



Somerset
Clinical Commissioning Group

Clinical Quality Review Report
For the Period
1 January 2017 – 31 March 2017 (Quarter 4)

Quality & Safety Headline Summary

NHS Somerset Clinical Commissioning Group sees the improvement of quality and patient safety to be the organising principle of our health and care services. It is what matters most to people who use the services and it is what motivates and unites everyone working in health and care including those on the front line providing services and those providing support behind the scenes.

Our key focus is to ensure that quality and patient safety is built into commissioning structures, values, practices and business processes through the annual cycle of clinical quality activity. The CCG annual operational plan describes our vision and sets the context for what we believe will need to change and improve to create a sustainable high quality health and care system. The key priorities for Quality and Patient safety in 2017/18 include the safe and efficient use of staffing, our Sign up to Safety pledges, Quality and Equality Impact Assessments, Annual publication of findings from deaths, including avoidable deaths and improve mental health inpatient care.

In December 2016 the National Quality Board (NQB) published a new framework that will promote improved quality criteria across all national health organisations for the first time.

The quality and safety of NHS Somerset CCG commissioned health services are monitored through the Clinical Quality Review Meetings (CQRMs) held with each provider on a regular basis. In addition to analysis of the scorecard quality indicators, a range of activities are undertaken on a day to day basis to gain intelligence on the quality of service provision, to identify any 'early warning' signs of service failures and to work with partner agencies towards quality improvements. The Somerset CCG Governing Body Quality report is being updated to reflect the Shared Commitment to Quality.

The purpose of this report is to update Somerset Clinical Commissioning Groups with details of any key quality issues that have arisen over the last quarter. Reporting will become increasingly aligned with the NHS Improvement Single Oversight approach to overseeing both NHS Trusts and NHS Foundation Trusts and shaping the support it provides. We will also seek to identify where providers may benefit from, or require, support across a range of areas.

Areas of good practice during Q4

- a. Infection control
- b. Falls reduction
- c. Medication management

Challenges during Q4

- a. Mortality reviews
- b. Workforce
- c. CHC
- d. Restraint data

CCG local quality & safety priorities

- Increased vigilance and validation of 111/ OOH Q4 actions
- Increased joint working with North Somerset Clinical Commissioning Group regarding Weston General Hospital

Key headlines

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Some examples of how public and patient engagement has informed clinical quality

What patients, carers and the public told us:	→ How we used this feedback:
<ul style="list-style-type: none"> ◆ Healthwatch made 40 recommendations for improvements across 8 mental health wards in the county. These recommendations were based on patient and carer feedback, in Enter and View reports. There were some specific recommendations made in certain cases, but broadly speaking, they related to improved patient access to information and how staff can formally share information with each other and managers. 	<ul style="list-style-type: none"> ◆ → The final report has been shared with the CCG mental health commissioning team and formal responses have been invited from both the CCG and Somerset Partnership.
<ul style="list-style-type: none"> ◆ Patients and Somerset Engagement Advisory Group (SEAG) members reported poor experiences of mental health services, including poor access for children and young people. 	<ul style="list-style-type: none"> ◆ → A patient story was presented at the CCG Governing Body, illustrating both positive and negative experiences. SEAG received a CAMHS update in April 2017.
<ul style="list-style-type: none"> ◆ Patient and carer representatives requested more detail on STP developments and expressed concerns about the apparent lack of information available. 	<ul style="list-style-type: none"> ◆ → Expressions of interest from 30 volunteers have been collected and preparations are being made to engage them through SEAG, patient and public health forums, and relevant STP design groups, commencing in June
<ul style="list-style-type: none"> ◆ SEAG members, particularly advocacy groups and other voluntary sector stakeholders, expressed concerns about the inaccessibility of the CHC process. 	<ul style="list-style-type: none"> ◆ → A delegation from SEAG visited the CHC team and was briefed on the complexities of the process. The CHC team is continuing to work with SEAG on public materials and future nurse assessor training.

Key	Unrated	Inadequate	Requires improvement	Good	Outstanding
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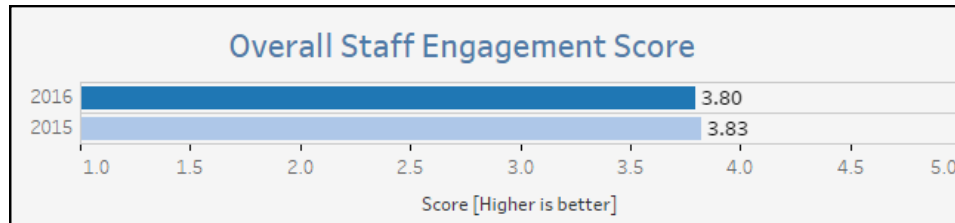
Provider	Overall Rating	Date of inspection	Date of report	Safe	Effective	Caring	Responsive	Well-led
Somerset Partnership NHS Foundation Trust	Requires improvement	8-11 September 2015	17 December 2015	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
Taunton & Somerset NHS Foundation Trust	Good	25-29 January & 9 February 2016	25 May 2016	Requires improvement	Good	Outstanding	Good	Good
Yeovil District Hospital NHS Foundation Trust	Requires improvement	15-17 & 24 March 2016	27 July 2016	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
Royal United Hospitals Bath NHS Foundation Trust ¹	Requires improvement	15-18 & 29 March 2016	10 August 2016	Requires improvement	Good	Outstanding	Requires improvement	Good
Weston Area Health NHS Trust	Requires improvement	19-22 & 30 May 2015, & 5 June 2015	26 August 2016	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement
Care UK Limited (Shepton Mallet Treatment Centre)	Outstanding	11-13 October 2016	9 May 2017	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Nuffield Health Taunton Hospital	Good	12-13 July 2016	30 November 2016	Good	Good	Good	Good	Outstanding
South Western Ambulance Service NHS Foundation Trust	Requires improvement	7-10, 17, 20 & 22 June 2016	6 October 2016	Requires improvement	Requires improvement	Outstanding	Good	Requires improvement
Somerset Doctors Urgent Care (NHS 111 Service)	Unrated	24—27 April 2017	Currently awaited	Unrated	Unrated	Unrated	Unrated	Unrated
Somerset Doctors (GP Out of Hours service)	Unrated	24-27 April 2017	Currently awaited	Unrated	Unrated	Unrated	Unrated	Unrated

National Staff survey results

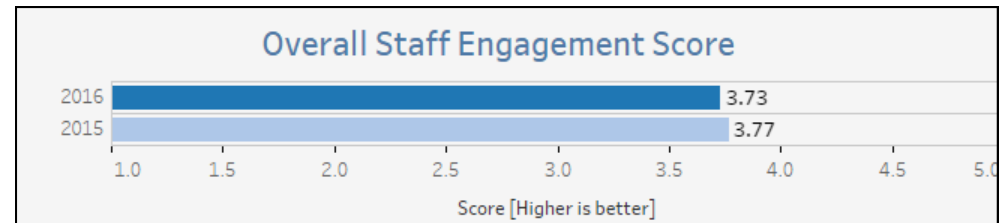
The NHS Staff survey results were published on the 7 March 2017, below are graphs showing the overall staff engagement score for 2016, compared to 2015. The overall staff engagement score is calculated using these key findings:

