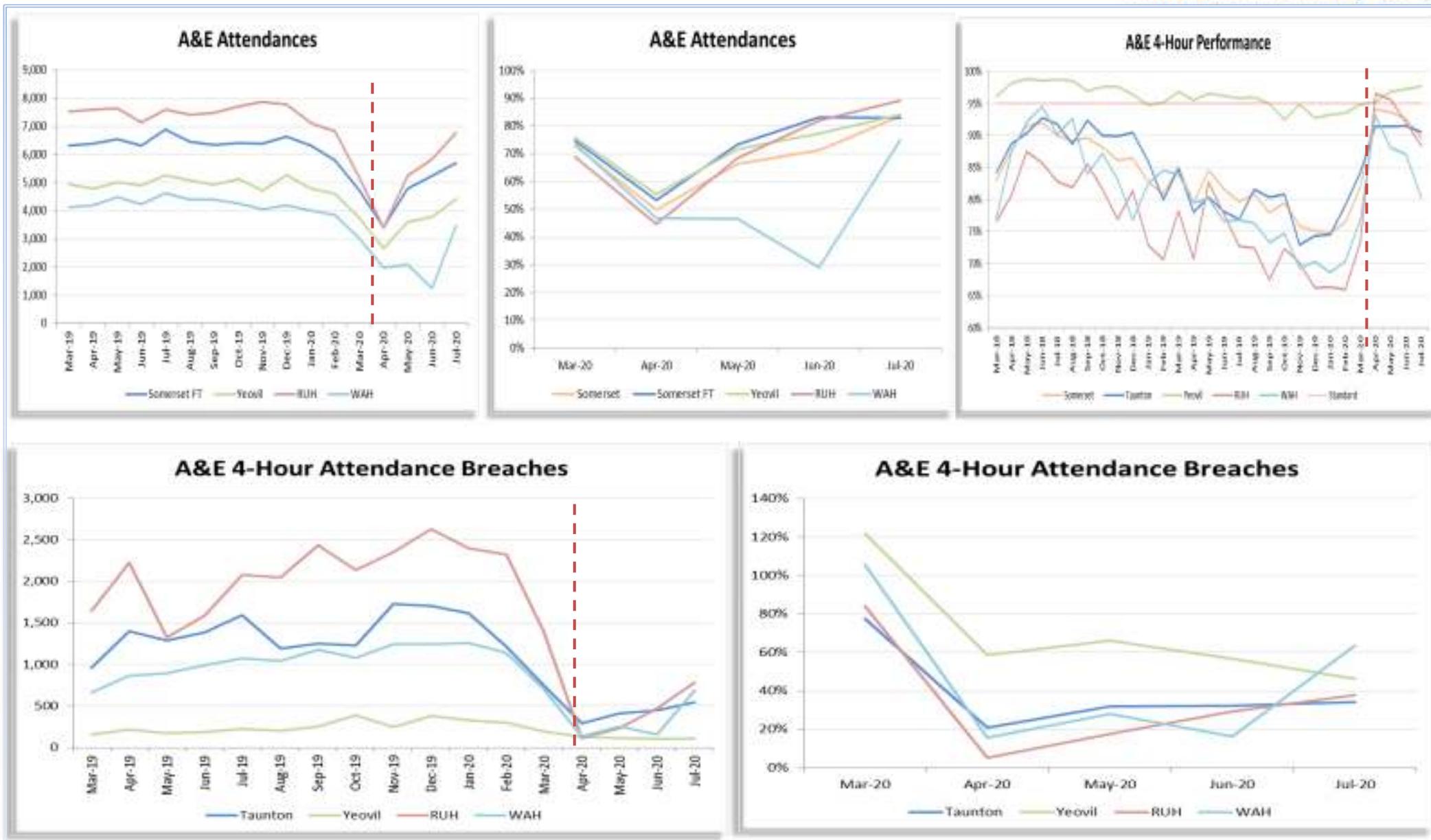
- Since lockdown eased on 4 July 2020 and the onset of summer holidays SWAST activity across the whole of the South West has seen a significant increase in activity, compared to the low levels seen during the peak of Covid-19, and this has had an impact on performance against Ambulance Response Programme (ARP) Response Times standards

Month 2020	Cat 1 (mean / 90 th percentile)		Cat 2 (mean / 90 th percentile)		Cat 3 (90 th)	Cat 4 (90 th)
	7 mins	15 mins	18 mins	40 mins		
ARP	7 mins	15 mins	18 mins	40 mins	120 mins	180 mins
April	7.3	13.1	21.1	41.1	93.2	152.6
May	7.3	14.4	22.0	42.7	100.7	138.8
June	7	14	23.0	45.0	109	150.0
July	7	14	24.0	44.0	139	173.0

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

- The work with Meddcare Somerset and Care UK (see Integrated Urgent Care slide 10) 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.
- Although 999 activity reduced during the peak of Covid-19, data indicates that Somerset remained an outlier with the highest activity recorded across the South West, albeit significantly reduced. Somerset CCG Performance Team is undertaking an analysis to better understand this position. In addition a meeting was held with the SWAST Data Lead on 6 August to understand Somerset’s 999 activity, which highlighted referrals to 999 from NHS 111 as a key contributing factor. SWAST’s presentation was shared with Meddcare Somerset at the Monthly Contract Review Meeting on 18 August and a productive meeting was held on 10 September where issue was highlighted to Care UK. SCCG agreed to send across background data including the SWAST presentation to DDOC and Care UK ahead of further discussions outside the meeting (date to be confirmed).

Emergency – A&E

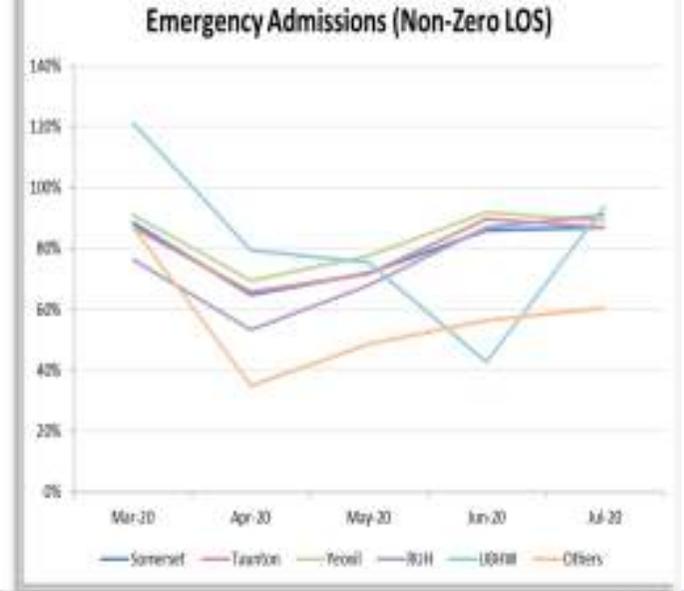
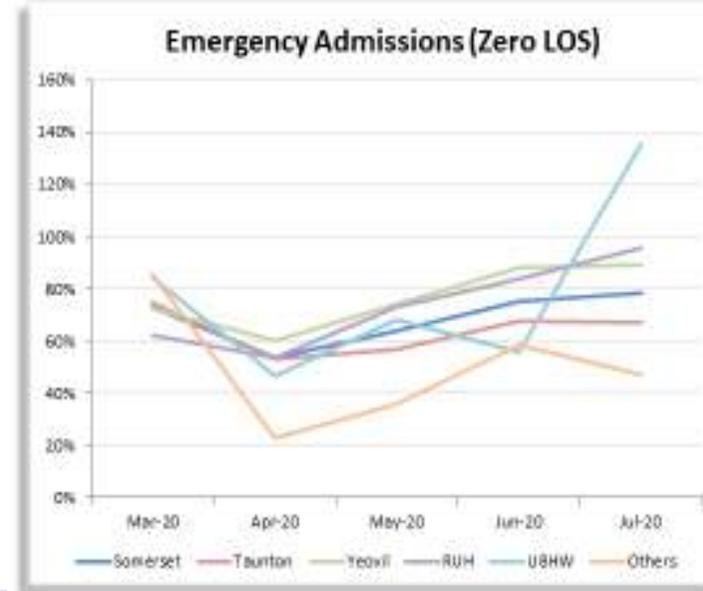
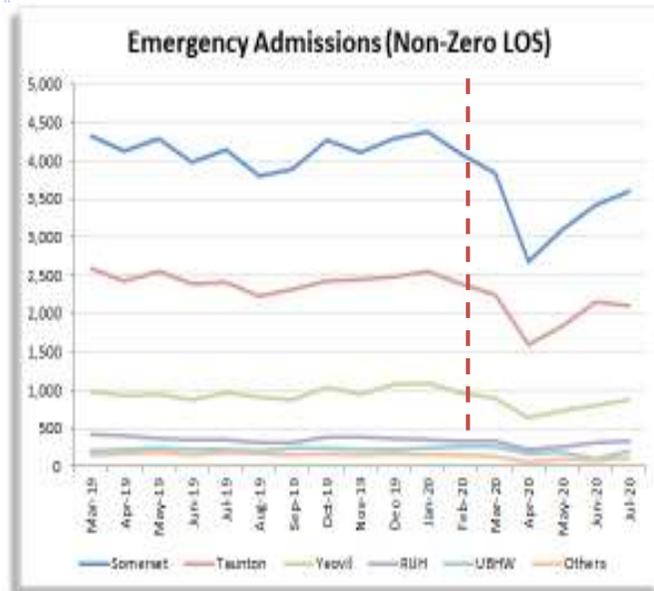
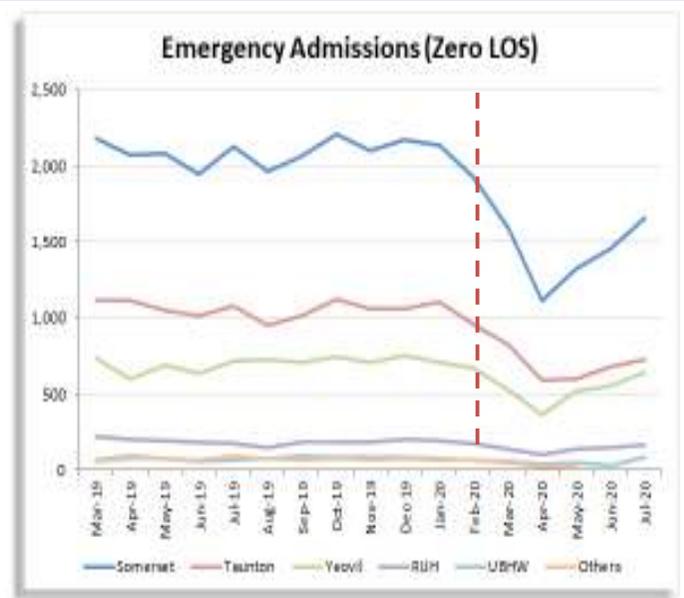
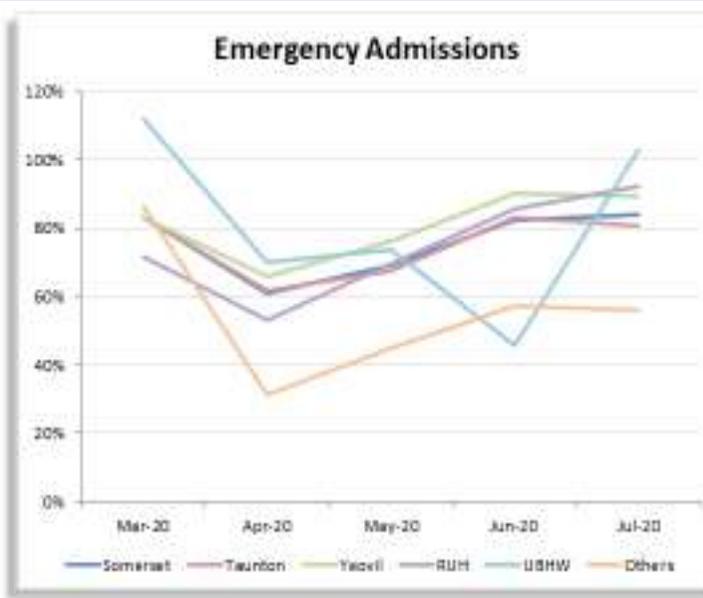
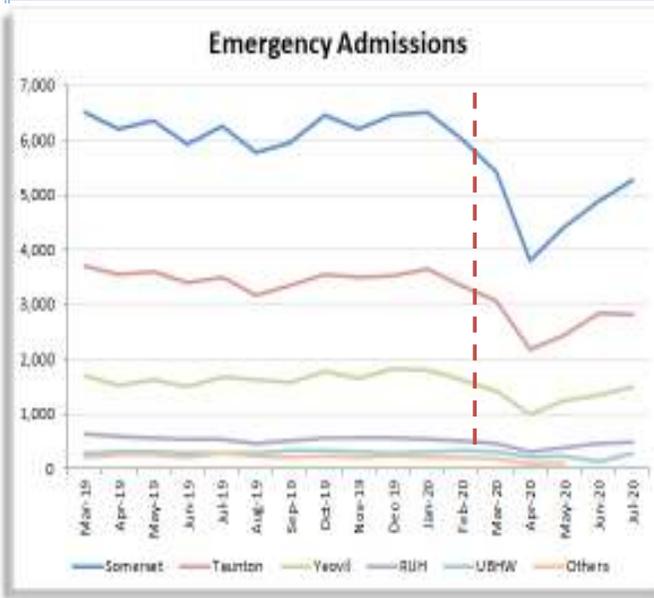


