

Integrated Quality, Safety and Performance

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1 Background

- 1.1.** This paper provides an update on the Somerset Clinical Commissioning Group (CCG) Integrated Quality, Safety and Performance. The CCG has established performance monitoring meeting with all providers of healthcare services, this paper gives a summary of the escalation issues for quality, safety and performance against the constitutional and other standards for the period April to September 2019.

Full NHS Somerset CCG Quality and Performance report including dashboard is available on: <https://www.somersetccg.nhs.uk/about-us/governing-body/meetings-and-papers/gb-17-september-2019/> Performance, Quality and Safety Exception Report (ENC I)

Issues for Consideration/Recommendations

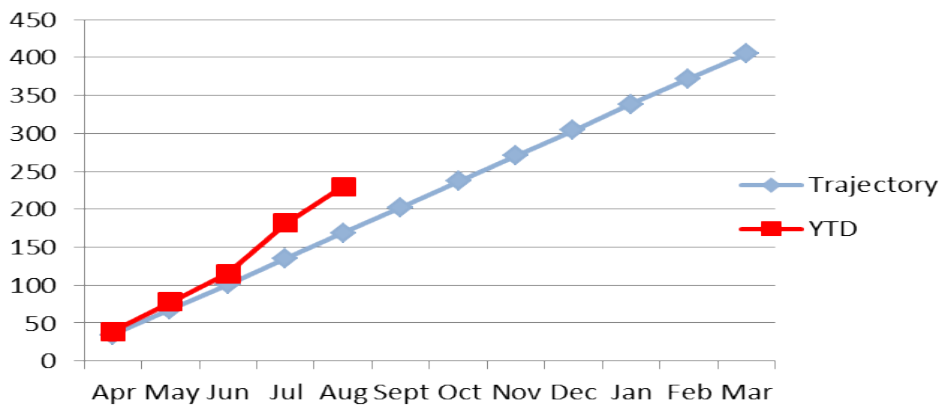
Scrutiny Committee are invited to consider and comment upon this paper.

2 Key Areas of Focus include:

2.1 Infection Prevention and Control:

- The UK five year action plan for antimicrobial resistance 2019-24 was published earlier this year.
- Tackling anti-microbial resistance (AMR) is a global concern for human health and working together is essential to ensure antibiotics remain effective so we can continue to be able to treat our patients where there is a clinical need.
- The CCG has nominated an AMR Senior Responsible Officer (SRO) for the strategic executive oversight and leadership to implement a cross system agenda that is collaborative and inclusive of both health and social care colleagues.
- More than 50% of E-Coli infections occur in people outside of hospital settings. A goal has set for a 50% reduction by March 2024 with a 25% reduction by March 2021.
- To “dip or not to dip” a Quality Improvement evidenced-based algorithm for diagnosis of urinary tract infections (UTI) instead of reliance in urine dip-sticks (which has low threshold for anti-biotic treatment) is being rolled out across the system, including Care Homes.