- Staff recommendation of the organisation as a place to work or receive treatment
- Staff motivation at work
- Percentage of staff able to contribute towards improvements at work

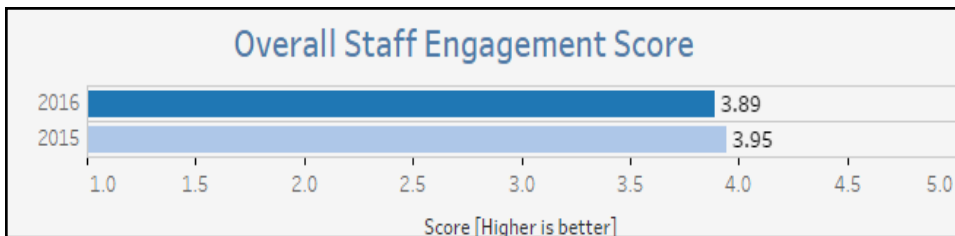
Musgrove Park Hospital:



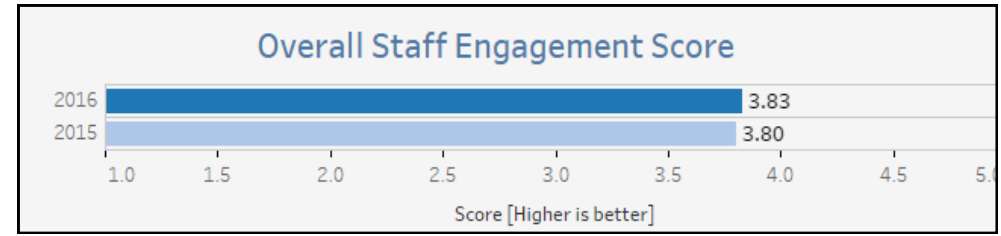
Yeovil District Hospital:



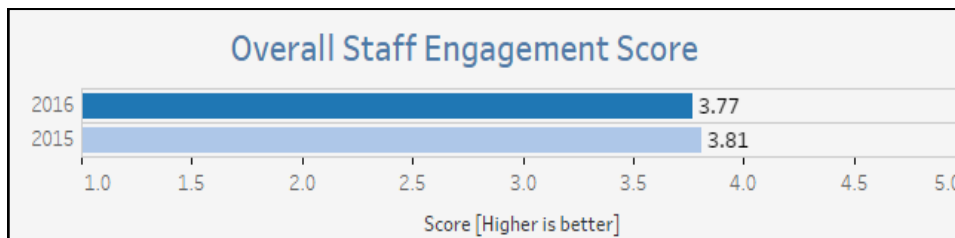
Weston General Hospital:



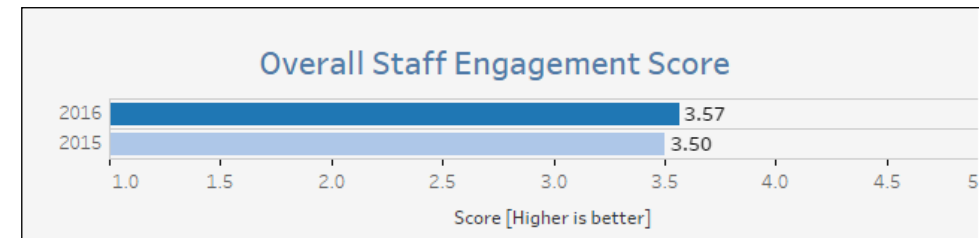
Royal United Hospital (Bath):



Somerset Partnership:



South Western Ambulance NHS Foundation Trust



Patient Reported Outcome Measures

Patient Reported Outcome Measures (**PROMs**) measure health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin surgery in England, based on responses to questionnaires before and after surgery. This provides an indication of the outcomes or quality of care delivered to NHS patients and has been collected by all providers of NHS funded care since April 2009. Provider level PROMs data is published quarterly in February, May, August and November and also contain data for England and Clinical Commissioning Groups (**CCGs**).

Figure 1 shows an improved health gain for primary hip and knee procedures in Somerset compared to the average for England. Excluded are Hip-Revision and Knee-Revision due to the low patient numbers, i.e. fewer than 30.

Action: May 2017 released data will be assessed per provider and findings reported to the CCG's next Patient Safety and Quality Assurance Committee.

What is EQ-5D™?

EQ-5D™ is a standardised measure of health status in order to provide a simple, generic measure of health for clinical appraisal. It provides a simple descriptive profile and a single index value for health status. The EQ-5D™ descriptive system comprises the following five dimensions:

- Mobility
- Self-care, e.g. washing and dressing
- Usual activities, e.g. work, study, housework, family or leisure activities
- Pain/discomfort
- Anxiety/depression

Each dimension has three levels: no problems, some problems, severe problems. The respondent is asked to indicate his/her health state by ticking (or placing a cross) in the box against the most appropriate statement in each of the five dimensions.

Adjusted average health gain on the EQ-5D™ Index by procedure

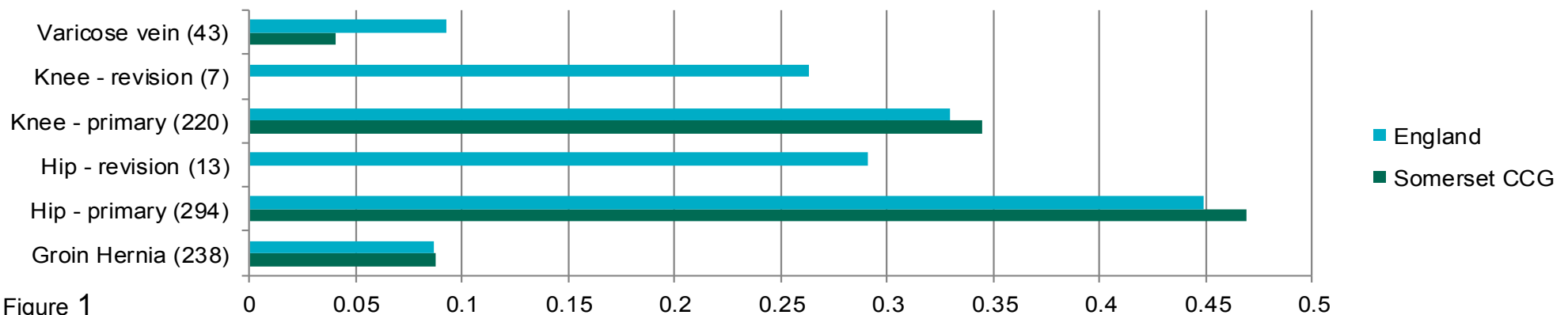


Figure 1

Mortality Review

National Guidance on Learning from Deaths (published March 2017)

Recent findings of the Care Quality Commission (CQC) report *Learning, candour and accountability: A review of the way NHS trusts review and investigate the deaths of patients in England*. It found that learning from deaths was not being given sufficient priority in some organisations and consequently valuable opportunities for improvements were being missed. The report also pointed out that there is more we can do to engage families and carers and to recognise their insights as a vital source of learning.

