

Quality, Safety and Governance Report – Q3 2016/17

Somerset Clinical Commissioning Group

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Cabinet Member:

1. Summary

1.1. To provide an update to the committee on recent work of Somerset Clinical Commissioning Group to improve the quality and safety of health services used by local people. This report includes:

- Links to the County Plan
- Somerset is a place where people have the good quality services they need
Somerset is a safer and healthier place.

2. Issues for consideration / Recommendations

2.1. This is a quarterly quality report for Quarter 3 of 2016/17, brought to the Committee to enable the Committee to discharge its duty to scrutinise the quality of health services provision. Members are asked to consider and comment on the impact on quality, safety and patient experience for patients in Somerset.

3. Background

3.1. Somerset CCG has a responsibility to commission effective, high quality and safe health services for the population of Somerset. As part of the commissioning process the CCG monitors the on-going quality and safety of commissioned health services through a variety of ways. In particular the Quality and Safety Team hold NHS service providers to account where services fall below expected standards through investigation of serious incidents, complaints and reports of failure to meet regulatory and other quality standards. Quality improvement is supported through learning from mistakes and taking a proactive approach to known areas of risk for patients, for example such as pressure ulcer prevention, promoting good end of life care and making changes and improvements in response to feedback through complaints.

3.2. This report presents:

- An update on themes identified through patient , carers and public feedback
- An update on the investigation of serious incidents that have resulted in harm to patients and learning and the changes and improvements arising
- Sign Up to Safety
- A summary of the Quarter 3 Assurance process with NHS England, including detailed data on cancer waiting times
- An update on Infection Control rates
- CQC inspections

4. Learning from Patient, Carers and Public Feedback

- 4.1. Somerset CCG values complaints and other forms of feedback which are vital to continuously improve the quality of local health services and how services interact and are coordinated across the patient pathway.

Analysis of Complaints and Improvement Work

- 4.2. The CCG received a total of 12 new complaints in Quarter 3, as follows:

- Somerset Partnership NHS Foundation Trust – 2
- South Western Ambulance Services NHS Foundation Trust – 1
- NHS Somerset – 9 (broken down as follows)
 - Continuing Healthcare funding applications x 2
 - End of life care x 1
 - Home oxygen service x 1
 - Individual Funding Request for procedures not normally funded x 4
 - Wheelchair service x 1

- 4.3. A total of 13 complaints were closed in Quarter 3. The key themes raised through these complaints were:

- Communication – 5
- Patient Safety – 1
- Access and Waiting – 6
- 999/OOH - 1

- 4.4. Of these 13 complaints closed, three related to continuing healthcare. Of the remaining 10 complaints: four related to applications to the Individual Funding Request Panel which had been turned down; the remainder related to quality of care provided, delayed diagnosis, delay of an ambulance and issues with the wheelchair service. Of these 10 complaints: one was upheld; three were partially upheld and six were not upheld.

5. Serious Incident (SI) Investigations Completed and Learning Outcomes

- 5.1. Incidents which result in significant harm to patients receiving care funded by the NHS are required to be reported to NHS England. The CCG is responsible for ensuring a thorough investigation is carried out by the provider. The CCG independently reviews such investigations and may require further enquiry or action, in addition to those agreed as necessary by the provider as a result of their findings. Somerset CCG works closely with all providers where the CCG is the lead commissioner to ensure lessons learned from serious incidents are implemented to improve practice and to promote reduction in patient harm.

5.2. The table below shows the position for Quarter 3 2016/17 compared with the previous four quarters.

SIs reported	Q3 15/16	Q4 15/16	Year	Q1 16/17	Q2 16/17	Q3 16/17
Number of incidents	19	15*	95**	19	22	35
Never Events	1	2	4	1	1	5
Total	19	15	95	19	22	35

*previously reported as 16

**previously reported as 97

5.3. During Quarter 3, Somerset CCG received reports of a total of 35 serious patient safety incidents. These are broken down, as follows:

	Q3Total	Never Events
Yeovil District Hospital NHS FT	7	2
Taunton and Somerset NHS FT	8	3
Somerset Partnership NHS FT	20	
Somerset CCG	0	
Total	35	5

5.4. Included in these 35 serious incidents are five Never Events; two reported by Yeovil District Hospital NHS Foundation Trust (YDH) and three reported by Taunton and Somerset NHS Foundation Trust (TST):

Never Events at Taunton and Somerset NHS Foundation Trust

5.5. On the 23 December 2017 the Trust were served a Contract Performance Notice because of a cluster of never events (x7) reported between May 2015 and December 2016. The incidents involved 4 wrong site nerve blocks, 2 wrong teeth extractions and ophthalmology incidents reported as one never event involving four individual patients having the incorrect strength power lens inserted.

