



Somerset
Clinical Commissioning Group

Clinical Quality Review Report
For the Period
1 April 2017 – 30 June 2017 (Quarter 1)

Quality & Safety Executive 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. 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 aim of this report is to provide quality assurance for each of the providers of NHS care for which Somerset Clinical Commissioning Group (**CCG**) is the lead or associate commissioner in line with the CCG's Strategic Theme 4: sustain and continually improve the quality of all services. A number of key quality assurance metrics related to clinical effectiveness, clinical safety and patient experience are monitored through this report to reflect national and local issues. This enables us as a CCG to understand potential pressure points and opportunities to influence and improve service delivery.

During the quarter performance in infection control continues to be stable but with challenges relating to the tight targets set by NHS England., we are also seeing steady progress in all providers with measures to reduce inpatients falls.

The challenges continue to be mortality data and the triangulation of the different mortality metrics. The HSMR is above expected in all our acute providers and being closely monitored. Yeovil District Hospital reports a different measure called the Copeland Risk Adjusted Barometer (**CRAB**) which can identify individual clinicians and case data to support improvements, we have included this data on the dashboard for the first time.

The local providers in Somerset are all reporting recruitment challenges and during the quarter has impacted on services available. Minehead Hospital inpatient ward reopened on the 11 July 2017 and on 12 July the Trust took the decision to close Magnolia ward in Yeovil; alongside temporary reconfiguration of dementia inpatient services.

The CQC inspection report for Somerset Doctors Urgent Care (**SDUC**) NHS 111 and GP Out of Hours (**OOH**) services were published 4 August 2017. The ratings for the services are noted at page 6. The CQC has also placed the GP OOH service into Special Measures. The CCG has focused support working with SDUC to improve services with a detailed improvement plan.

Areas of good practice during Q1

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

Challenges during Q1

- a. Stroke Care
- b. Mortality data
- c. Safe Staffing
- d. VTE

CCG local quality & safety priorities

- Assurance of 111/OOH CQC actions
- Joint working with North Somerset Clinical Commissioning Group regarding Weston General Hospital

Key headlines

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Making Every Contact Count

Many long-term diseases in our population are closely linked to known behavioural risk factors. Around 40% of the UK's disability adjusted life years lost are attributable to tobacco, hypertension, alcohol, being overweight or being physically inactive.

Making changes such as stopping smoking, improving diet, increasing physical activity, losing weight and reducing alcohol consumption can help people to reduce their risk of poor health significantly. Making every contact count (**MECC**) is an approach to behaviour change that utilises the millions of day to day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.

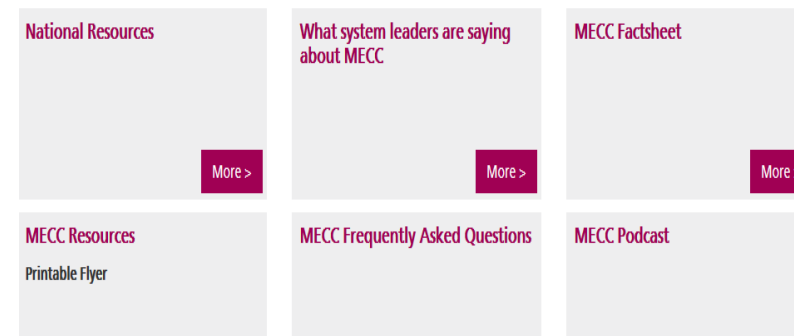
For 2017/2018 a CQUIN has been devised for the enhanced contract with primary care to embrace MECC into GP practice ways of working. To achieve funding practices signing up to the CQUIN must:

- Train a minimum of 1 member of staff for each 2000 registered patients
- Develop a plan to embed the MECC culture into the Practice

Benefits:

Developing this approach across primary care will provide the Somerset System with an infrastructure to drive patient safety and quality for the Somerset population. Where upon public health and the prevention agenda can be rolled out. This approach is also being mirrored by our acute and mental health providers

<http://www.makingeverycontactcount.co.uk/>



The recent Quality Improvement (**QI**) Primary Care Network held on 20 July was focussed on MECC and tools to support patients to become more active in their own care.

Patient experience in Primary care

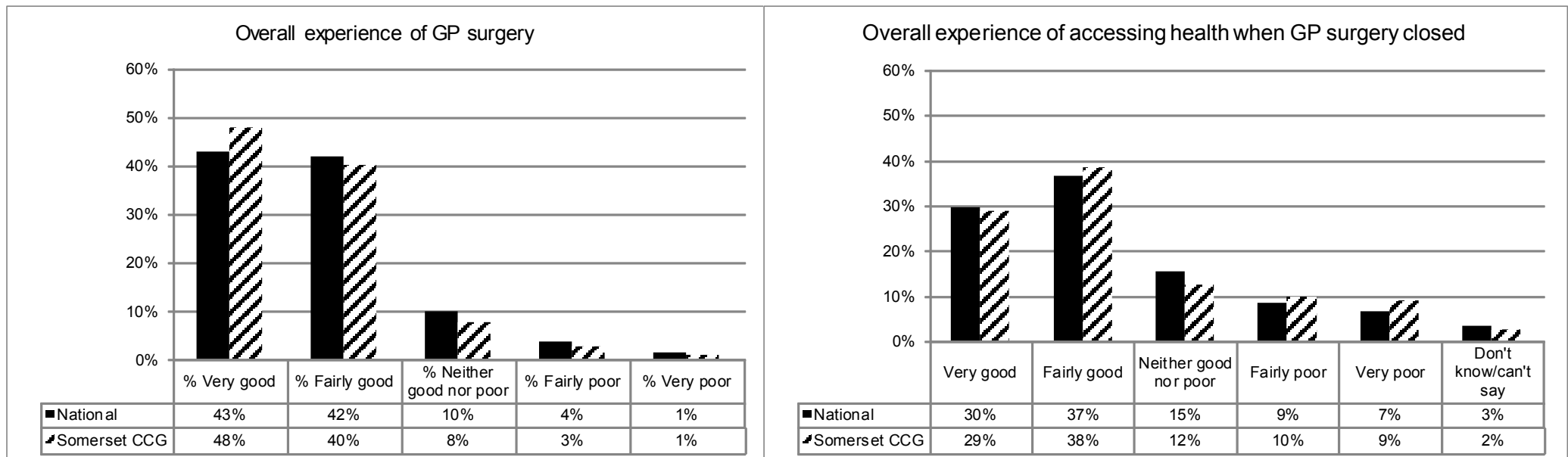
The GP Patient Survey, conducted by Ipsos MORI on behalf of NHS England, is designed to give patients the opportunity to feed back about their experiences of their GP surgery and other local NHS services. Replies to the survey are used by GP practices to understand what they are doing well and where they can improve.