- **Somerset FT:** The number of patients attending the A&E Department in July was 17.1% lower (1181) than the same month in the previous year
 - During the cumulative period March-July, attendances were 26.4% lower (-8583) than the same period in the previous year
 - 4-Hour performance in July was 90.5% and during the cumulative (Covid-19) period was 89.8%
- **YDH FT:** The number of patients attending the A&E Department in July was 15.9% lower (-838) than the same month in the previous year
 - During the cumulative period March-July, attendances were 26.9% lower (-6704) than the same period in the previous year
 - 4-Hour performance in June was 97.7% and during the cumulative (Covid-19) period was 96.3%
- **RUH Bath:** The number of patients attending the A&E Department in July was 10.8% lower (-824) than the same month in the previous year
 - During the cumulative period March-July, attendances were 29.5% lower (-11,065) than the same period in the previous year
 - 4-Hour performance in July was 87.6% and during the cumulative (Covid-19) period was 89.2%
- **UBHW:** The number of patients attending the Weston site A&E Department in June was 25.0% lower (-1158) than the same month in the previous year
 - During the cumulative period March-June, attendances were 45.6% lower (-9878) than the same period in the previous year
 - 4-Hour performance in June was 80.3% and during the cumulative (Covid-19) period was 85.09%

Challenges During Covid-19 Period

- The Trusts continue to work proactively on the development of further capacity to mitigate against the loss of cubicles / bed spaces within the Department due to social distancing requirements
- The reduction in the number of beds to comply with social distancing has resulted in patient flow delays and challenges to the 4-hour standard
- Zoning to separate positive / query positive and negative Covid-19 patients and Covid-19 testing regimes on admission continues
- The clinical rotas are under review at Somerset FT to ensure optimum coverage across the day and to embed the improvements seen during 2020.

Emergency – Emergency Admissions



Emergency – Emergency Admissions

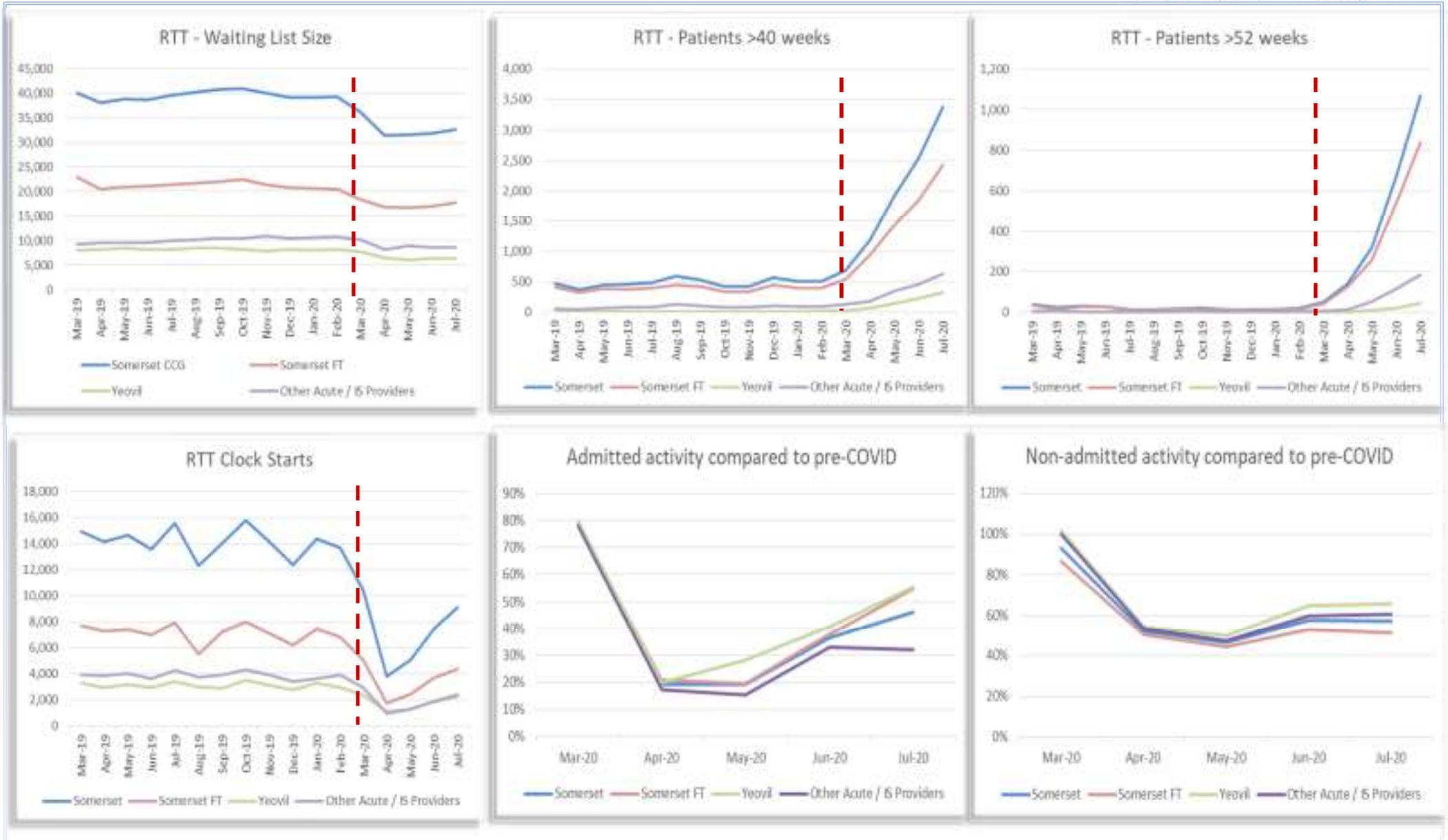
- **Somerset:** The number of emergency admissions in July was 16.0% lower (-1003) than the same month in the previous year and during the cumulative period March-July (latest data) the number of emergency admissions were 24.0% lower (7495) than the same period in the previous year. Whilst the reduction in demand has been seen across both the zero and non-zero LOS admissions, the biggest percentage reduction was in the number of zero LOS admissions which aligns to the reduced A&E demand and is the position mirrored across all our main Acute Providers
- **Somerset FT:** The number of emergency admissions in July was 19.2% lower (-669) than the same month in the previous year and during the cumulative period March-July (latest data) the number of emergency admissions were 24.8% lower (-4389) than the same period in the previous year
- **YDH FT:** The number of emergency admissions in July was 10.8% lower (-181) than the same month in the previous year and during the cumulative period March-July (latest data) the number of emergency admissions were 19.0% lower (-1528) than the same period in the previous year
- **RUH Bath:** The number of emergency admissions in July was 7.6% lower (-40) than the same month in the previous year and during the cumulative period March-July (latest data) the number of emergency admissions were 26.1% lower (-744) than the same period in the previous year
- **UHBW:** The number of emergency admissions in July was 2.8% lower (+8) than the same month in the previous year and during the cumulative (Covid-19) period March-July (latest data) the number of emergency admissions were 19.6% lower (-285) than the same period in the previous year
- During July the average Opel level across the Somerset System was Opel Level 1