5.6. The CCG held a joint meeting with NHS Improvement and the trust on Wednesday 4 January 2017 to review the learning from the incidents and an improvement plan. In addition to the findings of each individual patient's incident investigations, key actions include:

- an independent review, with a focus on 'human factors' task analysis, including 'real time' task observations
- learning events supported by external independent reviewers, tailored to individual team's clinical practice
- review and support from CQC (20 December 2016) to scope surgical safety to be included into CQC's next inspection at the trust
- rigorous checks for the actions plan implementation plans, including independent operational observation checks

SIs from providers not directly commissioned but involving Somerset patients

- 5.7. In addition, there have been five SIs reported in Quarter 3 for providers where Somerset CCG is not the lead commissioner:

United Bristol Hospital Trust

2016/26201: *Pressure ulcer* - Grade 3 pressure ulcer to nasal septum related to prone (face down) ventilation

Weston Area Health NHS Trust

2016/31539: *Suboptimal care of the deteriorating patient* - Patient admitted with chest infection on background of chronic obstructive pulmonary disease (COPD – a long term disease of the lungs). Patient National Early Warning Score (NEWS) assessment score of 9. Patient transferred to ITU where patient later died.

2016/32557: *Pressure ulcer* - deterioration of Grade 2 sacral sore to Grade 4.

2016/33020: *Slip/trip/fall* - Patient had walked independently to the toilet, was found in the bathroom on the floor.

South West Ambulance Service NHS FoundationTrust

2016/32532: *Treatment delay* - The patient was assessed by an Ambulance Crew having recently returned to UK and feeling unwell. Assessed by crew and discharged at scene with a diagnosis of possible infection. A further 999 call was received as patient had deteriorated. The patient was taken into hospital as an emergency transfer, but sadly died from septicaemia.

- 5.8. The table below provides a breakdown of the number of SI's reported by Weston Area Health NHS Trust and Royal United Hospitals NHS Foundation Trust in Quarter 3 compared to the previous Quarter:

	Q2 16/17	Q3 16/17
Royal United Hospitals Bath NHS Foundation Trust	6	7
Weston Area Health NHS Trust	10*	43

*only two months data; and includes grade 3 and above pressure ulcers which Somerset no longer report through the national Serious Incident reporting framework. The reason for this is to create a more concise approach to the incident investigation process, in order to place more focus on the promotion and monitoring of improvement activity through our harm free care work programme, which is part of our national Sign Up to Safety campaign pledges.

Updates on SIs reported in Previous Quarters

- 5.9. 2014/23705: Homicide (SomPar)** - Following the Independent Investigation commissioned by NHS England and conducted by Niche Patient Safety into the care and treatment of a mental health service user whilst in the care of Somerset Partnership NHS Foundation Trust, Somerset CCG held an extra-ordinary meeting of its Governance Committee on 4 July 2016 to consider the investigation report findings. At that meeting Somerset Partnership and Somerset Drugs and Alcohol Services (SDAS) presented action plans responding to the 15 recommendations made in the report. It was planned there should be a 6 month review of the action plan following the date of publication, which is now due to take place soon.

Learning Outcomes from completed SI investigations

- 5.10.** Following completion of serious incident investigations in this quarter, there were a wide range of key learning points arising. The CCG seek assurances regarding the implementation of serious incident action plans through a range of its activities with service providers. Recent learning points include:

Mental Health – Somerset Partnership Trust NHS Trust

- need for cross services access to electronic patient records between mental health and talking therapies services
- when undertaking assessment staff should consider if practical support could reduce mental distress and risks and what can be offered
- ensuring all staff understand the availability and feel comfortable escalating and seeking support from senior managers on-call out of hours and cover arrangements during periods medical staff absence
- debriefing and support for bereaved relatives to be accessible from individuals outside the care team, if this is the preference of the family
- supporting staff with training and strategies for dealing with young people who can form into challenging groups in in-patient settings
- slips/trips/falls
 - ensure 'this is me' booklet is available at all times for families to complete and communicate the measures that we will take to minimise the occurrence and harm from falls

