



Somerset
Clinical Commissioning Group

**Integrated Quality, Safety
and Performance
Exceptions Report
April to July 2018/19**

Integrated Priority Indicator Overview Dashboard – July 2018

D1

Area	Standard	Indicator	Reporting Detail	Previous	Current	Movement	13 months rolling trend	
Urgent Care	Pre-hospital Measures							
	95%	NHS 111 referrals - Increasing the proportion of NHS 111 referrals to services other than to the ambulance service or A&E departments	60 Second	71.66%	74.63%	↑		
	5%		A&E Directed	8.21%	7.70%	↓		
	10%		999 Directed	12.78%	11.13%	↓		
	7.00	ARP Response Targets	Cat 1 - Mean 7 (mins)	8.10	7.40	↓		
	15.00		Cat 1 - 90th Percentile (mins)	15.70	14.30	↓		
			Ambulance Outcomes	Hear & Treat	11.44%	14.75%		↑
			See & Treat	36.6%	34.8%	↓		
			See & Convey	49.5%	48.4%	↓		
	A&E Measures							
	10,981	Number of Type 1 A&E Attendances (mapped)	Somerset Activity	11,138	11,792	↑		
	95%	Patients admitted, transferred or discharged from A&E within 4 hours (mapped)	Somerset Performance	94.26%	93.32%	↓		
Emergency Admissions Measures								
	Injuries from falls in people aged 65 and over	Somerset Position	233	194	↓			
	Emergency admissions for urgent care sensitive conditions	Somerset Position	1,147	1,153	↑			
	Population use of hospital beds following emergency admission (aLoS)	Somerset Position	7.2	6.6	↓			
1,904	Number of non-elective admissions with LOS=0	Somerset Position	1,954	2,041	↑			
4,043	Number of non-elective admissions with LOS of 1 day or more	Somerset Position	3,979	3,995	↑			
	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Somerset Position	16	20	↑			
	Emergency readmissions within 30 days of discharge from hospital	Somerset Position	899	935	↑			
Elective Care	Referral Measures							
		RTT New Clock Starts	Somerset Position	14,625	15,280	↑		
		GP/GDP referrals made	Somerset Position	10,077	9,972	↓		
	Other referrals made	Somerset Position	4,906	5,148	↑			

Integrated Priority Indicator Overview Dashboard – July 2018

D2

Area	Standard	Indicator	Reporting Detail	Previous	Current	Movement	13 months rolling trend
Elective Care	RTT & Diagnostics Measures			June	July		0
	92%	Patients waiting 18 weeks or less from referral to hospital treatment	Somerset Position	86.1%	86.1%	↑	
	0	RTT waits over 40 weeks for incomplete pathways	Somerset Position	347	341	↓	
	0	Zero tolerance RTT waits over 52 weeks for incomplete pathways	Somerset Position	39	45	↑	
	99%	Maximum 6-week wait for diagnostic procedures	Somerset Position	83.1%	80.1%	↓	
	Cancer Measures						
	93%	Urgent GP Referral for suspected Cancer 2 week wait	Somerset Position	89.80%	-	-	
85%	People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Somerset Position	78.76%	-	-		
Mental Health	Dementia Measures						
		Recorded number of patients with dementia	Somerset Position	5,534	5,477	↓	
	66.7%	Diagnosis rate for people with dementia	Somerset Position	62.50%	61.79%	↓	
	IAPT Measures						
	15%	Improving Access to Psychological Therapies – access	Somerset Position	16.12%	15.76%	↓	
	50%	Improving Access to Psychological Therapies – recovery	Somerset Position	39.29%	46.60%	↑	
	CAMHS - CYP Measures						
95%	CYP referred who have their initial assessment within 6 weeks	Somerset Position	78.03%	84.16%	↑		
32%	Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment	Somerset Position	24.12%	19.39%	↓		
Organisational Recovery	7 Day Service Measures						
		Achievement of clinical standards in the delivery of 7 day services	Somerset Position			→	No data
	Working Relationship Measures						
		Effectiveness of working relationships in the local system	Somerset Position			→	No data

Integrated Priority Indicator Overview Dashboard – July 2018

D3

Area	Standard	Indicator	Reporting Detail	Previous	Current	Movement	13 months rolling trend
Organisational Recovery	Hospital Care Measures			June	July		
		Clostridium difficile	Somerset Position	2	2	→	
		Methicillin-resistant Staphylococcus aureus (MRSA)	Somerset Position	0	0	→	
		Methicillin-Sensitive Staphylococcus Aureus (MSSA)	Somerset Position	5	6	↑	
		Escherichia coli	Somerset Position	11	18	↑	
		CRAB Rate (Surgical Patients Only)	Somerset Position	0.41	0	↓	
		Never Events	Somerset Position	1	0	↓	
		Falls per 1,000 Bed days	Somerset Position	5.79	6.49	↑	
		Pressure Ulcers per 1,000 Bed days	Somerset Position	0.51	0.67	↑	
		% of staff who have received Safeguarding Adults training	Somerset Position	94.70%	94.18%	↓	
		% of staff trained to Level 2 (safeguarding children) for their role	Somerset Position	93.23%	92.76%	↓	
		% of staff trained to Level 3 (safeguarding children) for their role	Somerset Position	87.93%	88.84%	↑	
		Midwife to Birth ratio est (last month of quarter)	Somerset Position	0.122	0.060	↓	
		Number of still births	Somerset Position	0	0	→	
		Emergency C Section rate	Somerset Position	14.97%	13.79%	↓	
		C Sections - Total	Somerset Position	94	31	↓	
		C Sections - Planned	Somerset Position	36	15	↓	
		C Sections - Unplanned	Somerset Position	58	16	↓	
		12 hour Trolley waits	Somerset Position	0	0	→	

Integrated Priority Indicator Overview Dashboard – July 2018

Area	Standard	Indicator	Reporting Detail	Previous	Current	Movement	13 months rolling trend
Organisational Recovery	Hospital Care Measures						
		Inpatient Scores from Friends and Family Test - % positive	Somerset Position	96.36%		-	
		A&E Scores from Friends and Family Test - % positive	Somerset Position	91.89%		-	
		Mental Health Scores from Friends and Family Test - % positive	Somerset Position	94.74%		-	
		Maternity Score from FFT - % Positive (birth)	Somerset Position	74.39%		-	
		Mixed Sex Accommodation Breaches	Somerset Position	0	0	→	
		Total number of Complaints Received	Somerset Position	25	22	↓	
		Total number of PALS Contacts	Somerset Position	473	497	↑	
		% of Mandatory Training undertaken	Somerset Position	92.53%	91.25%	↓	
		Appraisal & PDP % complete	Somerset Position	53.67%	57.00%	↑	
		Staff Turnover	Somerset Position	12.9	14.7	↑	
		Care programme approach (CPA) followup – proportion of discharges from hospital followed up within seven days ⁴ – Mental Health Services Data Set	Somerset Position	98.4%	97.3%	↓	
		% clients in settled accommodation	Somerset Position	87.3%	0.0%	↓	
		% clients in employment	Somerset Position	84.8%	0.0%	↓	
	Hospital Care Measures				March	April	
	VTE	Somerset Position	93.52	93.64	↑		
	Staff Sickness	Somerset Position	4.19%	4.23%	↑		
	Hospital Standardised Mortality Ratio	Somerset Position	88.08		-		
Hospital Care Measures				November	December		
	Summary Hospital level Mortality Indicator	Somerset Position	91.425	95.325	↑		
Hospital Care Measures				Q4-17/18	Q1-18/19		
	Smoking at time of delivery (%)	Somerset Position	7.29%	7.90%	↑		
Hospital Care Measures				Q3-17/18	Q4-17/18		
	Staff FFT Percentage Recommending Care	Somerset Position		48.40%	-		

