

Integrated Quality, Safety and Performance

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1. Summary

- 1.1.** This paper provides an update on the Somerset 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 1 August 2018 to 30 November 2018.

It is important to recognise this report provides a summary by exception which generally highlights areas where the performance is not as good as we would want it to be. This should not detract for all the excellent work in Somerset by health services which are not mentioned.

- 1.2.** In 2018/19 the demand for both elective and emergency services in Somerset continues to increase compared to the previous year. This has led to increased waiting times particularly for diagnostics and elective treatment. The CCG and Health providers have identified particular areas of pressure and these are monitored with support from the Somerset Referral Management centre to offer alternative choice to individuals. The increase in people who have long waits continues to be a concern against the national target of zero, the numbers are however very small (less than 60) and all individuals awaiting treatment are regularly assessed against potential harm arising from a wait and urgent cases are prioritised.
- 1.3.** The overall Somerset position with regards to the Care Quality Commission (CQC) ratings in the Safety Domain remains challenged, with all Trusts in Somerset rated as Requires Improvement. 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 and will continue to work closely with all commissioned services to deliver an improved position. The key lines of enquiry will include: Safeguarding and protection from abuse, Managing risks, Safe care and treatment, Medicines management, security of records, mandatory training, recruitment checks, Track record and Learning when things go wrong.
- 1.4.** On the 16 August the results from the 2018 Patient-Led Assessments of the Care Environment (PLACE) Programme were published. At a national level, PLACE scores have slightly improved since 2017 for all domains. The largest increases were seen for the dementia (up 2.2 percentage points) and disability (up 1.6 percentage points) domains. These increases may reflect increased investment in and understanding of these newer PLACE domains (dementia was introduced in 2015 and disability in 2016).

- 1.5. All three Somerset Trusts have seen an increase in privacy, dignity and wellbeing scores. Taunton and Somerset NHS Foundation Trust (TST) has seen a 10.1% increase in its score for dementia care. All the Trusts have seen a decrease in cleanliness scores. The combined score for food for TST and Yeovil District Hospital NHS Foundation Trust (YDH) have shown a slight decrease in scores in 2018. All providers are developing improvement plans based on this feedback. The CCG through its routine monitoring and assurance process will continue to oversee improvements.
- 1.6. There have been significant challenges over the last month with Nursing Home providers and the closure of two Care homes in Somerset. The CCG and Local Authority have worked together and have supported the transfer of all individuals placed in these homes and supported the care staff. From 3 December 2018 the CCG have a Care Home Tracker Bed Status System which will monitor initial weekly available beds in the systems and from April 2019 will also include quality markers. This will help support improved discharge process across Somerset.
- 1.7. On 19 November 2018 the CCG took part in a Regional workshop on delayed discharge from acute inpatient paediatric care, it is a very challenging area that faces our health and care services, the event was seen as a spring board for the health Sustainability and Transformation Partnerships (STP's) to take forward and build on sustainable solutions. Somerset System has actively come together led by the CCG to identify a range of immediate improvements and longer term goals these include: a joint protocol for management of complex children involving a commitment to do a rapid joint assessment from health and social care. In addition, a designated space in A&E to enable privacy during this assessment. The CCG has also increased the investment in Psychiatric liaison in A&E.

2. Areas to celebrate

- a) NHS Staff Survey: TST in highest 20% of Trust's nationally with positive staff response
- b) CCG Safeguarding Children Strategy and Dashboard now complete
- c) Home First quality metrics and contract specification in place with the Trusts

3. Challenges

- a) Workforce: recruitment, turnover and vacancy rate challenges throughout all providers remains a significant area of focus for Somerset
- b) SWAST remain outside the national average for 14 out of 17 Ambulance Quality Indicators
- c) CAMHS and CLA on inpatient children's wards remain ongoing areas of challenge which the system partners are actively addressing together
- d) Increase in number of pressure ulcers category 2 and above noted at TST, RUH and Sompar
- e) Long waits for treatment and clinical risk of deterioration

4. CCG local quality & safety priorities

- a) Increase in Call Stack at SWAST during periods of high demand has the potential to adversely affect patient safety. SWAST Incident Stacking risk escalated to Single Item Quality Surveillance Group an agreed improvement plan is in place to mitigate risk
- b) Discharge summary letters includes timely, within 24 hours and accurate information
- c) E coli infections over trajectory - 10% reduction in all E coli Blood Stream Infection (BSIs) through focused review of repeat infection cases, hydration and urinary catheter campaign in place.

