

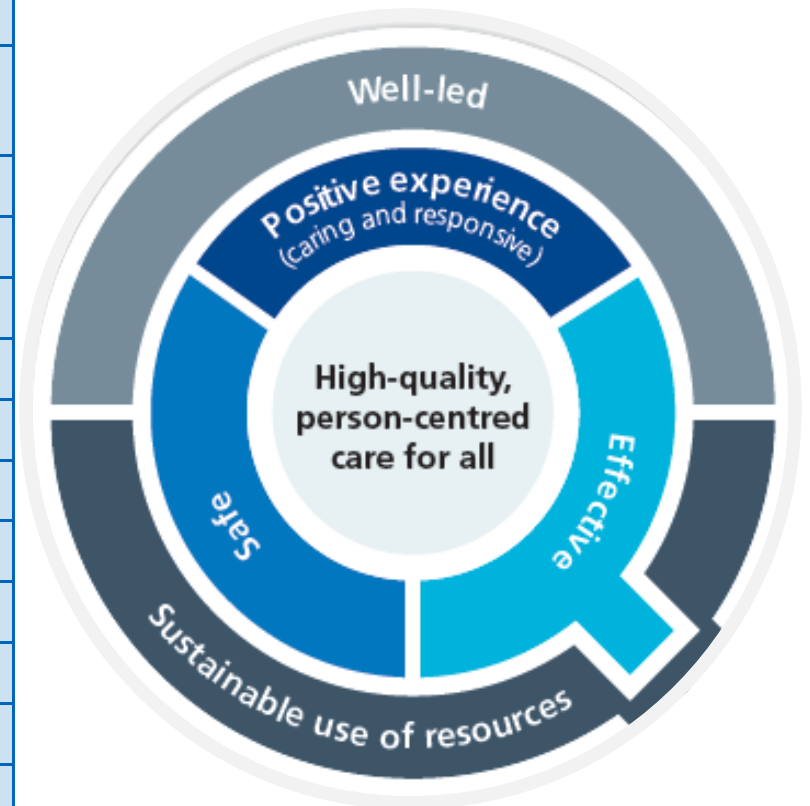


Somerset
Clinical Commissioning Group

Clinical Quality Review Report
For the Period
July 2017 – September 2017 (Quarter 2)

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Quality & Safety Summary

Executive Summary

It is important to celebrate when our services in Somerset and staff do well. This quarter the results of the A&E Department national survey was published, with Taunton & Somerset NHS Trust ranking as amongst the best nationally on several measures of patient experience. The CCG has visited the ED at Yeovil Hospital in the quarter to review patient safety and the introduction of GP streaming, further visits are planned at Musgrove Park Hospital in December 2017 and Somerset Partnership Minor Injury Units in the new year.

The quality and elevated level of risk associated with delays in delivery of care and treatment provided by the Somerset Doctors Urgent Care (SDUC) service continues to be an issue of concern in Somerset. A summary of recent oversight activity is include in this report. Although the provider (Vocare) has made some progress there remains significant outstanding work to achieve regulatory requirements. There has been no improvement in the response times for initial triage and GP Out of Hours (OOH) care and treatment.

C Diff rates have begun to rise with it now being unlikely that the CCG and some of our trusts will meet their 2017/18 targets. Elsewhere in this report we recognise the increasing continuing challenge of ensuring every single person complies with good infection control practice.

During this quarter unfortunately it was necessary for Somerset Partnership NHSFT to take decisive action to ensure safe staffing in its community hospitals over the winter. This is a clear manifestation of the known risks arising from workforce challenges. YDH are reporting increasing pressure with their junior doctor workforce and staff turnover rate.

The CCGs Care Home Support team was established two years ago. The benefits of supporting the care home sector are now evident with improvements in CQC quality ratings and more joined up working with health services in the county.

Further work has been carried to make the reporting of measures easier to understand, especially in relation to benchmarking and ratings. An update at the beginning of the report and a glossary have been added.

Areas to celebrate in Q2

- a. A&E Department national survey findings
- b. Mortality reviews
- c. Care Home Support Team

Challenges during Q2

- a. Increase in C difficile infections
- b. Nursing workforce capacity
- c. Long waits over 52 weeks

CCG local quality & safety priorities

- Securing improvement in the 111 & OHH services, particularly in relation to timeliness of initial triage and completion of treatment episodes.
- Nursing workforce stock-take, operational and strategic planning with services
- CAMHS system wide improvement plan

CQC status

updated 20 November 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	30-31 August 2017	5 Dec 2017	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 2017 and 1,2,9,10,13 & 14 March 2017	14 June 2017	Requires improvement	Requires improvement	Good	Inadequate	Requires improvement
Somerset Doctors Urgent Care (NHS 111 Service)	Requires improvement	24 August 2017	17 November 2017	Requires improvement	Requires improvement	Good	Good	Inadequate
Somerset Doctors (GP Out of Hours service)	Inadequate	24 August 2017	17 November 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

Patient-Led Assessment of the Care Environment

The Patient-Led Assessments of the Care Environment (**PLACE**) are an annual assessment of the non-clinical aspects of the patient environment, how it supports patients' privacy and dignity, and its suitability for patients with specific needs e.g. disability or dementia. The PLACE assessment tool provides a framework for assessing quality against common guidelines and standards defined by professional healthcare service delivery organisations and field experts. The environment is assessed using a number of questions depending on the services provided by the facility. Assessment teams are made up of hospital/healthcare staff and, fundamentally, at least 50% of patient assessors, which includes service users and their families or representatives.

Below are the results of the Trusts in and around Somerset, including a comparison with other similar providers nationally and the overall national average.

Although YDH is scored below the national average in all but the Cleanliness domain, the trust has improved their scores since last year and are now close to the national average. Local trusts have largely scored well against the national average. Each Trust reviews their results at site and ward level. Action plans are discussed with the Trusts as part of quality monitoring. Somerset Partnership has put an action plan in place to review menu choices as a result of some of the results in the Food domain and where possible make adjustments to premises, although it will not be possible to provide all rooms with en-suite facilities, which generated reduced scores in some areas.

Organisation Name	Cleanliness		Food (Overall)		Privacy, Dignity & Wellbeing		Condition, appearance & maintenance		Dementia		Disability	
	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017	2016	2017
Weston Area Health NHS Trust	99.40%	98.84%	87.24%	94.03%	92.59%	82.40%	93.35%	94.98%	85.96%	85.76%	81.30%	85.93%
Yeovil District Hospital NHS FT	97.13%	99.21%	82.89%	86.03%	74.32%	82.11%	89.60%	91.06%	68.96%	76.58%	74.89%	82.27%
Taunton & Somerset NHS FT	99.47%	99.89%	93.43%	96.26%	86.55%	92.03%	95.32%	93.21%	79.15%	86.24%	79.52%	88.69%
Royal United Hospitals Bath NHS FT	98.75%	98.41%	90.96%	93.86%	76.53%	82.29%	89.40%	89.12%	62.86%	70.72%	66.07%	78.72%
Somerset Partnership NHS FT	99.93%	99.73%	89.90%	91.61%	90.21%	90.72%	96.57%	97.45%	87.08%	87.11%	89.16%	90.93%
National	98.10%	98.50%	88.20%	89.99%	86.00%	84.66%	93.40%	94.12%	75.30%	77.05%	78.80%	83.74%

Care Home Support Team (CHST)

In 2015, the CCG and County Council, through the Joint Commissioning Board, agreed funding in Somerset to launch the Care Home Support Team (CHST). It has now been established for 2 years, based at the CCG, to support Nursing Homes with improving quality, raising standards and reducing avoidable hospital admissions.