Challenges During Covid-19 Period

- Reduction in the number of beds due to patient cohorting, which has impacted upon patient flow across the hospital
- Zoning to separate positive / query positive and negative Covid-19 patients and Covid-19 testing regimes on admission

- In the Sir Simon Stevens letter dated 17 March 2020, there was a 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. Whilst the number of patients on the waiting lists has not increased during the period due to a reduction in referrals into Secondary Care patients the duration of wait has increased as a consequence of stepped down elective services. Patient communications are being prepared to provide appropriate messaging to patients and prior to the winter period, both local Trusts are maximising the use of all available capacity in order to treat the highest priority cases.
- The Covid-19 pandemic has had a significant impact upon the elective access standards with patients waiting longer for treatment, and a reduction in the number of patients referrals for a suspected cancer
- Sir Simon Stevens wrote to healthcare leaders on 31 July 2020 to set out the third phase of the Covid-19 response and outlined three key priorities:
 - Acceleration of pre-Covid-19 levels of activity ahead of winter
 - Prepare to winter demand pressures alongside further Covid-19 outbreaks
 - Lock in learning from the first phase of Covid-19 with specific actions upon inequalities and prevention
- Clinically urgent patients (including cancer) will continue to be treated first, but with the next priority given to the longest waiting patients and specifically those have either reached a wait of 52 weeks or are at risk of breaching 52 week waits by the end of March 2021
- Systems have been asked to develop narrative, people and an activity, performance and workforce plans which deliver the goals set out for Phase 3:
 - 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
 - Deliver 100% of pre-Covid-19 levels of MRI, CT and Endoscopy diagnostic activity by October 2020 and sustained throughout winter
 - Delivery 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 have fully collaborated in the development of the draft plans which were submitted on 1 September 2020; the final plans are due to be submitted on 21 September 2020

Referral to Treatment



Key Challenges

- There has been a reduction of 37,015 new clock starts (a measure of referral demand) when comparing the cumulative period March to July 2020 when compared to the previous financial year and is an indication of potential unmet demand.
- During July 2020 there were 9131 new clock starts which is 1699 higher than the previous month and 58.6% of the level of demand seen in July 2019. This re-start is predominantly due to cancer and urgent referrals nearing to expected levels; however routine referrals remain lower than expected despite primary care demand returning to pre-Covid-19 levels
- There are 32,592 patients on an incomplete pathway and awaiting their first definitive treatment; this is a reduction of 6695 when compared to the pre-Covid-19 level in February 2020. However, due to the steady increase in new clock starts the waiting list has increased by 708 patients when compared to the previous month
- The percentage of patients waiting less than 18 weeks has significantly deteriorated to 43.4% (compared to 81.31% in February), with the same deterioration seen across all Providers across Somerset
- Whilst the number of patients on an incomplete pathway reduced during this period due to the short term reduction in demand, the number of long waits have risen sharply as patients waits mature on the waiting list
 - The number of patients whose wait exceeds 40 weeks has increased by 2875 patients since February and has increased month on month (from 507 in February to 3382 in July) due to the stand down of non-urgent elective activity: Somerset FT 2426, YDH FT 328, RUH Bath 232, UHBW 167 and Other Providers 229. Providers who have not previously had very long waiting patients, such as YDH FT are seeing a significant increase in very long waits.
 - The number of 52 week waits has increased by 1047 since February (from 20 in February to 1068 in July): Somerset FT 838, YDH 46, RUH Bath 65, UHBW 53 and Other Providers 66 and is expected to further increase in August given the increase in the number of patients waiting in excess of 47 week waits in May (1727).
 - The increase in 52 week waits is a combination of the prioritisation of urgent and cancer patients, and an increase in the number of patients choosing to delay treatment
 - Nationally the number of patients who exceeded 52 weeks has significantly increased from 1724 in February to 50,971 in June; Somerset CCG reported 671 patients who exceeded 52 weeks in June and was ranked 17th out of 159 commissioners, with Bath & East Somerset, Swindon and Wiltshire CCG, Dorset and Devon CCGs reporting a higher level of 52 week waits than Somerset

Key Challenges

- An increase in waiting times is observed across both the non-admitted and admitted waiting lists.
- Admitted waiting list has reduced by 630 patients (from 10,753 from February to 10,123 in July)
 - Admitted clock stop activity in July has increased to 46% of pre-Covid-19 levels (when compared to the same month in the previous year), with re-start levels of 55% at both Taunton FT and YDH FT
 - Day Case activity in June was 61.3% of pre-Covid-19 levels and Elective In-Patient 46.1% when compared to the same month in 2019
 - During the reported period, theatre throughput reduced due to the increased patient turnaround times, although theatre efficiency has increased due to the low levels Covid-19 cases within the hospitals
 - Most challenged admitted specialities are Ophthalmology, General Surgery, Trauma and Orthopaedics, Urology and ENT
 - Future issues and risk pertain to staff recruitment and retention to deliver the investment and Adapt and Adopt Schemes, winter pressures and a further surge in Covid-19 positive cases
- Non-Admitted waiting list has reduced by 6065 patients (from 28,534 in February to 22,469 in July) due to the reduction in the number of clock starts during the Covid-19 period; however we are starting to see an increase in demand resulting in the non-admitted waiting list increasing by 686 patients when compared the previous month
 - Non-Admitted clock stop activity in July has increased to 57% of pre-Covid-19 level (when compared to the same month in the previous year) with Taunton FT seeing a restart level of 55% and other Somerset Providers (including YDH FT) 66%
 - During 2019/20 3% of out patient activity was delivered virtually; an aim in the long term plan was to reduce a third of out patient visits by 2023/24 by transforming services. During the reported period this re-design has been accelerated by the roll of 'Attend Anywhere' technology and in July 30% of out patient consultations were delivered virtually with the requirement in the Phase 3 plan to increase this to 40% by September.
 - First Out Patient activity in June 20 was 70.9% of pre Covid-19 levels and Follow Up out patient activity 68.8% when compared to the same month in 2019
 - Non admitted long waits have increased in many of the medical and surgical specialities (biggest increases seen in Gastroenterology, ENT, Ophthalmology, General Surgery, Dermatology and Rheumatology)
- Out patient areas which have been re-purposed due to Covid-19 are either being restored or alternate areas identified and ways of safely delivering services continue to be progressed