The survey contains questions relating to patients' experiences of:

- Accessing GP services
- Making appointments
- Waiting times
- Last GP appointment
- Last nurse appointment
- Opening hours
- Overall experience
- Managing your health
- Your state of health today
- Planning your care
- Out of Hours
- NHS Dentistry

The survey is sent out annually in January and the results below are taken from the survey published in July 2017 showing the results for Somerset CCG. Full results can be found at <https://gp-patient.co.uk/surveysandreports>

Action: The CCG has undertaken a review of the results and selected three metrics by which to measure the consistency of practices' performance over a period of three years. Taking the national average as a benchmark, the CCG will highlight practices where the trend suggests the performance is lower. Depending on the extent of the difference, interventions with the practices to assist in performance improvement will be undertaken.



2016 Adult Inpatient Survey

The 2016 Adult Inpatient Survey was published in July 2017. The survey looked at the experiences of adults (over 16s) who received care in 149 NHS Acute and NHS Foundation Trusts during July 2016. The analysis of 10 years' worth of trend data suggests that the survey results for many of the questions remain broadly unchanged. The survey does, however, highlight some areas of significant improvements nationally. These are particularly around the quality of communication and confidence in medical staff. Conversely, the survey shows a decline in patients feeling involved in their care, waiting for a bed on a ward, and care after leaving hospital. In respect of the four Trusts pertinent to Somerset, three have seen a reduction in their composite scores detailed below.

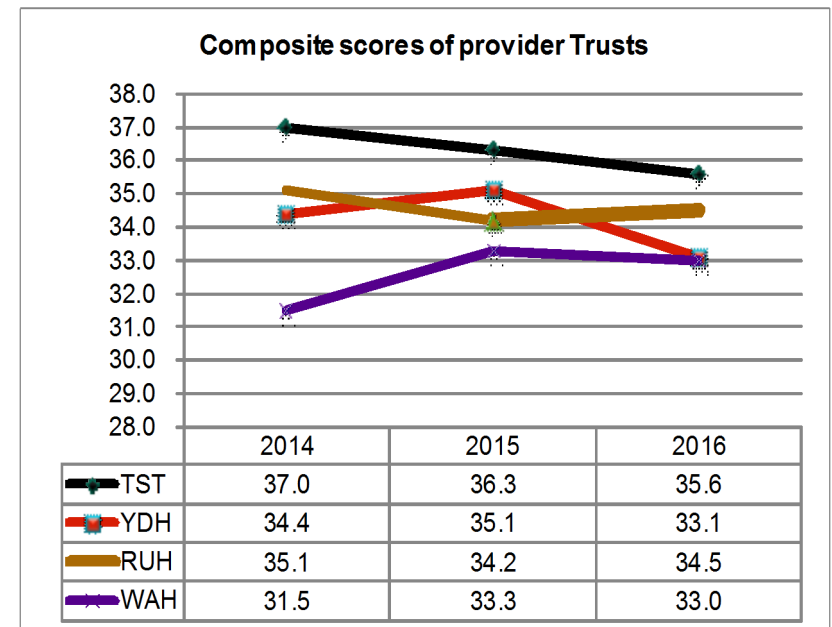
In previous years, five specific questions have been selected to act as a benchmark, and a composite score applied. Note that the question numbers have changed due to amendments to the survey however the wording of each remains the same. The key questions are:

- were you as involved as you wanted to be in decisions about your care and treatment? (Question 35—*previously questions 33*)
- did you find someone on the hospital staff to talk to about worries and fears? (Question 38—*previously question 36*)
- were you given enough privacy when discussing your condition or treatment? (Question 40—*previously question 38*)
- did a member of staff tell you about medication side effects to watch for when you went home? (Question 63—*previously question 61*)
- did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? (Question 69—*previously question 67*)

Actions by each trust are discussed at Clinical Quality Review Meetings

Taunton & Somerset NHS Foundation Trust: The Trust performed better than most other trusts for two questions: discharge delayed due to wait for medicines/to see doctor/for ambulance. and how long was the delay. The Trust have developed an action plan to improve areas such as the length of time on the waiting list before admission and improving hospital food.

Yeovil District Hospital NHS Foundation Trust: There have been improvements that include patients' perceptions of the quality of communication between medical professionals (doctors and nurses) and patients, the standards of hospital cleanliness and the availability of help to eat when needed. The results indicated that questions regarding patients being discharged from hospital and being involved in decisions have been less positive, Yeovil Hospital are actively working on improving the focus on supporting patients and their family to be more involved in the planning of their discharge.



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.

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

Overall Harm Free Care In April T&S reported 80.33%, harm free care, we are working with the trust to understand this drop, early indications are that this might be a *change in data collection*.