The Team comprises of a Registered Nurse and Social Worker, with support from the CCG's Infection Prevention/ Control Nurse, the Safeguarding Team and Medicines Management. The team accept referrals from any source.

There are no longer any CQC rated 'inadequate' homes in Somerset. This is a testament to the hard work of the providers themselves, alongside robust support for improvement and support from the care home team. Demonstrating effective commissioning to monitor performance and drive up standards. This is further supported by data published by the CQC September 2017 stating 87% of active regulated settings in Somerset are Good or Outstanding, comparing positively to peer group averages of 80% nationally.

Outcomes	Quarter 1	Quarter 2
Hospital Admissions Prevented	5	6
Improvements in Quality of Care	18	22
Episodes of Reduced Risk	11	17
Improved Hospital Discharges	6	13

The key priorities for CHST include:

- Providing assurance of the quality of care and the maintenance of quality standards
- Improving transfer of care processes through the implementation of combined acute trust and nursing home provider Learning and Engagement meetings with the aim to reduce transfer of care, hospital admission and discharge issues.
- Improving outcomes for End of Life patients by delivering end of life care training with St Margaret's Hospice; an example of how the CHST facilitates and supports joint working
- Delivering targeted training and engagement opportunities
- Supporting a reduction in calls from Nursing Homes to Out of Hours services and reducing emergency calls to ambulance services
- Supporting homes with managing Health Care Associated Infections and Noro Virus. Delivering post infection review processes for Clostridium Difficile, MRSA and E Coli Blood Stream Infections as part of the national ambition to reduce infections.
- A "Red Bag Scheme" is being considered for roll out across care homes in the county, this is a multi-agency initiative that is designed to improve the transition between inpatient hospital settings and residential homes. The CCG is exploring the possibility for Care Homes to be provided with wipe clean nylon 'red bags' which will contain a residents' essential information, medication and personal belongings, such as teeth, glasses, hearing aids etc. It will aid communication with hospitals and ensure information is returned with the resident on discharge.

Provider summaries

Main Hospital

Taunton & Somerset NHS Foundation Trust dashboard

Measure	Standard/ ceiling	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Local additional measures							
Safe Metrics							
Clostridium difficile	12	1/0	1/1	1/5	1/1	1/0	1/3
Methicillin-resistant Staphylococcus aureus (MRSA)	0	0	0	0	0	0	2
Methicillin-Sensitive Staphylococcus Aureus (MSSA)	-	1	1	1	2	0	0
Escherichia coli	-	1	2	5	5	0	4
Summary Hospital Mortality Indicator (HSCIC)	2 - OD Band	0.9522 Band 2 - As expected					
Falls per 1,000 Bed days	-	6.4	5.8	5.6	5.8	6.2	6.2
Pressure Ulcers Per 1000 Bed Days	-	0.8	0.3	0.7	0.3	0.5	0.5
% of staff who have received Safeguarding Adults training	95%	90.8%	92.6%	94.0%	93.7%	91.1%	92.8%
% of staff trained to Level 2 (safeguarding children) for their role	95%	87.1%	91.0%	92.9%	93.6%	89.4%	92.2%
% of staff trained to Level 3 (safeguarding children) for their role	95%	64.6%	66.5%	79.6%	84.9%	81.7%	88.9%
Midwife to Birth ratio	1:30.0	1:30.0	1:30.0	1:29.0	1:30.0	1:33.0	1:30.0
Number of still births	0	1	0	0	1	0	0
Smoking at time of delivery (%)	13.0%	15.3%	10.3%	15.4%	10.1%	10.5%	14.3%
HSMR	-						
VTE Risk Assessment	95	95.4	95.0	94.8	Not Available	Not Available	Not Available
Caring Metrics							
12 hour Trolley waits	0	0	0	0	0	0	0
Staff FFT Percentage Recommended - Care	80% Q2 average	94%			96%		
Inpatient Scores from Friends and Family Test - % positive	-	98.3%	97.0%	96.9%	97.7%	94.4%	97.0%
A&E Scores from Friends and Family Test - % positive	-	96.7%	99.4%	96.5%	98.2%	95.6%	94.1%
Mixed Sex Accommodation Breaches	0	0	11	0	0	0	0
Well Led Metrics							
Total number of Complaints Received	-	11	18	8	14	13	13
Total number of PALS Contacts	-	91	132	133	145	164	129
% of Mandatory Training undertaken	90	90.8%	92.6%	94.0%	93.7%	91.1%	92.8%
Appraisal & PDP % complete	90	85.2%	83.5%	84.7%	84.9%	86.0%	86.3%

Taunton & Somerset NHS Foundation Trust dashboard

Measure	Standard/ ceiling	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
National Single Oversight Framework measures							
Quality of care							
Written complaints rate	-	13.1			Not available		
Never events (YTD)	0	0	1	0	0	0	0
Organisational health indicators							
Staff sickness	3.5%	3.6%	3.6%	3.6%	3.6%	3.6%	3.7%
Staff turnover	10%-12%	11.1%	11.1%	11.3%	11.3%	11.5%	11.9%
Acute providers							
Maternity scores from FFT - % positive (antenatal care)	-	80.0%	Not Available	85.7%	Not Available	70.0%	89.3%
Emergency C-Section rate (excluding Sept 2017)	15.0%	16.7%	11.9%	14.5%	12.9%	14.3%	13.5%

Taunton & Somerset NHS Foundation Trust

Single Oversight dashboard commentary

Hospital Standardised Mortality Ratio (HSMR): The Trust's 3-month rolling HSMR to July 2017 is 83.92 with a confidence interval of 73.12 to 95.86. In the latest published data the Trust position has moved to within the expected range. The 3-month rolling Standardised Hospital Mortality Index (SHMI) is currently at 81.08 up to June 2017 (confidence intervals 73.3 to 89.5). This is significantly better than expected. Action: The CCG met with all providers on 14 November 2017, agreeing to maintain focus on mortality surveillance group .

MRSA Blood stream Infection: There were two Trust apportioned MRSA blood stream infections in September 2017, These are the first cases since May 2016. Post infection reviews have been completed for both cases and contributory factors included: MRSA Screening; delays in taking admission screens, screening all appropriate sites and correct technique for taking screen; checking previous MRSA status to guide appropriate antibiotic treatment in patients with a previous history of MRSA; missed opportunity for taking blood cultures on admission as septic screen not triggered. Action: CCG audit is planned for Q3 , improvement plans will be shared at Somerset Wide Infection Prevention Committee.

Clostridium difficile: There were 4 cases in Q2 (July: 1; August: 0; Sept: 3) taking the total of Trust apportioned cases to 10 for the year, which is over trajectory. To date, reviews have been completed for 8 of the 10 cases. In 3 of these, lapses in care that could have contributed to the case were identified: Hand hygiene monthly audit results below threshold of 90%; Antimicrobial prescribing not as per guidelines; Non-completion of treatment for previous episode. Actions have been put in place on all affected wards with increased environmental infection control monitoring and increased cleaning schedules alongside the annual deep cleaning of the all departments and wards

Exceptions arising during Q2

52 week waits: The Trust continues to report 52 week wait breaches, but are demonstrating a reduction in overall numbers. The CCG continues to review all the 52 week breaches and improvement plans

% of stroke patients admitted to the stroke ward within four hours: the Trust did not meet the 80% operational standard in September 2017 with performance of 62.2% Additional community stroke beds have been opened at Williton hospital for a temporary period. Action: The CCG is keen to review strategic direction of stroke services

Accident and emergency performance: There are three metrics covering A&E performance, all of which are a cause for concern in performance for the Trust: Ambulance handover times, triage times and 4-hour performance. Performance in September was 92.7%, which represents an improvement on August's performance of 91.2%, but is below the trajectory for the month of 93.5%. Action: In-depth improvement work by the Trust continues to address these performance issues which include- Changes to staff rostering to try to respond to changing patterns of A&E demand across the day and week and continued.