- d) Safeguarding Children and Adult training compliance continues to be kept under review

5. Quality & Performance Improvement Priorities

- a) Development of quality metrics within urgent care including Minor Injury Units (MIU)
- b) Improving the quality and effectiveness of the Ward Round to enhance effective discharge planning and individual information
- c) Focus upon suicide prevention through system working approach with independent facilitation Terms of Reference being scoped
- d) Learning from serious Incidents and Improvements as an outcome linked to Health Service Investigation Branch (HSIB) reports
- e) National Early Warning Scores version 2 (NEWS2) in Care Homes Primary Care and Somerset Trusts
- f) Development of a joint CCG and Local Authority focused service review of LD service to inform future strategic planning and commissioning

6. Issues for consideration/Recommendations

Scrutiny Committee are asked to note this paper as assurance of the health Performance reviews.

6.1. The key area of focus include:

Hospital Care

- a) Invasive Group A Streptococcal (iGAS) outbreak November 2018
- b) Escherichia coli incidence remains over trajectory to achieve the 10% reduction, with a total of 355 cases against a trajectory of 264
- c) Clostridium Difficile - Somerset system is below the national target which is good, MPH currently above target
- d) National target by 31 December 2018 all Discharge Letters to be sent electronically within 24 hours
- e) Falls prevention and support, During the cumulative period April to November 2018 there has been a 9.5% increase in the number of patients aged over 65 years who were admitted to hospital after sustaining an injury from a fall with a high proportion of this increase relating to patients aged over 75 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 TST and YDH are promoting patient education and an Integrated Falls Service; there is a 'soft launch' taking place throughout December with a full launch due to commence in January which 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) and Somerset Public Health who held a Stakeholder Day on 27 September 2018 to discuss the services provided for people who fall in the community focusing specifically on increasing the uptake and provision of community based strength and balance exercise programmes.
- f) Deprivation of Liberty Safeguards (DoLS) and Court of Protection Risks: The financial costs associated with Court of Protection cases present a risk to the CCG. There were currently five active cases. There is a Bill currently going

through parliament to replace the DoLS scheme. This will have a significant impact on hospital providers who will be required to undertake their own assessments to authorise the Deprivation of Liberty. There will also be an impact on Somerset CCG as CCGs will be required to authorise any Continuing Health Care (CHC) funded people who are deprived of their liberty.

- g) **Care Homes:** 91% of care homes with nursing inspected in Somerset are rated as 'good' or better. There are currently no care home services in Somerset CCG area rated 'inadequate'. There is a risk to the CCG that individuals with complex needs are being placed in the Somerset CCG area by other Local Authorities and CCGs, without the knowledge of Somerset CCG. This places increased requirements on commissioned services. It also presents a risk to the individual who may be placed inappropriately and without access to the health services to support their complex needs.

6.2. NHS 111

- a) Despite improvements seen since May 2018, NHS 111 performance for Calls Answered within 60 seconds is still a concern, with performance in November 2018 achieving 72.02% against a target of 95%, which is a reduction compared to the previous month. Performance is expected to improve from December 2018 with the implementation of the interim arrangements to provide resilience over the winter period, it has been agreed that Vocare will support 50% of the calls, with Devon Doctors (including a sub-contract with Care UK) providing support for the other 50%.
- b) The percentage of calls directed to Ambulance Dispatch has varied considerably. However, during October and November 2018 the number of calls being directed to Ambulance Dispatch has increased to 10.93% and 12.99% respectively, against a target of below 10%.