Somerset CCG is already undertaking local reviews to understand with Providers how local mortality data is interpreted and acted upon. Deciding our approach already has encouraged discussions and will consider which deaths to review, how the reviews are conducted, the time and team resource required to do it properly, the degree of avoidability and how executive teams and boards should use the findings. The purpose of the national guidance is to help initiate a standardised approach, which will evolve as we learn.

The Care Quality Commission is also strengthening its assessment of providers learning from deaths including the management and processes to review and investigate deaths and engage families and carers in relation to these processes.

Somerset CCG is working closely with NHSI to improve how local Providers are responding to national guidance and, importantly, able to demonstrate they have robust processes in place that enable effective monitoring and review of mortality data.

Key actions:

Data collection and reporting (NHS Trusts):

- Collect and publish quarterly information on deaths
- Publication of data and learning points (from Q3 onwards)
- Publish Summarised data in annual Quality Accounts

Policy:

- Trust to develop a Policy and standard approach by Q2 (NHS Trusts)
- Identify deaths due to a problem in care
- Case record reviews using Structure Judgement Review tool (i.e. RCP)
- Act on learning from the process

Mortality Governance

NHS Trusts

- Nominate executive and non-executive directors to provide necessary challenge
- Systematic robust mortality governance
- Enhance skills and training
- Have a clear policy for engagement with bereaved families and carers for involvement in investigations

Somerset CCG

- Include mortality review into the overall arrangements for clinical quality review of deaths and serious incidents; to share and obtain assurance on learning and change

Harm Free Care

Harm Free Care is a composite measure including pressure ulcers, falls, urinary infections (in patients with catheters) and Venous Thromboembolism (VTE). This is point prevalence data which means it is just a snap shot of one day per month in each provider.

Overall performance in 2016/17:

- TST - mostly achieving the target of 95%, but over the previous 2 years the achievement trend has declined slightly.
- YDH - has had an improving trend from 89% in 2015 to 94.5% in 2017
- SomPar - rate has remained at around 92% over the period 2015-2017

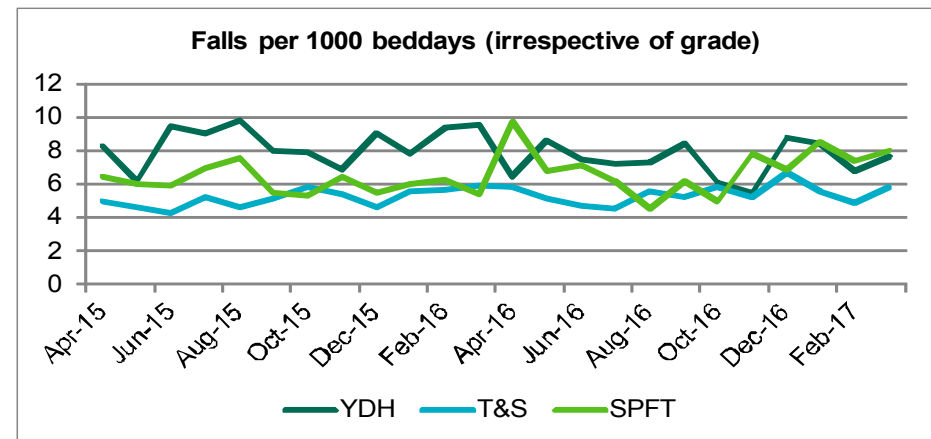
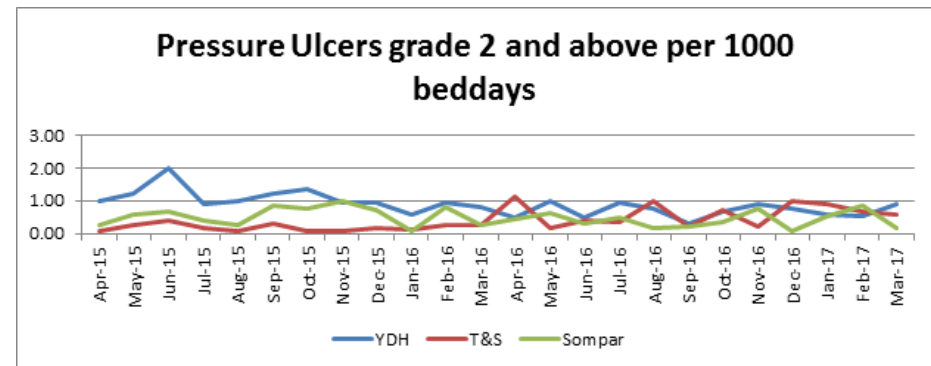
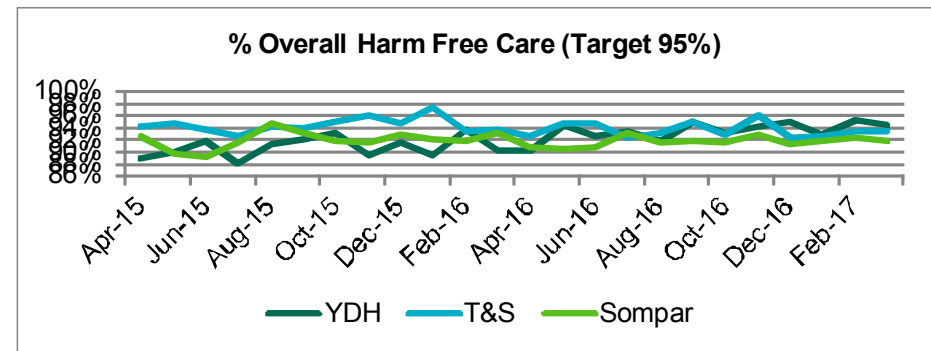
Note: For all of harm free care measures reported there is no adjustment available to apply to standardise for case mix.

Pressure Ulcers

Prevention strategies for hospital acquired pressure ulcers continue, with a focus now being targeted at understanding and improving patient involvement and compliance. Recent examples from peer review learning include pressure damage to elbows for people with breathing difficulties and optimising care for people with arterial insufficiency where compression bandaging is contra-indicated.

Falls per 1000 bed days

The falls rate trend per 1000 bed days between 2015 -2017 at YDH has reduced to 7.67 (from 8.23) fall per 1000 bed days a month. SomPar rate has increased over the same period to a similar rate. TST they have maintained the lowest fall rate (5.88 as at March 2017).



Care Home Support

Access to health services for patients in Care Homes can be variable and the homes rely on the knowledge of the care home staff to refer for appropriate services.