Yeovil District Hospital NHS Foundation Trust dashboard

Measure	Standard/ ceiling	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Local additional measures							
Safe Metrics							
Clostridium difficile	8	0/0	1/1	1/0	0/1	0/3	1/0
Methicillin-resistant Staphylococcus aureus (MRSA)	0	0	0	0	0	0	0
Methicillin-Sensitive Staphylococcus Aureus (MSSA)	-	0	1	1	0	0	0
Escherichia coli	-	1	3	4	1	2	2
Summary Hospital Mortality Indicator (HSCIC)	2 - OD Band	0.9972 (Band 2) - As expected					
Falls per 1,000 Bed days	-	7.71	7.85	5.90	6.12	6.24	7.60
Pressure Ulcers Per 1000 Bed Days	-	0.3	0.5	1.0	1.0	0.6	0.4
% of staff who have received Safeguarding Adults training	95	94.4%	93.8%	94.4%	93.0%	93.1%	92.0%
% of staff trained to Level 2 (safeguarding children) for their role	95	95.7%	95.7%	95.4%	93.0%	94.0%	94.0%
% of staff trained to Level 3 (safeguarding children) for their role	95	61.4%	69.7%	70.2%	71.0%	68.0%	62.0%
Midwife to Birth ratio est (Qtr. average)	1:30.0	1:23.6	1:26.6	1:28.5	1:30.2	1:27.4	1:24.4
Number of still births	0	1	0	1	1	1	0
Smoking at time of delivery (%)	13.0%	15.30%	13.40%	10.90%	15.00%	10.70%	11.70%
HSMR	-	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
CRAB Rate	<1.25	0.27	0.3	0.5	0.33	0.3	Not Available
VTE risk assessment	95%	92.4%	93.1%	92.9%	92.9%	92.0%	92.1%
Caring Metrics							
12 hour Trolley waits	0	0	0	0	0	0	0
Staff FFT Percentage Recommended - Care	80% Q2 average	83%			74%		
Inpatient Scores from Friends and Family Test - % positive	-	95.5%	95.2%	93.9%	94.1%	95.4%	94.7%
A&E Scores from Friends and Family Test - % positive	-	94.3%	95.5%	92.7%	93.1%	97.0%	90.5%
Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0
Well Led Metrics							
Total number of Complaints Received	-	11	9	5	6	5	8
Total number of PALS Contacts	-	27	39	41	98	50	59
% of Mandatory Training undertaken	90%	93.6%	93.2%	92.7%	93.0%	92.4%	92.1%
Appraisal & PDP % complete	90%	80.4%	79.0%	78.0%	78.0%	79.1%	84.0%

Yeovil District Hospital NHS Foundation Trust dashboard

Measure	Standard/ ceiling	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
National Single Oversight Framework measures							
Quality of care							
Written complaints rate (Q1)	-	19.8			Not Available		
Never events (YTD)	0	0	0	0	0	0	0
Organisational health indicators							
Staff sickness	3.50%	2.4%	2.7%	2.1%	2.9%	2.3%	Not available
Staff turnover (Q2 unless otherwise stated)	10-12	20.60%	20.60%	20.30%	19.40%	18.30%	18.20%
Acute providers							
Maternity scores from FFT - % positive (antenatal care)	-	99.0%	99.0%	93.7%	96.6%	98.2%	100.0%
Emergency C-Section rate (excluding Sept 2017)	15.0%	12.7%	12.0%	12.4%	15.6%	6.9%	12.6%

Yeovil District Hospital NHS Foundation Trust

Single Oversight dashboard commentary

SHMI: Latest data is as expected: The Copelands Risk Adjusted Barometer (CRAB) has remained below the acceptable norm throughout the year on Observed number of adverse outcomes / predicted number of adverse outcomes) The increasing trend in HSMR data was not down to increases in the number of deaths or the reduction in the quality of care but was due to data quality. noted that there is a greater need to ensure that end of life is accurately recorded in clinical coding. Action: Monthly mortality review groups are now in place for in-depth review of cases using the Structured Judgement Review

Exceptions arising during Q2

Doctor Vacancies: Trust notes the number of junior doctor deanery vacancies (13 vacancies) places Yeovil Hospital in an unprecedented position. The Trust Risk register states that the vacancies pose a potential risk to continued provision of quality and safe services with the potential to delay patient treatment & outcomes, a risk to Out of Hours Service and also note Safe Staffing levels may not be met. It also notes the vacancies will impact financially on the Trust when locums & senior staff may have to act down.

Staff Turnover: Currently YDH is reporting 18-20% staff turnover against a national average of 11%. The Nursing turnover is too high and the HR and nursing leadership teams are working together to develop a Nursing and Midwifery Retention Strategy. This is being developed in partnership with NHSI. There is a need to increase staff retention following investment in recruiting from overseas; the retention management plans are being monitored by the Trust's workforce committee on a monthly basis. Action: NHSI have set a target to reduce turnover to 17% by August 2018.

DOLS (Deprivation of Liberty Safeguards): There were a number of good practices noted within a recent review, including a DOLS and Mental Capacity Act and a new information pack available on the Trust Intranet. The Trust has noted there has been a recent drop in applications due to lack of clarity on process. **Action** : The Somerset Safeguarding Adults Board has established a new MCA forum giving updates on legal requirements and sharing lessons from training and clinical practice. Changes in the legislation regarding DOLS are expected in 2018/19. These would mean that hospital would be able to authorise applications themselves rather than refer them to the local authority,

Pressure ulcers : following a recent change in the validation processes there had been an increase in the number of incidents reported compared to 12 months previous (5 in Sept 2017 compared to 3 in Sept 2016). However the Trust notes this is anticipated with the change in the reporting structure which should now capture patients admitted with pressure damage. Trust is actively encouraging all incidents to be reported and note a review of the recorded spike in pressure ulcers, following a change in validation processes, has been completed with numbers back within normal ranges.

Readmission rate remain above the UK norm though this is believed to be due to the inclusion of statistics from day case attenders in areas such as the acute ambulatory care unit. The Trust will be addressing this with data only submitted of inpatient admission and it is suggested that this will improve the reported position.