Somerset E Coli BSIs 2019-20

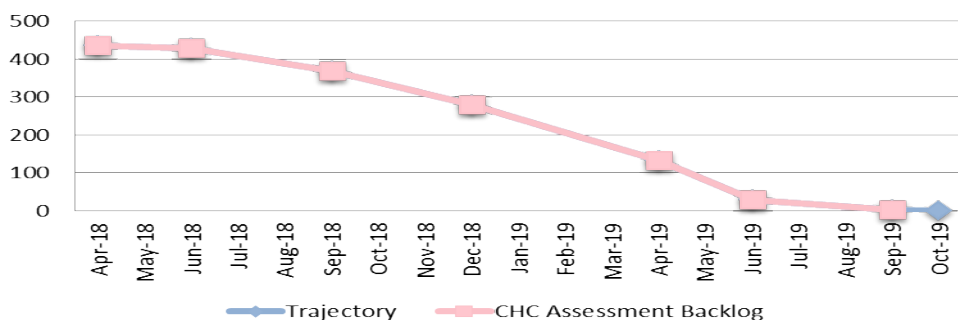


2.2 Continuing Healthcare (CHC):

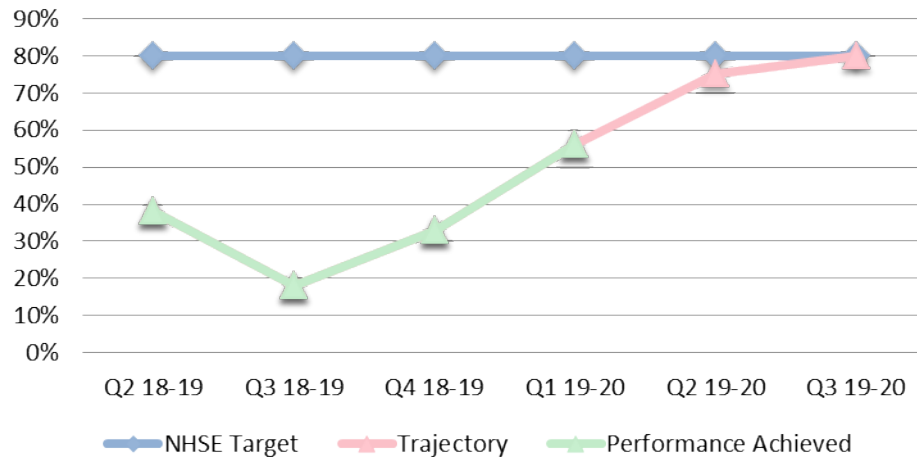
- In April 2018, a historic backlog of 436 assessments was first identified. Since then the assessment backlog has been reduced significantly (-99.81%), with one assessments remaining as at 1 October 2019.
- Somerset performance against NHS England's 28 Day Quality Premium (Target 80%) has significantly increased, with performance output recorded for July 2019 at 78% and August 2019 at 75%.
- The impact of the LD position in relation to protracted assessments will continue to impact on the likelihood of attainment, as this cohort makes up approximately 20% of the CHC case load.
- The 2019-20 CHC/FNC* budget is set at £47.997m, an increase of 2.4% compared to 2018-19, the £2.5m year to date (YTD) overspend comprises £1.9m back dated payments associated with clearance of the 450 plus historic assessments which reduced focus on timely assessments causing an additional £1.4m Fast Track costs offset by a release of the CHC provision (£0.4m) and a further underspend of (£0.4m) in other CHC areas. Further work is ongoing to mitigate the financial overspend.
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*funded nursing care

CHC Assessment Backlog



CHC 28 Day Quality Premium



2.3 Somerset Treatment Escalation Plan (STEP):

- People facing end stage disease or at risk of clinical deterioration may find it difficult to communicate their wishes about their care. Currently only 4% of people discuss the type of care they would or would not like to receive in an emergency.
- Somerset Treatment Escalation Plan & Resuscitation Decision Form (STEP) is a document designed to help communication between healthcare professionals outlining an individual treatment plan, focusing on which treatments may or may not be the most helpful for individuals should they deteriorate. A variety of treatments can be considered such as antibiotic therapy or mechanical ventilation and the plan must include a resuscitation decision.
- Treatment Escalation Plans (TEPs) are an important document to ensure that every person has their ceiling of care considered and documented formally, in line with the national initiative.
- There are a number of projects in Somerset that are currently supporting improved use of the STEP. A local audit of 10 homes supported by Listening and Responding in Care Homes (LARCH), on a graduated basis since November 2018 shows that between 2017/18 and 2018/19 the year-on-year number of admissions to hospital of care home patients not supported by LARCH rose by 40%, whereas the year-on-year number of admissions for care homes supported by LARCH fell by 20%.
- Note: STEP is a different, but aligned to End of Life Care and Advanced Care Planning which covers all aspects of a person's wishes in anticipation of death during the last months of life.

2.4 Maternity and Neonatal Safety – Supporting the Long Term Plan:

The Local Maternity System (LMS) brings together commissioners and providers to work together to provide seamless personalised care for pregnant women and their families in Somerset. The LMS meets quarterly to monitor progress, discuss, and develop new plans that implement the requirements of Better Births and the long term plan whilst our Maternity Voices Partnership LMS member ensures that the voice of the woman remains at the centre of our work.

Current key priorities include:

The Maternal and Neonatal Health Safety Collaborative:

- To improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation
- To achieve the national ambition, set out in Better Births of reducing the rates of maternal and neonatal deaths, stillbirths, and brain injuries that occur during or soon after birth by 20% by 2020

Saving Babies Lives v2 (March 2020):

- Continuity of Carer
- Reducing maternal smoking
- Perinatal Mental Health
- Funding to provide training to a wider range of professionals has been allocated.
- STP and Long Term Plan (LTP) - The LMS is working to ensure that the STP and LTP work is closely aligned.
- Paramedic Maternity Training

			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 Aug 2017 & 28 Sep 2107	5 Dec 2017	Requires improvement	Good	Outstanding	Good	Good
Yeovil District Hospital NHS Foundation Trust ^{AA}	Requires improvement	4 December 2018 – 17 January 2019	8 May 2019	Requires improvement	Good	Good	Good	Good
Somerset Partnership NHS Foundation Trust	Good	9 October 2018- 31 October 2018	22 January 2019	Requires improvement	Good	Good	Good	Good
Royal United Hospitals Bath NHS Foundation Trust ¹	Good	5 June 2018	26 September 2018	Good	Good	Outstanding	Requires improvement	Good
Weston Area Health NHS Trust	Requires improvement	26 February – 28 March 2019	26 June 2019	Requires improvement	Good	Good	Requires improvement	Requires improvement
Devon Doctors (Somerset Out of Hours) [‡]	Good	17, 18 & 19 January 2017	3 May 2017	Good	Good	Good	Good	Good
South Western Ambulance Service NHS Foundation Trust	Good	26 June 2018	27 September 2018	Requires improvement	Good	Outstanding	Good	Good
Care UK Limited (Shepton Mallet Treatment Centre) [*]	Outstanding	11-13 Oct 2016	9 May 2017	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding

^{*}Care UK Limited (Shepton Mallet Treatment Centre) reregistered the provider on the 2 October 2017 with the CQC which has yet to be inspected

^{AA} YDH Requires Improvement relates to Use of Resources financial assessment

[‡]This is the current rating for Devon Doctors (10 Manaton Court) which was assessed prior to providing services to Somerset

2.5 Integrated Urgent Care Service:

- The Integrated Urgent Care Service went live on 25 February 2019. This service is delivered by Devon Doctors Ltd with Care UK providing the NHS 111 element.
- For August 2019 (latest published IUC ADC data available), calls answered within 60 seconds performance (KPI2) was at 86.3% against a target of 95% (July 2019: 90.9%) alongside being over threshold (<5%) for abandoned call volumes at 6.1% (July 2019: 3.5%). Unvalidated data for September 2019 indicates an improved position for both KPIs. The Somerset 111 service continues to be the best performing service within the South West.
- The CCG is excited to reveal the new brand for the Somerset Integrated Urgent Care Service [IUCS] as Meddcare Somerset. Although the IUCS is being rebranded, it will continue to be operated by Devon Doctors Ltd. Both Devon Doctors and the CCG has been keen to create a unique identity which would differentiate between the Devon and Somerset services and, moving forward, be recognised as a provider of high-quality urgent care. Future reports will refer to Meddcare Somerset (rather than Devon Doctors).



2.6 Ambulance

- Category 1 mean performance fell short of the 7 minutes mean target with performance of 8.1 minutes (YTD 7.8mins), compared to 7.5 mins in both May and June. Category 1 90th Percentile performance exceeded the target at 15.5 minutes against a 15 minute target (YTD 14.8 mins).
- Category 2 performance continues to be an area of challenge and increasing concern within Somerset and across the South Western Ambulance Service NHS Foundation Trust (SWASFT) patch. Whilst there appeared to be some initial improvement earlier in the year, a gradual decline since May 2018 is noted with September performance reported as: Category 2 mean - 33.5 mins (18 mins target – YTD 33.5mins); and Category 2 90th percentile – 69.2 mins (40 mins target, 78).
- Category 3 and 4 performance also continues to be areas of concern with declining performance since May 2018, though lower response times noted compared to June 2019. There has been a significant increase to Cat 3 Mean Response Duration in September to 111.2 minutes compared with 90.4 mins in August. Cat 3 90th percentile YTD is 204.9 against 120 mins target.

- It is the intention of all commissioners to maintain activity levels at the contracted total for 2019/20, covering all incident types (Hear & Treat, See & Treat and See & Convey), with activity levels being monitored on a bi-monthly basis to assess in line with the 19/20 contract's breakglass clause arrangement. Any calculated over-performance is charged at the marginal rate of £180 per incident (regardless of outcome). YTD (to July 2019) Somerset CCG is 6.48% above the contracted plan (+1920 incidents) and the locally calculated potential impact for 19-20 is £610,027 (although this is a straight line calculation, and has not built in any seasonal impact).
- CCG analysis of the SWAST detailed data source (M032a - validated SWAST data) indicates that increase in Somerset's 999 activity is due, in parts, to increased 999 calls with outcome of 'hear and treat.' The CCG is currently exploring what, of such calls, originates from 111 and which would best be re-directed into the IUC service for appropriate clinical input. SCCG is currently in discussion with its IUC provider to identify improvement opportunities with a particular focus on 'Consult and Complete' (i.e. hear and treat) within the Clinical Assessment Service. Such work will also include the potential to review the validation of lower acuity 999 dispositions from NHS111. Part of this programme of work will include a multi-agency working group, which met on 24 October 2019. In addition, Care UK is implementing its national Improvement Programme ahead of winter and this will include a new ambulance validation process with specific clinicians targeted at reducing the level of ambulance dispositions.
- In line with the Business Case investment (£12m across all commissioners) recruitment of paramedics continues across the Trust. Somerset will see additional DCA resourcing coming into the county from September 2019, with the majority in place by January 2020. Alongside paramedic recruitment, SWASFT has undertaken an Estates Review, leading to the decision to close Castle Cary Ambulance Station due it not being 'fit for purpose' alongside backlog of maintenance requiring investment; affected staff will move to nearby locations. SWASFT has advised that this will not have any impact on services and response times to local residents. However, the closure has attracted media attention and concerns have been expressed by a number of local Councillors both direct to SWASFT and CCG.
- Over the last few months Dorset CCG has worked with commissioners to review and propose changes to the Lead Co-ordinating Commissioner arrangements. Dorset CCG has now confirmed that the proposal has been agreed by all CCGs. The proposal includes the following changes:
- The Ambulance Strategic Partnership Board (ASPB) is to be re-shaped to become a fully delegated committee, with decision making rights and senior attendance. The scheme of delegation for each CCG will need to be altered to achieve this;

