

## Somerset CCG – Quality and Safety Report: Quarter 1 2017/2018

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### 1. Summary

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

#### 1.2. Links to the County Plan

Somerset is a place where people have the good quality services they need  
Somerset is a safer and healthier place.

### 2. Issues for consideration

2.1. This report presents (in Appendix A) a number of key quality assurance metrics related to clinical effectiveness, clinical safety and patient experience which are monitored by Somerset CCG and reflect national and local issues.

This enables the CCG to understand potential pressure points and opportunities to influence and improve service delivery. The report also provides an overview of any national reports and surveys published in Q1 where there is specific relevance on local performance.

Highlights in Q4 include:

- Work activity to promote prevention measures through contact with primary healthcare professionals using the Making Every Contact Count (MECC) health promotion campaign
- The findings of the 2017 national GP patient survey
- 2016 Adult Inpatient Survey
- Harm Free Care in this quarter in particular related to work to reduce catheter associated urinary tract infections and venous thrombo embolism
- Infection control, MRSA and E Coli blood stream and C difficile infection rates
- Provider CQC inspection ratings
- Progress against achieving hospital 7 day a week services cover: consultant cover standards
- Ambulance response times

### **3. Background**

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