The provision of a Care Home Support Team (CHST) aimed to address some of the knowledge gaps. The small team was set up in 2015 to provide education and support to improve the expertise and capability of care home staff thereby increase the quality of care that residents receive.

The table opposite shows the number of homes with a whole home safeguarding and Quality concern and % of homes compliant with CQC regulations.

On the 27 March 2017 an inaugural meeting of a joint Somerset County Council and NHS Somerset CCG Care Home and Domiciliary Care Commissioning and Quality Board took place. The purpose of the board is to provide a mechanism to address and providers for whom there have been long standing concerns about the care or lack of sustained improvements.

Activity	Q4 2015/16	Q1 2016/7	Q2 2016/7	Q3 2016/7	Q4 2016/17
Number of Care Homes under whole service concern during quarter	4	4	4	3	2
Number of Care Homes under Quality Improvement Process	13	11	10	9	7
% of Care Homes under Quality Improvement Process	22%	18%	17%	15%	12%
No of care homes who are non-compliant or have breached CQC regulations	15	13	9	9	6
% of care homes who are non-compliant or have breached CQC regulations	25.4%	22%	15%	15%	10%
No of care homes undergoing closure	0	0	1	1	1 (same home as Q3)
Number of Care home visited due to concerns	40	22	23	18	9
No of care homes visited to provide support by care home support team	22	44	37	18	20

Medicines management

The Somerset CCG Medicines Management Team continues to support improved patient outcomes by highlighting unmet pharmaceutical need as well as reducing inappropriate polypharmacy and unsafe prescribing.

During Q4 2016-17 a continued focus was made on clinical pharmacist reviews of care home patients which by the end of the year had delivered reviews for over 30% of these highly vulnerable patients preventing over 30 medicines related admissions and delivering an annual £100,000 saving from deprescribing drugs no longer required.

The team continue to support practices in Somerset via the use of eclipse live and use of EMIS web quality and safety protocols designed by the team.

Q4 saw the majority of Somerset practices complete their prescribing and quality improvement audits, the learning from these audits will be shared during 2017.

Practices are being supported by the team to implement various PRIMIS audit tools and Somerset CCG has worked with PRIMIS to developed bespoke tools for use on EMIS web

Finally the CCG medicines management team continues to support the safety and quality of numerous work streams across the CCG

Year	Care Homes visited	% of Somerset Homes	Patients reviewed	Total interventions	Potential annual drug savings	Deprescribing	Safety interventions			
							1-Minor	2-Moderate	3-Serious	Total
2014-15	64	27%	1195	2817 (2.3/pt)	£106,762	£61,180 (57%)				
2015-16	62	27%	1222	3631 (3/pt)	£101,083	£62,117 (61%)	357 (54%)	251 (38%)	52 (8%)	660 (16.5% of total)
2016-17	77	33%	1420	4149 (2.9/pt)	£108,390	£67,939 (63%)	473 (65%)	218 (30%)	38 (5%)	729 (17.6% of total)

Integrated dashboard

Good quality information is an important indicator of provider performance and helps ensure the focus of high quality care for patients. The Intergraded Dashboard is a toolset developed to provide Governing Body with the relevant and timely information they need to support assurance of safe and effective patient care. The dashboard gives access to the wealth of NHS data that is being captured locally, in a visual format.

We are aligning the dashboard measures to the Single Oversight Framework, published by NHS Improvement in September 2016. The key areas of focus with this dashboard are:

- a. Well led metrics
- b. Safe Metrics
- c. Caring metrics

The provider summaries (p16– 24) provide further narrative where reporting is outside of the expected range. Future dashboards will be RAG rated.

Key

Performance improving	↑
Performance static	↔
Performance deteriorating	↓

	Period	Standard / Ceiling	Royal United Hospitals Bath NHS Foundation Trust	Somerset Partnership NHS Foundation Trust	Taunton And Somerset NHS Foundation Trust	Weston Area Health NHS Trust	Yeovil District Hospital NHS Foundation Trust
Well Led Metrics							
Staff sickness	January 2017	-	4.8 ↑	5.6 ↑	4.0 ↑	4.4 ↑	3.4 ↑
Staff turnover (%)	March 2017	-	Not available	12.38 ↓	11.05 ↓	Not available	20.60 ↓
Mandatory Training Undertaken (%)	Q4 2016-17	-	Not available	95.03 ↑	91.10 ↑	Not available	92.67 ↓
Appraisal and PDP complete (%)	Q4 2016-17	-	Not available	98.00*	84.90 ↑	Not available	82.29 ↓

* As reported at March 2017 Board covering Q3 2016/17

Integrated dashboard

	Period	Standard / Ceiling	Royal United Hospitals Bath NHS Foundation Trust	Somerset Partnership NHS Foundation Trust	Taunton And Somerset NHS Foundation Trust	Weston Area Health NHS Trust	Yeovil District Hospital NHS Foundation Trust
Safe Metrics							
Clostridium difficile (target / no. reported)	March 2017		2/1		1/0	0/1	1/0
	Year To Date		22/45		12/8	18/10	8/9
Methicillin-resistant Staphylococcus aureus (MRSA)	Q4 2016/17	0	0 ↔		0 ↔	0 ↔	0 ↔
Methicillin-Sensitive Staphylococcus Aureus (MSSA)	Q4 2016/17	-	8 ↓		0 ↑	1 ↔	3 ↓
Escherichia coli	Q4 2016/17	-	69 ↑		55 ↑	28 ↑	35 ↑
Summary Hospital Mortality Indicator (HSCIC)	September 2016	2—OD Band	99.03 - (2 OD)	Not applicable	99.21 - (2 OD)	115.1 - (1OD)	100.6 - (2 OD)
HSMR (Limited access to Dr Foster prevents full reporting this quarter. NOTE HSMR Trust reported data (where noted) may report HSMR in different ways)	As stated	-	107.7 (Q2)	Not applicable	109.3 (Q4)	70 (Q2 average)	Not available
Never Events (Somerset patients)	Q4 total	0	0	0	1	0	0
Falls rate per 1,000 bed days (All falls)	Q4 average	-	4.83	8.0	5.5	4.70	7.6
Pressure Ulcers per 1,000 bed days (Grade 2 or above)	Q4 average	-	0.00	0.51	0.78	Not available	0.67
Harm Free Care (%) ¹	February 2017	-	94.45 ↓	91.67 ↓	93.18 ↓	89.36 ↑	91.92 ↓
UTI (%) ¹	March 2017	-	2.25 ↓	0.87 ↑	0.78 ↓	2.55 ↓	1.68 ↓
VTE	December 2016	95	98.2 ↓	Not available	91.5 ↓	97.8 ↓	95.7 ↓
Midwife to Birth Ratio	Q4 average		1:29		1:30	Not reported	1:19
Number of still births	Q4 total		1		1	0	0
Smoking at time of birth (%)	Q4 percentage		9.14		15.13	22.24	10.63