High Quality Hospital Care

Jul18: Number of Restraints : 46, Number of ligature incidents: 35, E. coli incidents: 11

NHS 111

Jul18: 60 Second Calls Answering Performance: 74.9%, Ambulance Dispatch 11.2%, A&E 7.8%

Ambulance

Jul18: Category 1: 7.4 mins, Category 2: 29.2 mins, Category 3: 77.6 mins

Emergency Demand and Performance

Apr-Jul18: Increase in Emergency Admissions: 7.2%, Increase in A&E Attendances: 7.9%

Elective Demand and Performance

Apr-Jul18: Increase in New Clock Starts: 5.0%, Increase in Incomplete Pathways: 3,565 against March baseline

Diagnostic 6 Week Waits

Jul18: Decline in 6 week waiting time performance: 80.0%

Cancer

Apr-Jun18: Increase in 2 Week Waits: 20.7%, Increase in 62 Day Pathways: 20.8%

Dementia diagnosis & post diagnostic support

Jul18: Decline in dementia diagnosis rate 61.8%

IAPT / Talking Therapies service

Apr-Jul18: Improvement in IAPT access rate 15.6%. Improvement in IAPT recovery rate 42.2%

Child and Adolescent Mental Health Services

Apr-Jul18: Children and Young People Mental Health access rate 31.3% (performance will drop as the financial year progresses, this is due to counting rules). Improvement in RTT 6 weeks 78.5%

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Restraint:

- The CCG's Quality Team has reported concerns regarding the levels of use of restraint within Somerset Partnership NHS Foundation Trust, especially levels of prone restraint.
- In response to the CCG formally expressing these concerns, a letter was received from Somerset Partnership NHS Foundation Trust on 15 May 2018, providing additional assurance around the Positive and Proactive Care initiatives.
- To support this:
 - Concerns have been shared with the Medical Director of Adult Mental Health at the Trust and a meeting took place on 24 August 2018.
 - A joint presentation by Somerset CCG and Somerset Partnership NHS Foundation Trust on the use of restraint will be presented at the 20 September 2018 Governing Body Development Session.
 - Levels of restraint continues to be monitored through Monthly Contract Review Meetings.
 - Current focus is on Trust collated restraint data and how this informs overall clinical governance and Positive and Proactive care initiatives.
 - The CCG attended the Trust's Positive and Proactive Care Group on 3 September 2018, this discussion will inform the presentation being given during the Governing Body Development Session on 20 September 2018.

Ligatures and Ligature Points:

- Somerset CCG has undertaken a review to assess rates of ligatures / ligature points noting that 2017/18 figures show marked increase in all ligature use as well as increase in ligature point incidents compared to 2016/17. Low levels of harm have been reported though one incident sadly led to the death of a patient. There have been reports of particularly high rates of ligature use (all) in Wessex House (Tier 4 CAMHS) during the latter part of 2017/18.
- The outcomes of the review was discussed with Somerset Partnership NHS Foundation Trust at the CQRM on 22 August 2018, with particular focus on a detailed analysis which has been undertaken, focusing on staffing at Wessex House and the actions and outcomes of this Thematic Review. This issue now forms an action list that is awaiting a full response from the Trust. The CCG was present at the Trust's Positive and Proactive Care Group on 3 Sept 2018, where there were discussions around ligatures, which will provide supporting information for the presentation for the Governing Body Development Session on 20 September 2018.

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Workforce:

- There are ongoing challenges across the Somerset system regarding recruitment and retention of staff. In July 2018 the staff turnover at Taunton and Somerset NHS Foundation Trust is reported to be at 12.9% and Yeovil District Hospital NHS Foundation Trust is reported to be at 16.5%. In June 2018, Somerset Partnership NHS Foundation Trust was reported to be at 12.7%.
- Currently a Somerset-wide Workforce Strategy is being developed by the STP workforce leads, hosted by the Local Workforce Action Board (LWAB), which is looking at the current workforce diagnostics across Somerset, the first draft of which has been completed.
- Despite these challenges, the staffing position has improved sufficiently at Somerset Partnership NHS Foundation Trust to re-open the 8 rehabilitation beds at Shepton Mallet Community Hospital in July 2018.

Escherichia coli:

- Gram-negative bloodstream infections (BSIs) are a healthcare safety issue. There is a national ambition to reduce Gram-negative BSIs by 50% by March 2021. For 2018/19 a minimum 10% reduction in all *E. coli* BSIs reported is linked to the Quality Premium. Somerset CCG is higher than this required level, with a total of 192 cases against a trajectory of 132 year to date.
- The majority of *E. coli* bloodstream infections occur in the community, and a whole health economy approach is required to achieve the reductions required. Quarterly CCG-led *E. coli* meetings are taking place with multi-agency attendance.
- The CCG have been invited to attend the UTI Collaborative hosted by NHS Improvement Gram Negative Blood Stream Infections (GNBSI) team on 19 September 2018, with an aim to share and learn from other participating healthcare systems.

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Discharge To Assess (D2A):

- Earlier this year the CCG raised a safeguarding alert via Somerset County Council (SCC) for the pathway patients across Somerset; full safeguarding enquiries were undertaken by the Local Authority a copy of which has been requested from the SCC Director of Adult Services, which will be circulated once received. The CCG Safeguarding Adults Team is meeting with SCC in September 2018 to review the D2A Safeguarding Enquiries.
- The CCG has requested quality and patient safety data from Yeovil District Hospital NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust for their D2A patients, receipt of which is still awaited. SCC and the CCG are coordinating a Quality and Safety Dashboard for data from the Trusts involved, which will facilitate clinical governance oversight and if required challenge to the Trust, which is particularly necessary during Winter escalation. The CCG has drafted a service specification which includes key performance metrics and governance arrangements, which is currently being circulated for comments.

CQC Safety Domain:

- The overall Somerset position with regards to the CQC ratings in the Safety Domain remains challenged, with all Trusts in Somerset rated as Requires Improvement. As a result of this, the CCG Governing Body has requested assurances over the actions being taken within the Somerset community to address this.
- The CCG has undertaken an analysis constructed by presenting CQC findings and each individual Trusts' consequential action plan, using a high level summarised descriptors of the CQC Lines of Enquiry under the safe domain. Initial results of this analysis are currently being shared with the Trusts.