Child and Adolescent Mental Health Services (CAMHS)

- improve communication between mental health services and GPs, particularly where looked after children are moved from GP to GP and the chain of information broken
- handovers from CAMHS to adult services should have a full formulation of risk that identifies significant issues such as past abuse and being a 'looked after child', and how these risks will be managed

Taunton and Somerset NHS Foundation Trust – Maternity Services

- improve communication about the constraints of home birth service with women

6. Sign Up to Safety

- 6.1.** The national Sign Up to Safety Campaign aims to reduce avoidable harm by 50% and save 6,000 lives as a result. The campaign is designed as a social movement campaign, with support for sharing and learning nationally. In November 2014 Somerset CCG joined the national campaign, which meant we pledged to: Put safety first; Continually learn; Collaborate; Be honest; Be supportive
- 6.2.** For the second year of the CQUIN, primary care have been offered the opportunity to continue with the Sign Up to Safety campaign with a focus on completion of the South West region Academic Health Science Network's (AHSN) SCORE patient safety culture self-assessment surveys. Twelve practices have currently completed the assessment, with further practices expressing an interest.
- 6.3.** It has been agreed with the new patient transport service (E-ZEC) that their CQUIN will focus on sign up to safety. The CCG is working with E-Zec as key service to target at risk groups of people with the CCG's 'How to make sure your healthcare is safe' messages

7. NHS England CCG Quality Assurance

- 7.1.** Each quarter NHS England reviews key performance data of all service providers and CCGs in the Bristol, North Somerset, Somerset and South Gloucestershire area.
- 7.2.** The Assurance meeting for Quarter 3, due to take place on 16 January 2017 was cancelled at the last moment by NHS England and will not be rescheduled. Information prepared for the NHSE assurance meeting is summarised in this part of the report.
- 7.3** During the July Quarterly Assurance Meeting it was confirmed by NHSE that from January 2017 their Assurance Process would be carried out across the Somerset system to reflect the STP requirements and responsibilities. This will avoid duplication. Somerset CCG has requested that NHS England progress their plans for shared community assurance reviews.

NHS111 60 second call answering

- 7.4.** Following 2 months of successful return to achievement for 60 second call answering target in August and September 2016, performance has declined again since October 2016. This is as a result of workforce issues within the 111 service and surges in call volume demand at specific times. The CCG has re-issued a previously closed contract performance notice. The Somerset Urgent Care Doctors (SDUC) is working on staff rota realignment and re-organisation of the current workforce working patterns, with a view to return to target performance by March 2017.

Ambulance hand-over delays

- 7.5** Ambulance hand-over delays have been reduced due to joint work between our local NHS Trusts and the SWAST ambulance service last summer to standardise hand-over procedures:
 - at TST from 45% activity in July 2016 >15 minute handover (average 17:29 minutes) to 29% in December 2016 (average 14:02 minutes)
 - at YDH from 38% activity in July 2016 >15 minute handover (average 14:47 minutes) to 33% in December 2016 (average 14 minutes)

A&E 4 - target 95% of patients to be seen within 4 hours

7.6 In recent weeks there has been general improvement in performance at both TST and YDH.

Provider	Measure	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
Taunton & Somerset NHS Foundation Trust	Plan	93.1%	93.6%	93.9%	94.2%	94.6%	95.0%	93.1%	95.0%	95.0%	95.8%	95.2%	96.5%	94.1%
	Actual	91.0%	92.3%	93.7%	93.2%	88.6%	88.0%	90.2%	93.4%	91.5%	0.0%	0.0%	0.0%	91.3%
	Variance	-2.1%	-1.4%	-0.2%	-1.0%	-6.0%	-7.0%	-2.9%	-1.6%	-3.5%	-95.8%	-95.2%	-96.5%	-2.8%
Yeovil District Hospital NHS Foundation Trust	Plan	91.0%	92.0%	92.5%	93.5%	94.5%	95.4%	95.0%	95.1%	95.0%	95.0%	95.1%	95.0%	93.2%
	Actual	92.1%	92.7%	88.8%	90.9%	94.1%	93.8%	95.3%	95.3%	94.0%	0.0%	0.0%	0.0%	92.8%
	Variance	1.0%	0.6%	-3.7%	-2.7%	-0.5%	-1.6%	0.3%	0.3%	-1.0%	-95.0%	-95.1%	-95.0%	-0.3%