¹ Safety Thermometer Data

Integrated dashboard

	Period	Standard / Ceiling	Royal United Hospitals Bath NHS Foundation Trust	Somerset Partnership NHS Foundation Trust	Taunton And Somerset NHS Foundation Trust	Weston Area Health NHS Trust	Yeovil District Hospital NHS Foundation Trust
Caring Metrics							
Staff FFT Percentage Recommended - Care (not recommending figure in)	Q2 2016-17	-	87.6 ↓	Not available	90.6 ↓	67.9 ↓	0.0 ↓
Inpatient Scores from Friends and Family Test - % positive	March 2017	-	98.0 ↔	Not applicable	98.0 ↔	95.0 ↓	95.0 ↑
A&E Scores from Friends and Family Test - % positive	March 2017	-	98.0 ↑	Not applicable	96.0 ↓	91.0 ↓	90.0 ↓
Mental Health Scores from Friends and Family Test - % positive	March 2017	-	Not applicable	97.0 ↑	Not applicable	Not applicable	Not applicable
Maternity Scores from Friends and Family Test - question 2 Birth % positive	March 2017	-	100	Not applicable	100	Not available	93
PALS	Q4 2016-17		Not available	749*	345	Not available	295
Written Complaints received	Q4 2016-17		Not available	26*	33	Not available	35
Mixed Sex Accommodation Breaches	Q4 2016-17	0	0 ↔	0 ↔	17 ↓	1 ↑	0 ↔

* Only January and February 2017 data available

Provider summaries

Main Hospital

Taunton & Somerset NHS Foundation Trust

Retained Swab : The Trust reported another never event on 3 March 2017. This brings the total year to date to 6 never events. The patient was listed for Routine Tension free tape procedure in Day surgery for stress incontinence. The patient was discharged with a urinary catheter in-situ with a plan to 'trial without catheter' (TWOC). When seen in the SAU for the TWOC she reported being in a lot of pain, on examination a 'raytec swab' was found. The swab was removed and as a precaution the patient was given antibiotics. Action: The Trust have reported the incident as a Never Event and full investigation has been completed with an action plan. The CCG will monitor this to ensure that the actions are embedded within the Trust.

Safer Surgical Event : In March the Trust hosted a theatre safety event to share learning from recent never events and to hear feedback on an external review that had been undertaken looking at theatre practice and safety culture. This was a well-attended and positive event. Key actions include review of anaesthetic rooms and theatres to ensure standard layout in line with a productive theatre; standard approach to theatre procedures; and ensure key learning is included into National Safety Standards for Invasive Procedures (**NatSSIPs**) and Local Safety Standards for

Invasive Procedures (**LocSIPPs**) work a separate detailed action plan in place to deliver requirements from Patient Safety Alert, with initial focus on: Theatres, Cardiology, Endoscopy and Interventional Radiology.

Long Waits: the Trust reported 35 patients waiting longer than 52 weeks in the quarter. The general deterioration seen in the performance position from November 2015 through to October 2016, has led to an increase in the "tail" of the waiting list and therefore the volume of patients waiting over 40 weeks and at risk of becoming >52 week waits. The CCG visited the Trust on 3 May 2017 to review 6 cases, whilst it has not been possible to accurately identify harm as a consequence of the long wait for treatment outcome the CCG audit did identify diagnostic test availability, patient choice and communication as contributing factors.

Mixed Sex accommodation Breaches: 17 reported in the quarter in January 2017

Yeovil District Hospital NHS Foundation Trust

Nutritional Screening: The Trust reports being consistently below target (90%) with regards nutrition screening during 2016 – 2017 YTD, with the Trust reporting an average rate of 61% with the following being recorded during Q4: .The Trust has a focus on nutritional screen patient weights and supporting patients with eating.

Mortality: Although the Trust's SHMI remains in the 'As expected' range, the Trust's twelve month rolling measure shows an increase. The Trust uses the Copeland Risk Adjusted Barometer (CRAB) tool as the platform to conduct mortality reviews. HSMR data from NHS Improvement for October 2015 to September 2016 show an above expected rating of 113.5 (Dr Foster). NHS Somerset CCG is working with NHS Improvement and YDH to share a more detailed breakdown and understand the areas which may be causing this raise. Discussions with the Director of Nursing at the Trust have been positive to this proposed approach.

Action: NHS Somerset CCG is meeting with the Medical Director and the Head of Quality on 2 June 2017 to discuss how this collaborative review will be conducted.

Infection Control: Norovirus outbreak, the CCG undertook an independent control audit on ward 9B to provide

assurance that improvements implemented in response to the recent C diff cases on the ward have been sustained. There were a number of good practices observed and recommendations made to improve practice.

Workforce: Staff turnover has remained high at 18-20% and the Trust are reviewing all leavers. The Trust's undertook a recent trip to the Philippines to recruit registered nurses. They have advised that initial job offers have been made to 150 candidates, some of which are ready to move straight to the UK. The first cohort is expected to arrive from June onwards.

Somerset Partnership NHS Foundation Trust

Care Quality Commission: A focused inspection following up the findings and recommendations from the comprehensive inspection in 2015 took place in the week commencing 27 February 2017. Early feedback shows there have been improvements across the Board and 14 of the Trusts 17 core services are now (preliminarily) rated as GOOD; and all of the inadequate (in LD and District Nursing) have been improved.

Pressure Ulcers (PUs): The Trust reports increased incidences of PUs during Q4 compared to previous quarters; 105 patients having a PU this quarter (30 avoidable) compared to 94 (17 avoidable), Q3; 66 (11 avoidable), Q2; and 76 (8 avoidable), Q1. No single factor has, so far, been identified which has resulted in the increase. The Trust is focusing on education and learning about prevention and risk mitigation including; a collaborative Tissue Viability Conference Day booked for May 2017; new training modules on Learning Zone; and a new PU prevention factsheet and video available on the intranet. Complex care meetings are a forum for MDT discussions about patients who may not comply with PU prevention strategies due to cognitive impairment or concordance issues alongside ongoing work with Trust-wide groups to look at documentation, assessments and care planning relating to PU prevention and tissue viability.

Falls: The Trust reports 266 slips, trips and falls (all grades) during Q4 (Jan: 97; Feb: 77; Mar: 92), with a further 108 falls reported in April 2017. The Trust has highlighted that when a ward has a frequent faller/complex patient, falls in other patients on that ward seem to increase. The Trust reports that Pyrland ward has an increase in falls owing to increased staff awareness about falls reporting. Additional measures the Trust is taking includes: risk assessments including use of Self-care module (tool used to assess

patient dependency/acuity); accessing support of activity co-ordinators to engage high fall risk patients. The CCG will discuss a trajectory for falls reduction at its June CQRM.