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- NHS 111 performance for calls answered within 60 seconds has seen a considerable decline since November 2017, with performance in July 2018 achieving 74.6% against a 95% target. Performance is particularly affected at the weekends due to higher pressures in service demand. Poor performance in this metric can be linked to significant increase in both length of call waits and numbers of terminated calls (linked to call backs).
- The CCG has asked that Vocare implement a real time review and audit of all calls over 15 minutes to ensure any potential harm is identified and managed. The audit results are reviewed by CCG on a weekly basis to ensure adequate actions have been taken.
- Overall performance is being monitored against a Recovery Action Plan (RAP) with agreed sustained improvement from 1 October 2018. The RAP focuses on a number of actions but the main aim is to achieve staffing levels and performance against the 95% target.
- The CCG has written to the provider to raise concerns as the agreed trajectory has not been met to date. As a result of this letter, RAP review calls have been implemented three times a week. The calls involve the CCG Commissioning Manager, Local Operational Team within the Provider, and there is Executive Oversight during the calls that take place on a Wednesday.
- The latest CQC assessment (May 2018, published July 2018) shows 'well-led' domain as remaining as 'Inadequate' with the four other domains (safe, effective, caring and responsive) as 'Good.' Overall rating remains at 'Requires Improvement.' The CCG has requested Vocare's CQC action plan via the MCRM and will monitor improvement via this meeting.

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- Whilst Category 2 performance is showing some improvements, this continues to be an area of challenge within Somerset and across the South Western Ambulance Service NHS Foundation Trust (SWASFT) patch.
- In order to improve quality and performance, recruitment is ongoing for additional call handlers and clinical hub clinicians, with regular updates given at the Integrated Quality and Performance Management Group (IQPMG). SWASFT are currently seeking further funding from all commissioners for additional staff and have also secured funding from NHS England for 63 new vehicles across the patch to support progress towards the 'right mix' of vehicles and 'right size' of fleet as part of the Joint Plan with Commissioners.
- During periods of high demand there continues to be delayed ambulance response which has led to the Trust experiencing on occasions, significantly high call stacks. SWASFT has increased its risk relating to Incident Stacking (A&E) to 25 and it is now featured on the CCG's Risk Register. The CSU have confirmed clinician oversight of call stack and there is ongoing enquiry of audits relating to Welfare Call Standard Operating Procedures.
- There are low levels of compliance for both non-clinical and clinical call audits (999), these issues are on the Trust's risk register at scores of 16 and 20 respectively. The Trust reported to the Quality Sub-Group on 31 May 2018 that a remedial action plan is in place with Executive Director oversight. The Quality Sub-Group requested an improvement trajectory at that time, receipt of this is currently pending, and this request for information has been escalated to the CSU.
- The Trust has undertaken a 'Deep Dive' on the 999 Clinical Call Audit Compliance and the Trust's risk register notes controls in place and further actions required to mitigate the risk. Key actions include: introduction of a Trust-wide audit policy; overtime offered to auditors and funding is to be sought to staff non-clinical audit team; production of an improvement trajectory with timescales. The CCG will be seeking an update at the Quality Sub-Group on 20 September 2018.

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- Primary care, MIUs and EDs in Somerset have noted delays in ambulance response at times, when it is not clinically appropriate for the patient to remain at the current healthcare setting. This issue was discussed at the CCG-led Urgent and Emergency Care Clinical Assurance Committee, as a result of this meeting, the following actions were agreed: the Urgent Care Team will send out information to GP practices regarding accessing ambulances and the Quality Assurance Lead will liaise regularly with the SWASFT County Commander regarding the healthcare feedback that has been received. A request has been made to the CSU as the topic is to be discussed at next Quality Sub-Group on 20 September 2018.
- New Ambulance Quality Indicators (AQI) metrics were introduced in November 2017. Thresholds for these new metrics have not yet been agreed and therefore the Trust reported performance is currently benchmarked against national average. For the period March 2017 to February 2018 the Trust is performing worse than national average on 2 out of 4 'Outcome from cardiac arrest' measures; % of patients with pre-hospital diagnosis of suspected ST-Elevation Myocardial Infarction (STEMI) which is confirmed on Electrocardiogram (ECG), then receiving an appropriate care bundle, is significantly below the national average of 84.00% at 66.23%; % of suspected stroke or unresolved transient ischaemic attack patients assessed face to face that received an appropriate diagnostic bundle is slightly below national average of 97.00% at 96.76%.
- The Trust reports that the Quality and Performance Improvement Plan (QPIP) Phase 3 commenced in June 2018 with a focus on delivering specific improvements in the Ambulance Quality Indicator metrics. Progress on this will be sought at the next Quality Sub-Group meeting on 20 September 2018.
- A Joint Improvement Plan between SWASFT and all commissioners, led by Dorset as Lead Commissioner, is being developed to be actioned and delivered through the A&E Delivery Board to address areas of concern and improve performance. The Joint Improvement Plan will be discussed at the next Clinical Executive Group on 3 October 2018 to provide assurance to SCCG. The Quality-Sub-Group, will monitor the quality aspects of the plan. This is a 3 year plan which comprises of 8 workstreams, delivering at various points over the 3 year period.

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- The number of Somerset patients attending either an A&E Department or Minor Injury Unit has increased by 7.9% when comparing the cumulative period April 2018 to July 2018 to the same period in the previous year. However, despite this increase in A&E demand Somerset CCG's commissioned 4-hour performance has improved with the 95% standard being met from May 2018 as result of improved Acute Provider performance.
- **Taunton and Somerset NHS Foundation Trust:** On a Trust-wide basis MPH has experienced a 7.9% increase in A&E attendances when comparing April to July 2018 to the same period in the previous year but has delivered an improvement in A&E 4 hour performance since March 2018. Although the Trust's performance declined by 1% in July due to the high level of clinically complex patients and high occupancy levels within the A&E department, particularly in the evenings delaying admission to the ward, the Trust continues to meet their A&E improvement plan with performance in July 2018 of 91.8% against a plan of 90.8%. The Trust has an A&E Improvement Plan in place that focuses upon strengthening A&E staffing and improving patient flows and compliments the system-wide programme of work to reduce emergency admissions and length of stay through Rapid Response, Care Home Outreach and Single Point of Access.
- **Yeovil District Hospital NHS Foundation Trust:** the Trust has experienced a 15.0% increase in A&E attendances but despite this the Trust's 4-hour performance in July 2018 was 98.8% against a plan of 95.0% and have continued to be placed as the top performer nationally. A review is underway to understand the significant growth in attendance and initial findings show that whilst there has been more growth in the minors rather than majors overnight attendances have increased at a faster rate than day time attendances and ambulance arrivals have increased. Further analysis will look at any geographic shifts in attendance and establish if there have been changes in how patients access Urgent Care services. The results will be presented to the A&E Delivery Board on 27 September 2018.
- **Somerset Partnership NHS Foundation Trust:** the number of patients attending a Minor Injury Unit increased by 5.2% when comparing the cumulative period April 2018 to July 2018 to the same period in the previous year and with the exception of Minehead Community Hospital all sites have experienced an increase in demand. The Units experiencing the most significant increase in attendance are Frome and West Mendip and a meeting with the Trust has been scheduled for the 12 September 2018 to discuss demand and also capacity constraints within each unit.