Key Focus

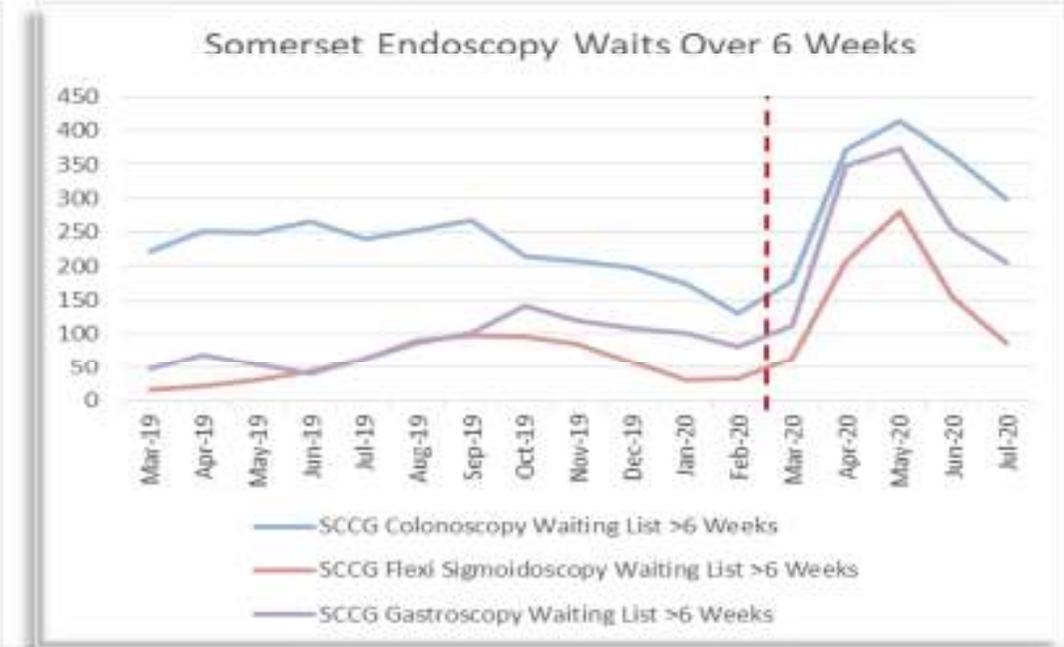
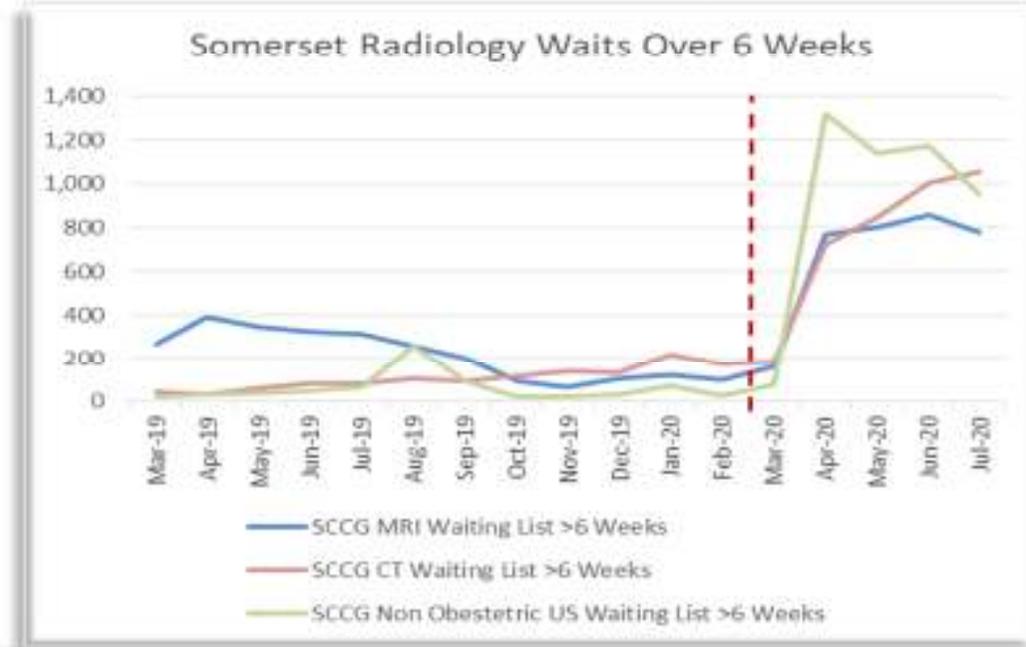
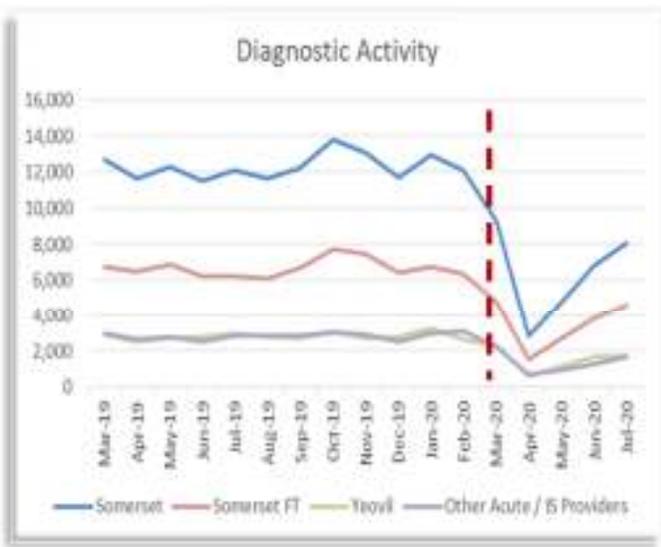
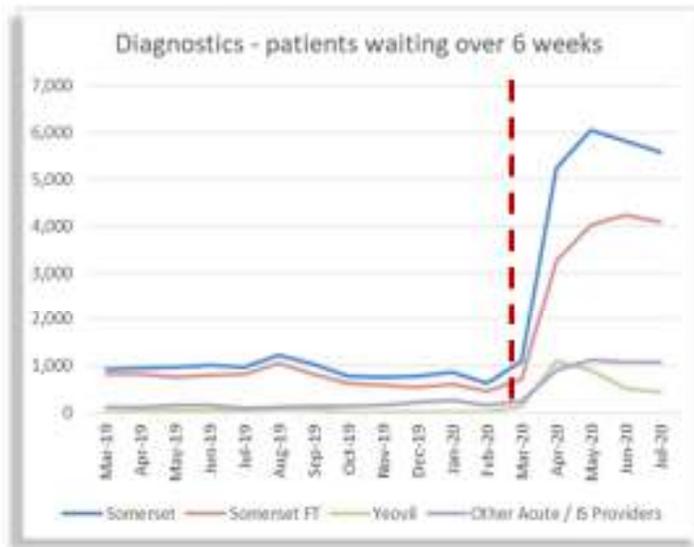
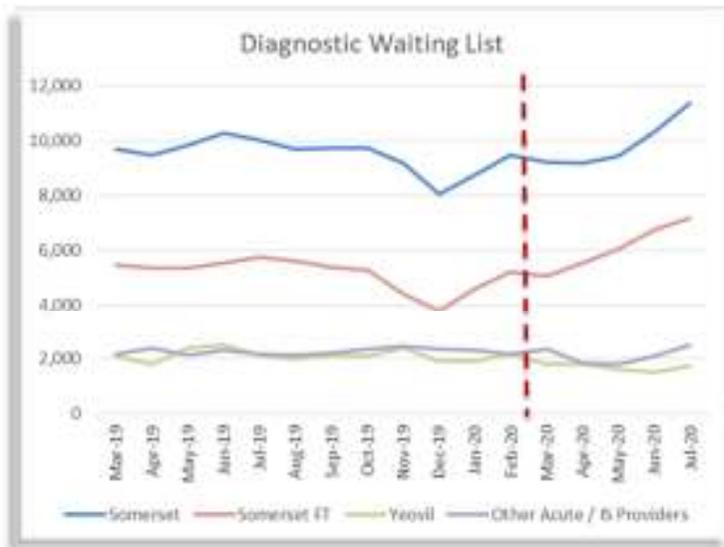
- The Somerset system has set four key outcomes for elective care:
 - **Reduce referrals into secondary care where better care can be provided in the community**
 - The Elective Care Board is developing a programme of work looking at demand management using better advice and support to Primary Care as well as developing alternative models of care
 - 3 high Impact specialties have been identified to implement a consistent offer for Advice and Guidance (A&G) across Somerset.
 - An outpatients sub group of the Elective Care Delivery Board (ECDB) has been set up to oversee the outputs from the 'adapt and adopt' event and this met for the first time on 7 September.
 - An output of the adapt and adopt is to develop First Contact Practitioner (FCP) roles in Primary Care and the focus is on how can we make best use of FCP roles in Somerset.
 - Work is also ongoing to look at a different model for pre-operative assessment whereby this takes place earlier in the pathway to see if surgical intervention is the right thing for the patient.
 - **Maximise elective activity achieving the NHSEI Phase 3 re-start ambitions**

There are a number of specialty or service specific actions planned to return capacity to pre-Covid-19 levels which include the upgrade or development of clinical facilities, returning of repurposed areas to increase capacity, redesign of out patients to maximise digital opportunities, creation of out patient pods for virtual consultations, extension of operating hours (dependant upon successful recruitment) and job plan optimisation to support the restoration of activity.
 - **Reduction in the volume of longest wait patients particularly 52 week patients**

The Covid-19 pandemic has exacerbated existing waiting time challenges and as such led to a significant challenge in recovering the 52 week wait position for the county. A System Summit to develop plans to control and reduce the volume of patients exceeding 52 weeks took place on 10 September to formalise plans to stabilise and then reduce 52 week waits. At this meeting it was agreed that plans would be developed for Ophthalmology and a further meeting is scheduled to take place on 22 September to review these plans. This will include ensuring harm reviews are undertaken and that patients are prioritised according to urgency. The Somerset system will share capacity to treat those very long wait patients and plans are already underway where suitable 52 week patients from Somerset FT will be treated at YDH FT. On a Trust-wide basis, there is also a significant challenge in respect of spinal and oral maxillofacial / dental services commissioned by Specialist Commissioning (NHSEI).
 - **Maximise use of the independent sector aiming for 100% of pre-Covid-19 levels**

The Independent Sector have been supporting YDH FT and Somerset FT throughout the Covid-19 period (SMTC and Nuffield Taunton respectively) in the treatment of elective patients (and specifically cancer patients at Somerset FT). As part of the Phase 3 Plan, the Independent Sector Providers have committed to the level of in-patient, out-patient and diagnostic activity they can deliver during the remainder to 2020/21; the number of patients scheduled for in-patient or day case treatment during the month of September exceeds the levels outlined within the Phase 3 Plan.

Diagnosics



Key Challenges

- The Somerset System is facing a significant challenge in respect of diagnostic waiting times which has a consequential impact upon both the RTT and Cancer pathways. Prior to the Covid-19 pandemic there were already waiting time challenges specifically within MRI, CT and Endoscopy and these have been exacerbated over this period leading to a significant deterioration in diagnostic waiting times performance.
- Although initially the diagnostic waiting list size remained stable since June the waiting list has increased by 2000 patients and aligns to the increase in urgent and suspected cancer referrals.
- As a result of the stand down of routine diagnostic tests and procedures all Somerset Providers have experienced an increase in the number of patients waiting in excess of 6 weeks from 622 in February to 5581 in July resulting in <6 week performance of 50.8% (against the 99% standard). In addition, the number of patients whose wait exceeds 13 weeks has also significantly increased from 129 in February to 3774 in July.
 - Number of patients waiting in excess of 6 weeks by Provider: Somerset FT 4093, YDH FT 430, Other Providers 1,058
 - Number of patients waiting in excess of 13 weeks by Provider: Somerset FT 2848, YDH FT 235, Other Providers 691
- When comparing July to the previous month there was a small reduction in the number of patients waiting in excess of 6 and 13 weeks (-243 and -258 respectively) with a noted reduction in the volume of long waits in non-obstetric ultrasound at Somerset FT (-198). However the Trust has also observed a further increase in the number of patients waiting in excess of 6 weeks for echocardiography (+206 when compared to the previous month).
- During July (when compared to the earlier months of the Covid-19 period) there has been an increase in the number of diagnostic test or procedures carried out to 67% of pre-Covid-19 levels (when compared to the same month in the previous year). There is some variability to this at a diagnostic modality level (MRI: 62.4%, CT: 70.8%, Colonoscopy: 59.0%, Flexi Sigmoidoscopy: 93.9% and Gastroscopy: 44.5%).
- There is an NHSEI expectation outlined in the Phase 3 Plan that diagnostics are delivered at 100% of pre-Covid-19 levels by October

Radiology – the overall number of Radiology 6 Week Waits has increased from 300 in February to 2777 in July

- MRI 6 Week Waits has increased from 97 in February to 776 in July
- CT 6 Week Waits has increased from 176 in February to 1051 in July
- Non-Obstetric Ultrasound 6 Week Waits has increased from 27 in February to 950 in July