Somerset Partnership NHS Foundation Trust dashboard

Measure	Standard/ ceiling	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Local additional measures							
Safe Metrics							
Clostridium difficile1	5	0	0	0	0	1	0
Methicillin-resistant Staphylococcus aureus (MRSA)	0	0	0	0	0	0	0
Methicillin-Sensitive Staphylococcus Aureus (MSSA)	-	n/a	n/a	n/a	n/a	n/a	n/a
Escherichia coli	-	n/a	n/a	n/a	n/a	n/a	n/a
Summary Hospital Mortality Indicator (HSCIC)	2 - OD Band	n/a	n/a	n/a	n/a	n/a	n/a
Never Events (for Q2)	0	0	0	0	0	1	0
Falls per 1,000 Bed days	-	9.97	9.59	8.1	6.19	8.56	6.77
Pressure Ulcers per 1,000 Bed days (community hospitals)	-	0.83	0.59	0.51	0.59	0.32	0.54
% of staff who have received Safeguarding Adults training	95%	97.7%	98.0%	98.3%	98.4%	98.3%	98.6%
% of staff trained to Level 2 (safeguarding children) for their role	95%	93.4%	94.5%	94.9%	95.1%	95.5%	95.8%
% of staff trained to Level 3 (safeguarding children) for their role	95%	84.3%	86.9%	89.9%	84.6%	82.2%	83.5%
HSMR	-	n/a	n/a	n/a	n/a	n/a	n/a
VTE	95	95.8%	98.3%	96.5%	97.9%	97.7%	95.8%
Caring Metrics							
Staff FFT Percentage Recommended - Care	80% Q2 average	84%			76%		
Inpatient Scores from Friends and Family Test - % positive	-	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Mental Health Scores from Friends and Family Test - % positive	-	85.00%	93.00%	95.00%	93.00%	91.00%	93.00%
Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0
Well Led Metrics							
Total number of Complaints Received	-	5	13	6	24	5	7
Total number of PALS Contacts	-	222	303	238	269	197	Not Available
% of Mandatory Training undertaken	90%	93.6%	93.2%	92.7%	95.4%	95.3%	95.4%
Appraisal & PDP % complete	90	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Somerset Partnership Specific Measures							
Looked After children: Initial Health Reviews within 28 days	90%	33.3%	33.3%	7.1%	27.8%	9.1%	16.0%
Looked After children: Annual health checks undertaken within 12 months (excluding refusals)	90%	93.0%					
Mental Health - Number of incidences of seclusion	-	3	6	7	10	2	8
Mental Health - Number of incidences of restraint	-	39	24	41	33	36	30
Mental Health - Number of incidents where a ligature has been used	-	10	12	11	13	34	46
Mental Health - Number of incidents where a ligature point has been used	-	0	0	0	0	1	0

Somerset Partnership NHS Foundation Trust dashboard

Measure	Standard/ ceiling	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
National Single Oversight Framework measures							
Quality of care							
Never events (YTD)	0	0	0	0	0	1	0
Organisational health indicators							
Staff sickness	3.5%	4.3%	4.4%	4.4%	4.7%	4.7%	4.8%
Staff turnover	10-12	12.6%	12.6%	12.5%	12.5%	12.7%	12.8%
Community providers							
Community scores from FFT - % positive	-	96%	97%	98%	98%	98%	99%
Mental Health providers							
Admissions to adult facilities for patients under 16	0	0	1	0	0	0	0
Care programme approach follow-up	95%	96.1%	96.9%	98.5%	95.1%	95.9%	96.4%
% clients in settled accommodation	50%	84.1%	84.9%	86.3%	87.3%	87.2%	88.3%
% clients in employment	50%	82.1%	83.0%	83.9%	85.4%	85.0%	86.4%

Somerset Partnership NHS Foundation Trust

Children and Adolescent Mental Health Services (CAMHS): CCG and partnership 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 ensure everyone is understanding of each other's respective roles and responsibilities. A report is currently being finalised for presentation at October's Governing Body.

Unexpected Deaths – the Trust reported 13 unexpected deaths in Q2 (July: 1; August: 8; Sept: 4) bringing a YTD total of 16. Investigations are currently underway.

Never Events: one reported in Q2, removal of wrong tooth (case was very challenging causing missed identification).

Falls Data indicates harm from falls rates (falls per 1000 bed days) for Q2 being 2.21 compared to 1.75 (Q1). Patient acuity appears to be factor. The Trust reports not having an improvement trajectory, which the CCG is currently querying, though its Falls Co-ordinator works proactively daily / weekly to monitor all falls and liaising with sites to discuss plans and measures to mitigate risks.

Ligatures The Trust notes a significant increase in ligatures this quarter with a total of 93 (July: 13; August: 34; Sept: 46) being reported this quarter compared to 33 in Q1. The Trust reports that 23 of the 34 incidents in August (latest detailed information available) occurred on Rydon Ward (7 patients), with one patient involved in 10 incidents. One ligature point (at St Andrews site) was used in August involving a shower hose attached to the hi-lo bath. The Ward Manager has requested an Estates Team review to see what alternative options are available.

Looked after children: Trust not achieving target (90%) for initial health checks Jul 27.8%, Aug 9.1%, Sept 16%. Similar results seen for quarter one.

Pressure Ulcers: The CCG noted a increase in Trust reported pressure ulcers (district nursing) reported against a Q2 total of 103): The CCG understands that a thematic review is currently being undertaken. The Trust notes that such patients may not be under the continual direct care of the DN team, but rather requires intermittent health care support. However, as such patients continue to feature on the DN case load, any pressure ulcers are deemed trust-acquired. It is unclear, therefore, at this stage, how many of the pressure ulcers reported are truly trust-acquired. Action: CCG oversight of improvement plans.

Delayed Transfers of Care (DTC): Trust has not achieved DTC target of less than 3.5%. Combined quarter two average 7.7%, although down from quarter one 11.2% so position has improved. Action : implementation of discharge to access pathways in Q2

Stroke Performance: Target of 90% of stroke patients discharged to stroke bed or early supported discharge (ESD) on agreed discharge notice date: quarterly performance at 20.8% with a year to date performance of 21.2%.

Care UK (Shepton Mallet NHS Treatment Centre)

Care UK received 2708 referrals in Q2 a decrease in the activity from Q1 of 3124 referrals, the **Outpatient to Theatre Conversion** rate has increased in Q2 to 84% compared to 72% in Q1.

MRI Scanner: Due to equipment failure the MRI scanner was not operational in September 2017 at the Treatment Centre. A temporary scanner is now on site 3 days a week, meeting the performance of the scanning requirements. The CCG has received assurance that scans have been within the expected time frame for patients. Staff are escorting patients to the mobile scanner in the car park and report the quality of care and safety of patients has not been affected.

Over the last 6 months:

Venous Thromboembolism (VTE): Risk assessment for patients on admission at 99.95%. The treatment centre has reported DVT (deep vein thrombosis) confirmed for 6 patients and pulmonary embolism (PE) for 5 patients out of the 4110 admissions of day-case and overnight patients.

MRSA/ Clostridium Difficile/ MSSA and EColi bacteraemia: no known cases

Pressure Damage: No known incidents reported

Falls: out of 1,679 bed days there were 5 recorded falls which puts the centre at 0.6% of admissions

Complaints: received by the Treatment Centre have all been responded to within 3 working days with 7 received.

Teledermatology: Total number of consults sent to the specialist was 363 over the 6 months. Available data for the first three months show out of 168 referrals- 42 suspicious lesions were detected which required urgent intervention or 2 week wait referral onward. This service is due to finish at the Treatment Centre by December 31st 2017.