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- **Royal United Hospital Bath NHS Foundation Trust:** the Trust has experienced a 5.3% increase in demand when comparing the cumulative period April to July 2018 to the same period in the previous year and whilst 4-hour performance remains challenged in July at 82.8% against a plan of 90.0%, however this is a significant improvement upon the Q4 2017-18. The Trust has a system wide 4 hour improvement plan in place that has a specific focus on length of stay and diagnostics.
- **Weston Area Health NHS Trust:** whilst the Trust has experienced a 4.5% reduction in demand when comparing the cumulative period April to July 2018 to the same period in the previous year due to the overnight closure of the A&E Department there has been an noted increase in attendance from February 2018. The Trust has delivered improved performance since April 2018, however performance declined in July 2018 to 90.2%. The trust have introduced a streaming post at Reception in order to identify the most appropriate area for patients to be treated and a patient tracker who identifies and escalates any potential delays in the patient pathway. A Contract Performance Notice remains in place for A&E 4 hour waits with ongoing monitoring at the BNSSG CCG A&E Delivery Board and the Quality Sub Group. The Trust have reported public queuing to attend ED before 8am opening and will be re-issuing information to the public on alternative services.
- The A&E Delivery Board has agreed the priority schemes which focus on reducing avoidable A&E attendances and admissions from A&E, which a result of releasing bed capacity will improve hospital flow; the schemes are:
 - Reduce length of stay patients admission has exceeded 7 and 21 days
 - Reduce A&E attendances, admissions and length of stay related to frailty (falls and confusion)
 - Launch an integrated urgent care triage and consultation service
 - Deliver the 7-Day Working four priority standards across MPH and YDH
 - Reduce non-elective admissions from care homes and related length of stay

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- The Somerset system has experienced a 7.2% increase in emergency admissions when comparing April to July 2018 to the same period in the previous year with all local Providers experiencing an increase in demand. Whilst there has been a comparable year to date increase across both the zero and non zero length of stay cohorts, the number of non-zero emergency admissions reduced in June and was lower (better) than plan. Within the Better Health and Better Care domains of the CCG Improvement and Assessment Framework there are a number of urgent care measures which are being assessed locally in order to better understand the increase in emergency admissions. Those measures that show an increase in demand are: urgent care sensitive conditions, injuries resulting from a fall and emergency re-admissions. The A&E Delivery Board has agreed six priority schemes; these core services are focused on reducing avoidable A&E attendances and admissions from A&E, as well as releasing bed capacity and improving patient outcomes.
- **Injury from a fall, in patients aged >65 years:** During the cumulative period April to July 2018 there has been a 9.0% increase in the number of patients aged over 65 years who were admitted to hospital after sustaining an injury from a fall; due to a reduction in this type of admission in July, the level of cumulative growth has reduced when compared to the previous month. A significant proportion of the year to date increase relates to patients aged 75 to 94 years who were categorised as having had a 'other falls on the same level' or 'unspecified falls' resulting in injuries to the scalp and head, fracture of the neck of femur and other closed fractures. Both Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust are promoting patient education and an Integrated Falls Service starting at the beginning of December will provide a dedicated falls service for patients over 65 at risk of falls and those who have low acuity fall injuries. In addition, Somerset CCG is working with the Centre For Better Ageing (Manchester University) who are holding a Stakeholder Day on 27 September 2018 to discuss the services provided for people who fall in the community; attendance will be multi-disciplinary at this event including representatives from Secondary Care (including SomPar), Adult Social Care, Primary Care, Housing and Homecare Providers, support Emergency Services and Voluntary Services.
- **Urgent Care Sensitive Conditions:** During the period April 2018 to July 2018 there have been 4542 patients admitted with an urgent care sensitive condition (these are conditions where the admission has been defined as avoidable) and represents a 6.6% increase admission when compared to the same period in the previous year.

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- **Urgent Care Sensitive Conditions Continued:** The condition with the most significant growth is 'Acute Mental Health Crisis' where there has been a 43% increase in the number of patients aged >65 years with a specific increase in those presenting with delirium, dementia unspecified, mental and behavioural disorders due to use of alcohol and other anxiety disorders. Whilst overall there is comparable growth during both in and out of hours periods the highest proportion of admissions of this type at Taunton and Somerset NHS Foundation Trust occurred during in-hours period. This increase has been followed-up with the CCG Mental Health and Learning Disabilities Team and an initial meeting has taken place between the CCG Clinical Lead for Mental Health and the Psychiatric Liaison Lead for Musgrove and Yeovil District Hospital; further to this a detailed analysis has been requested, once the full analysis has been produced by the CCG further investigations will be led by the Mental Health and Learning Disabilities Team. A related entry (reference CCD61) on the CCG Corporate Risk Register includes a score of 12 in respect of Mental Health urgent care, whereby risk mitigation (i.e. mental health first aid) and admission avoidance strategies are to be explored. In addition, there is also a noted (but lesser) increase in the number admission for patients with non-specific abdominal pain and non-specific chest pain. The CCG has established a Medically Unexplained Pain work programme and a workstream group (chaired by Somerset Partnership NHS Foundation Trust's Medical Director) meet on a bi-monthly basis and are focusing upon strengthening the front end of the pathway to avoid admission.
- **Urgent Re-admissions:** There were 3,554 patients during the period April 2018 to July 2018 who were re-admitted to hospital as an emergency within 30 days of discharge. The Provider with the greatest (volume) is Taunton and Somerset NHS Foundation Trust and the Provider with the greatest proportion of growth is Weston Area Health NHS Trust, although Yeovil District Hospital experienced a significant increase in this type of admission in July 2018 breaching the upper control limits. The condition groups where there was the greatest level of re-admission were Infectious Disease and Immune System Disorders, Urinary Tract and Respiratory System conditions and Undefined Groups. Not every emergency readmission will be as a result of a poorly managed discharge and a review is underway to calculate and benchmark the rate of re-admission and to identify if the re-admission was for the same condition; the results of this review will be shared with the A&E Delivery Board and CCG Quality Team to define the required next steps.
- Due to the increased level of emergency demand experienced by Somerset CCG during 2017/18 NHS England commissioned an external validation of growth and this review concluded that Somerset CCG could expect to see an increase in emergency admissions during 2018/19 of 5-6% and if the pattern of reduced length of stay continued growth for the demand for inpatient beds could be in the region of a lesser 1-2%. A follow up discussion with this Independent Expert will take place in September 2018 to discuss the next stage of this work which includes a review of Quarter 1 2018-19, understanding any recent changes or trends, zero length of stay and Ambulatory Emergency Care admissions and non-emergency transfers from the Acute Providers to community hospitals.