- A review of commissioning support function is to be made.
- Senior managers from CCG / STP areas will be required to design and deliver their local Transformation Plan

3 Emergency Demand and Performance

The number of Somerset patients attending either an A&E (Accident and Emergency) Department or Minor Injuries Unit (MIU) has increased by 4.7% when comparing the April to September 2019 to the same period in the previous year and is 0.3% above the 2019/20 activity plan. All main Providers on a YTD basis have experienced varying levels of increased demand ranging between 1.9% (Taunton and Somerset NHS Foundation Trust) to 9.5% (Yeovil District Hospital NHS Foundation Trust); this is compared to South West Regional growth of -2.4% and national growth of 2.0%.

- **Taunton and Somerset NHS Foundation Trust (T&S):** the Trust has experienced a 1.9% increase (+652 attendances) in A&E attendances when comparing the cumulative period April to September 2019 to the same period in the previous year and is meeting the planned level of attendance (YTD 35,345 attendances vs a plan of 35,418). The Trust saw an increase in the level of attendance in September 2019 with the average daily rate of increasing from 188 in August to 193 in September.

The Trust has submitted a non-compliant A&E 4-hour plan with performance set decline over the winter period to 88% in March 2020. Performance in September 2019 was 80.3% against a plan of 89.0% and compares to England performance of 82.9% and South West Regional performance of 83.8%. The deterioration in 4-hour performance is in part attributed to the opening of the (pilot) Urgent Treatment Centre at Bridgwater; as a result the Trust is seeing a reduction in minor demand from the Bridgwater and North Sedgemoor locality. This is impacting upon T&S 4-hour performance due to a reduction in demand that would likely be seen, treated and discharged within 4 hours. In addition, performance is further compounded by workforce challenges within the medical and nursing workforce (sickness and vacancies) and heightened peaks in daytime demand leading to high occupancy levels in the department.

- The Trust continues to develop and implement actions to improve flow through the Department and the key areas of focus include strengthening the workforce to meet the changing levels of demand and acuity and improving the triage time for patients to address the high conversion rate of the frail elderly and the overall change in presentation profiles. To support the improvement programme the Trust has developed a Live System Dashboard to aid the Operational Staff to make timely decisions and are running a 100 Day Programme to improve patient flow.

- **Yeovil District Hospital NHS Foundation Trust (YDH):** On a Trust to Somerset basis YDH has experienced a 9.5% increase in A&E attendance (+2,068 attendances) when comparing the cumulative period April to September 2019 to the same period in the previous year and is 4.2% above planned level of growth. The Trust saw a small increase in the average daily rate of attendance in September 2019, to 131 per day when compared 129 per day in August. Whilst the Trust in September narrowly missed achieving the 4 hour operational standard with performance of 94.9% against the 95% standard the Trust continued to be ranked in the top three highest performing Trusts nationally and continues to be the Region's top performer. The Trust has a well-established ambulatory care unit in place and during 2019/20 have seen a 19.2% increase in the number of patients admitted with a zero length of stay.
- **Somerset Partnership NHS Foundation Trust:** On a Trust to Somerset basis the number of patients attending a Minor Injury Unit (MIU) has increased by 3.9% when comparing April to September 2019, to the same period in the previous year. All sites, with the exception of Burnham-on-Sea who has seen a reduction in activity due to temporary Unit closures associated to workforce constraints, have experienced an increase in minor injury demand. The Units experiencing the most significant growth are Bridgwater (a pilot Urgent Treatment Centre was opened in March 2019 and have also seen an increase in the number of patients attending from the Burnham on Sea area on the days that this Unit was temporarily closed), Chard and West Mendip. The CCG is working with the Trust to review staffing options going forwards.
- **Royal United Hospital Bath NHS Foundation Trust:** the RUH has experienced a 0.33% increase demand when comparing April to September 2019 to the same period in the previous and the average daily level of attendance in September 2019 has increased from 23 in August to 25 in September. The four-hour A&E performance in September was 67.5%, which is significantly behind the Trust's improvement plan and compares poorly to the England (82.9%) and South West Regional (83.8%) performance. The key factors underpinning the deterioration in performance were the high levels of both minor and major demand resulting in an increase in emergency admissions and compromising patient flows, a reduction in discharges earlier in the day and a reduction in the number of direct admissions to the Medical Admissions Unit (MAU) and Surgical Admissions Unit (SAU) compared to previous month. Bed flow was further compounded by an increase in the number of stranded patients (these are patients whose stay exceeds 7 days), an increase in lost bed days due to a delayed discharge and an in the numbers of patients diagnosed with flu. The key actions to improve performance include the implementation of a consultant led Rapid Access and Treatment Service, the implementation of a new triage model in the Urgent Treatment Centre and Emergency Department minors and commencement of new winter schemes from November 2019.