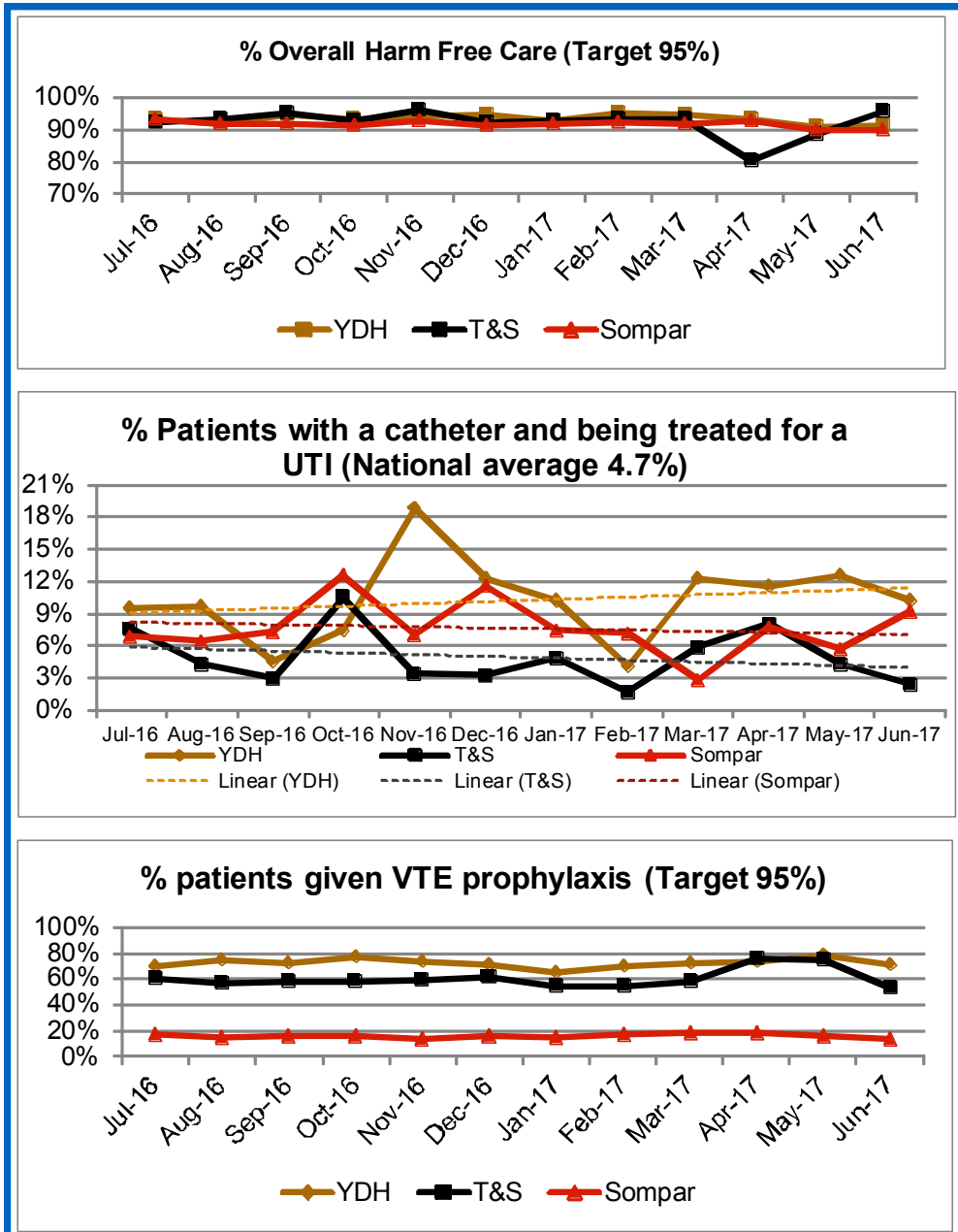
Catheter related urinary tract infections (CAUTIs)

YDH have been consistently above the national average for CAUTIs and the rate is increasing. The interventions to reduce CAUTI are focused on the use of evidence-based bundles for catheter insertion and maintenance to help avoid catheter insertion, reduction of length of catheterisation and avoid cross-contamination. Catheter passports have been developed for Somerset and to be tested along with a 'Catheter free' initiative.

Venous Thrombo Embolism

There are two main targets for VTE, a) risk assessment on admission and b) being given prophylaxis treatment if indicated. YDH and T&S are reporting 92.2% and 94.7% achievement against a 95% target. All Somerset Trusts are breaching the VTE prophylaxis target of 95%. This is being discussed at Trust quality improvement meetings relating to data capture.

NB: Falls and Pressure ulcers reported in Q4



National Reporting Learning System (NRLS)

The release of the Organisation Patient Safety Incident Reports data for NHS organisations in England and Wales took place on 22 March 2017. The data release included details of patient safety incidents in England and Wales that occurred between 1 April 2016—30 September 2016 and were submitted to the National Reporting and Learning System (NRLS) by 30 November 2016. There is an emerging evidence base that organisations with a higher rate of reporting have a stronger safety culture. High reporters aim to learn from incident reporting to make patient care safer.

The bi-annual data summary reports set out the number of patient safety incidents reported to the NRLS and describe their patterns and trends. The data include all patient safety incidents reported by NHS organisations in England. The table below shows the reporting rate per 1000 bed days admissions for Somerset providers

Provider	1 April 16 – 30 Sept 16 (Published 22 Mar 2017)	1 Oct 15 – 31 Mar 16 (Published 28 Sept 2016)	1 April 15 – 30 Sept 15 (Published 19 April 2016)	1 October 14 – 31 March 15 (Published 23 Sept 2015)	1 April 14 – 30 Sept 14 (Published 8 April 2015)	Median for Cluster
TST	44.88	41.65	40.30	36.07	35.90	40.03
YDH	37.05	35.67	38.20	33.62	34.10	35.68
Sompar – (categorised as mental health)	18.90	24.32	23.08	26.03	15.30	23.08
RUH	30.60	33.09	32.81	37.19	28.90	32.81
WAHT	40.58	44.60	41.55	42.73	30.70	41.55

Actions: The data table above shows T&T and YDH are above average for their cluster group. In reporting clinical incidents. Somerset Partnership are categorised as low reports and this has been discussed at clinical quality review meetings with the Trust.

Infection control summary

MRSA—TST, YDH and SomPar all reported 0 MRSA Blood Stream Infection (**BSI**) for quarter 1. The CCG reported 1 in May. This case was submitted to NHS England and third part assignment was agreed.

Clostridium difficile (C.diff) infections—Both TST and YDH reported cases of C.diff during quarter 1 (figure 1). Somerset CCG C diff trajectory for Q1 is no more than 32 cases. The CCG is currently just on trajectory for C diff cases. Post Infection Reviews are carried out for all provider cases to determine whether there were any lapses in care that could have contributed to the case and identify learning. These have identified:

- T&SFT – 6 cases – 3 lapses in care. 1 related to antibiotics, 1 related to a (possibly preventable relapse) and, 1 related to hand hygiene below 90%
- YFT – 1 case - 0 lapse in care that could have contributed to the case

RCAs are peer reviewed prior to sign off by CCG to confirm/agree with the provider's findings. Peer review for Q1 cases was undertaken on the 15 August.

	April	May	June	YTD	Trajectory
T & S	0	1	5	6	12
YFT	0	1	0	1	8
SomPar	0	0	0	0	5
RUH	0	1	0	0	22
WGH	0	0	1	0	18
Primary Care	3	14	8	25	106
TOTALS	3	17	14	32	171

Figure 1—Clostridium Difficile Infections for quarter 1 2016/17

E Coli BSI—There is a national ambition to reduce Gram-negative blood stream infections by 50% by March 2021. The majority of E coli bloodstream infections occur in the community, and a whole health economy approach is required to achieve the reductions required. A CCG led Somerset countywide reduction action plan and working group is in place, with representation from acute and community trusts, microbiologists, antimicrobial pharmacists and Public Health England. For 2017/18 a 10% reduction in all E coli BSIs reported is linked to the Quality Premium. Baseline data for Somerset (Jan – Dec 2016) is 489 cases, and to reach the 10% reduction target Somerset CCG should have no more than 440 cases in 2017/18.

As urine is the source of 50% of all E coli BSIs, the group has agreed the following 3 key objectives for 2017/18

- Reduce the risk of and improve the management of UTIs
- Reduce prevalence of indwelling urinary catheters
- Improve urinary catheter care

Norovirus

YDH—Norovirus outbreak in April with six wards affected.