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- The Somerset system has experienced a 3.5% increase in Referrals when comparing April to July 2018 to the same period in the previous year and is 2.3% above plan. This equates to a 1.1% increase in GP Referrals (1.4% above plan) and 8.7% increase in Other Referrals (4.0% above plan). A key factor influencing GP referral growth is a 20.7% increase in Suspected Cancer 2 Week Wait demand across Somerset.
- New Referral to Treatment periods (RTT Clock Starts) are being utilised to assess referral demand during 2018/19 as this provides a speciality level referral dataset across Somerset and removes the challenge of aligning specialities associated with referrals between Providers. Initial analysis shows that the measures are comparable, though not perfectly aligned, which is continuing to be explored with the Providers to understand any reporting differences. On this basis there has been a 5.0% increase in the number new RTT Clock Starts when comparing April to July 2018 to the same period in the previous year with all local Providers experiencing an increase in demand. A key component of the increase in clock starts is the increase in cancer demand which contributes to 59% of the overall clock start growth. As there has been no reduction in conversion rate in 2018/19 there is no evidence of inappropriate cancer referrals contributing to the growth. Somerset CCG has requested from local Providers weekly clock start data in order to more swiftly identify any occurrences of statistical variation.
- As a consequence of this increase in demand as at 31 July 2018 there were an additional 3,565 patients on an incomplete pathway (patients on an incomplete pathway are waiting to start treatment) when compared to the March 2018 baseline. Whilst this has been underpinned by the increase in clock starts during the period April to June 2018, the further increase between the periods June and July relate to an increase in reported waits at UBHT; it is anticipated that this is a data error and is being investigated with the Lead Commissioner.
- The specialities with the greatest level of clock start growth are general surgery (+949, 12.79%), Other (+775, 10.65%), Gynaecology (+577, 15.90%), Ophthalmology (+415, 5.92%), ENT (+368, 8.21%), Gastroenterology (+242, 8.29%) and Dermatology (+129, 4.13%). An overview of the Elective Care position was presented to the Programme Executive Group on 13 August 2018 which outlined the factors that are driving the increase in demand by specialty and the suggested actions to address the increase in demand, which include: the work being done by the Elective Care Delivery Board; schemes to reduce the total level of elective care, for example PIFU; and schemes to target new clock starts, for example Faecal Immunochemical Testing.
- NHS England are working with the Elective Care Delivery Board to deliver a system wide diagnostic, and set of suggested interventions to complement the demand management schemes implemented during 2017/18. This programme of work commenced in August 2018.

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- **Taunton and Somerset NHS Foundation Trust:** the Trust is reporting a 3.9% increase in GP referrals and a 7.9% increase in Other Referrals when comparing April 2018 to July 2018 to the same period in the previous year and this equates to overall referral growth of 5.0%. In respect of new clock starts the Trust is seeing a 8.6% increase in demand across the same period and the specialities experiencing the most significant growth are: General Surgery, *Other Specialities, ENT and Gynaecology (*Other specialities is a combination of lower volume pathways and include: clinical haematology, clinical immunology, clinical oncology, diabetic medicine, hepatology, medical oncology, paediatric, pain management, rehabilitation, restorative dentistry, dental medicine specialities).
- **Yeovil District Hospital NHS Foundation Trust:** the Trust is reporting a 3.5% increase in GP referrals and a 7.9% increase in Other Referrals when comparing April 2018 to July 2018 to the same period in the previous year and this equates to overall referral growth of 4.8%. In respect of new clock starts the Trust is seeing a lesser 2.3% increase in demand across the same period (this difference is being investigated with the Provider) and the specialities experiencing the most significant growth are: Gynaecology, ENT, Gastroenterology and Geriatric Medicine. The Trust has experienced a 12.6% increase in suspected cancer 2 week waits (or 192 additional referrals).
- **Royal United Hospital Bath NHS Foundation Trust:** the Trust is reporting a 4.4% reduction in GP referrals and a 4.5% increase in Other Referrals when comparing April 2018 to July 2018 to the same period in the previous year and this equates to overall referral reduction of 0.3%. In respect of new clock starts the Trust is seeing a 5.5% increase in demand across the same period and the specialities experiencing the most significant growth are: Cardiology, Other specialities and General Surgery. The Trust has experienced a 20.0% increase in suspected cancer 2 week waits (or 123 additional referrals).
- **Weston Area Health NHS Trust:** the Trust is reporting a 28.7% increase in GP referrals and a 4.2% reduction in Other Referrals when comparing April 2018 to July 2018 to the same period in the previous year and this equates to overall referral increase of 20.5%. The reduction in Other Referrals is underpinned by a reduction in consultant to consultant referrals in Cardiology; the service has recently changed the referrals process to implement an electronic ward referral system which are vetted for appropriateness. In respect of new clock starts the Trust is seeing a 14.1% increase in demand across the same period and the specialities experiencing the most significant growth are: Gynaecology, Urology and Cardiology. The Trust has experienced a 10.1% reduction in suspected cancer 2 week waits (or -27 referrals).

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The national Incomplete Pathway planning ambition for 2018/19 is for the number of patients on an incomplete pathway as at 31 March 2019 to be equal to or less than the number of patients waiting as at 31 March 2018. In July 2018 the number of patients on an incomplete pathway increased by 3,565 patients from the March 2018 baseline and is underpinned by a 5.0% (+2879) increase in new clock starts with a significant proportion of this linked to the increase in cancer referral.

- Somerset Clinical Commissioning Group met the local RTT incomplete pathway standard in July with performance of 86.1% against a trajectory of 85.0% which is comparable to the previous month. There were 5,429 patients waiting over 18 weeks and a median (completed treatment) waiting time of 33.8 weeks. However, as a consequence of the cancer patients requiring urgent treatment in order to meet the 62 day pathway there is an impact upon the waiting times profile with the number of patients in the >35 week waiting time cohorts increasing by 39 patients when compared to the previous month. Entry 3b on the CCG Corporate Risk Register includes a score of 20 in respect of meeting the waiting times target for RTT.
- The RTT incomplete pathway standard has not been met since November 2015; during this period performance has deteriorated resulting in a significant elective 'debt' (increased backlog) to address. NHS England is working with the Elective Care Delivery Board to deliver a system wide diagnostic, and set of suggested interventions to complement the demand management schemes implemented during 2018/19 and this programme of work commenced in August 2018. Whilst demand management will offset some of the incoming demand this will not significantly reduce the backlog which could result in an increase in clock stops (non-admitted or admitted activity) with a further deterioration in performance.
- There is significant variation in waiting times across Somerset; to try to equalise waits the CCG supplies the Referral Management Centre (RMC) with 92nd percentile waiting times for treatment for local Providers in order that patients can make an informed choice regarding the location for treatment.
- Somerset CCG held an internal Performance and Quality Trajectories meeting on the 28 August 2018 to review current performance and to discuss the development of improvement trajectories as part of the CCG's 5 year recovery plan. A forecasting model is under development which looks at the number of patients on the RTT pathway, waiting times profile, anticipated new demand and activity levels in order to predict the year end waiting list volume and performance. From this forecast improvement scenarios will be developed to predict the timescale for recovery together with the volume of activity required to be delivered (a combination of demand management reductions and additional commissioned activity) to reach the improvement ambition. It is anticipated that this model will be fully functional by mid-September to underpin discussion with the Elective Care Delivery Board Lead and System Partners.