Dermatology services

- 7.7 Taunton and Somerset Foundation Trust has had significant challenges in the recruitment of consultant Dermatologists over the last 2 years and despite numerous recruitment campaigns have been unsuccessful in strengthening their workforce. This is a position mirrored nationally where there are approximately 200 consultant dermatologist vacancies.
- 7.8. In response the Trust raised concerns regarding patient safety and the future of their dermatology service and gave notice to their cease treating two week wait suspected cancer patients from 1 October 2016 and follow-up patients from 1 April 2017.
- 7.9. At the present time two week wait patients are being seen at University Hospital Bristol, Royal United Bath and the Royal Devon and Exeter. This is being managed through the Somerset Referral Management Centre (RMC). The flow is being controlled by the RMC to ensure that the referrals match the capacity of the receiving providers. There is now a service capacity in a gap, whilst it is lower than the anticipated due to seasonal variation, it is expected the gap will continue to increase. This links to an overall decline in the Somerset CCG's 62-day referral to treatment for cancer target performance.
- 7.10 To mitigate against this shortfall, Somerset CCG has approached other nearby providers seeking support, but due to their own capacity issues they are unable to provide any assistance. Working collaboratively with local providers Somerset CCG is seeking a Lead Provider to review and re-develop local dermatology services, using revised care models and skill-mix for service delivery from April 2017. If this proposed solution is not forthcoming, Somerset CCG will need to consider an open procurement for a whole countywide service.

Cancer time from referral to treatment 62 day target

- 7.11 The CCG continues to work with YDH and TST reviewing the range of cancer care pathways, which includes delays relating to access to diagnostic testing services.

Provider	Measure	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD
Taunton & Somerset NHS Foundation Trust	Plan	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
	Actual	83.2%	75.3%	80.8%	85.5%	85.6%	79.5%	80.7%	85.2%					82.1%
	Variance	-1.8%	-9.7%	-4.2%	0.5%	0.6%	-5.5%	-4.3%	0.2%					
Yeovil District Hospital NHS Foundation Trust	Plan	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
	Actual	84.1%	77.2%	88.2%	90.6%	80.6%	79.3%	78.8%	89.7%					83.2%
	Variance	-0.9%	-7.8%	3.2%	5.6%	-4.4%	-5.7%	-6.2%	4.7%					
Somerset Clinical Commissioning Group	Plan	85.4%	85.2%	85.4%	85.4%	85.4%	85.4%	85.4%	85.4%	85.2%	85.4%	85.2%	85.5%	85.3%
	Actual	81.3%	73.3%	82.3%	85.1%	82.2%	77.9%	77.0%	86.3%					80.6%
	Variance	-4.1%	-11.9%	-3.1%	-0.3%	-3.2%	-7.5%	-8.4%	1.0%					

Note: Somerset CCG performance covers all patients in Somerset wherever treatment is delivered

Provider	National Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Royal United Hospital Bath NHS Foundation Trust	85%	83.9%	71.4%	96.9%	93.3%	92.0%	92.3%	87.9%	84.8%	84.2%
Weston Area Health NHS Trust		90.9%	92.3%	75.0%	57.1%	73.3%	64.0%	66.7%	100.0%	92.3%

Note: Performance for RUH and Weston reported is on a Trust to Somerset basis. Given proportion of Somerset patients the Trusts treat there could be an impact upon the performance percentage attainment.

7.12 Both TST and YDH have developed 62 Day cancer improvement plans, detailing actions by cancer modality and progress against these, agreed actions are monitored via the Cancer Programme Board. They have struggled to meet Cancer waiting times and specifically the 62 day wait target. The main areas of challenge include the gastrointestinal, urology, and lung pathways. Teams from these specialties are working on changes to speed up diagnosis. This includes participation in a major research study into prostate cancer which has the potential to detect more cancers and avoid unnecessary biopsies.