Royal United Hospitals Bath NHS Foundation Trust dashboard

Measure	Standard/ ceiling	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
National Single Oversight Framework measures							
Local additional measures							
Safe Metrics							
Clostridium difficile1	22	2/2	2/3	1/1	2/4	2/2	1/5
Methicillin-resistant Staphylococcus aureus (MRSA)	0	0	0	0	1	0	0
Methicillin-Sensitive Staphylococcus Aureus (MSSA)	-	1	0	1	0	5	2
Escherichia coli	-	5	4	5	8	5	6
Summary Hospital Mortality Indicator (HSCIC)	2 - OD Band	1.0181 (Band 2) - As expected					
Never Events (for Q2)	0	0	0	0	0	0	0
Falls per 1,000 Bed days	-	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Pressure Ulcers (%)	-	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
% of staff who have received Safeguarding Adults training	95	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
% of staff trained to Level 2 (safeguarding children) for their role	95	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
% of staff trained to Level 3 (safeguarding children) for their role	95	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Midwife to Birth ratio	1:30.0	1:29.0	1:30.0	1:28.0	1:30.0	1:32.0	Not Available
Number of still births	-	1	1	0	2	0	Not Available
Smoking at time of delivery (%)	13.0%	8.30%	9.30%	9.00%	12.30%	6.90%	Not Available
HSMR	-	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
VTE	95	80.80%	79.50%	79.26%	Not Available	Not Available	Not Available
Caring Metrics							
12 hour Trolley waits	0	0	0	0	0	0	0
Staff FFT Percentage Recommended - Care	80% Q2 average	84%			84%		
Inpatient Scores from Friends and Family Test - % positive	-	97.0%	97.0%	97.8%	95.4%	96.8%	97.4%
A&E Scores from Friends and Family Test - % positive	-	97.3%	97.4%	97.5%	97.0%	98.7%	96.1%
Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0
Well Led Metrics							
Total number of PALS Complaints Received	-	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Total number of PALS Contacts	-	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
% of Mandatory Training undertaken	90%	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Appraisal & PDP % complete	90%	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

Royal United Hospitals Bath NHS Foundation Trust dashboard

Measure	Standard/ ceiling	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
National Single Oversight Framework measures							
Quality of care							
Written complaints rate (Q1)	-	21.7			Not Available		
Never events (YTD)	0	0	0	0	0	0	0
Organisational health indicators							
Staff sickness	-	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Staff turnover (Q2 unless otherwise stated)	10%-12%	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Acute providers							
Maternity scores from FFT - % positive (antenatal care)	-	100.0%	95.5%	95.8%	100.0%	100.0%	95.9%
Emergency C-Section rate (excluding Sept 2017)	-	17.50%	15.90%	13.20%	12.10%	13.30%	Not Available

Royal United Hospitals Bath NHS Foundation Trust

Single Oversight dashboard commentary

SHMI: Latest data at 1.0181 in the 'as expected' range. The Trust reports that its Hospital Standardised Mortality Ratio (HSMR) trajectory continues to underperform at 108.2 although with a slight improvement on previous quarters at 109.6 and 109.2 respectively.

C-Difficile infection 72 hours post admission, 5 cases in September not achieving the Trust target. 1 case in September is under review. C Difficile performance the Board notes in September is a concern. Action: Improvement plan in place and reviewed by IPCC and C diff Working Group

Exceptions arising during Q2

Sepsis: Targets for sepsis screening and antibiotics are both 90% for the whole year. Overall Q1 data for screening was 82% and for antibiotics ≤60 minutes was 87%. Since 2014 there has been steady improvement in antibiotics ≤60 minutes for adults admitted with sepsis, but in 2017 this has been difficult to sustain and has reduced to an average of 65% patients. Screening for paediatric inpatients has also improved significantly and since July 2017 has been over 90%. This has decreased further in Q1 2017 with only 52% of these patients receiving antibiotics in an hour despite the support of a Sepsis Nurse. Action: The Sepsis Nurse continues to provide focused support trust-wide and is continuing to embed the use of the screening tool and proformas, a second sepsis nurse started in October 2017.

A&E 4 hour performance: at 80.9% below both the 95% national standard and improvement target. Board noted that 4 hour performance was below the national standard of 95% and failed the internal trajectory. Action: Areas identified by the Trust for improvement in September 2017: Urgent Care Strategy Follow Up Event with NHS Improvement support planned for the 17th October; embedding of Home First principles and pathways ongoing; recruitment to the MRET (Marginal Rate Emergency Tariff) funded posts to increase senior decision makers at the Front Door (Acute Medicine and Frailty Flying Squad); Specialty Big Room – Engagement with Clinical Leads to support the implementation and delivery of the Senior Review and Review elements of SAFER (gastroenterology); Direct Admission to the Medical Assessment Unit – Launch 13th September 2017; communication and implementation plans to be coordinated through the Front Door Group with a daily Quality Improvement meeting in place to work towards a sustainable service.; discharges before midday improvement actions and trajectory are required.

Delayed Transfers of Care: September month end snapshot of 46 patients and 870 delayed days (4.8 %) below the national standard of 3.5%.

Cancer performance: Trust has reported cancer performance sustained in September, delivering all cancer targets in month, Divisional Teams will be focussing on mobilising the 62 day cancer improvement plan now that national funding has been confirmed.

Recruitment: The Resourcing Team is working on a total of 346.32 wte vacancies, of which 122.26 are Registered Nurses/Midwives vacancies. A total of 189.19 wte new starters are in the pipeline with start dates from 05/10/2017 onwards, of which 57.64 are Registered Nurses/Midwives

Weston Area Health NHS Trust dashboard

Measure	Standard/ ceiling	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
National Single Oversight Framework measures							
Local additional measures							
Safe Metrics							
Clostridium difficile1	18	0/0	1/0	2/0	0/0	2/0	3/0
Methicillin-resistant Staphylococcus aureus (MRSA)	0	1	0	0	0	0	0
Methicillin-Sensitive Staphylococcus Aureus (MSSA)	-	0	0	0	1	0	1
Escherichia coli	-	2	1	0	2	1	2
Summary Hospital Mortality Indicator (HSCIC)	2 - OD Band	1.0535 (Band 2) - As expected					
Never Events (for Q2)	0	0	0	0	0	0	0
Falls per 1,000 Bed days	-	4.1	6.3	3.6	4.6	4.6	6.5
Pressure Ulcers per 1,000 Bed days	-	2.6	0.8	2.7	2.1	1.4	0.9
% of staff who have received Safeguarding Adults training	95	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
% of staff trained to Level 2 (safeguarding children) for their role	95	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
% of staff trained to Level 3 (safeguarding children) for their role	95	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Midwife to Birth ratio est (Qtr. average)	-	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Number of still births	-	0	0	0	0	Not Available	Not Available
Smoking at time of delivery (%)	13%	15.80%	7.10%	13.30%	11.10%	Not Available	Not Available
HSMR	-	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
CRAB Rate	-						
VTE	95	50.75%	45.93%	47.24%	80.63%	78.55%	81.04%
Caring Metrics							
12 hour Trolley waits	0	0	0	0	0	0	0
Staff FFT Percentage Recommended - Care	80% Q2 average	67%			62%		
Inpatient Scores from Friends and Family Test - % positive	-	96.2%	96.1%	97.4%	96.8%	96.2%	95.2%
A&E Scores from Friends and Family Test - % positive	-	88.9%	92.0%	99.4%	96.6%	97.1%	95.6%
Mental Health Scores from Friends and Family Test - % positive	-						
Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0
Well Led Metrics							
Total number of PALS Complaints Received	-	0	1	0	1	0	1
Total number of PALS Contacts	-	77	94	90	84	86	85
% of Mandatory Training undertaken	90%	84.5%	84.9%	84.4%	83.6%	82.9%	83.0%
Appraisal & PDP % complete	90%	79.7%	74.6%	79.6%	79.6%	80.1%	Not Available

Weston Area Health NHS Trust dashboard

Measure	Standard/ ceiling	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
National Single Oversight Framework measures							
Quality of care							
Written complaints rate	-	54.3			Not Available		
Never events (YTD)	0	0	0	0	0	0	0
Organisational health indicators							
Staff sickness	3.50%	3.60%	3.90%	3.70%	3.60%	3.83%	3.14%
Staff turnover	10-12%	13.50%	14.10%	14.60%	15.60%	16.00%	23.80%
Acute providers							
Maternity scores from FFT - % positive (antenatal care)	-	100.00%	100.00%	100%	100.00%	Not Available	100.00%

Weston Area Health NHS Trust

Single Oversight dashboard commentary

Mortality: The trust has reported an improved SHMI for the second consecutive quarter and sits within the normal distribution range for comparable acute trusts. Other measures of mortality are closely monitored at the Trust's Clinical Effectiveness (mortality) meetings with focussed audit and quality improvement work commissioned to address any areas of concern. The SHMI position continues to be subject to a commissioner contract performance notice with an agreement of removal after 3 consecutive quarters of SHMI below the 95th centile.