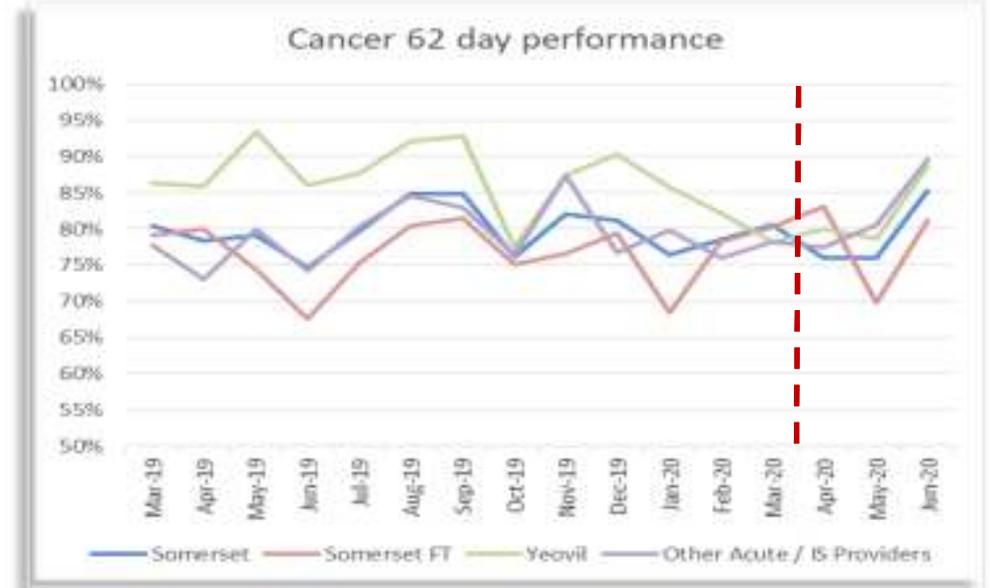
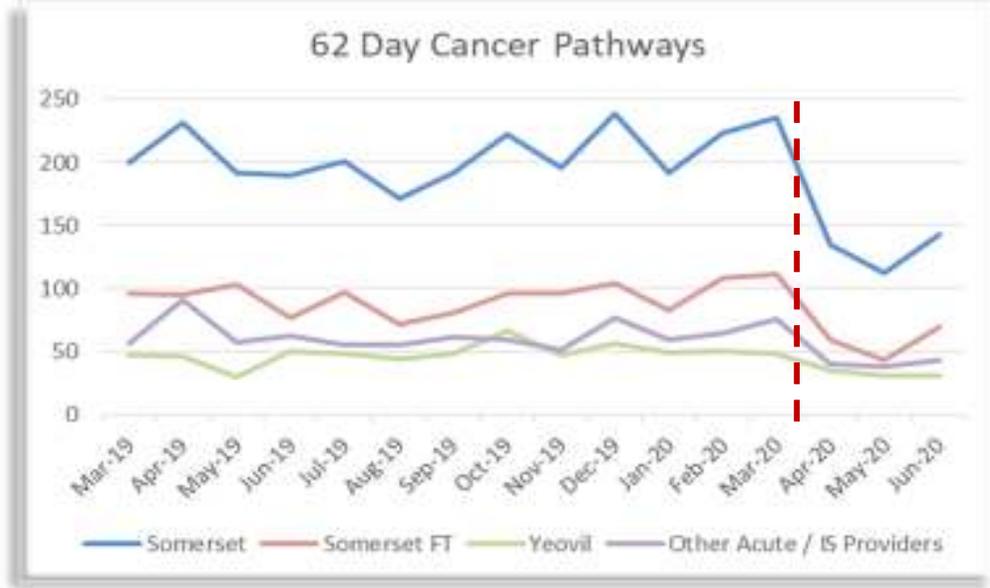
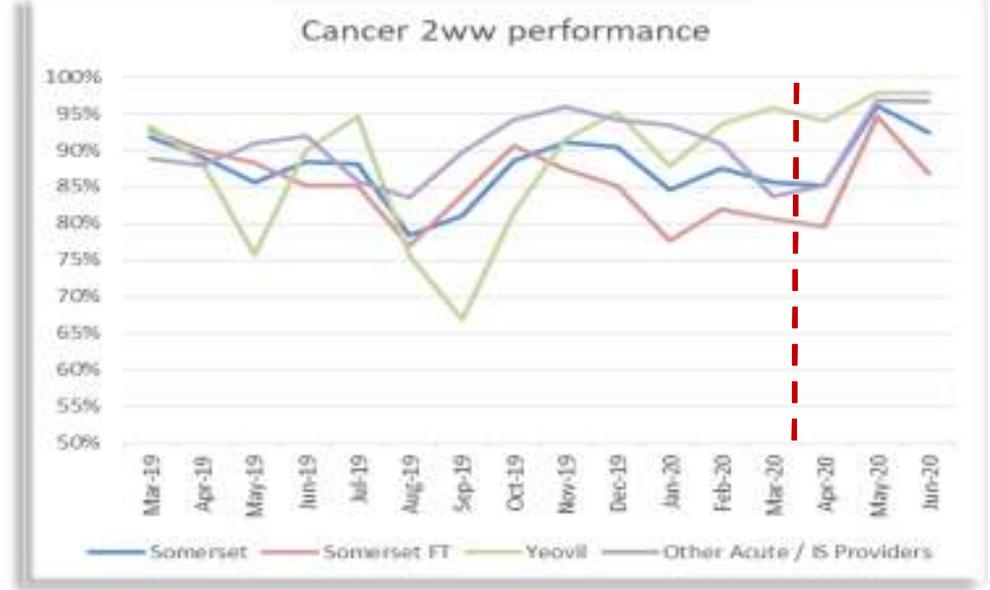
Key Challenges

- Endoscopy – the overall number of Endoscopy 6 Week Waits has increased from 252 in February to 608 in July (in May the >6 week waiting list peaked at 1113)
 - Colonoscopy 6 Week Waits has increased from 134 to 298
 - Flexi Sigmoidoscopy 6 Week Waits has increased from 34 to 87 (in May the >6 week waiting list peaked at 280)
 - Gastroscopy 6 Week Waits has increased by 123 patients 83 to 206 (in May the >6 week waiting list peaked at 373)

Actions to Improve Waiting Times for Diagnostics:

- The Somerset system has been allocated £2.3M to fund capital schemes to support reduced diagnostic waiting times in endoscopy and will fund ventilation and decontamination works to the clinical facilities and to support the digital programme.
- Other actions to improve diagnostic waiting times performance include:
 - Implement further solutions to reduce the number of patients who do not attend for their appointment (DNAs)
 - Optimising productivity
 - External MRI and CT modular capacity
 - Maximise use of Independent Sector diagnostic facilities
 - The upgrade of Somerset FT's second CT scanner has now completed
 - Additional Endoscopy sessions utilising Day Theatres
 - Strengthened gastroenterologist workforce at Somerset FT
 - Locum for Echo Cardiology at Somerset FT

Cancer

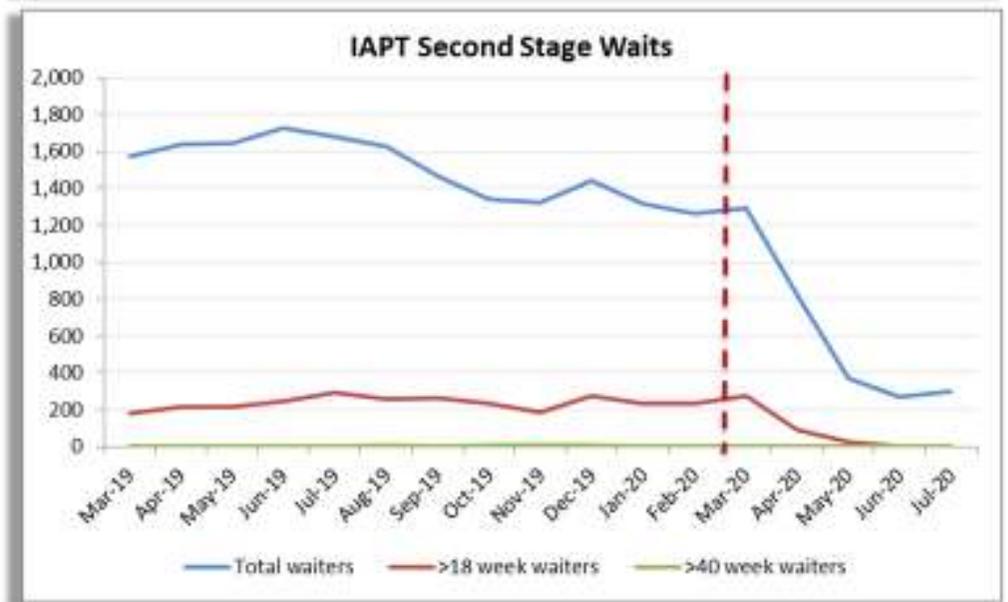
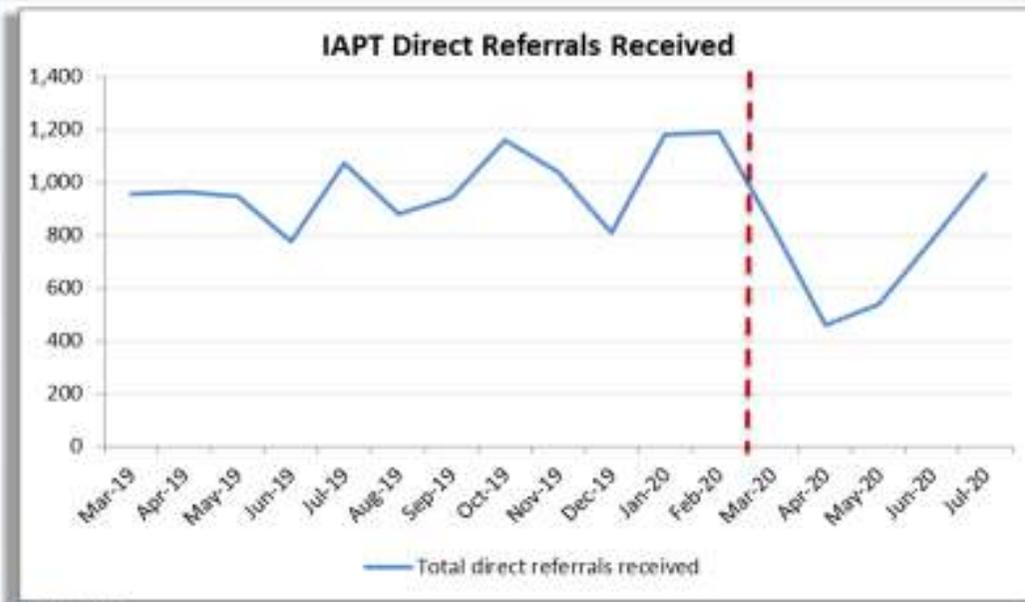
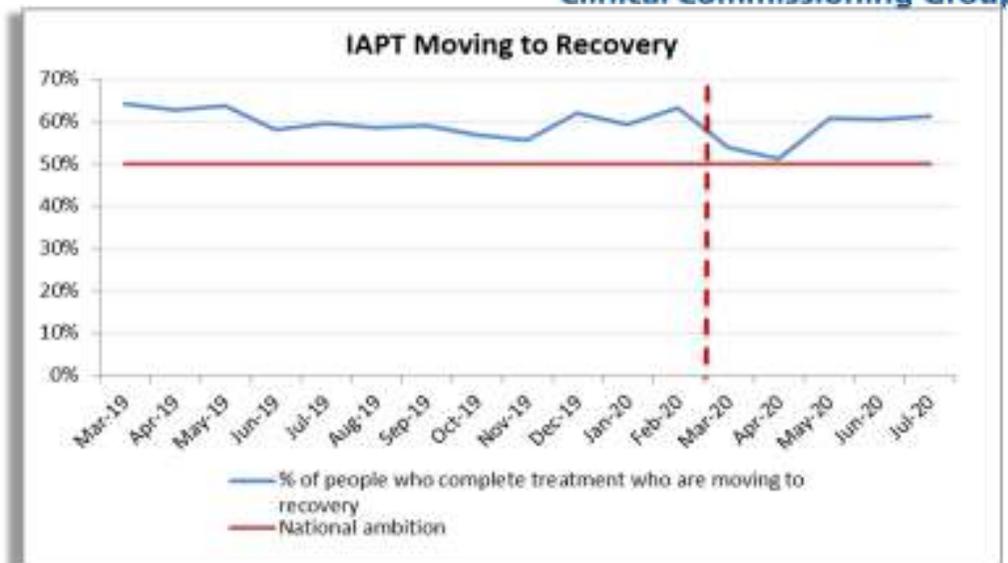
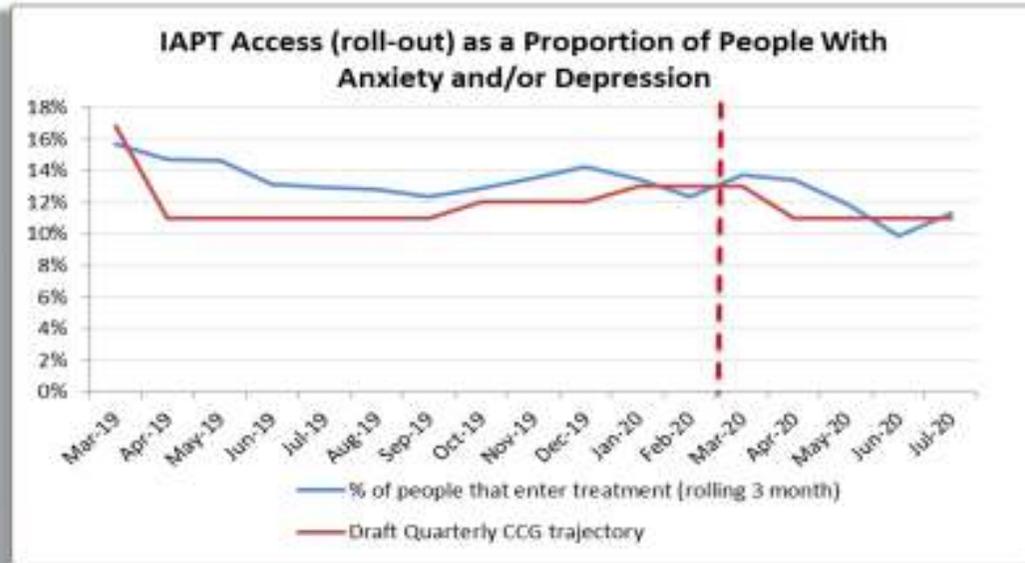