In Somerset the main challenges to achieving the waiting times include:

- complex patients. The teams now see older and more frail patients with several comorbidities who require several investigations before treatment begins. An example of work in progress to improve the pathway in Taunton is a joint project between the bowel cancer team and elderly care to review how frail patients are managed in a more pro-active and responsive way
- imaging capacity. More investigations are required using MRI scanning which has limited capacity both in terms of hardware and workforce
- dermatology, as outlined in section 7.7

Referral to treatment within 18 weeks target 95%, year to date as at November 2016

7.13 The tables below shows the latest position:

Provider	Measure	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	YTD	
Taunton & Somerset NHS Foundation Trust	Plan (original)	89.0%	89.4%	89.6%	89.9%	89.9%	89.9%	90.8%	91.3%	91.3%	91.5%	91.7%	92.0%	90.0%	
	Plan (revised)	-	-	-	-	-	-	84.9%	84.4%	83.9%	84.4%	84.9%	85.4%	84.6%	
	Actual	88.0%	88.0%	86.8%	86.6%	86.1%	85.0%	84.9%	85.2%					86.3%	
	Variance (original)	-1.1%	-1.4%	-2.8%	-3.3%	-3.8%	-4.9%	-5.9%	-6.1%						-3.7%
	Variance (Revised)	-	-	-	-	-	-	0.0%	0.8%						
Yeovil District Hospital NHS Foundation Trust	Plan (original)	91.5%	92.0%	92.0%	92.0%	92.0%	92.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	92.2%	
	Plan (revised)	-	-	-	-	-	-	-	90.6%	90.7%	91.0%	91.2%	92.0%	90.6%	
	Actual	90.6%	91.5%	89.4%	89.3%	89.9%	89.9%	90.7%	91.3%					90.4%	
	Variance (original)	-0.8%	-0.5%	-2.6%	-2.7%	-2.1%	-2.1%	-2.3%	-1.7%						-1.8%
	Variance (Revised)	-	-	-	-	-	-	-	0.7%						
Somerset Partnership NHS Trust	Plan	98.5%	98.6%	98.5%	98.5%	98.4%	98.5%	98.3%	98.4%	98.0%	97.6%	97.7%	98.1%	98.5%	
	Actual	98.6%	99.5%	99.4%	99.9%	99.5%	99.6%	99.5%	99.4%					99.4%	
	Variance	0.1%	0.8%	0.9%	1.4%	1.2%	1.1%	1.2%	1.0%					1.0%	
Somerset Clinical Commissioning Group	Plan	91.2%	91.6%	91.7%	91.8%	91.8%	91.9%	92.3%	92.8%	92.4%	92.2%	92.3%	92.8%	91.9%	
	Actual	90.08%	90.21%	89.39%	89.30%	89.14%	88.48%	88.57%	88.74%					89.2%	
	Variance	-1.1%	-1.4%	-2.3%	-2.5%	-2.7%	-3.4%	-3.8%	-4.0%					-2.6%	

Provider	National Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Royal United Hospital Bath NHS Foundation Trust	92%	89.8%	89.7%	91.2%	91.6%	90.6%	92.1%	92.2%	91.9%	90.4%
Weston Area Health NHS Trust		91.4%	92.6%	92.4%	95.7%	92.6%	95.2%	93.8%	92.8%	92.3%

Note: Performance for RUH and Weston reported is on a Trust to Somerset basis. Given proportion of Somerset patients the Trusts treat there could be an impact upon the performance percentage attainment.

7.14 TST

Demand Capacity & Recovery Planning: Further work is underway during January and February using NHS Improvement's RTT capacity model at a specialty level to inform the detailed RTT improvement plans, with the support of clinicians and clinical service leads.

7.15 YDH

The Trust continues to progress actions in its RTT Remedial Action Plan. There has been some divergence to plan. The trust has outlined the actions it has either established, or are being progressed to recover performance.

Waiting times for elective care in excess of 52 weeks

- 7.16** The Trust reviews with providers on a weekly basis all existing and potential 52 week waiters. There were 7 expected and 4 potential >52 week breaches for December 2016, which is an improvement from previous months.

Oct breaches	28	Confirmed
Nov breaches	18	Confirmed
Dec breaches	7	Confirmed
	4	Potentials

- 7.17** In respect of detailed information about waiting times the CCG is able to present further information at a future meeting. For gynaecology at TST the Trust is undertaking a programme of recovery which includes increasing flexing capacity. The current RRT incomplete pathway performance for the service is 90.34% against the 92% standard.