Clostridium difficile: No cases of hospital attributable were reported within the last 3 months with 1 in June 2017.

MRSA bacteraemia: No cases of were reported during the last quarter.

Exceptions arising during Q2

Emergency Department: temporary overnight closure continues with the demand for urgent care has generally increased. There is evidence that activity during the day, and repatriations of patients temporarily admitted elsewhere in Bristol and Taunton, has increased. This is being monitored through the A&E Delivery Board monitoring patient flow with the support of BNSSG Lead Commissioner.

Falls: there has been an increase in the number of patients who fall during the quarter from 4.6 to 6.5 falls per 1000 bed days. The year to date average is 4.9 falls per 1000 bed days. A review of the total inpatient falls over the last quarter has shown an increase in rehabilitation and care of the elderly wards. Action: Further work is being undertaken by the Trust to understand improvement actions required in this patient group

VTE: The trust has improved VTE risk assessment compliance for the numbers of patients assessed there is more improvement needed the YTD average is 62.98% against the national target of 95% . **Action;** VTE continues to be the subject of a commissioner contract performance notice with a Remedial Action Plan and trajectory for improvement agreed and monitored.

MSSA Bacteraemia: One case of MSSA bacteraemia was reported during September 2017. The source of the case was unable to be confirmed. Learning was identified around ensuring that hand hygiene audits are completed and raising awareness about any non-compliance

Mandatory training: compliance has risen very slightly to 83.0% in September. Action: plan in place to achieve 90% compliance by December 2017 continue to be reviewed with Directorates to identify action to be taken.

Diagnostics: The 6 week RTT diagnostic target continues to be challenged due to the impact of the closure of the Endoscopy suite for essential refurbishment. In order to maintain throughput a proportion of patients have had to be directed to external third party sources who, whilst seeing the patients, are unable to maintain this within the 6 week timetable. The refurbishment is due to finish at the end of November 2017.

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

Contract Performance Notice: There continues to be a Remedial Action Plan (RAP) in place for the NHS 111 service and another is in the process of being agreed concerning the Out of Hours (OOH) Service. The RAPs relate to concern about improvement of the number of calls answered within 60 seconds for NHS 111. For GP OOH clinical assessment within 2 hours; clinical assessment within 6 hours and for Home Visits (HV): clinical assessment within 2 hours (HV) and clinical assessment within 6 hours (HV).

CQC Inspection: The NHS 111 and GP OOH reports of the CQC inspections carried out during April 2017 were published 4 August 2017 with some local media coverage. The reports confirmed the 'inadequate' rating for GP OOH and 'requires improvement' for NHS 111. Three warning notices were served, to be remedied by 18 August 2017. The CQC conducted a follow-up visit to review the services against the three warning notices on 24 August 2017. The CQC, within a report published on 16 November 2017 have issued a further four warning notices (in place of the first three) which highlighted further areas that require attention. The warning notices issued related to Regulation 10 (Dignity and respect), Regulation 12 (Safe care and treatment), Regulation 17 (Good Governance) and Regulation 17 (Staffing). On the 17 November 2017 the CQC carried out a follow-up announced comprehensive inspection of Urgent and Emergency Care system to ensure there are arrangements in place to secure improvement and a safe, high quality 111 and OOH service operating in Somerset.

Single Item Quality Surveillance Group There have been two NHS England Single Item QSG meetings this quarter relating to this provider in August and September. The Single Item QSG was stood down with no further meeting planned. A schedule of fortnightly meetings is in place for the CCG to review implementation of the provider's action plan and this has been complemented by a programme of CCG assurance visits to treatment centres which were undertaken early November 2017.

GP Triage Queue: In relation to the significant concern regarding management of the GP OOH triage queue, the CCG has been developing a Standard Operating Procedure to enable SDUC to request support from Somerset's urgent care system partners at times when the triage queue hits a pre-agreed threshold. The SoP is currently being finalised through a series of contingency planning meetings held with NHS providers.

Serious Incidents Three SIs were noted for SDUC during Q2: one was logged by the CCG relating to contingency planning following the August CQC visit. The remaining two cases relate to delays in care: the CCG awaits full root cause analysis reports on these cases in line with NHS SI Framework.

Following the acquisition by Totally plc, Vocare Ltd continue to be the legal entity with a change of control of Vocare Ltd from its previous shareholders to Totally. The CCG have met with Directors from Totally Healthcare on 8 November 2017 to raise concerns regarding current performance. The CCG risk register reports a risk of 16, as the CCG has provided both challenge and support to the Somerset Vocare team to make improvements in accordance with CQC inspection findings and separate CCG concerns arising from our contract performance and quality review monitoring activity.

South Western Ambulance Service NHS Foundation Trust dashboard

	National average	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017
See and Treat scores from FFT—% positive	-	100%	100%	100%	90%	90%	100%
Return of spontaneous circulation (ROSC)	52.4%	48.6%	36.6%	44.8%	Not available	Not available	Not available
Stroke—60 minutes.	57%	40.5%	38.0%	39.0%	Not available	Not available	Not available
Stroke care	97.4%	96.7%	94.7%	95.9%	Not available	Not available	Not available
ST Segment elevation myocardial infarction (STeMI) - 150 minutes	85.5%	77.0%	76.2%	72.3%	Not available	Not available	Not available

Urgent Care - South Western Ambulance Service NHS Foundation

Exceptions arising during Q2

Performance: There has been a noticeable decline in performance since April 2017. Of concern to commissioners is the decline in Category 1 performance. SWASFT have initiated a Quality Improvement plan to address this. Lead Commissioner (Dorset CCG) has written to SWAST formally highlighting these concerns. This is being monitored by the CSU and escalated as appropriate.

QOC Inspection The Trust reported at the last Quality-Sub-Group (QSG) that its Quality Improvement Plan notes six actions overdue, two of which relate to the urgent care service line (inc. 999), the remaining four relating to NHS111. These two outstanding actions relate to appraisal compliance; Risk register alignment and monitoring. Actions within SWAST on these continue to progress and are monitored via CSU.

Call Audits The Trust reported at the last QSG that call audits for NHS Pathways is under-compliant. This is, in part, due to the implementation plan to move to a single Triage system (Medical Priority Dispatch System). Staffing has also had an impact. In addition Pathways V12 is currently being used (V13 not being compatible with ARP categories) and V14 may not be implemented given SWAST's move to MPDS. This raises a potential patient safety risk, of which SWAST is aware and taking mitigating action. Trust will provide assurance to the commissioners as to how the Trust has considered and mitigated risk.