- **Weston Area Health NHS Trust (WAH):** WAH has experienced a 5.5% increase in A&E attendances when comparing April to September 2019 to the same time in the previous year and the daily rate of attendances has marginally increased from 22 in August to 23 in September. Performance declined in September to 73.3% which is lower than both the England and South West Region performance. The Trust is reviewing their practices in order to identify opportunities to optimise the patient pathway with a focus on looking at alternative pathways of care working with specialty team to develop more effective patient care.

The Somerset system has seen a 0.4% increase the level of emergency admissions when comparing the cumulative period April to September 2019 to the same period in the previous year (this equates to 150 additional admissions) with Taunton and Somerset NHS Foundation Trust experiencing a reduction in emergency admissions, while Yeovil District Hospital NHS Foundation Trust has experienced an increase in demand. This compares to a 0.1% reduction in demand nationally and a 1.1% reduction in demand Regionally. The aspiration in 2019/20 is for the 3.7% underlying growth to be fully mitigated; in September 2019 the daily rate of emergency admissions was 200 which is an increase upon the previous month of 187; despite this increase in September SCCG remains 0.6% below (better) than plan (2.5% below the zero and 0.4% above the non-zero length of stay plans).

Clinical Commissioning Groups are held to account by NHS England for the delivery of a number of measures contained within the Improvement and Assessment Framework (CCG IAF); performance against these measures (which are grouped under four domains (better health, better care, sustainability and leadership)) are published quarterly and collectively underpin the CCG's annual assessment. Increases have been seen in number of the urgent care measures which is influencing the overall increase in emergency admission demand (namely admissions for urgent care sensitive conditions, injuries resulting from a fall in patients aged >65 years and patients re-admitted as an emergency within 30 days of discharge) and deep dives into these areas of increase will be reviewed at the A&E Delivery Board.

4 **Elective Demand and Performance**

- The Somerset system has experienced a 0.3% reduction in Referrals during the cumulative period April to September 2019 when compared to the same period in the previous year and is underpinned by a 4.0% reduction in GP Referrals but a 7.0% increase in Other Referrals resulting in Somerset CCG being 0.6% higher (worse) than the planned level of referral.
- The most common routes of Other Referral were via Cancer Screening Services, Optometrists, Eye Casualty or following an emergency presentation (via A&E or emergency admission). Where growth in a specific specialty (or a specific referral source) exceeds 3% over 3 consecutive months a review will be undertaken to establish if there are any new emerging concerns and will complement pathway work being undertaken by the Out Patient transformation programme.

- New Referral to Treatment (RTT) Clock Starts continue to be utilised in 2019/20 to assess referral demand as this provides a speciality level referral dataset across Somerset and removes the challenge of aligning specialities associated with referrals between Providers. There has been a 3.6% reduction in the number new RTT Clock Starts (new referrals) when comparing the cumulative period April to September 2019 to the same months in the previous year and the average number of referrals (per working day) in September was 699 which is 31 referrals per day higher than the average monthly rate of referral. On a planned basis, the number of RTT Clock Starts in September was 13,997 against a plan of 14,868 and the specialities with the greatest level of clock start growth (volume) and correlating increase in the number of incomplete pathways (patients on the waiting list awaiting their first definitive treatment) are Dermatology, Trauma and Orthopaedics, Plastic Surgery, Cardiology, Gastroenterology and Neurology.
- Despite the reduction in GP referrals there continues to be an increase in the number suspected cancer referrals during 2019/20; during the cumulative period April to August 2019 there were 436 additional patients referred on a 2 week wait pathway (or an increase of 4.1%) against a planned growth ambition of 8%. The sustained increase in demand (which coincides with a 4.1% increase in 62 day definitive treatment pathways) demonstrates that cancer is being detected at an earlier stage. A review of cancers detected via an emergency presentation has been requested from Taunton and Somerset NHS Foundation Trust to establish if there has been a reduction in the detection of cancer through this route.
- Somerset Clinical Commissioning Group did not meet the local RTT incomplete pathway standard in September; this is the first month during 2019/20 where the local planning ambition has not been met. Performance in September 2019 was 82.35% (against the planned level of 82.52%) as a result of 7208 patients exceeding 18 weeks. This is an increase of 262 breached pathways when compared to the previous month and underpinned by an increase in new 18 week breaches most predominantly at T&S. The increase in cancer and urgent demand and positive cancer diagnoses continues to have an impact upon the waiting times profile due to these patients taking priority and displacing routine activity. Entry FP93 on the CCG Corporate Risk Register includes a score of 20 in respect of meeting the waiting times target for RTT.
- As at 30 September 2019 there were 40,829 patients on an incomplete pathway (patients who are waiting to start treatment) which is an increase of 673 patients when compared to the previous month and 158 patients higher than the planned ambition of 40,671. However, it is important to note that the increase in waiting list size has been suppressed in 2019/20 due to a counting and reporting change. From April T&S correctly re-assigned spinal and maxillofacial patients to specialist commissioning and this led to an initial reduction in waiting list; had this change not occurred the waiting list would have increased by some 2843 patients during 2019-20. This equates to a waiting list increase of 7.8% which is higher than the national increase of 4.9% and Regionally 2.3%.