Delayed transfers of care (DToC)

- 7.18** There has been a reduction in the number of lost bed days at both acute provider trusts since October following the agreement of recovery actions agreed in October. However, the immediate impact has been negated by a correlating increase in delays at Somerset Partnership NHS Foundation Trust.

The Delay Transfers of Care Group continues to meet on a fortnightly basis in order to progress actions or consider new actions as appropriate. A Practice Forum takes place weekly at each trust and a further Community Hospital action plan implemented during January is expected to have had a positive impact upon performance.

W/E 8/1/17, DToC = 6.11% demonstrating a much improved position. A recent snapshot from the daily position is also shown below:

T&S – 11/01/2016 DToC data (34) – small increase on previous week
YDH – 12/01/2016 DToC data (13) – reduction on previous week
SPFT – 12/01/2016 DToC data (30) – comparable to previous week

8. MRSA and Clostridium Difficile (C-Diff)

- 8.1.** The CCG's position for C-Diff rates this year continues to be below the end of trajectory of 131, with a year to date total of 56 cases. In Quarter 3, there was a period of increased incidence of C-Diff on ward 9B at YDH in October. Six patients with C-Diff were identified (3 colonisation and 3 with infection) which triggered an outbreak to be declared. Ribo-typing confirmed 3 of these cases were the same strain. A robust action plan focusing on key infection control practices was put in place. It has now been more than 28 days since the last new case.
- 8.2.** There were two cases of MRSA reported in Quarter 3. Both cases have undergone rigorous review, it was concluded each case had been exacerbated by patient self-care/management.
- 8.3** The year to date total for MRSA stands at five cases against a target of zero (including two cases assigned to a third party).

9. Hospital Standardised Mortality Ratio and Summary Hospital Level Mortality Indicator (as available at Quarter 3 2016/17)

- 9.1 The Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital level Mortality Indicator (SHMI) on their own do not have sole face validity when considering them as a direct measure of quality of care, and should always be considered as part of a range of more detailed indicators. It is also inappropriate to place the SHMI and HSMR alone into a league table to compare hospitals. However, a relatively “poor” SHMI or HSMR should trigger further analysis or investigation by the hospital Board.
- 9.2 To help users of the data understand the SHMI, Trusts have been categorised into bandings indicating whether a trust's SHMI is 'higher than expected', 'as expected' or 'lower than expected'. The results for local acute trusts are in the tables below.

Table 1: Standard Hospital Mortality Rate (July 2015 – June 2016)

Trust	SHMI Value	SHMI Banding
Taunton and Somerset NHS Foundation Trust	0.997	2 – As Expected
Yeovil District Hospital NHS Foundation Trust	1.008	2 – As Expected
Royal United Hospital (Bath) NHS Foundation Trust	0.968	2 – As Expected
Weston Area Health NHS Trust	1.153	1 – Higher than expected

10. CQC Regulatory Inspections

- 10.1 South Western Ambulance Service NHS Foundation Trust had its first comprehensive inspection by the CQC under its new inspection regime in June 2016 and was given the overall rating of 'Requires Improvement'. The report was published October 2016, covered all service lines except NHS 111 (which Somerset CCG has not commissioned since 1 July 2015), which was subject to a separate inspection during March 2016.

The CQC made a number of positive comments about the Trust's services and its staff including:

- a good system in place for reporting incidents, carrying out investigations, providing feedback to staff, learning and making improvements.
- the service was able to respond to major incidents and change priorities in times of extreme pressure. There were protocols for staff to follow in high-risk situations to keep staff and the public safe
- staff had the skills and knowledge to deliver effective advice and guidance. There were internal and external development opportunities and training available for staff
- the trust had been commended for its service to reduce and respond to frequent callers and to reduce unnecessary admissions to emergency departments

There were also areas noted for further improvement including quality improvement, incident reporting, mandatory training, medicines management, infection prevention and control, safeguarding, clinical information, complaints, staff appraisals, staff health and well-being and equality issues.

Following the CQC Summit held on 30 September 2016, the trust has developed a quality improvement plan, focusing on key themes identified in group sessions during the Summit. Alongside this the trust is currently reviewing the role of its Quality Development Group so that it provides a senior management forum which leads on the development of a trust-wide quality culture.