SomPar—Norovirus outbreak in April in three community hospitals.

	April	May	June	YTD	Trajectory
Total	35	35	47	117	440

Figure 2—E Coli BSI infections for quarter 1 2016/17

Seven Day Standards Consultant cover

Standards: Our acute trusts have four priority standards (out of 10) for providing seven day services, these standards are being benchmarked with six monthly ongoing audits, these audits are changing over the implementation period to focus on individual standards. Implementation of the standards in all trusts is being planned by 2020. The standards include:

- Time to first consultation (within 14 hours)
- Access to diagnostic tests (24 hours standard, 12 hours urgent requests, 1 hour for critical patients)
- Access to consultant directed interventions (specialist)
- Ongoing review by consultant (twice day if High dependency, daily for others)

Results: The 2016 audit results support benchmarking only and highlight where trusts fall below or above median range bands. Where a trust falls below these median range bands it has been highlighted in red. As yet there are no specific measures or targets attached to the standards, it is therefore not possible to monitor trusts against a set national standards.

Taunton and Somerset NHS Foundation Trust:

- **Time to first consultant review (14 hour):** weekday 77% ,weekend 90%,
- **Access to diagnostics:** weekday CT/bloods 100%, Endoscopy/MRI 80-85%, Echo/ultrasound 60-70% ,weekend CT/bloods 90%, Endoscopy/MRI 70%% ultrasound 60% **Echo 30%**
- **Access to interventions:** all days above 80-90% in all specialities baring: **weekend Radiotherapy 60%**
- **Ongoing consultant review:** weekday 100%, weekend 80% on twice daily reviews, **65% on daily reviews**

Yeovil District Hospital NHS Foundation Trust:

- **Time to first consultant review (14 hour):**weekday 86% ,weekend 94%,
- **Access to diagnostics:**weekday CT/bloods/Ultrasound 100%, Endoscopy/MRI/Echo 82-95%,weekends CT/bloods 93-97%, Endoscopy 75-80% ultrasound 53-57% **Echo 27-32%,MRI 23%-27%**
- **Access to interventions:** all days above 80-90% in all specialities baring: **PPCI 65%, Radiotherapy 30-60%, Interventional Radiology30-40%**
- **Ongoing consultant review:**twice daily reviews not recorded, daily reviews weekday 100% weekend 80%

Opportunity for CCG to support achievement of standards:

Both trusts have supplied the CCG with compressive work plans on the four priority standards and are at present meeting with NHS England to agree further improvement works. There is potential for the CCG to support the development of network working in provision of radiotherapy and interventional endoscopy. Future audits will have a different focus and will be reviewed separately.

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 Q1 2017-18 a continued focus was made on clinical pharmacist reviews of care home patients which by the end of the last 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.

Q1 saw the launch of a new refreshed prescribing scorecard, new prescribing and quality improvement audits and the commencement of GP practices annual medicines management meetings.

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)

CQC status

Reported on 10 August 2017 (key actions are reported on provider summary pages)

			Key	Unrated	Inadequate	Requires improvement	Good	Outstanding
Provider	Overall Rating	Date of inspection	Date of report	Safe	Effective	Caring	Responsive	Well-led
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
Somerset Partnership NHS Foundation Trust	Good	27 Feb—2 Mar 2017 and 8-9 Mar 2017	1 June 2017	Requires improvement	Good	Good	Good	Good
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	28 February 217 and 1,2,9,10,13 & 14 March 2017	14 June 217	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement
Somerset Doctors Urgent Care (NHS 111 Service)	Requires improvement	24—27 April 2017	4 August 2017	Requires improvement	Requires improvement	Good	Good	Inadequate
Somerset Doctors (GP Out of Hours service)	Inadequate	24-27 April 2017	4 August 2017	Inadequate	Inadequate	Good	Requires improvement	Inadequate
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
Care UK Limited (Shepton Mallet Treatment Centre)	Outstanding	11-13 October 2016	9 May 2017	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding

Integrated dashboard

Good quality information is an important indicator of provider performance and helps ensure the focus of high quality care for patients. The Integrated 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 continue to develop the dashboard to within the CCG and with providers to provide a greater level of detail. This will inform greater oversight and analysis of the quality and safety dataset. 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 give further narrative where reporting is outside of the expected range. We continue to develop future dashboards to 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
Overall CQC rating	N/A	N/A	Requires improvement	Good	Good	Requires improvement	Requires improvement
Well Led Metrics							
Staff sickness	February 2017	3.5	5.1 ↓	5.5 ↑	3.8 ↑	4.1 ↑	3.0 ↑
Staff turnover (%)	June 2017	10-125	11.50 ↓	0.00 ↓	11.31 ↓	Not available	20.26 ↓
Mandatory Training Undertaken (%)	June 2017	90%-	87.30	92.65	93.95	Not available	92.65
Appraisal and PDP complete (%)	June 2017	90%	Not available	78.00 ↓	84.68 ↓	Not available	78.00 ↓

* 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)	Q1 2017-18		5/6 ↑	0 reported	3/6 ↓	3/0 ↑	2/1 ↑
	Year To Date		5/6	0 reported	3/6	3/0	2/1
Methicillin-resistant Staphylococcus aureus (MRSA)	Q1 2017-18	0	0 ↔	0 ↔	0 ↔	1 ↓	0 ↔
Methicillin-Sensitive Staphylococcus Aureus (MSSA)	Q1 2017-18	0	2 ↑	Not available	3 ↓	0 ↑	2 ↑
Escherichia coli	Q1 2017-18	0	14 ↑	Not available	8 ↑	3 ↑	8 ↑
Summary Hospital Mortality Indicator (HSCIC)	September 2016	2—OD Band	99.03 - (2 OD)	Not applicable	99.21 - (2 OD)	115.1 - (1 OD)	100.6 - (2 OD)
HSMR (Trust reported data (where noted) may report HSMR in different ways)	As stated	< 100-	107.7 (Q2)	Not applicable	109.3 (Q4)	70 (Q2 average)	Not reported
Copeland Risk Adjusted Barometer (CRAB)	Q1 2017-18	-	Not reported	Not reported	Not reported	Not reported	0.77
Never Events (Somerset patients)	Q1 2017-18	0	0 ↔	0 ↔	1 ↔	0 ↔	0 ↔
Falls rate per 1,000 bed days (All falls)	Q1 2017-18	-	Not available	9.22	5.93	4.67	7.15
Pressure Ulcers per 1,000 bed days (Grade 2 or above)	Q1 average	-	0.00	1.11	0.58	0.25	0.80
Harm Free Care (%) ¹	May 2017	100	Not applicable	90.06 ↓	97.41 ↑	88.43 ↑	91.01 ↓
UTI (%) ¹	May 2017	0	Not applicable	0.07 ↑	1.72 ↑	0.83 ↑	2.88 ↓
VTE	March 2017	95	97.2 ↓	Not available	94.7 ↑	50.4 ↓	92.2 ↑