- As the number of new clock starts (these are patients who have receiving their definitive treatment) has reduced in 2019/20 the key reasons for the increase in patients on the waiting list is a reduction in the number of clock stops delivered (non-admitted clock stops are -4461 or 8.6% behind plan and there were 1859 less admitted clock stops than plan (or -9.0%)).
- The most significant risk to the elimination of >52 week waits is the increase in the number of patients exceeding 40 weeks. The number of patients exceeding 40 weeks increased over the winter period 2018/19 and again during summer 2019. The main concentration of very long waits are at T&S and the level of >40 week waits reduced from 586 in August to 534 in September.
- In September 2019 there were 16 patients waiting in excess of 52 weeks against a plan of 9 (which is 7 higher (worse) than plan and an increase of 4 patients upon the previous month.
- These very long waits were reported by T&S (12), RUH (2) and 2 at out of county Providers (University College London and North Bristol Trusts). In respect of RUH, on a Trustwide basis the Trust has 11 patients waiting in excess of 52 week and of which 2 are Somerset patients.
- T&S reported 12 patients who exceeded 52 weeks in September against a plan 8 (which is an increase of 2 patients upon the previous month) and on a Trust-wide basis, reported an increase of 4 patients (23 against a plan of 13). The causation is an increase in the number of patients cancelling treatment further compounded by an increase in clinically complex cases delaying clock stops. The greatest risk to delivery is further growth in the number of >40 week waits particularly within maxillofacial, ophthalmology and T&O (the specialities seeing the greatest increase in backlog) and patient choice or clinical reasons delaying clock stops. In respect of the maxillofacial service (which is a specialist commissioned service and as a such does not impact on the Somerset CCG position) the actions to improve waiting times include strengthening the workforce and securing additional capacity. In respect of workforce the Trust has successfully appointed a Consultant, Associate Specialist and Specialty Doctor and for 5 weeks during October appointed a Locum. The Trust continues to schedule additional weekend lists and are also undertaking enhanced gatekeeping of referrals which is starting to yield a reduction in demand. For ophthalmology, the Trust is putting on waiting list initiatives where possible, insourcing additional Saturday lists from October (SSS) and undertaking further work on the referral pathways.

5 Diagnostic 6 Week Waits

- 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 T&S. Performance in September was 89.4% against a planned level of 94.6% but is an improvement of 2.0% (or -188 6 week breaches) upon the previous month and -977 6 week breaches to July 2018 (when the waiting breaches peaked).
- The diagnostic modalities that continue to have the most significant impact upon delivery of the standard are MRI, CT and Endoscopy (Gastroscopy, Colonoscopy and Flexi Sigmoidoscopy). Entry SC03 on the CCG Corporate Risk Register includes a score of 16 in respect of meeting the waiting times target for diagnostics.
- A Diagnostic Transformation Project has been established in 2019/20 which focuses upon Direct Access and Service Efficiencies; in addition to the transformation programme Taunton and Somerset NHS Foundation Trust has an improvement plan in place with actions focused specifically upon backlog clearance in MRI and Endoscopy.
 - **Taunton and Somerset NHS Foundation Trust:** the number of patients waiting in excess of six weeks for their diagnostic test or procedure in September was 822 which is a reduction of 229 patients when compared to the previous month resulting in performance of 84.8% against a plan of 91.5%. An improvement trajectory was agreed as part of the 2019/20 planning round whereby the Trust committed to working towards recovery of the operational standard from March 2020; however due to a significant increase in endoscopy (routine and cancer) demand as well as other unforeseen circumstances the Trust has developed a revised trajectory which shows year end performance on 93.9% rather than recovery of the national standard (99%). The Trusts key improvement actions include securing additional capacity (in-sourced and mobile) and strengthening the workforce. However, in respect of endoscopy demand and capacity modelling shows that they continue to have a shortfall in capacity and are continuing to explore if there are further options to increase external capacity.
 - **Yeovil District Hospital NHS Foundation Trust:** the number of patients waiting in excess of six weeks for their diagnostic test or procedure remained significantly above trajectory in August (70 against a plan of 15) resulting in performance of 96.7%, which is behind the 99% national standard and Trusts delivery ambition. The increase is contained within Echocardiography and is underpinned by an increase in referrals (both external and internal (inpatient and pre-operative) demand). As a result of securing additional capacity and is strengthening the workforce it is predicted that performance will return to compliance by October 2019.