Welfare Calls Work is progressing to improve the welfare call (aka comfort call) rate. A revised procedure is being produced and will be reviewed by SCWCSU ahead of implementation.

Delays This remains a concern regionally as demand and resourcing issues continue. A summary of actions has been provided to the QSG. The CSU lead for this work has noted the plan's lack of robustness and that it does not include actions from a significant thematic review investigation on delay-related SIs (November 2016). The CCG concurs with this view noting that there are a number of associated risks (Welfare calls; call stacking A&E; Performance targets CAT1 and CAT2 etc.) that impact on the delay issues; are noted on the Trust's Corporate Risk Register and need consideration in the plan. The plan will be kept under review by the QSG to assess the impact of the work being undertaken: next meeting 14 December 2017.

Emergency Department Patient Survey

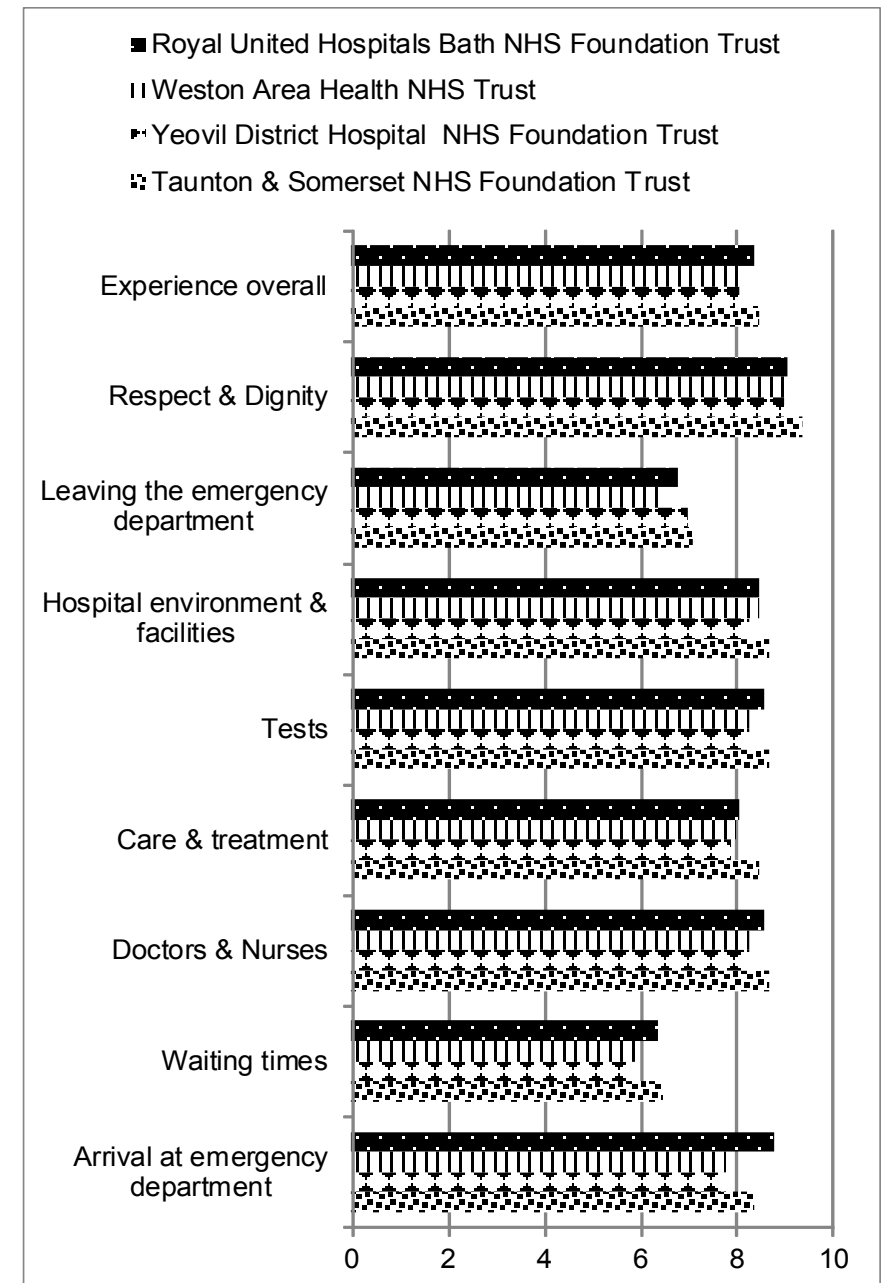
The CQC Emergency Department Patient Survey 2016 was published in October 2017. This is the sixth survey of emergency department patients and involved 137 acute and specialist NHS trusts with a Type 1 accident and emergency department. Forty nine of these trusts also had direct responsibility for running a Type 3 department and patients from these departments were included within the survey for the first time in 2016. The survey response rate was 27%. The survey sample included people aged over 16 years who attended ED during September 2016. Similar surveys of emergency department patients were carried out in 2003, 2004, 2008, 2012 and 2014. Due to the change in sampling month, results from 2016 are not comparable with previous years.

Encouragingly, patients from six trusts nationally, including Taunton and Somerset NHS Foundation Trust (TST), experienced care that was 'better than expected': For this survey, no trust achieved the highest band, 'much better than expected'.

In Somerset:

- No outliers for 'worse than expected'
- YDH - 'about the same' as other trusts for all survey categories
- TST - 'about the same' as other trusts, except where rated as for 'better' for: waiting times; care and treatment; leaving ED; respect and dignity
- RUH Bath - 'about the same' as other trusts, except where 'better' for: arrival at ED; Weston GH: 'about the same as other trusts' for all survey categories

The CCG is currently triangulating the survey results with other information that it holds including ED performance data; PLACE survey results (ED environment questions) and outcomes from a series of recent quality assurance visits to acute trust ED Department.



Metrics Glossary

INTEGRATED DASHBOARD

Quality of Care metrics

- **Written complaints rate**

NHS Digital experimental pre-release data is published for 2017/18 Q1. Rate is number of complaints per 10,000 finished consultant episodes and for mental health per 10,000 open referrals.

- **Staff Friends and Family Test % recommended care**

Taking part in the annual survey is mandatory for all NHS Trusts – foundation trusts, acute and specialist hospital trusts, ambulance service trusts, mental health, community and learning disability trusts. This indicator shows how likely the staff at the hospital would be to recommend the hospital to someone if they needed care or treatment. The indicator is % positive responses for staff selecting Likely or Extremely Likely to recommend.

- **Occurrence of any Never Event**

Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers. Total numbers are reported and always rated red.

A list of Never Events is published by NHSE, it includes for example, wrong side surgery and retention of equipment or materials within the body following surgical procedures. <https://improvement.nhs.uk/resources/never-events-policy-and-framework/>

- **Patient Safety Alerts not completed by deadline**

NHSI develop patient safety alerts with input, advice and guidance from the National Patient Safety Response Advisory Panel. These alerts are cascaded to all providers with a deadline for implementation. Monthly data on trusts that have not signed off patient safety alerts is published by NHSI at <https://improvement.nhs.uk/resources/data-patient-safety-alert-compliance/>

Organisational Health indicators

- **Staff sickness rate %**

Trust local data currently used for timeliness. Target below 3.5%

NHS Digital sickness absence rates for NHS staff available with 6 months delay, calculated from the Electronic Staff Record (ESR). Rates are calculated by dividing the “Full Time Equivalent (FTE) Number of Days Sick” by the “FTE Number of Days Available”

- **Staff turnover rate %**

Local data used. NHS Digital workforce data may be available.