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
Safe Metrics (continued)							
% of staff who have received Safeguarding Adults training	June 2017	95	Not available	98.3 ↓	94.0 ↓	Not available	94.2 ↓
% of staff trained to Level 2 (safeguarding children) for their role	June 2017	95	Not available	94.9 ↓	92.9 ↓	Not available	95.6 ↓
% of staff trained to Level 3 (safeguarding children) for their role	June 2017	95	Not available	89.9 ↓	79.7 ↓	Not available	67.1 ↓
Number of Deprivation of Liberties (DOLs) referrals	June 2017	-	Not available	4 ↑	13 ↓	Not available	0 ↔
Midwife to Birth Ratio	Q1 2017-18	1:29.5	1:29	Not applicable	1:31	Not reported	1:19
Number of still births	Q1 2017-18	0	2	Not applicable	2	0	0
Smoking at time of delivery (%)	Q1 2017-18	11	8.9	Not applicable	15.1	12.0	13.4
C-section rate—elective (%)	Q1 2017-18	-	11.1	Not applicable	10.7	Not applicable	10.0
C-section rate—emergency (%)	Q1 2017-18	-	12.2	Not applicable	14.6	Not applicable	13.4
Percentage of patients admitted to an acute stroke unit within 4 hours of hospital arrival		-	Not available	Not applicable	83.3 ↑	Not available	68.3 ↑
>90% care in Stroke Unit (%)		-	Not available	Not applicable	89.8 ↑	Not available	78.0 ↑
Patients scanned within one hour of hospital arrival (%)		-	Not available	Not applicable	80.9 ↑	Not available	48.7 ↑

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	Q4 2016-17	100	79.0 ↓	85.0	92.0 ↑	67.0 ↓	85.0
Inpatient Scores from Friends and Family Test - % positive	March 2017	100	98.0 ↔	97.9 ↑	98.0 ↔	95.0 ↓	95.0 ↑
A&E Scores from Friends and Family Test - % positive	March 2017	100	98.0 ↑	Not applicable	96.0 ↓	91.0 ↓	90.0 ↓
Mental Health Scores from Friends and Family Test - % positive	March 2017	100	Not applicable	97.0 ↑	Not applicable	Not applicable	Not applicable
Maternity Scores from Friends and Family Test - question 2 Birth % positive	March 2017	100	100	Not applicable	100	Not available	93
PALS	Q1 2017-18	-	740	763	356	Not available	107
Written Complaints received	Q1 2017-18	-	60	24	37	Not available	25
Mixed Sex Accommodation Breaches	Q4 2016-17	0	0 ↔	0 ↔	11 ↑	1 ↑	0 ↔
12 hour trolley waits	July 2017	0	0 ↔	0 ↔	Not applicable	0 ↑	0 ↔

Provider summaries

Main Hospital

Taunton & Somerset NHS Foundation Trust

Mortality: The overall 12-month HSMR to March 2017 is 106.4. This places the Trust just within the 'significantly worse than expected' banding. The HSMR and SHMI for weekend admissions are both within the significantly worse than expected banding. **Action:** The AHSN have undertaken a review of mortality data they have determined that: the Trust is not an outlier for its unadjusted mortality rate for emergency and elective admissions and the Trust improve its coding of patients in receipt of palliative care.

Blood product/transfusion incident: Investigation into this occurrence highlights this happened in the labs, with the wrong product selected for the patient. This is a never event for the Somerset Pathology Service. **Action:** There is a planned half day event for Never Event Assurance with the CCG and NHSI planned for mid-November. The CCG continues to work with NHSI and the Trust to ensure key learning.

52 week waits: The Trust reported 35 patients waiting longer than 52 weeks in the quarter. A general deterioration in the performance position has led to an increase in the "tail" of the waiting list and therefore the volume of patients waiting over 40 weeks and more than 52 weeks.

Action: The Trust are working with the CCG performance team to develop an action plan to work towards the elimination of 52 week breaches by the end of this year. In addition the trust have started to report the 46 week wait position on a weekly basis to the CCG as requested. The CCG is also reviewing extended outpatient wait from T&S rebooking patients .

Mixed sex accommodation breaches: There were two mixed sex accommodation breaches in May, affecting 11 patients on the Acute Medical Unit. Investigations were completed and shared with the CCG, and findings indicated that clinical care for these patients required them to be transferred to the Acute Medical Unit. Both breaches were resolved within 4 hours. **Action:** The CCG have meet with the Associate Director of Patient Centred Care. to review the Trust policy and privacy and dignity improvement plan.

% of stroke patients admitted to the stroke ward within four hours: May's performance of 55% increased to 70% in June. There is an ongoing action plan in place to try and improve this measure. **Action:** The CCG is leading a review of Stroke Performance .

Clostridium difficile: There has been one C.diff case in May, the first since October 2016, and five C.diff cases in June. Investigations into these are underway with an increased focus on environmental audits and cleanliness in place, although the cases that have not been found to be linked when ribotypes have been assessed.

Yeovil District Hospital NHS Foundation Trust

Mortality : The Trust's SHMI remains in the 'as expected' range although the Trust's 12 month rolling measure shows an increase. HSMR data for Oct 15 to Sept 16 shows an above expected rating of 113.5 (Dr Foster). The Trust currently monitors both SHMI and CRAB datasets, neither of which have highlighted any concerns with mortality data and no unexpected increase in the crude number of deaths within the Trust. **Action:** NHS Somerset CCG and NHS Improvement held a meeting on 2 June 2017 to share a more detailed breakdown and understand the areas which may be causing this increase.

Pressure Ulcers: June 2017 saw a peak in the number of reported pressure ulcers (Grade 2+) which was thought to be attributed to a change in practice by the Tissue Viability Team (TVT) from the end of May 2017. **Action:** The countywide Pressure Ulcer Collaborative have agreed regional thresholds and reporting.

Joint Care Quality Commission (CQC) and NHS Improvement (NHSI) review of the well-led domain: 19-20 June 2017. YDH is the only Trust in the South West that is undertaking this pilot review and it is likely to be test of the methodology rather than a full review with no published report.