Key Challenges:

- There has been a 24.6% (-507) reduction in the number of 2 week wait referrals when comparing June 2020 to pre-Covid-19 levels in February 2020:
 - Somerset FT: -25.4%, (-244); YDH FT: -24.3%, (-136), Other Providers: -23.4%, (-127)
- Whilst there has been an increase in the number of 2 week wait referrals in June they continue to be significantly lower than the same month in the previous year:
 - In June 2020 there were 1,556 patients on a 2 week wait pathway compared to 2,171 in the same month of the previous year.
- Overall 2 week wait performance has improved since April, performance peaked in May at 96.0%, and has since reduced slightly to 92.4% in June.
 - Somerset FT: 86.8%, YDH FT: 97.9%, Other Providers: 96.6%
 - Breaches are predominantly within suspected lower and upper gastroenterology and breast cancers, with a high proportion occurring at Somerset FT
- In June 2020 Somerset CCG saw a 35.6% reduction in the number of patients on a 62 day pathway receiving their first definitive cancer treatment when comparing June 2020 to pre-Covid-19 levels in February 2020:
 - Somerset FT: -36.1% (-39); YDH FT: -38.6%, (-19.5), Other Providers: -32.3%, (-20.5)
- The percentage of patients in Somerset receiving their first definitive cancer treatment within 62 days was 85.3% in June
 - Somerset FT: 81.2%, YDH FT: 88.7%, Other Providers: 89.5%
 - Breaches predominantly in Urological cancers (patient choice and complex diagnostic pathways, delay to diagnostic tests), Lung cancer (complex diagnostic pathways and diagnostic delays for medical reasons) and Lower Gastrointestinal cancer (complex diagnostic pathways, diagnosis delayed for medical reasons, elective capacity inadequate).

Actions to support cancer services:

- As part of the Phase 3 Plan NHSEI have an expectation that by October 2020 all cancer services will be fully operational.
- The Somerset System is currently working collaboratively with SWAG Cancer Alliance to draw up a recovery plan which will span from September 2020 until April 2021 focusing on 3 main areas of improvement:
 - Restore urgent cancer referrals at least to pre-pandemic levels
 - To reduce the backlog at least to pre-pandemic levels on 62 day and 31 day pathways and take immediate action to reduce the number of longer waiters, starting with those waiting over 104 days.
 - To ensure sufficient capacity is in place to manage increased demand moving forward including follow-up care
- In order to achieve these aims our delivery plan will encompass robust system wide activity and performance metrics and forecasts, which will be monitored weekly. The plans will take into account wider local delivery plans of primary care, NHS public health, diagnostics, elective services and local people plans.
- The guiding principles will support an aligned systems approach deliver the following aims:
 - Maintain a focus on outcomes and tackling inequalities within our System
 - Trusts prioritising longest waiters in line with clinical priority.
 - Build staff and patient confidence around services.
 - Lock in innovations prompted by the pandemic to support recovery.
 - Ensure we have the right workforce in place
 - Ensure effective communication across the wider Cancer Community and support national and local communication campaigns to encourage patients to present to GP and attend secondary care.
 - Continue to promote early diagnosis and screening uptake.
 - As part of the Rapid Diagnostic Service National requirement 2020/21, development of a Rapid Diagnostic Service to include 2 site specific symptoms as well as non-site specific symptoms for early identification of cancer.
 - Supporting acute trusts in implementing remote monitoring software for follow-up care /personalised stratified follow-up/Supported self-management; by April 2021 both Trusts to routinely offer these three main personalised care interventions for Prostate, Breast and Colorectal and ensure that other types of cancer will rapidly follow by April 2022.