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- There were 45 patients waiting in excess of 52 weeks in July 2018 against a plan of 24 and this represents an increase of 6 patients upon the previous month. Of the 45 long waits reported, 37 patients were reported by MPH and 8 patients reported by Other Providers (Northern Devon Healthcare NHS Trust (2), North Bristol NHS Trust (3) and University Hospitals Bristol NHS Foundation Trust (1) and Royal Orthopaedic Hospital NHS Foundation Trust (1).
- **Taunton and Somerset NHS Foundation Trust:** In July 2018 the number of patients on an incomplete pathway increased by 1,302 patients from the March 2018 baseline which equates to an increase of 6.7% (and comparable to the previous month) and is underpinned by a 2164 (or an 8.6%) increase in new clock starts. The Trust met the local RTT incomplete pathway standard in July with performance of 80.6% against a plan of 80.3% and represents comparable performance to the previous month. There were 4,030 patients waiting over 18 weeks and a median (completed treatment) waiting time of 34.9 weeks. However, as a consequence of the cancer patients requiring urgent treatment in order to meet the 62 day pathway there is an impact upon the waiting times profile with the number of patients in the >35 week waiting time cohorts increasing by 39 patients when compared to the previous month. This has had a consequential impact upon the number of patients waiting in excess of 52 weeks, with the Trust reporting 37 Somerset patients against a Trust to Somerset plan of 20. As at the June snapshot, the Trust assessed a cohort of patients in respect of patient harm: 14 patients have no harm identified, there is unlikely to be harm in respect of 4 patients (and this will be confirmed upon treatment), 1 patient was discharged without treatment so unable to confirm and 13 remain under review. During this month 21 patients with a wait in excess of 52 weeks were treated and 16 patient moved into this waiting time cohort. This forms the basis of a new monthly submission to NHS Improvement and the Trust has committed to share this with the CCG upon submission.
- The Trust has an RTT Long Waits and Speciality Level Improvement plan in place which is reviewed in detail at the monthly RTT Remedial Action Plan meeting and also holds an RTT Steering Group once month; the CCG is in attendance at both of these meetings in order that we can understand the issues, actions and escalate concerns.
- NHS Improvement's Chief Executive, Ian Dalton, has written to the Trust to express concerns that the Trust is not meeting the levels of activity or performance improvements outlined within the 2018-19 plans and the Trust has been asked to provide responses to key lines of enquiry by 5 September 2018.

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- Somerset CCG Quality Team undertook a Quality Assurance visit in June 2018 to Taunton and Somerset NHS Foundation Trust and have produced a Report which outlined the requirement for further information and a set of recommendations, which included for the Trust to develop a quality improvement plan; the provision of detailed RCAs to ensure the points of learning are being captured and cascaded to avoid future breaches; consideration for the use of the NPSA comprehensive tool and a review of patient engagement and feedback. CCG attends the Trust led RTT Remedial Action Plan and the Steering Group meetings and has an RTT Long Waits and Speciality Level Improvement plan in place which is reviewed in detail at these meetings.
- **Yeovil District Hospital NHS Foundation Trust:** In July 2018 the number of patients on an incomplete pathway increased by 604 patients from the March 2018 baseline and is underpinned by a 2.3% (+263) increase in new clock starts. The level of overall referral growth is significantly higher than this at 4.8% and is being investigated by the Provider. The Trust met the RTT incomplete pathway standard in both June and July 2018 with performance of 93.0% against a plan of 92.0%. NHS England Regional Team have raised concerns regarding the increase in the number of patients waiting on an incomplete pathway at YDH and Somerset CCG have provided feedback to explain this growth.
- **Royal United Hospital Bath NHS Foundation Trust:** In July 2018 the number of patients on an incomplete pathway increased by 267 patients from the March 2018 baseline which equates to an increase of 10.4% and is underpinned by a 264 (or a 5.5%) increase in new clock starts. There were 286 patients waiting over 18 weeks in July which resulted in performance of 89.9% which is comparable to the previous month and inline with the improvement plan. Actions undertaken during June include the Trust working with NHS England in respect of an RTT Recovery Plan for GA Dental Procedures, transferring patients to the Independent Sector and delivering additional out patient capacity via waiting list initiatives across selected specialities. A selection of RCAs have been received but they contain limited detail and Somerset CCG Quality Team have requested further detail from the Lead Commissioner (Bath and North East Somerset CCG). In respect of other long waits, the number of patients waiting in excess of 30 weeks has reduced in most specialities with the exception of Ophthalmology and Oral Surgery; both specialities continue to have a long wait for out patients but recovery plans are in place for both areas. The Trust has provided assurance to Somerset CCG that they undertake a weekly review of the waiting list and this will be monitored through the monthly Quality Sub Group meeting with the CCGs and the Trust. In respect of the >52 week waits, on a Trust-wide basis the Trust reported 5 patients in July 2018 who breached this waiting time; the Trust has committed to contact the patients following the completion of the RCA.

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- Somerset CCG has continued not to meet the waiting time standard whereby patients can expect to receive their diagnostic test or procedure within 6 weeks as a consequence of the under performance predominantly at MPH. Performance in July was 80.05% against the 99% standard. The diagnostic modalities having the most significant impact upon delivery of the standard are MRI, CT, Echocardiography and Endoscopy (Gastroscopy, Colonoscopy and Flexi Sigmoidoscopy). Entry 3b on the CCG Corporate Risk Register includes a score of 20 in respect of meeting the waiting times target for diagnostics.
- The Elective Care Delivery Board has established a Diagnostic Working Group; this Group met on 10 August 2018 and was attended by representatives from Somerset CCG, Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust. The initial focus of this Group is upon the most challenged modalities of MRI and Endoscopy and the key aims and objectives are to standardise access to diagnostics, establish mechanisms to manage routine and urgent demand, gain a consistent understanding of demand, capacity and growth in order to feed into future planning assumptions and reduce waiting times and equalise waits across Somerset. The agreed next step are:
 - **Endoscopy:** to address the shortfall in capacity to meet recurrent demand, workforce resilience and information sharing across the providers the immediate action is to launch the 100 Day Rapid Improvement Methodology in September 2018 and discussions are underway in respect of the launch to ensure that there is appropriate representation. The CCG's Elective Care Lead is liaising with Nesta (an Innovation Foundation who were involved in a previous 100 Day Project) and NHS England to investigate if either are available to facilitate the launch. In addition, in order to understand the demand and capacity a request will be made to the AHSN to develop a modelling tool that could be rolled out across the System.
 - **MRI:** the key issues pertain to insufficient capacity to meet increasing demand, workforce challenges (linked to a national shortfall) and reporting issue. The initial actions focus on how capacity can be optimised across Somerset and to explore how patients can be transferred between providers, review of best practice and consideration of direct access or triage opportunities.