Level 3 Safeguarding training (children): 70% remains a corporate risk due to the number of staff trained and the trust not reaching the required percentage level. **Action:** As part of Closer Alignment in Safeguarding Steering Group there is a potential of combining safeguarding training for 3 main providers of health care. Additionally, the Somerset Safeguarding Children Board (SCCB) Manager has agreed to provide bespoke training at YDH. Monthly all day Level 3 Safeguarding Training has been developed in a modular format to encourage a greater level of attendance. Alternative sources of learning and development have been actively encouraged, including attendance at SSCB Multi-Agency Practitioner Information Groups (MAPIGs) and SSCB Safeguarding Conversations.

Staff Turnover: currently high at 20% (standard ceiling 10-12%) The trust believe the that previous overseas recruitment from Europe accounts for a proportion of turnover along with a number of retirements within the year. Whilst turnover is high, it is controlled and planned, such as retirement . **Action:** A task force has been put in place by the Trust to reduce staff turnover and a Nursing Retention Strategy is being developed.

Outbreak: Norovirus outbreak in April with 6 wards affected

Somerset Partnership NHS Foundation Trust

CQC inspection report published 1 June 2017: The CQC re-inspected nine of the Trust's core services of which eight were rated as 'good' and one as 'requires improvement'. This means that 15 of the Trust's 17 core services are now rated as 'good'. **Action:** The report identifies a number of areas where the Trust still needs to improve its services and for these the Trust has developed an action plan which the CCG will be monitoring through its CQRM process.

Safer Staffing: Due to ongoing challenges in continuing to maintain safer staffing levels at the Magnolia ward, the Trust took the decision to close this facility temporarily on 12 July 2017 alongside temporary reconfiguration of dementia inpatient services. The Trust's monthly Safer Staffing reports notes ongoing staffing challenges, especially at West Mendip Community Hospital and Wincanton Community Hospital. Minehead Hospital reopened on 11 July 2017 **Action:** The CCG will continue to work closely with the Trust to understand any key clinical impacts and improvement opportunities.

Increase in patient falls: The Trust reports that Pyrland ward has an increase in falls owing to increased staff awareness about falls reporting. **Action:** The CCG is currently liaising with the Trust's Falls and Bone Health Co-ordinator to discuss an improvement trajectory.

Children and Adolescent Mental Health Services (CAMHS): CCG and partners undertook an assurance visit on 28 July 2017. Initial feedback from the visiting team was positive highlighting key learning points alongside education and social care partners to help ensure everyone is understanding of each others' respective roles and responsibilities. A full report is currently being finalised.

Dental Never Event (Special Care Dentistry - Dorset County Hospital): The event took place in June 2016. However the incident was not noted until a recent review at an orthodontist. The patient, who is a resident of Dorset CCG, is now 14 years old but was 13 years old at the time of the event. During the general anaesthetic there was an incorrect removal of a permanent tooth.

Outbreak: Norovirus outbreak in April in 3 community Hospitals.

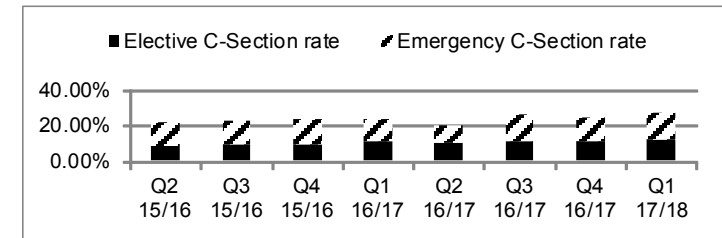
Royal United Hospitals Bath NHS Foundation Trust

HSMR: 12 month rolling is 108.6 and the weekend rate is 113, above the expected range requires ongoing monitoring .

C difficile: The RUH target for ‘Trust apportioned’ Clostridium difficile in 2016/17 is 22 cases for C-diff toxin positive stool samples taken 3 or more days after admission. In the quarter there were 6 cases. An improvement plan has been developed following the NHSi visit, actions include the Introduction of C.diff alert letters for patients and GPs, the review of cleaning process and identification of responsibilities for cleaning and to increase IPC training compliance to 90%.

Number of patients with falls resulting in serious harm (moderate, major): Reducing falls is a Trust’s patient safety priority in 2017/18 and the Trust wide falls Improvement programme was launched in June 19th 2017. Whilst it is too early to determine if the programme is making a difference, the number of overall falls in June was 95 this month compared 117 falls in May. The number of patients who were repeat fallers are also down from 28 last month to 16 this month .

Emergency C-sections as a percentage of total labours: In April the Emergency C-sections as a percentage of labours was 17.5%. The Women & Children’s Division will monitor this increase, as it is out of line with normal – this percentage has peaked before and reduced the following month. The Q1 maternity dashboard shows that the percentage of C-Sections (both emergency and elective) continues to increase.



Emergency Department National Patient Survey: The key areas of focus included the discharge process and communication with patients. The Trust was ranked as 7 out of 75 Trusts

The Trust Vacancy Rate. This remained at 5.8% in June which is higher than the Trust target of 4%. The Resourcing team are working on a total of 336.51 wte vacancies, of which 160.83 are Registered Nurse/Midwife vacancies. A total of 211.52 wte new starters are in the pipeline with start dates from 07/07/2017 onwards, of which 107.29 are Registered Nurses/Midwives. The Trust has a new careers website for HCA’s, which is now live. This has been designed to provide more detailed information about the role of an HCA at the Trust along with further details about the care certificate, along with “hints & tips” about the application and interview process.

Pressure Ulcers: The Trust reported no pressure ulcers during Q1 2017/18.

Harm Free care reporting : The RUH has opted out of the safety thermometer in its current format for 2017-18.

Weston Area Health NHS Trust

The CQC inspection of services at the Trust was undertaken between 28 February and 2 March 2017. The formal report was issued on 14 June and highlighted Urgent and Emergency care and responsiveness as inadequate and required “substantial changes” to be made. The report also highlighted three out of the four areas inspected have made significant improvements and overall eight out of ten of the services are now rated Good or Outstanding. **Action:** the Trust has a detailed action plan against both the must do and should do actions. This is being monitored via the quality Improvement meeting.

Temporary overnight closure A&E : The Board of WAHT has considered the CQC report and has taken the decision to temporarily close the Emergency Department between the hours of 10pm and 8am, commencing 4th July 2017. The Trust has recently been awarded £842,600 from a £100m capital fund to improve primary care streaming within the Emergency Department. Weston is one of 27 hospitals across England to be chosen to receive funding in the second wave of funding, and will mean that we can build a primary care facility within our Emergency Department for patients whose clinical conditions do not need to be treated by an Emergency Doctor. **Action:** Musgrove Park Hospital has seen more walk in patients, ambulance arrivals and emergency admissions than the initial modelling suggested. The numbers are around 3 more walk in patients and 3 more ambulance arrivals per day. Any incidents related to the overnight closure are to be shared with North Somerset CCG.