- **Royal United Hospital Bath NHS Foundation Trust:** the Trust did not achieve the diagnostic standard in September 2019 with 93.2% of patients waiting less than six weeks for their diagnostic test or procedure (this equates to 77 breaches), which is a decline upon the previous month (94.3% in July). The Trust has proposed a Trust wide trajectory for 2019/20, to achieve 97.5% by March 2020 (and divergence from the original planning ambition of 98.4%). The breaches are within the radiology modalities (MRI, CT and Non-Obstetric Ultrasound) and within Echocardiography. Actions to improve performance and reduce the level of breach include increasing capacity, strengthening the workforce and changes to administrative process in the sleep study modality.
- **Weston Area Health Trust:** the number of breaches reduced in September to 3 resulting in performance of 97.7% against the 99% national target. On a Trustwide basis underperformance is mainly attributable to capacity issues within diagnostic imaging (CT and non-obstetric ultrasound) and to improve are recruiting into posts to address staffing shortfalls and locums are in place, working to clear backlogs.

6 Cancer

- Across the Somerset System there has been an increase in referrals relating to Suspected Cancer 2 Week Waits of 4.1%, comparing April to August 2019 to the same period the previous year. SCCG did not achieve the 93% target in August 2019 with performance of 78.4%, attributable to an increase in breaches at Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust, predominantly due to skin cancer and upper and lower gastroenterology outpatient capacity and patient choice. This is compared to national performance of 89.4% and Regional performance of 84.1%.
- The increase in suspected gastrointestinal cancer is impacting upon T&S performance and leading to diagnostic delays in CT Colon and colonoscopies, high levels of patient choice and delays due to the Trust awaiting blood test results from GPs. To mitigate a new referral form has been implemented which mandates the inclusion of blood test results with the referral, a development of a triage hubs for lower GI referral is being implemented across T&S and YDH and capacity is being increased and the workforce strengthened.

YDH saw a deterioration in 2 week wait performance in August 2019 to 75.6%; the Trust has seen a 5.9% increase in 2 week wait demand during April to August 2019 when compared to the same period in the previous year and during August saw a significant increase in skin cancer breach, due to unexpected out-patient capacity constraints as a result of staff sickness. SCCG working with System Partners for a longer term solution in respect of dermatology provision.

- The cancer sites experiencing the most significant increase in demand during the period April to August 2019 are Breast Head and Neck, Skin and Gastrointestinal (upper and lower). The increase demand upon these Services has led to a significant increase in the number of breaches (namely Breast, Skin and Lower and Upper GI cancers) which is impacting upon SCCG 62-Day performance.
- The improvement plan in place shows Somerset performance improving to 85.03% by March 2020. In August 2019 Somerset CCG saw an improved level of performance (84.8%) resulting in achievement of the 62 day cancer trajectory of 84.2% compared to national performance of 77.8% and Regional performance of 78.9%. Both T&S and YDH have 62-Day Improvement Trajectories in place, whilst T&S did not achieve this in August with performance of 80.4% (against a plan of 82.7%), YDH met the performance trajectory with performance of 92.1% (against a plan of 85.0%). Entry FP100 on the CCG Corporate Risk Register includes a score of 16 in respect of meeting the 62 day cancer treatment standard.
- Actions to improve 62 day performance include:
 - The upper gastrointestinal pathway has been reviewed with a new referral process implemented. This will streamline referrals and ensure the foundations for direct to test pathways are in place.
 - A new referral form has been implemented for suspected colorectal cancers. Blood tests must be included with referrals which will speed up processes. Thanks to a focused relaunch, Faecal Immunochemical Test (FIT) testing for symptomatic patients has been relaunched with a 150% increase in uptake. This helps detect cancer but also reduces unnecessary referrals to hospital.
 - The first patients in Somerset have received prostate template biopsies under a local anaesthetic in Taunton. This has been so successful it is now a standard pathway. These tests reduce the risk of sepsis, diagnose cancer more accurately, and avoid overnight stays in hospital.
 - Somerset has been successful in a bid to develop a rapid diagnostic service. This will be based in primary care in Mendip and be delivered in partnership with RUH.

7 Improving Access to Psychological Therapies (IAPT)

- Since April 2019 reporting for the Talking Therapies service has continued to be split as agreed with the regulators, following the Intensive Support Team review and mandated reporting changes. The main IAPT data continues to be reported for those patients that meet the core IAPT standard guidelines as well as for those which sit outside of this, but who receive support from the larger Talking Therapies service. This supports the ongoing work with the implementation of the Rapid Improvement Proposals and the wider development of the new 'Stepping Up' Service alongside the IAPT service.
- Monthly data provided by Somerset Partnership show there were 962 referrals

received by the service in September 2019 which is an increase of 72 compared to the previous month. Of those 962 referrals, 695 (72.2%) of these chose to opt-in to the service. 499 people were identified as having depression and/or anxiety disorders from a total of 508 who were reported as receiving psychological therapies (IAPT compliant) during the month.