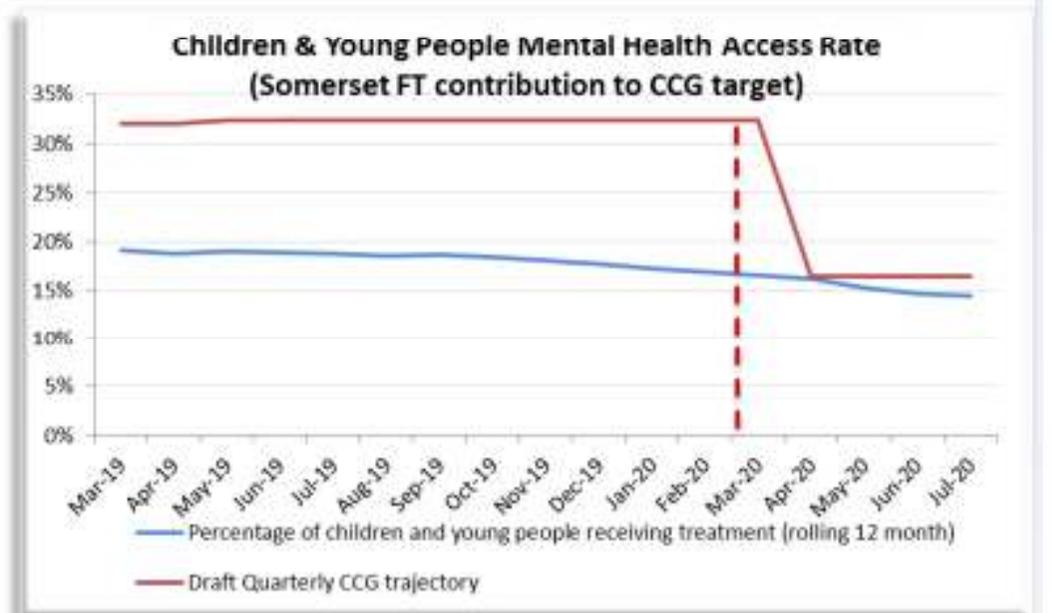
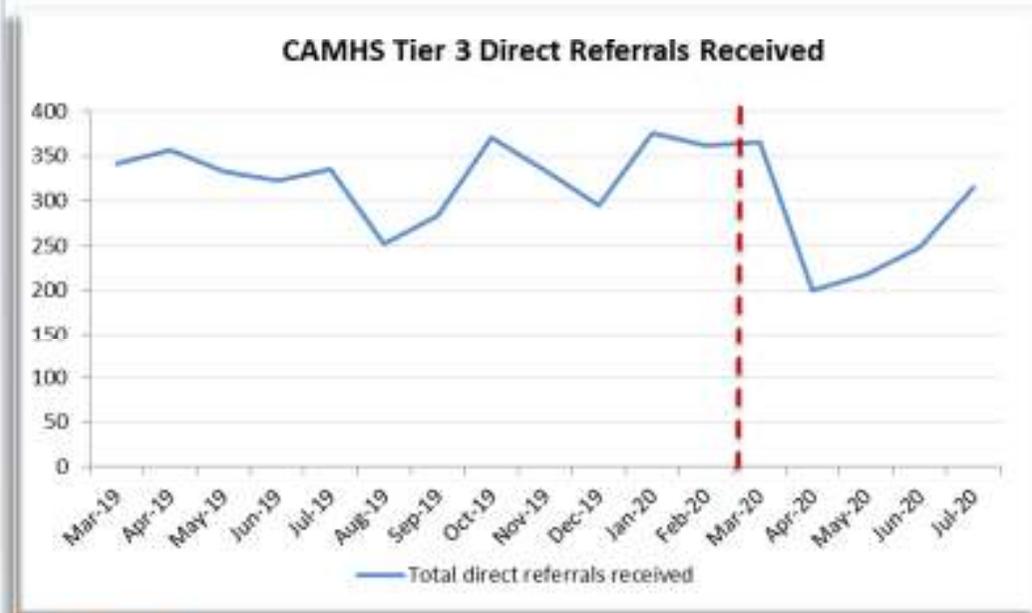
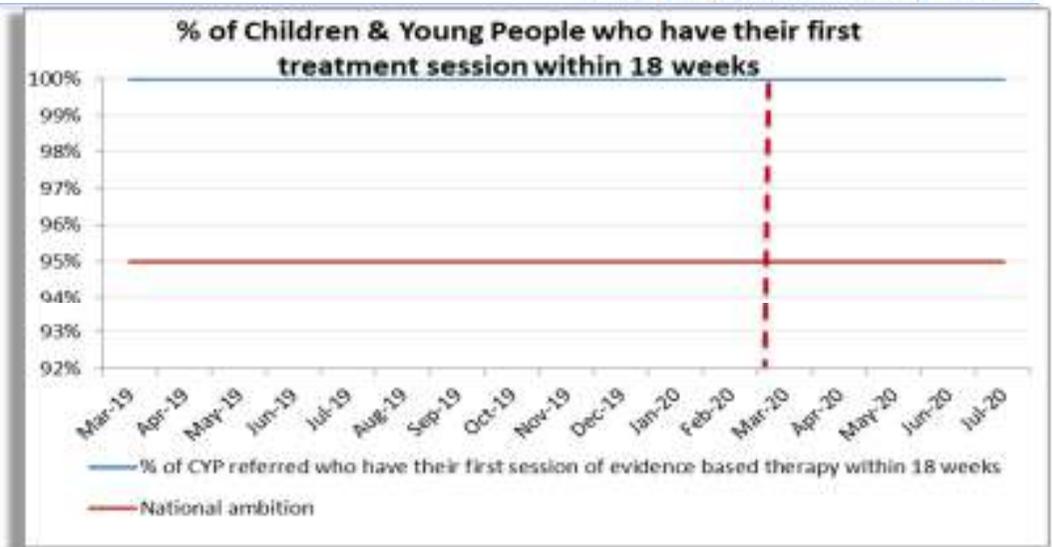
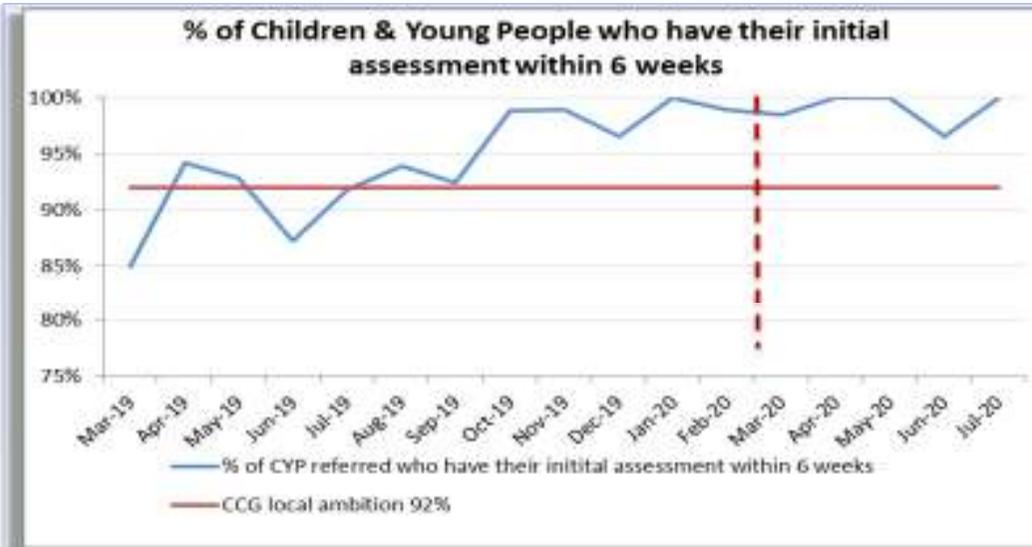
Definitions:

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

IAPT second stage waits measures those people waiting for second treatment appointment, following their first treatment appointment

Mental Health



Definitions:

CYP within 6 weeks measures the percentage of CYP who have had their initial assessment within 6 weeks of referral (local measure)

CYP within 18 weeks measures the percentage of CYP who have had their first therapeutic treatment session within 18 weeks of referral

CYP MH access rate measures the percentage of CYP accessing (counted as two contacts) NHS funded community MH services

Improving Access to Psychological Therapies (IAPT):

- Somerset Foundation Trust (Somerset FT) has reported that there were 1,029 referrals to the IAPT service in July 2020. This continues a steady increase in referrals since April . However, this is still lower than the pre-COVID-19 levels of 1,208 in February
- The reported IAPT recovery rate for July was 61.2%, and also continues the trend of improvement since April, and is only fractionally behind the pre-COVID levels of 63.2% in February 2020. The national ambition of 50% continues to be met and exceeded
- The un-validated data shows that Somerset FT delivered an IAPT access rate for the rolling 3 month period to July of 11.3%, against the draft Quarter 2 Somerset CCG trajectory of 11.0%, when comparing to the previously reported rolling 3 month period to June (9.9%) this shows an improvement in performance. The IAPT access rate performance trajectories have been reviewed as part of the Long Term Plan refresh process due to conclude by end September 2020
- The IAPT service continues to consistently meet and exceed the 6 and 18 week national ambitions. Un-validated data tells us that in July 86.1% of patients referred for treatment were seen by the service within 6 weeks against the 75% national ambition, and 99.3% were seen and received treatment within 18 weeks from referral against the 95% national ambition
- Following the start of COVID-19 lockdown the IAPT service within Somerset has continued to run and Somerset FT has successfully mobilised its clinicians to work from home and succeeded in maintaining its services by dealing with referrals via telephone, video and webinar interventions
- Following the Covid-19 pandemic NHSEI confirmed that the performance management regime has been paused and that assurances in respect of IAPT key national measures are on hold for at least the first quarter to allow local services to readjust and deliver psychological therapies in new ways and as best they can given the current situation.
- A marked decrease in patients who have accessed the IAPT service has been seen within the last three months and as a result there have been fewer referrals received. These changes have meant the local service has been able to introduce a new more dynamic, forward facing Assess and Treat model which aims to reduce the length of wait from referral to treatment. The provider has been enabled to address previous concerns in respect of second treatment appointment waiting times resulting in more patients being seen and greater numbers of treatments being completed; these factors combined have contributed to the recovery rate being sustained. This also leaves the service in a good position for any potential demand surge related to COVID going forward.

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

- The CCG has planned to deliver 28.8% CYPMH access rate in 2020/21 with Somerset FT, digital therapy and other tier 2 providers contributing to the Somerset access rate. The access rate performance trajectories have been reviewed as part of the Long Term Plan refresh process due to conclude by end September 2020, and the CCG has planned to deliver an access rate of 16.4% in Quarter 2
- Un-validated data for the rolling 12 month period to July shows performance of 14.5% for Somerset FT; this is the provider's contribution towards the access rate and work is ongoing to report performance going forward for all providers and contributors to the CCG access rate
- Project work, with support from regional NHSEI, is underway to understand all aspects of not being able to achieve this target. A system project and action plan is in development (that is being led by NHSEI to understand the complexities of meeting the CYPMH Access Target)
- 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 there is an increase in demand for CYP who have higher complexity needs. Discussions are in place around the Wellbeing Services' Children's Wellbeing Practitioners (CWPs) attending additional courses at the University of Exeter to increase knowledge and expertise
- Overall, CAMHS/Young Somerset Wellbeing Service (CYP-IAPT) has a high acceptance rate of 91%. The CAMHS service sees CYP that require a higher level of intervention with a defined mental health presentation and there are CYP with array of multi-faceted needs that are too complex for a low level intervention but are not appropriate for specialist CAMHS. A strategic system group convened to look at Somerset's gap in service provision and the prevailing needs; a combination of Children's and Mental Health commissioning, Local Authority, GPs and Providers
- Mental Health Support Teams (MHSTs) start date collided with the start of the pandemic and despite moving to digital offer have not yet properly started thus not been in a position to identify those CYP's needs in schools due to lack of access. Somerset has been successful in bidding for a third and fourth MHST. The model (supporting a 'whole school approach') is currently in development with the system working through this to provide extra resource and to meet the needs of our CYP in Somerset
- There have been a number of technical issues around submitting data to the Mental Health Minimum Data Set (MHSDS) from the Wellbeing Service and Mental Health Support Teams via Young Somerset. Agreements have been put in place for Somerset FT to support Young Somerset with submitting data to the MHSDS

Mindline 24/7 Crisis Line:

- Mindline Somerset is commissioned by Somerset County Council (Public Health) for the Covid-19 response, the 24/7 service offers additional support from other Mental Health services provided by Mind. in Somerset services in collaboration with alliance partners and has been in place since the beginning of the COVID-19 pandemic lockdown (week beginning 23 March). It is available to callers of all ages
- 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
- The service has seen a gradual increase in contact week on week since records began in respect of contact from Children and Young People (aged 17 and under) and their families. 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. Mind in Somerset actively works with CAMHS to meet the needs of CYP.

Demand and Capacity Modelling:

- It is anticipated that due to COVID-19 a surge in demand will be seen across the full range of Mental Health services within Somerset. A mental health model is being developed by South Central West Commissioning Support Unit with the involvement all stakeholders and will help the System to understand the impact of COVID-19 on performance in the short and longer term. The first phase of modelling is expected to be complete by end-September 2020.