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- **Taunton and Somerset NHS Foundation Trust:** the Trust has experienced a further deterioration in performance in July 2018 with 68.99% of patients waiting less than six weeks for their diagnostic test or procedure. The most challenged modalities are MRI, Endoscopy, CT and Echocardiography with both MRI and Echocardiography demonstrating a further increase in breach in July 2018. The Trust has a Diagnostic Improvement Plan in place and have finalised improvement trajectories which incorporate all additional capacity that has been secured to address the backlog. The PEG has agreed additional diagnostic capacity and as a result the Trust anticipate that the performance will improve to 77% by the end of September 2018 with a further improvement to 92.5% by March 2019. Key actions to increase capacity include in-sourcing additional capacity delivered by accredited Independent Providers (echocardiography and Endoscopy), additional Locum (weekend) coverage and increased mobile MRI and CT capacity. The Trust is also carrying out improvement works to ensure there are effective booking processes in place, developing an Echocardiography Business Case and Workforce Strategy to improve resilience within the Echocardiography Services and increasing onsite MRI and CT capacity by the end of the year.
- CCG has requested the outcomes of the RCA review process for breaches to identify if any patient harm has occurred due to the delay, along with a highlight report regarding any actions required as a result of learning from the RCA reviews since February 2018 and assurance processes on patient safety. This has been escalated through the Contract Review meeting with the Trust in May 2018 and requested again through the CCG Clinical Quality Review meeting and is on the agenda for the next Contract Review meeting with the Trust.
- **Yeovil District Hospital NHS Foundation Trust:** the Trust did not meet the diagnostic waiting time standard in July 2018 with 97.80% of patients waiting less than six weeks for their diagnostic test or procedure. The highest proportion of these breaches were within echocardiography and were linked to unexpected capacity constraints, due to workforce issues. The Trust are currently trying to recruit a Locum to increase capacity within the service.

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- **Royal United Hospital Bath NHS Foundation Trust:** the Trust did not achieve the diagnostic standard in July 2018 with 94.14% of patients waiting less than six weeks for their diagnostic test or procedure. This is a slight decrease in performance when compared to the previous month, and equated to 72 diagnostic breaches which occurred within CT, MRI and Echocardiography. The factors leading to the increase in MRI and CT breach relate to mechanical failure and options to mitigate are underway by the Trust. The Trust has an improvement plan in place in respect of Echocardiography and it is expected that breaches will reduce with the backlog cleared by the end of September 2018, as have secured consultant time to undertake specialist diagnostics.
- **Quality:** there were two serious incidents at the Trust involving the haematuria clinic; one related to a backlog of 58 patients awaiting haematuria clinics in May 2018 (although some of those will only have been waiting a number of days). The backlog appears to be related to the capacity to decontaminate scopes and additional clinics have been booked to address the backlog. All patients on the list are to be contacted and reviewed; Somerset CCG has not been notified of Somerset patients being affect.

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- Across the Somerset System there has been an increase in suspected Cancer 2 Week Waits, comparing April to June 2018 to the same period the previous year, there has been a 20.7% increase in demand. As there has been no reduction in conversion rate in 2018/19 there is no evidence of inappropriate cancer referrals. In Somerset there has also been an increase in 62 Day Cancer pathways of 20.8% in the same period
- The CCG is developing a 62 Day Cancer Improvement Plan to ensure that the CCG is able to reduce number of 62 Day breaches and recover the 62 Day cancer standard by March 2019.
- The cancer support funding first discussed by NHS England in June 2018 is anticipated to reach CCGs in late August 2018. This has been allocated for the delivery of cancer waiting times targets in quarter 2.
- The Quantitative Faecal Immunochemical Testing (qFIT) project for low risk symptoms in symptomatic colorectal cancer is in progress. Early indications show 15% of tests are positive with around 80% not requiring a 2 week wait appointment. This is potentially indicative of a small reduction in referrals, and more data is anticipated in September 2018. The CCG will be working with Public Health England to develop a joint commissioning plan for the implementation of qFIT for screening as there is likely to be an increase in demand for colonoscopy.
- The NHS “Blood in Pee” campaign is underway. Local businesses and organisations have been working with the cancer lead at the CCG to promote the campaign in their staff and public bathrooms.
- The optimal lung cancer pathway is operational in Somerset. A small reduction in referrals has been seen in Yeovil. In Taunton 8 patients have been able to be fast tracked and therefore benefit from a faster diagnosis and treatment.
- Some Multi-Disciplinary Teams (MDTs) will be visiting high performing MDTs across the country, to identify opportunities for change. MDTs will also be looking at ways to modernise their decision making processes which will see a focus on the more complex patients.

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- **Taunton and Somerset NHS Foundation Trust:** The Trust's 2 week performance in June was 90.89% and represents a slight decline on the previous month; the Trust has experienced a 30.9% increase in the number of patients referred on a 2 week pathways (676 patients) when comparing April to June 2018 to the same period in the previous year. The Trust's 62 Day performance in June 2018 was 73.03% which is comparable to the previous month. There has also been a 30.6% increase in 62 day pathways during the same time period indicating that there has been no reduction in the cancer conversion rate. There continues to be a range of factors impacting upon performance which include high levels of patient choice, medical deferrals and an increase in the number of complex cancers (lung, colorectal and head & neck) or complex diagnostic pathways with the patient often not being well enough to treat within 62 days of referral.
- The Trust have a cancer recovery plan in place, which is reviewed and updated on a monthly basis at the Cancer Performance Steering Group. In June 2018, a CCG peer led review took place, the outcomes of which are awaited. The Trust have been asked for their oversight of risk management and the quality and safety for cancer breach patients, the CCG awaits this detail.
- **Yeovil District Hospital NHS Foundation Trust:** There was a significant decline in 2 week wait performance in June 2018 with performance of 84.9% against the 93% standard. Whilst the Trust has seen an a 12.6% increase in the number of 2 week referrals (+192 patients) when comparing April to June 2018 to the same period in the previous year the decline in performance was attributed to the new straight to test cancer pathway in gastroenterology. There were capacity issues within endoscopy which was compounded by locum workforce issues. The Trust's 62 Day performance in June was 82.83% against the 85% standard; performance continues to be variable, due to the number of complex pathways spanning more than one provider. The Trust has improved governance and management of the cancer pathways with increased oversight and a standard operating procedure for escalation has been implemented with weekly patient tracking lists within specific business unit teams. The Trust is also visiting other Trusts to understand where shared learning and further improvements can be made.
- The Trust have a 62 Day Cancer Improvement Plan in place, which includes actions to improve management processes, reporting and IT support, SLA developments, pathway improvements, reducing diagnostic delays, improving recruitment and cancer 2 week wait achievement.

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- **Royal United Hospitals Bath NHS Foundation Trust:** the Trust's 2 week performance in June was 91.77% and represents a decline on the previous month, however the Trust met the standard on a Trust-wide basis during the month. RUH has shown a 20.0% increase (123 patients) in 2 week wait referrals, when comparing April to June 2018 to the same period in the previous year. The Trust have a Remedial Action Plan in place for 2 week wait breast symptomatic, this includes actions to improve the workforce and referral process to ensure that performance remains at a high level. The Trust met the 62 day cancer standard in June with performance of 96.43% against the 85% standard; there has been a 23.5% increase in the number of 62 day pathways during the period April to June 2018 when compared to the same time period indicating that there has been no reduction in cancer conversions.
- The Cancer Services Manager at the RUH continues to work within the Cancer Network to minimise breaches. Lead Commissioner B&NES CCG with associate commissioners Wiltshire and SCCG continue to have oversight through the Quality Sub Group.
- **Weston Area Health NHS Trust:** the Trust met the 2 week standard in June with performance of 94.37% against the 93% standard. The Trust's 62 day performance in June was 69.23% against the 85% standard as a result of 2 breaches.
- BNSSG have a contract performance notice and remedial action plan in place for the non-compliance with the 62 day cancer standard. The Trust reports it is working to improve pathways; specifically within Colorectal and Urology. SCCG is working closely with NHSI to support the Trust on their trajectory towards 85%. The CCGs have requested the outcomes of the RCA review process for breaches to identify any patient harm that has occurred due to the delay, along with a highlight report regarding the action taken as a result of learning from the RCA reviews.