Mortality continues to be a key focus for the trust with a national SHMI of 1.11 for 2016 year. The Trust is no longer an outlier and not in the 10 trusts nationally with higher than expected scoring. The improvement work is being overseen by the Medical Director.

Falls: The Trust achieved a year to date average 4.67 falls (per 1000 beds days) but in may 2017 had a peak of 6.3 which is under review.

Clostridium difficile: there was one cases of hospital attributable Clostridium difficile reported in Q1 2017/18 compared to 5 in Quarter 1 2016/17. The Trust has a limit of 18 cases of preventable *Clostridium difficile* for 2017/18 and is on trajectory to achieve this.

Outbreak: There was one outbreak of norovirus reported in Q1 in June 2017. The ward was subject to restricted access for six days in total; 10 patients and 1 member of staff were affected. 62 bed days were lost to the Trust.

Venous Thrombo Embolism (VTE): The recording of VTE compliance remains challenging with low compliance continuing and the Trust wide action plan highlights some issues which are currently being worked through. YTD average 48%

Friends and Family Test: In June there was an unusually high percentage of patients that would not recommend the Orthopaedic Outpatients (17%) and Outpatient Department (7%). The themes linked to the negative feedback were: cancellation of clinics without notifying the patient before they came to hospital, waiting for transport and Doctors running behind due to unforeseen circumstances. **Actions:** Staff are working with the appropriate teams to try and resolve issues. Initiatives being worked on include: new documents to report poor transport pickups, Access team are now ringing and texting patients to inform them of a cancellation, posters are being produced for waiting areas to advise patients that there could be delays due to unforeseen emergencies. These initiatives will be in place by the end of August 2017.

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

CQC Inspection

The CQC Inspection for both NHS 111 and GP Out of Hours services was undertaken 24 / 25 April 2017 with both reports published 4 August 2017. Immediately following the inspection, Warning Notices were issued relating to Regulation 12 (GP Out of Hours) and Regulation 17 (GP Out of Hours and NHS 111). The provider has until 18 August 2017 to comply with the Warning Notice requirements. The CQC advise that they will be revisiting the provider soon after this deadline to seek assurance that adequate actions relating to these notices have been put in place.

The ratings for the services are noted at page 12. The CQC has also placed the GP OOH service into Special Measures.

Whistle-blower concerns have been raised and these are currently being investigated with the provider. The CCG will be asking to view evidence from SDUC around the concerns raised.

The CCG has and continues to work closely with the provider to support SDUC's remedial action plan and to seek assurance that appropriate action has been taken for sustained long-term improvements into the quality of both NHS 111 and GP OOH. The CCG has also liaised with the CQC, NHS England and NHS Digital to support this ongoing work.

Contract Performance Notice

As reported in the last report there continues to be a Remedial Action Plan (**RAP**) in place for NHS 111 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: NQR8 – number of calls answered within 60 seconds (NHS111); and NQR12 – Presenting at base / home visit within set timeframes (various stated within the details of NQR12)(Out of Hours).

Serious Incidents

SDUC reported 2 serious incidents (**SI**) during Q1. One relates to a AAA case (the other relates to a failed contact during a home visit.) SDUC undertook a 'Look Back and Learn' event on AAA cases in May 2017 and the CCG continues to monitor the learning from this event, how it is being shared across the service and organisation as a whole along with how feedback regarding improvements that can be made to NHS Pathways algorithms is being made to NHS Digital.

Urgent Care - South Western Ambulance Service NHS Foundation

There are eight risks on the Trust's Corporate Risk Register that have a current risk rating of 20. These include: Performance Targets Purple and Red (ARP); Performance Targets Amber; Incident Stacking (A&E); Call Waiting and Abandonment (A&E).

Delays continues to be a factor within serious incidents, incident and complaints. The Trust has:

- undertaken Deep Dive work on this issue and was discussed by CCGs at the Quality Sub-Group meeting.
- the Trust continues to develop initiatives to mitigate risks, such as rota reviews (revised rotas for East Division went live 3 July 2017) as well as clinical review of patient delays.
- the importance of Welfare Calls in the event of delays is highlighted and the CCG notes that Welfare Calls (inability to meet the need for call backs) is a risk recently added to the Trust's Risk Register. The Trust is providing CCGs with a summary of actions and timescales for ongoing work and continues to be monitored by CCGs in partnership with CSU.

The Trust has identified as a priority the need to improve 999 call answering performance (see dashboard overleaf). The Trust is undertaking an intense recruitment and associated training campaign to deliver additional headcount required to fill current vacancies against its funded establishment levels.

The Trust reports a declining position in many of the Ambulance Clinical Indicators metrics, of which there are 8 (see dashboard overleaf). The Trust reports against national benchmarking, the latest data (February 2017) indicating SWAST is the lowest (out of 10 ambulance trusts) in 4 of the metrics and within the last 2 - 4 in the remaining ones. SWAST reports that the position has improved since earlier in the year. One of the issues that performance against one of the indicators (Performance against the STEMI Care Bundle Indicator) is believed to be due to staff not ticking the care bundle box within the records.

- further assurance will be provided to CCGs at the September Quality Sub-Group.
- it has been recognised by commissioning CCGs that SWAST were the lowest performing area for Stroke arriving at stroke centre within 60 minutes (36.67% against the average of 53.45%). CCGs have requested understanding of why this is a challenge and to provide information of any mitigations. This will be presented at the next Integrated Quality Performance Monitoring Group.

Ambulance Response Programme (ARP) - The Trust has participated in the Ambulance Response Programme (ARP) trial since April 2016. The Secretary of State for Health authorised on 13 July 2017 that NHS England implement the ARP recommendations in all ambulance services in England. Ambulance response times are more stringent than anywhere else in the UK. Further information on the Ambulance Response Programme, the new ambulance standards and a copy of Sheffield University's report on ARP can be found on the NHS website:

<https://www.england.nhs.uk/urgent-emergency-care/arp/>

SWAST Dashboard (June 2017)

This dashboard includes information relating to NHS 111 and GP OOH services that the CCG does not commission