- The locally reported access rate for Quarter 2 is 12.6%, performance has slightly declined by 0.7% when compared the previous quarter (13.3%), however for both quarters delivery against the quarterly local ambition of 11% was met and exceeded. The reported recovery rate was 58.7%, performance continues to exceed national ambition of 50%.
- Compared to the national access & waiting Times targets from date of referral to first treatment, the local service continues to exceed national ambitions achieving 92.5% (75% standard within 6 weeks) and 98.8% (95% standard with 18 weeks).
- Ongoing efforts are underway to split the workforce between those responsible for delivering IAPT compliant treatment and those offering more intensive therapy. These efforts have been exceptionally successful so far and both teams have nearly been fully recruited to. This will help to improve the capacity and increase the access rates for both teams.
- The service is also considering alternative ways of delivering therapy such as through the use of digital therapy to offer choice and improving access for hard to reach groups. A new digital provider (ICS Digital Therapies) will be starting officially a 6 month pilot in Taunton from the beginning of October 2019, with the plan to roll this out to the other localities over the next few months.
- IAPT activity as well as that of the Stepping Up service are routinely reviewed at the Adult Collaborative Board; with updates provided to the Mental Health and Learning Disabilities Programme Board.

8 Adult Community Mental Health Service

- The Mental Health and Learning Disabilities Programme Board is now an established governance structure, and supported by a number of collaborative development groups that sit underneath. The agreed Rapid Improvement Proposals and the governance of that sits within this board and reports to Programme Executive Group frequently, with reporting also being highlighted to appropriate Clinical Commissioning Group forums. Below is a very high level summary of where we are currently against the investment areas;

Emotional Wellbeing Service

- Care Pathway plan discussed at meeting with providers w/c 26/08/19 – This includes referral criteria/management, reflection on cases seen so far by Village Agents etc. Notes from session will inform this document that will develop alongside the pilot

- Joint referral email inboxes held up as generic accounts flagged as IG risk. Meeting with IG led to request to CCG Digital Team to support creation of named accounts. Currently with the Digital Team
- All Metrics small working group sessions held and Metrics finalised. In dialogue with Somerset-wide BI Working Group to assist with implementation
- Metrics presentation given to the MH and LD Programme Board. Feedback very positive
- Work has begun on integration of the successful transformation bid and this POD

Improve Access to Psychological Therapies (IAPT)

- Consultation with affected staff members regarding changes – completed
- Digital provider selected. Pilot locality (Taunton) selected. Service commenced 09/09/19
- Service specification drafted by CCG – awaiting internal clarification
- Agreed training places for 19/20 clarified with HEE
- Review initiated of accommodation needs to assess current provision and identify future opportunities for growth
- Meeting held with CCG Lead re: opportunities for increasing access / benefits of IAPT to/for patients with Long Term Conditions with view to consider possible pilot for patients with Type 1 Diabetes

Stepping Up

- HR Business Case review approved – staff consultation completed
- HR process into new roles - completed
- Recovery partners, and staff to assist in creating the new name for the 'stepping up' provision – ongoing (see below, priorities for next reporting period)
- Draft service specification developed, still awaiting CCG & Provider agreement – the SOP will form part of this service spec

Community Mental Health Team (CMHT) and Home Treatment Team (HTT)

- Work has commenced on the Single Point of Access
- Piloting new 'Sharon' service in EIP and Perinatal first

- Summer social media/media recruitment campaign being launched to focus on filling remaining posts
- NHS England have confirmed the transformational funding for the Community Mental Health Trailblazer project. The focus over the next month will be to develop this model of care and ensure it encompasses existing work. An updated POD is being developed.

Mental Health Bids Update

- Approved - Children & Young Peoples Green Paper Trailblazer site to increase emotional wellbeing support in schools. Implementation group formed and recruitment started
- Approved and embargo lifted- Adult Community Mental Health Services, we have been asked by NHS England to bid to become a trailblazer site to implement a new and radical model of care for community mental health support which will blur the boundaries between primary and secondary Mental Health support. Implementation board established and project underway
- Approved - Adult Crisis Home Treatment Teams, to ensure that all teams offer the full 24/7 compliance to national model. Implementation group formed and recruitment started – the crisis café which formed part of this bid will be procured alongside the wider VCSE work for the Adult Community Trailblazer programme
- Approved - Psychiatric Liaison Team (PLT), to ensure that there is ‘Core 24’ status in at least one District General Hospital (DGH) in the county (our bid will provide additional PLT to both DGHs it will take Taunton and Somerset NHS Foundation Trust to core 24 and provide Yeovil District Hospital NHS Foundation Trust with a modified model appropriate to clinical need)
- The key elements of the future models of care highlighted within each of these bids are as follows, this also aligns to the Long Term Plan aspirations for Mental Health;

Radical transformation - *How services will be in 10 years, but delivered now*

Co-produced - *Service users & professionals, commissioners & providers, statutory & Voluntary, Community and Social Enterprise, clinical & non-clinical*

No thresholds, dissolved boundaries - *Secondary & primary care, health & social care, physical & mental health*

Neighbourhood focused - *Rooted within Neighbourhoods and Primary Care Networks*