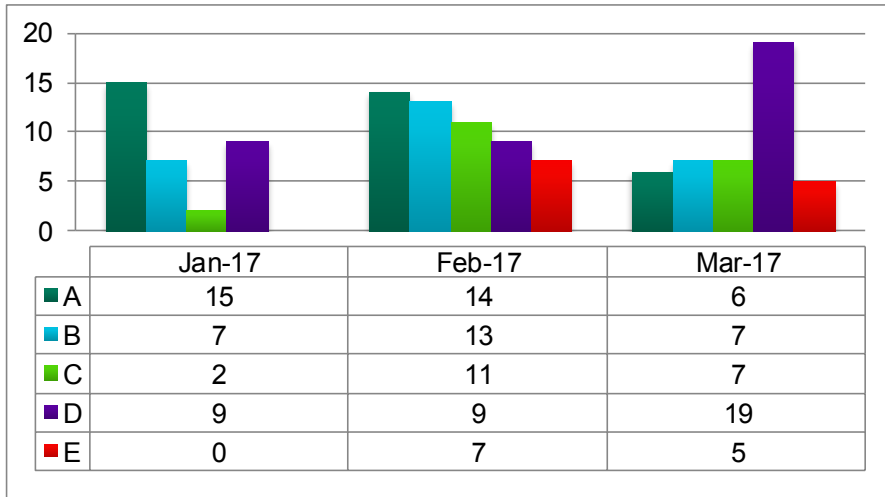
Restraint: The Trust reported 137 incidents of restraint (all types) during Q4, 54 of these occurring in February 2017: the highest number recorded since before 1 April 2014. The 54 incidents related to 23 patients: 37 of these incidents related to 6 patients, with one patient being restrained on 12 occasions. During 2016/17 the monthly number of restraints per 1,000 occupied bed days averaged 9.13 with the highest quarterly average recorded in Q4 (11.85). Data indicates that prone restraint has reduced over the year from Q1 total of 39 (39%) reducing to 23 (17%) in Q4. The CCG visited Holford Ward (Psychiatric Intensive Care Unit) on 27 April 2017 to discuss the Trust's approach in preventing and managing violence and aggression. The visiting team noted positive practice, tailored to the patient concerned focusing on prevention and de-escalation ahead.

Children and Adolescent Mental Health Services (CAMHS):

Following the report to Governing Body (April 2017) on the Child and Adolescent Mental Health Services (CAMHS) in Somerset and receipt of concerns from stakeholders the CCG is establishing an Assurance Review, which will be based on the themes raised. The CCG is currently devising the scope for this visit and a further update will be provided in the Q1 (2017/18) report.

Workforce: The Trust reports ongoing challenges during Q4 and into 2017/18 in relation to maintaining safer staffing levels, particularly in Mental Health services. Minehead community hospital inpatient service continues to be closed due to delays in the Trust recruitment of registered nurses. The trust anticipates this will be resolved shortly due to successful recruitment of additional RN support.

Somerset Partnership NHS Foundation Trust

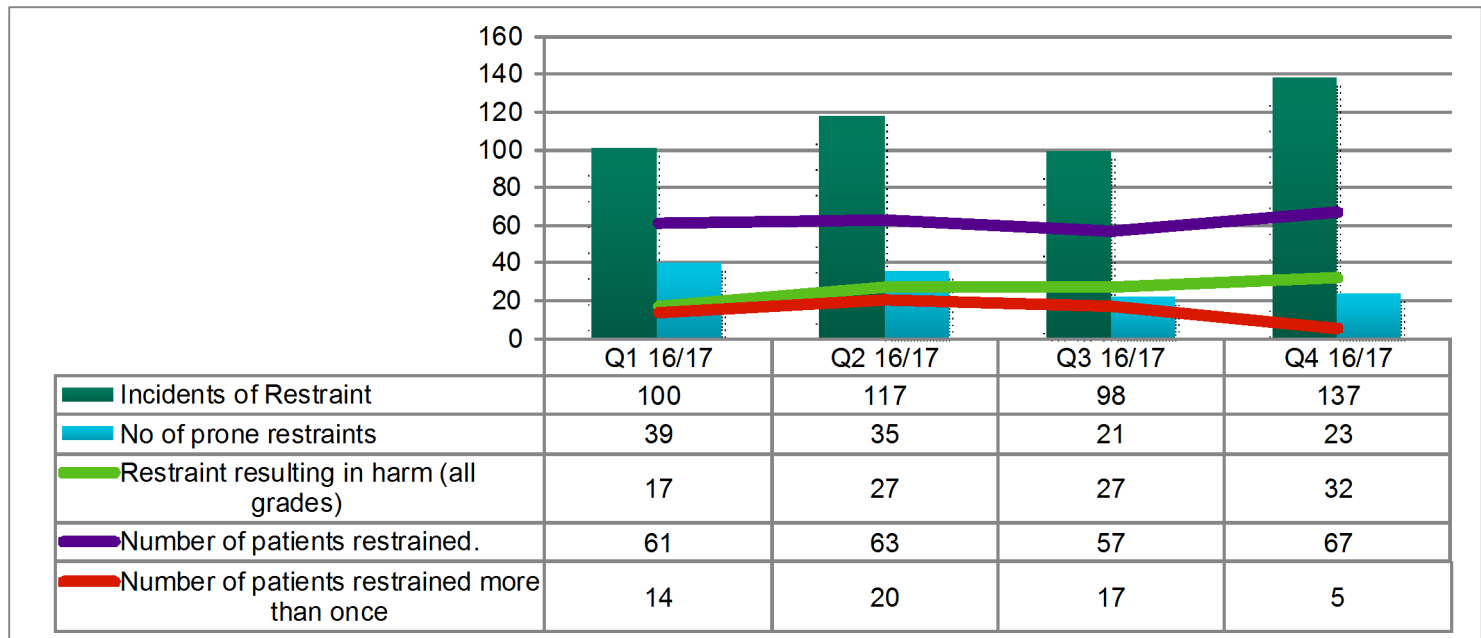


- Following CCG visit to Holford ward ongoing monitoring actions include:
- Review CQC feedback once published
 - Receive update on progress regarding recording of restraint at CQRM
 - Review outcomes of Post-Restraint Debriefing Tool pilot
 - Monitor Trust's Workforce Planning and Resourcing Strategy
 - Continue discussion regarding the Trust ceasing planned / offered prone restraint.

Restraint: Restraint Definitions

The five categories are:

- A: Tertiary Restraint - response to imminent or actual physical harm to others
- B: Tertiary Restraint - Refusal of planned and or prescribed treatment incidents
- C: Tertiary Restraint - Imminent or actual self-harm
- D: Precautionary or safe holds - low level aggression during interaction
- E: Precautionary or safe holds - resistance or aggression whilst delivering planned or personal care



Royal United Hospitals Bath NHS Foundation Trust

C Difficile: The target for 2016-2017 was 22 cases, year to date, the Trust have reported 25 cases. The variance from plan continues to be of concern, although the target was achieved in March. There are 5 cases that are awaiting a decision to confirm if they are Trust attributable. The Trust is introducing a patient held C.diff alert card planned for April 2017.

Quality Visit 12 February 2017: Visit to review the Trust referral pathways in Endoscopy. The outcome was a shared understanding of the clinical systems and patient pathway. This will be discussed further at the Somerset Engagement Advisory Group.