The Learning Disabilities Mortality Review (LeDeR):

[LeDeR Action from Learning Report](#) published by NHS England July 2020 setting out Action Plan in response to the University of Bristol's [Annual Report](#) for 2019 recommendations.

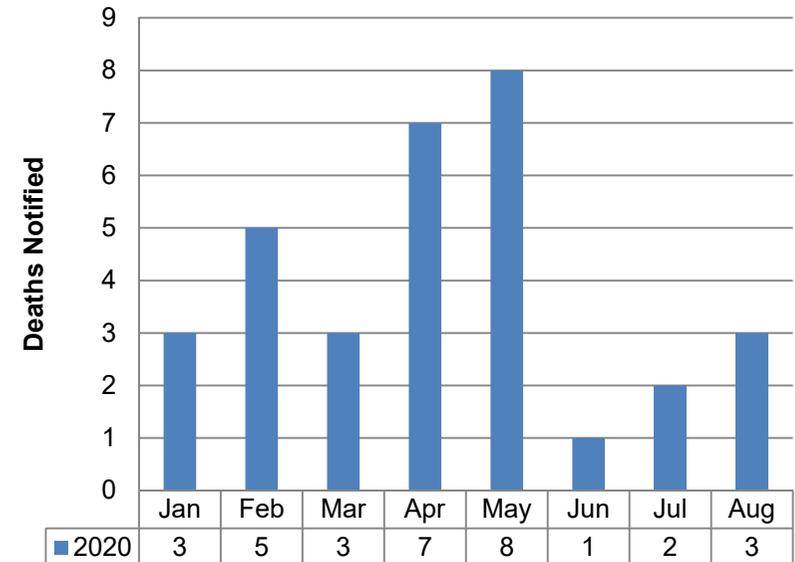
Somerset Actions Update:

- **BAME Groups (Black, Asian and Minority Ethnic groups)** - Snapshot exercise with 2-4 GP practices to look closer at BAME patients on LD Register and practice feedback – findings to inform next steps
- **NEWS2 (National Early Warning Score)** – Previous information cascaded across the system and well received. Included as part of Care Home RESTORE2 (Recognise Early Soft Signs, Take Observations, Respond, Escalate) mini project community to acute pathway development project.
- **Aspiration Pneumonia** – Continued work with Speech and Language Therapists (SALT) (Somerset FT LD SALT team and Adult SALT team) and care homes, developing communications on risks, dysphagia newsletter, information resources, training and competencies
- **Epilepsy** – system discussions to take place on safety improvements for people with a learning disability and epilepsy
- **Supporting National Level Recommendations** – feedback on how local services work together to support people with learning disabilities, monitor deaths not reported to coroner appropriately, continue to raise awareness of hydration needs and constipation related health problems locally, feed back local concerns/views on testing of having specialist doctors for people with learning disabilities.

Somerset to continue focussing on key areas from local review actions to optimise impact based on current resources and feedback local intelligence on all recommendations to support regional and national actions.

Somerset response to be submitted to SW LeDeR Steering Group by 5th October 2020.

LeDeR Notifications



Inpatients: On trajectory to meet targets based on planned discharges and rates of admissions in previous years.

March 2020	Q1 20/21	Q2 20/21 (current position)	Target March 2021
Adults, non secure (Somerset CCG)	5	4	3
Adults, secure (NHSE)	6	7	8
C&YP (NHSE)	0	0	2

Annual Health Checks (AHC): The Quality Team (LD&MH) is leading a programme of work to increase the uptake and quality of Annual Health Checks (AHCs) for people with LD. The Programme is made up of a number of projects focusing on Primary Care, as well as the role of Somerset Provider services and Social Care. It is progressed through a system wide working group, including relevant system partners as well as parents / carers representatives and peer support groups to ensure co-production. It includes a focus on Young People (14-25); enabling better conversations about healthy living and, where appropriate, conversations about Advanced Care Planning.

STOMP: Meds Management and the Quality Team (LD&MH) are setting up a system wide STOMP working group (STOMP - stopping over medication of people with a learning disability, autism or both with psychotropic medicines). The aim is to agree as a system how we better promote and implement the principles of the STOMP campaign for people with learning disabilities and / or autism in Somerset.

Local review of services:

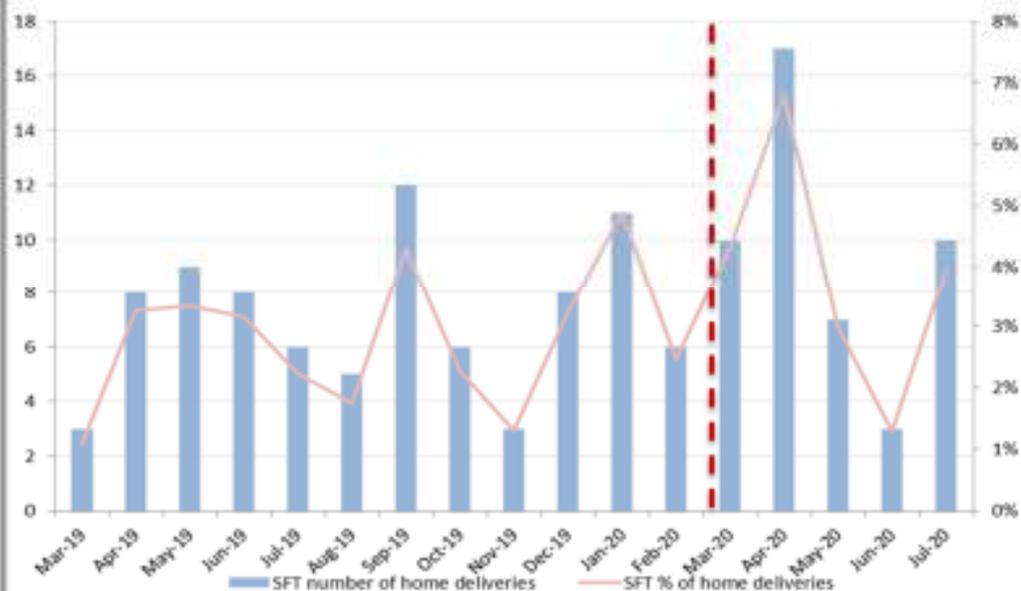
The 'Independent Strategic systemic review of learning disabilities and autism for people aged 14 + in Somerset' was completed at the end of June (draft). The review found areas of good practice, but highlighted areas for improvement including (but not limited to): strategic leadership, lack of shared strategy, joint commissioning, pooled budget management and lack of dynamic support register for children and young people. A newly formed learning disability and autism working group has been tasked with implementing recommendations contained within the report, with priority action plan to follow

Autistic Spectrum Condition (ASC):

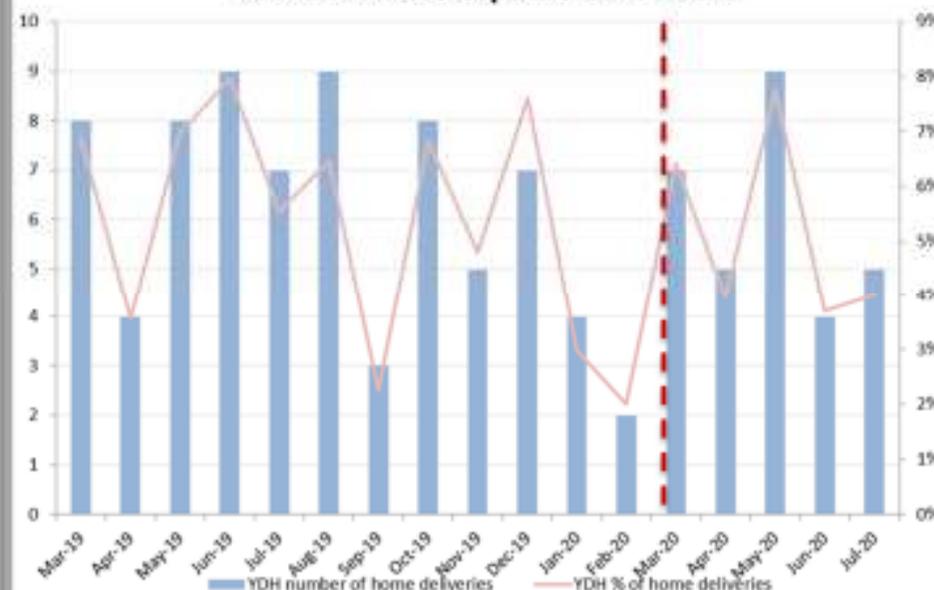
Both the recent Ofsted/CQC local area inspection and the local review found areas where improvements in services for people with ASC are required. These include diagnosis, pre-diagnostic and post diagnostic support and services. The written statement of action includes plans for improvement in this area and this is also a priority to be addressed via the working group mentioned above.

Maternity

Somerset NHS Foundation Trust Home Births



Yeovil District Hospital Home Births



- During the Covid-19 period (March to July) there have been 1,788 women that have delivered babies, 1,204 at Somerset FT and 584 at YDH FT.
- The number of Covid-19 cases within maternity patients remains low.
- In Somerset there has been a 10.0% (+7) increase in home births when comparing March 20 to July 20 with the same time period the previous year. Somerset FT (+13), YDH FT (-6).
- Increasing these types of births an objective outlined within the Better Births framework and the Team intend to build on this increase going forward
- **Actions to support maternity services:**
- A number of digital and antenatal classes have been established during Covid-19, this includes digital antenatal classes, digital Bump to Baby Groups and digital “Wise Hippo” Hypnobirthing Groups, as well as virtual appointments.
- A Virtual Perinatal Mental Health peer support group has been established, which allows women to ‘step down’ from the specialist support service; as there is anticipated to be an increase in women needed perinatal mental health support these online groups are helping to free up capacity.
- The “Mum & Baby” toolkit and app, which will enable all Somerset women to have a personalised care plan, has been launched and is now live, a formal launch of the app will follow, the date of which will be agreed at the LMS Programme Board on 16 September 2020. A postnatal animation which contains a lot of useful information and resources for women, has been purchased which is anticipated to be shared with service users as part of the Mum & Baby app launch.
- Three community hubs have been opened, 1 in Taunton and 2 in YDH; these hubs allow midwives, health visitors and other services, such as social services, to work from one base, and have been received very positively by women and the midwifery teams. More community hubs are planned in the future.