- **Proportion of temporary staff rate %**

NHS Digital data is 2013/14 data Agency staff as percentage of average expenditure. Currently limited equivalent local data available

- **NHS Staff Survey**

This is a composite measure of overall staff engagement from three questions relating to: perceived ability to contribute to improvements at work, willingness to recommend the trust as a place to work or receive treatment, and the extent to which they feel motivated and engaged with their work.

The Indicator is a score out of 5 overall and rated ‘better than average’ (green), ‘average’ (no colour) or ‘worse than or average’ (red).

PROVIDERS DASHBOARDS

ACUTE & COMMUNITY SERVICES

- **Mixed Sex accommodation breaches (MSA)**

From 1 Dec 2010 the collection of monthly MSA breaches was introduced requiring NHS Trusts to submit data on the number of occurrences of unjustified mixing in relation to sleeping accommodation. All providers of NHS care are expected to eliminate MSA, except where it is in the overall best interest of the patient.

- **Inpatient scores from Friends and Family Test—% positive**

- **A&E scores from Friends and Family Test—% positive**

- **Maternity scores from Friends and Family Test—% positive**

- **Community scores Friends and Family Test—% positive**

Metrics Glossary

Emergency C section rate

Rates of caesarean section have been rising gradually for many years. From about 10% 30 years ago to the current average of 26.5% of all births episodes as at 2014-15. C section increases risks of maternal risk, impact on baby care and feeding and length of stay. NHS Digital is currently publishing experimental statistics. In the meantime the dashboard reports % emergency C sections published by the SW Clinical Network..

Potential under reporting of patient safety incidents

A good reporting culture in an organisation means that the organisation reports patient safety incidents frequently, reports the more serious incidents that occur, but also reports many incidents involving low and no harm to patients, because its staff understands that by reporting even the less serious incidents the organisation can learn and improve. Organisations which report fewer incidents compared to other similar types and size of trusts are considered to be less well placed to improve patient safety. This indicator measures number of incident reports per 1,000 bed days published nationally 6 monthly in arrears. This indicator is only valid for extreme outliers as per CQC Intelligent Monitoring methodology

VTE risk assessment

Venous thromboembolism (VTE) is a conditions where a blood clot forms in a vein. This is most common in a leg vein, where it is known a deep vein thrombosis (DVT). A blood clot in the lungs is called a pulmonary embolism (PE). The chance of developing VTE increases in people who are immobile, unwell, or need surgery. VTE is a major cause of morbidity and mortality accounting for potentially 25,000 preventable deaths per year. Up to one in four hospital inpatients, assessed as being at risk will develop a VTE. Risk assessment provides the opportunity to identify those people at risk and put in place prevention measures.

This indicator is the percentage of patients admitted as inpatients each month who have been risk assessed using the national VTE risk assessment tool. Green 95% and above, Red 49.9% and below

Clostridium difficile (CDI) plan

Confirmed CDI cases should be assessed by the reporting provider and the relevant co-ordinating commissioner, to determine whether the case was linked

with lapses in care by the provider reporting the infection. The contractual sanction that can be applied to each CDI case in excess of an acute organisation's agreed trajectory is £10,000. The dashboard indicates plan allowed/ actual number

- **MRSA bacteraemias**

As with C difficile each MRSA blood stream infection must be subject to a post infection review (PIR). Any preventable case is now regarded as unacceptable and therefore the target rate is zero in all cases. The indicator is number of cases.

- **E Coli bacteraemia bloodstream infection**

Proposed new metric. Rate per 100,000 population. Currently data is available on case numbers only.

- **Hospital Standardised Mortality Indicator (HSMR)**

Dr Foster licensed data not currently purchased by Somerset CCG. Covers death in hospital standardised. Deaths in hospital within a basket of most frequently occurring causes of death (about 80%), excluding palliative care deaths. 100 is used as expected rate, with more than 100 being an elevated death rate and under 100 a better than as expected rate.

- **Summary Hospital Mortality Indicator**

Available nationally on 3 monthly annual rolling average basis from NHS Digital. Includes all deaths in hospital and within 30 days after discharge, with no adjustment for palliative care coded patients. As with HSMR benchmarked against an expected rate of 1 (or 100). Categorized by NHS Digital into one of three bands : 'as expected', 'higher than expected' or 'lower than expected'.

- **Emergency re-admissions following an elective or emergency spell at the provider / emergency re-admission within 30 days following discharge from hospital**

Some emergency re-admissions within a defined period after discharge from hospital result from potentially avoidable adverse events, such as incomplete recovery or complications. Emergency re-admissions are therefore used as a proxy for outcomes of care. Indicator construction and data to be included in future reports

Metrics Glossary

- **CQC inpatient survey**

The Adult Inpatient Survey is the longest running NHS Patient Survey Programme. The survey is carried out annually by the Survey Co-ordination centre at Picker on behalf of the CQC. Analysis is conducted on the data at trust level and benchmarking is provided with previous years results and with other trusts nationally. Each trust is given a rating of 'Better', 'About the same' or 'Worse' than the national benchmark by different aspects of care and treatment. The CQC do not provide a single overall rating for the survey for each Trust. The results in the dashboard relate to the results of the question in the survey about the patient's view of their overall view of the inpatient services.

- **CQC community mental health survey**

Same as above for the Adult Inpatient Survey

MENTAL HEALTH

- **Admissions to adult facilities of patients who are under 16 years old**

Section 131A of the Mental Health Act 1983, to ensure that "the patient's environment in the hospital is suitable having regard to his age (subject to his needs)" allows 16- and 17-year-olds to still be looked after on adult wards occasionally in exceptional circumstances, such as if they need to be admitted as an emergency, it forbids under-16s ever being treated in adult mental health wards.

- **Care Programme Approach (CPA) follow-up**

Proportion of patients followed up face to face or by telephone call following discharge from hospital within 7 days. 95% or above Green . Under 95% Red

- **% clients in settled accommodation**

- **% clients in employment**

- **Mental Health scores Friends and Family Test—% positive**

See explanation in the Quality of Care metric section above

AMBULANCE

- **Return of spontaneous circulation (ROSC) in Utstein group***

Following a cardiac arrest, the ROSC (for example signs of breathing, coughing or movement and a palpable pulse or a measure of blood pressure) is a main objective for all out-of-hospital cardiac arrests and can be achieved through immediate and effective management at the scene. The overall measurement rate measures overall effectiveness of the urgent and emergency care system managing care for out-of-hospital cardiac arrests.. The England average is 52.4% at June 2017.

- **Stroke 60 minutes**

To convey a patient who has had the onset of stroke symptoms within four and half hours to hospital within 60 minutes of the 999 call. Average for England is 57% as at June 2017

- **Stroke care**

Measured on the clinical assessments and observations – stroke care bundle – that ambulance clinicians make when they attend a stroke patient such as doing the F.A.S.T test and taking blood glucose measurements and blood pressures. Indicator is % receiving appropriate care bundle. National Average is 97.4% as at June 2017

- **ST Segment elevation myocardial infarction (STEMI) 150 minutes**

The percentage of patients suffering a STEMI who are directly transferred to a centre capable of delivering primary angioplasty and receive this within 150 minutes of call.

Average for England is 85.5% at June 2017.

- **Ambulance see and treat from Friends and Family Test—% positive**

See explanation in the Quality of Care metric section above.

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