FFT Response Rate for Emergency Department (includes MAU/SAU) : The FFT response rate for ED in March 2017 was 12.5%, which is the lowest since May 2016 and shows no improvement from February. Performance continues to be reviewed at the Clinical quality review Meetings . The Trust is planning to use medical students and volunteers to assist in data collection, this has yet to commence.

Urgent and emergency care: has been under significant pressure and the reasons are complex, reflecting pressures within the hospital and wider health system. To support the overview of the Emergency Department Safety a quality and safety dashboard has been drafted to be used both strategically and operationally to underpin actions to consistently deliver a safe and quality service to patients and support staff.

Prevent Training: the Trust has been highly successful in achieving Prevent training compliance , as of 31st March 2017, compliance at Level 1 was at 95.95% (85% target). The inclusion of Prevent on mandatory safeguarding training days is reaching many of the staff who require this training. .

104 Day Cancer breaches: RUH were advised that due to nationally recognised focus on cancer and existing requirement to provide RCA's for 104 day breaches there will be a review of the 104 day breaches to identify patient pathways and themes around delays of handover and the impact this has on patients.

Weston Area Health NHS Trust

Somerset CCG continues to work closely with the lead commissioner, North Somerset CCG, and other key partners to ensure all clinical and performance standards are being pursued by the Trust.

12 Hour waits in Emergency Department: The Trust is striving to make a stepped change in the four hour standard and to avoid the 12 hour trolley waits, in the knowledge that there were 70 in January 2017 and 6 in February 2017. The Trust is putting plans in place with an improvement trajectory, with partners where appropriate, to address these areas. Plans are currently being developed to support effective communications to Somerset patients with regard to potential Emergency Department overnight closures and possible redirection of future services.

Serious Incidents: From the beginning of 2017, WAHT reported the following Serious Incidents: January 29 SI, February 11 SI and March 13 SI. This brings the total number of serious incidents for the year (from 1 April 2016 onwards) to 116. These pertained to: 42 reported 12 hour Trolley Breaches, 39 pressure ulcers, 1 alleged abuse of adult and 1 treatment delay. Action: The CCG and the Trust are continuing to work together to review actions and obtain assurance as to learning for all open serious incidents and are making slow progress in closing some of the open cases.

Care Quality Commission Warning Notice: The CQC re-inspection took place during the week of the 28 February 2017. On the 24 March 2017 the Trust have been issued a Section 29a Warning Notice concerning patient flow through the hospital, in particular focusing on four areas: Systems/processes to manage patient flow to ensure care and treatment is provided in a safe way for patients and to reduce crowding in Emergency Department : Review the Emergency Department as a single point of entry to the hospital for both emergency and expected patients : Ensure access to Specialist

Senior Doctors to review patients overnight in Emergency Department is timely and Ensure the use of the corridor in Emergency Department is appropriate and safe for care and treatment. The Trust has until 15 May 2017 to make significant improvements in these areas.

Senior Management Team: The Trust has new Medical Director and Director of Operations, and resignations from the Director of Strategic Development and the Director of Finance (who also acted as Deputy Chief Executive Officer).

Summary Hospital-level Mortality Indicator (SHMI): The SHMI has shown a slow improvement, current data available on Dr Foster is for Quarter 1 2016/17 = 115. The Trust have in place several quality improvement processes they are working through. The focus aims to produce measurable reductions in mortality which is monitored through the Mortality Review Group. Monthly mortality updates are provided at the Quality Sub Group & ICQPMB. Increased support is being made available to Trust from NHSI.

Primary care: The situation at Weston, has previously, and continues to be of great concern for the practices in North Sedgemoor. The CCG has requested that any particular issues of clinical quality are raised with the CCG through the Healthcare Professional Feedback tool on GP desktops. The CCG continues to contribute to discussions on the future sustainability of Weston Area Health NHS Trust and has discussed potential patient safety and quality concerns with practices.

Urgent Care - Somerset Doctors Urgent Care (NHS 111 / GP OOH)

Contract Performance Notice

There is a Remedial Action Plan (RAP) in place for the NHS 111 service and a RAP is currently being agreed concerning the Out of Hours (OOH) Service. The RAPs are to achieve and sustain the following performance metrics: National Quality Requirement 8 (NQR8), the number of calls answered within 60 seconds at the end of the telephone introductory message as performance is below the 95% standard required; NQR 12b (Presenting at base: Clinical Assessment for all urgent care patients within 2 hours), NQR 12c (Presenting at base: Clinical Assessment for all urgent care patients within 6 hours), NQR 12e (Home Visits: Clinical Assessment for all urgent patients within 2 hours), NQR 12f (Home Visits: Clinical Assessment for all urgent patients within 6 hours) as performance is below the 95% standard required

CCG Quality Assurance Visit and CQC Inspection

A CCG Quality Assurance Visit took place to the NHS 111 and OOH service (Wellington House and associated sites) during the evening of 19 April. This visit explored aspects of both services in more detail in response to the number of SIs and growing concerns associated with both services, including a whistle blower. The visit also undertook a call review relating to a number of serious incidents. A debrief session with SDUC was held 20 April 2017 as a precursor to the CQC Inspection scheduled the following week. The CCG is aware of the preliminary results of the inspection (which is yet to be published by the CQC) and continues to lead on a number of meetings to support the provider in devising a preliminary action plan. The aim of which is to ensure a robust quality improvement approach is evident to remedy any immediate patient safety concerns identified. The CCG is

currently putting in place monitoring and assurance processes including validation visits, pending publication of the draft Inspection Report expected early June 2017.

Serious Incidents

SDUC (OOH) reported five serious incidents (SI) during Q4. Two of these cases related to abdominal pain, one of which concerned aortic abdominal aneurism (AAA). This is the 4th serious incident relating to AAA reported by SDUC this year: 3 AAA-related SIs being reported in Q2 (2016/17). In addition, a further (5th) AAA case was reported to the CCG during Q3 (2015/16), which was downgraded from SI status after clinical review.

As part of the CCG's Quality Assurance Visit (19 April 2017) a 'call and record review' took place focusing on a number of these AAA incidents with learning / feedback being provided to SDUC at that time. Such feedback included discussion concerning confirmation bias within diagnosis, the need for better probing from call advisors (and training / support available for this), speed of working and service pressures alongside consideration of issues relating to questions / algorithms within NHS Pathways. Vocare (of which SDUC is part) is organising a 'Look Back and Learn' event across its organisation to discuss AAA cases in more detail and to share learning. The CCG continues to closely monitor this as part of its Clinical Quality Review process, and has shared its level of concern with NHSE.