Clinical Quality & Patient Care	Our People	Operational Resources	Productivity	Performance	Finance & Use of Resources	Activity
<ul style="list-style-type: none"> • AQI ROSC following Cardiac Arrest is above (better than) the local threshold (all patients and the Utstein Comparator Group). • AQI Re-Contact rates below (better than) the local threshold for incidents closed following treatment at scene and for incidents closed with telephone advice. • AQI Calls Closed with Telephone Advice is above (better than) the local threshold. 	<ul style="list-style-type: none"> • Establishment Levels are in line with the A&E Operating Plan forecast. • The forecast is being refreshed during July 2017 to account for an improving position. This will include the acceleration of ECA recruitment in the North. • Graduate Recruitment for 2017/18 has been more successful than planned, with 121 successful applicants to date (25 West, 41 North, 55 East) and a further 22 currently in assessment. 	<ul style="list-style-type: none"> • New Operational Rotas were implemented in the North Division from 3 April 2017. • East and West Division rotas were implemented on 3 July 2017 in line with the A&E Operating Plan. • A&E Frontline Sickness is showing an overall improvement compared to last year and is below the 5% target, although sickness in the West Division remains above target levels. 	<ul style="list-style-type: none"> • Hear & Treat Rates are above (better than) AQI local threshold levels. • Further improvements are expected as a result of improved Clinician cover in the Clinical Hubs from Q2 onwards as part of the A&E Operational Plan. • ARP response protocols have reduced the average number of resources arriving at scene per incident. 	<ul style="list-style-type: none"> • The new online KPI Scorecard for Operational Managers was launched at the end of May 2017 and was rolled out to the Heads of Operations during June 2017 for testing and feedback. • NHS 111 Call Abandonment rates were lower (better) than the 5% target level. • Tiverton Urgent Care Centre continues to perform better than 95% for the 4 hour A&E standard and 15 minute triage metrics. 	<ul style="list-style-type: none"> • Financial year-end forecast at the end of June 2017 remains in line with Trust financial plans. • CIP plans remain on target at the end of June 2017. • Capital Expenditure is on plan at the end of June 2017. • The GP Out of Hours contract for Gloucestershire was transferred successfully to the new provider on 1 June 2017. 	<ul style="list-style-type: none"> • A&E incidents were 1.11% below contract in June 2017, but were 2.26% higher than the number of incidents in June 2016. • The YTD position is 1.44% below contract but 0.98% higher than the activity in April to June 2016.
<ul style="list-style-type: none"> • AQI Calls Managed without Conveyance to an Emergency Department is above (worse than) the local threshold but SWASFT is currently the best performing ambulance trust in England against this metric. • Right Care: Non-Conveyance to ED is below 2016/17 outturn levels however the Trust continues to report the highest (best) non conveyance rates amongst ambulance trusts in England for the current AQI metrics. 	<ul style="list-style-type: none"> • Training data will be incorporated into future reports to identify progress against the Trust Training Plans for 2017/18. • The Training Plan for 2017/18 has been agreed; the headlines are set out within the A&E Operating Plan and this is what will be used for monitoring purposes. 	<ul style="list-style-type: none"> • Consultation within the East and West Divisions has resulted in some changes to the rota recommendations. • The Trust is currently awaiting outputs from ORH modelling to identify the extent of the impact of these changes on performance. • The expectation remains that the Divisions 'make up' any performance deficit arising as a result of changing rotas away from the recommendations. • All ORH resource modelling will be subject to a 'refresh' following the completion of Q1 2017/18. 	<ul style="list-style-type: none"> • On Scene times and Wrap Up time improvements are expected as per the A&E Operating Plan for 2017/18. • New performance management reports were introduced in March 2017 to assist local operational managers in benchmarking performance, identifying best practice and identifying individual outliers. 	<ul style="list-style-type: none"> • Performance within this report is provided against the expected AQI performance metrics under ARP. These metrics are subject to confirmation within the national AQI Guidance documentation expected to be released in July 2017 following national approval of ARP. • ORH resource modelling has identified the challenge to deliver performance metrics for Category 2 incidents. • Out of Hours Service performance in Dorset for Urgent Treatment Centre Appointments was partially compliant in June 2017. 		<ul style="list-style-type: none"> • Resource profiles in the East and West Divisions for June 2017 were based on historic activity volumes and profiles and therefore resource profiles were not at their optimum level (and meeting demand). Revised rota patterns were introduced at the beginning of July 2017 following extensive re-modelling of operational resources.
<ul style="list-style-type: none"> • AQI STEMI PPCI patients receiving angioplasty within 150 minutes is below (worse than) the local threshold. • AQI Stroke patients receiving thrombolysis at hyper-acute centre within 60 minutes is below (worse than) the local threshold. • AQI STEMI patients receiving an appropriate care bundle is below the local threshold. • AQI Stroke patients (assessed face to face) receiving an appropriate care bundle is below local threshold. • AQI Cardiac Arrest Survival to Discharge rate is below local threshold (all patients and the Utstein Comparator Group). 	<ul style="list-style-type: none"> • Appraisals are below the Trust target level of 85%. • The HR department are running sessions for Managers across the Trust covering Performance and Development, the Career Conversation and Handling Difficult Conversations. The purpose of these sessions is to provide Managers with support and training to help increase appraisal completion rates. • Outstanding appraisals are being escalated to Heads of Operations/Departments to prompt completion. 	<ul style="list-style-type: none"> • The current under establishment (in line with forecast) in the North and East Divisions, and higher abstraction levels in the West Division is impacting on the ability to deliver consistent resourcing to meet the new rota schedules in full on a daily basis. • Performance is based on a 98% minimum rota fill. • Mitigation includes overtime, agency and third party use until recruitment fills vacancies and abstractions are managed to planned levels. • Sickness levels in the A&E Clinical Hubs and in the West Division are identified as exceptions in this Report. This is a priority area to be addressed due to the direct impact on available resource hours. 	<ul style="list-style-type: none"> • Handover Delays, whilst showing improvements compared to the same period last year, remain high and impact directly on the number of resources available. • Improvement plans and trajectories were discussed locally by Operational Managers with each hospital during Q1 of 2017/18. • Each STP is inserting a specific target around handover delays over 15 minutes within their plans. This will be closely monitored by the Trust going forward. • The Director of Operations will be changing the SOP escalation arrangements. 	<ul style="list-style-type: none"> • Category 1 performance (% of responses within 8 minutes) was below the 75% target in June 2017. Implementation of the revised rota patterns across all 3 Divisions is a key enabler required to deliver improvements in response times during 2017/18. • AQI Call Abandonment and Time to Answer Call metrics were above local thresholds in June 2017. Improvements in call answering performance is anticipated from July 2017 onwards. • NHS 111 Call Answering performance in June 2017 was below national performance targets. • Out of Hours Service performance in Dorset for Urgent Home Visits was non-compliant in June 2017. 		<ul style="list-style-type: none"> • There is considerable variation in CCG activity levels. • North Somerset CCG is 2.22% above contract in the first three months of the year. • The other two CCGs with activity above plan are Wiltshire (1.74%) and Bristol (1.57%). • At the other end of the scale Somerset CCG is 4.56% below contract Dorset is 3.98% below.

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.