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- Dementia diagnosis rates have remained relatively static since March 2016 with the rate being sustained at performance of approximately 61.8%, against national ambition of 66.7%. Latest dementia post diagnostic support performance for 2016/17 shows Somerset has delivered performance of 33.8%. This is a decline on 2015/16 performance of 43.9% (sourced from NHS England CCG IAF assessment).
- Plans are underway for secondary care to work more collaboratively with General Practice to improve confidence, and eventually diagnosis of people who are clearly living with dementia. Practices will be supported by psycho geriatricians.
- Somerset has yet to agree a new dementia diagnosis pathway. Whilst not fully agreed, a pathway will be implemented as a pilot in South Somerset and Bridgwater; when and if agreed the new pathway can be rolled out across Somerset. The pathway is expected to increase diagnosis within primary care.
- Work is being undertaken by the CCG Mental Health and Learning Disabilities Team to review diagnosis rates in order to ensure QOF patient data reflects diagnosis rates.
- Poor performance is linked to use of Somerset Practice Quality Scheme (SPQS) instead of QOF. The SPQS 2018/19 specification now includes a requirement to improve rate / recording of annual dementia review in Quarter 1 2018/19. The CCG Mental Health and Learning Disabilities Team is leading on work to review post diagnostic support and ensure data quality and capture is improved going forward.
- The Alzheimer's Society specification is being changed so the Dementia Advisers improve their partnership working with community initiatives such as Village Agents and local social care hubs to access more people.
- Somerset has a range of voluntary sector providers, who support people with dementia in the community. Plans are under way to ensure the sector benefits from improved co-ordination and consistency of care quality.

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- A number of performance concerns had been raised during recent years by the CCG to Somerset Partnership regarding IAPT and the CCG has previously requested action plans and supporting trajectories from Somerset Partnership in order to deliver performance improvements; the action plans have addressed individual issues, however have then lead to unintended consequences elsewhere within the pathway. Therefore it has not been possible to deliver longer term sustainable service change to enable achievement of national targets.
- As part of this work, a concern regarding the qualifications of the workforce in compliance with the IAPT manual (National Collaborating Centre for Mental Health, 2018) was raised and actions are in place to resolve the training and qualifications.
- Due to the issues outlined above following a series of open meetings with the IAPT team and CCG senior leadership an external review of the IAPT service was jointly requested, this was undertaken by the Intensive Support Team (IST) on 10th and 11th May 2018.
- The intensive support team are in the final stages of finalising the report following some feedback provided by the CCG, however a summary of key findings has been identified.
- The CCG and Somerset Partnership have produced a draft transformation plan for the service based upon the outputs from the review session held with the IST on the 11th May and once the final report from the IST is received the transformation plan will be finalised to ensure that concerns raised by the team are adequately addressed, and more importantly moving the service forward.
- In collaboration with Health Education England (HEE) training places for all non IAPT trained PWPs have been commissioned, 10 places to commence in September 2018 and the remaining 9 to start in January 2019.
- Important next steps include; receipt of final version of the IST report, collaborative development of an Improvement Board to oversee the IAPT work and support discussions for CMHT cohort of patients, formalisation and continued work on the transformational action plan on final recommendations from IST.

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- The Children and Young People MH access rate performance in 2017/18 was 19.4%, against national ambition of 30%, the national ambition in 2018/19 has increased to 32% for all NHS commissioned services. There is also a 34% stretch target in place in respect of the CCG Quality Premium. To date the CCG have only been able to capture Somerset Partnership data. However, the CCG is having ongoing discussions with service providers regarding reporting data through Mental Health Services Data Set (MHSDS) so that accurate activity and access for CYP can be recorded and reported. The providers include Kooth on-line counselling, whereby data will be flowed from October 2018, and new provider 2BU (Lesbian, Gay, Bisexual, Transgender (LGBT) youth support service) and the CCG estimates that combined activity will equate to a contribution of between 2-4% towards the access rate.
- Somerset Partnership has an improvement plan in place and regular meetings between the CCG and the Provider take place to review progress. Key actions include ensuring consistent ongoing recording of data by all members of the CAMHS teams, reviewing and improving DNA rates which includes the implementation of a new administrative system that plans to use text prompts as well as letters to invite and remind young people of their appointments, review of care plans and monitoring length of stay in service together with delivery of a self-referral option which is being developed with young people. An issue believed to hamper progress include the complexity of need of young people within the service and the inability to record someone for a second time if they are re-referred into the service during the current reporting period and financial year.
- Given the success of the external review undertaken by the Intensive Support Team (IST) in respect of the Somerset IAPT Service, the CCG is in early discussion with Somerset Partnership in regards to a similar diagnostic review of the Somerset CAMHS services.
- Increasing demand and severity of presentations has led to increased challenges in both managing children on inpatient wards, and greater waits both in accessing tier 4 beds and in achieving placement for children with challenging behaviours.
- A Children and Young People (CYP) Mental Health Improvement Plan has been developed building on the Rapid Improvement Event (RIE) which was convened by the CCG in April 2018; the Improvement Plan will incorporate actions to address concerns and which will lead to improvement.

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- A draft Improvement Plan is being circulated to Musgrove, Yeovil District Hospital, Somerset Partnership and Somerset County Council on Friday 7 September 2018 and will be ratified at both scheduled and extraordinary meetings planned during September 2018.
- Early scoping shows that improvement work is underway as an outcome of the RIE, however the Improvement Plan will ensure oversight, coordination and monitoring by established groups; Strategic Commissioning Group (Programme Board for the Somerset CYP Programme), Local Provider contract meetings and also Somerset CCG and CAMHS Interface Group.
- In May 2018 the CCG funded Somerset Partnership for additional Psychiatric Liaison Nurse posts; 1 for each of the acute trust paediatric wards, these posts are now in operation at the acute hospital sites.
- The CCG is engaged with Musgrove Hospital & Somerset Partnership (led by the new Joint Director of Safeguarding) and an Improvement Board has convened to address concerns, Yeovil District Hospital and Somerset County Council have also been invited to participate, as part of this work the following has been put in place;
 - A daily monitoring process and escalation mechanism at both acute trusts has been established, this will be further strengthened during September 2018
 - The CCG has obtained NHSE funding for a fixed-term project manager (3 months) to support improvement work regarding pathways
- The Somerset system participated in a regional NHS England (NHSE) CAMHS event on 3 September 2018 which enabled both in-depth discussion and also learning from neighbouring STPs. A similar and highly relevant NHSE event (CAMHS patients in acute paediatric wards) has been scheduled for early October 2018. It is envisaged that this event will permit further discussion and learning, to be acted upon within the Somerset system through the groups described above.
- The CCG intends to hold a follow-on event to RIE in late October 2018, to report on progress, share learning from regional events, maintain focus and commitment and also agree next steps.
- The CCG Mental Health and Learning Disabilities Team will be able to offer a more comprehensive update and progress report to the Governing Body at its next meeting.