Urgent Care - South Western Ambulance Service NHS Foundation

Performance Outlier

All Category 1 (Purple) delays over 16 minutes are reviewed in depth by the Trust to ascertain root cause and any clinical risk. A summary of delayed responses for February (latest data available) indicates Somerset as an outlier with 26 such delays reported due to 'Distance to travel' (n=20); 'Excess demand in area' (n=4); 'Upgraded further triage' (n=2). One case (relating to excess demand in area) resulted in a 30-35 minute delay, the longest time band reported for Somerset that month. South Central & West Commissioning Support Unit (**SCWCSU**) is taking the lead in exploring this with the Trust on behalf of the CCG, requesting an investigation on this outlier status, clearer definitions of the categories and a better understanding as to how clinical risk is assessed.

Delays and Call Stacking (A&E)

The Trust continues to report concerns regarding delays with 12 of the 16 SIs (Trust-wide) reported during January and February 2017 and 16% of Trust-received healthcare professional feedback for the same period relating to delays in ambulance resources reaching patients. The Trust also reports a number of related high score risks including performance targets Purple and Red (Ambulance Response Programme); Call Stacking (Emergency Department); Performance Targets Amber. Trust deep dives have identified actions including the need to recruit additional clinicians within clinical hubs, completion of operational rota review, increase in number of double-crewed ambulances; reduction in handover delays; and publication of the final Ambulance Response Programme (ARP) report currently due from Sheffield University. SCWCSU reports that ongoing assurance

regarding actions will be within the remit of the Quality Sub-Group (a sub-group of the Integrated Quality and Performance Management Group) that is planned to replace the existing six-monthly Quality Workshop format. This group meets on 7th June 2017.

Ambulance Clinical Quality Indicators (ACQI)

There are no national targets for 2016/17. However, all ambulance trusts are required to use a consistent set of national indicators to evidence improvements in the quality of service. The Trust continues to report challenges in some time-critical Ambulance Quality Indicators (**AQIs**) such as 'Outcome from acute ST-Elevation Myocardial Infarction (**STEMI**); and stroke-related outcomes. The Trust's Clinical Quality Improvement team has launched a new initiative 'RAPID*' plus other quality improvement work aiming to improve these metrics. These are monitored at the SCWCSU-led performance workshop and at the bi-monthly Integrated Quality and Performance Management Group. In addition it is hoped that a presentation at the next South West Quality Surveillance Group on the subject of AQIs will be given by the Trust.

The CCG works closely with its Quality and Patient Safety colleagues at CSU who leads on monitoring the contract on behalf of the CCG (Lead Commissioner: Dorset CCG), participating in bi-monthly Integrated Quality and Performance Management Group and Quality Sub-Group meetings.

* early Recognition Administer care bundle Priority 1 backup Inform hospital Depart scene.

Care UK (Shepton Mallet NHS Treatment Centre)

Measure	Q1	Q2	Q3	Q4	Q4 as %	Total YTD
Number of admissions	2,145	2,035	1,951	2,328		8,459
Post-operative mortality < 7 days	0	0	0	0	0.00%	0
Post-operative mortality 8-30 days	0	0	0	0	0.00%	0
Return to theatre	2	0	1	1	0.05%	4
Unexpected transfers	2	6	6	6	0.26%	20
Emergency re-admissions	1	7	7	6	0.26%	21
Inpatient admissions to another provider	3	6	1	1	0.04%	11
Inpatient admissions of daycase	5	8	7	2	0.10%	22
Clinical cancellations on the day of surgery	33	24	27	18	0.77%	101
Non-clinical cancellations on the day of surgery	25	8	16	17	0.73%	66
Number of surgical repairs < 14 months	4	2	0	0	0.07%	6
Deep wound infections requiring treatment	1	1	0	0	0.00%	2
MRSA	0	0	0	0	0.00%	0
Urinary Catheter associated infection	2	1	2	4	0.17%	9
Cdiff post 72 hours	0	0	0	0	0.00%	0
Inpatient DNA & late cancellations	12	7	7	12	0.52%	39
Daycase DNA & late cancellations	33	41	80	49	2.10%	201

CQC: On 9 May 2017 the CQC published the October 2106 inspection report rating the Shepton Mallet Treatment Centre as 'Outstanding' in all five key inspection areas. The Treatment centre is being described as the only acute surgical hospital (NHS or independent sector managed) in England to have achieved this.

Activity: During Q4, January 2017 – March 2017. The Treatment centre has had the busiest quarter in the year with 3124 referrals, 2328 theatre admissions, of which 305 were waiting list transfers. Just under 3.5% of referrals were rejected (109) in Q4 (20 patients) due to the clinical policy, confusion from Oasis on the orthopaedic pathway. A significant number of rejections are related to the nasal Surgery (Rhinoplasty Surgery)

Length of Stay: The current average length of stay (LOS) for hip replacement is 2.2 days (compared to 2.3 in Q3). For patients having knee replacement this is 2.4 days (the same as Q3), which is below the national average of 4 days.

MRSA: There were no Hospital Acquired MRSA infections during Q4, which concludes 2016/17 with no Hospital Acquired MRSA infections.

Key
Below or equal to threshold
Exceeds threshold

Future reporting: NHS Improvement Single Oversight Framework

The Single Oversight Framework was published by NHS Improvement in September 2016. This document sets out NHS Improvement's approach to overseeing both NHS Trusts and NHS Foundation Trusts and shaping the support it provides. It also seeks to identify where providers may benefit from, or require, NHS Improvement support across a range of areas.

NHS Improvement's Single Oversight Framework:

- provides one framework for overseeing providers, irrespective of their legal form
- helps NHSI identify potential support needs, by theme, as they emerge
- allows NHSI to tailor support packages to the specific needs of providers in the context of their local health systems, drawing on expertise from across the sector as well as within NHS Improvement

Rather than require providers to make bespoke data submissions, wherever possible NHSI will use nationally collected and evaluated datasets, in particular for operational performance. The Framework lists the metrics to be used and the frequency of their collection across all providers alongside specific metrics for acute, mental health, ambulance and community Trusts.

NHSI will use 39 indicators to supplement CQC information in order to identify where providers may need support under the theme of quality. In preparation for this providers are revising their Board reports to better reflect these indicators.

In turn the CCG, in partnership with the CSU, is developing a revised Integrated Quality Dashboard based primarily on these **39 indicators**. This will allow the Somerset health system to benchmark provider performance.

The Quality of Care Monitoring Metrics include:

- Staff related issues such as sickness, turnover, temporary staff, NHS Staff Survey and Staff Friends and Family Test
- Rate of written complaints
- Occurrence of any Never Events
- Outstanding Patient Safety Alerts
- Mixed Sex Accommodation breaches
- Friends and Family Test
- Emergency C-Section rate
- VTE Risk Assessment
- Infection prevention and control
- Mortality data
- Emergency re-admissions
- CQC Patient Surveys
- Admission to adult facilities of patients under 16 years
- Care Programme Approach
- Underreporting of patient safety incidents
- Return of spontaneous circulation in Utstein* Group
- Segment elevation myocardial infarction (STeMI) 150 minutes
- Stroke related metrics

* The Utstein Style is a set of guidelines for uniform reporting of cardiac arrest.