6.3. Ambulance

- a) Performance for Category 1 999 ambulance calls has been gradually improving since March 2018, when the whole urgent care system saw an increase in demand. During November 2018, Category 1 mean performance met the target for the first time since the new Ambulance Response Performance (ARP) measures were introduced in November 2017 at 7 minutes target. Category 1 90th Percentile performance was also within target at 13.9 minutes against a 15 minute target, which is the best observed performance for 90th Percentile since the introduction of the new ARP measures in November 2017.
- b) 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.
- c) A Joint Improvement Plan between SWASFT and all South West regional commissioners, led by Dorset as Lead Commissioner, is being developed to address areas of concern and improve performance.

6.4. Emergency Demand and Performance

- a) The Somerset system has experienced a 5.5% increase in the number of people attending an A&E Department and a 5.6% increase in emergency admissions when comparing April to November 2018 to the same period in the previous year (which equates to 7,912 additional A&E attendances 1,389 additional admissions) with all local Providers experiencing an increase in demand
- b) YDH continue to be one of the top performers nationally in respect of A&E 4 Hour performance and TST remain behind their improvement plan
- c) Periods of high demand continue to impact on the Trust's services including

delays in responses and the need to routinely manage call stacks. SWASFT and Somerset CCG increased its risk relating to Incident Stacking (A&E) to 25 in March 2018 and this level of risk continues (as noted at Trust November 2018 Board). This risk notes that stacking of Cat2, Cat3 and Cat4 calls due to the availability of resources and / or high demand could adversely impact patient safety, patient experience staff morale and performance.

- d) The CCG has completed a comprehensive Quality Equality Impact Assessment (QEIA) for the Somerset response to issues associated with call stacking (and risk score accordingly). This was shared with Dorset CCG (as Co-ordinating Commissioner) on 20 December 2018.
- e) One of the mitigation actions noted in response to the incident stacking (999) risk is implementation of a revised Standard Operating Procedure (SoP) for welfare calls.

6.5. Elective Demand and Performance

- a) The Somerset system has experienced a 2.4% increase in Referrals when comparing April to November 2018 to the same period in the previous year underpinning this is a 16.7% increase in suspected cancer referrals, an increase in cancer referrals received via a Screening Service and an increase in referrals as a result of an emergency presentation.
- b) Somerset Clinical Commissioning Group has not met the local Referral To treatment (RTT) incomplete pathway objective since July and performance in November was 83.9% against a plan of 85.5%; there were 6,382 patients waiting over 18 weeks (which is an increase of 187 long wait pathways following a reduction in October) and a median (completed treatment) waiting time of 33.6 weeks. As a consequence of the increase in cancer demand and comparable increase in the number of positive cancer diagnoses there is 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.
- c) There were 45 patients waiting more than a year in November 2018 against an original plan of 7 and this represents a reduction of 8 patients upon the previous month. Of the 45 long waits reported, 40 patients were reported by TST and 5 patients reported by Other Providers (North Bristol NHS Trust and (3), Royal Devon and Exeter NHS Foundation Trust and Oxford University Hospitals NHS Foundation Trust (1).

6.6. Diagnostic 6 Week Waits

- a) Somerset CCG has continued to not 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 TST. There is insufficient capacity to meet recurrent demand and workforce resilience. Performance in November 2018 was 88.64% against a planned level of 94.94% and the 99% operational standard. The diagnostic modalities having the most significant impact upon delivery of the standard are MRI, Echocardiography and Endoscopy (Gastroscopy, Colonoscopy and Flexi Sigmoidoscopy). Entry FP99 on the CCG Corporate Risk Register includes a score of 20 in respect of meeting the waiting times target for diagnostics. TST have an improvement plan in place which anticipates performance will improve to 92.5% by March 2019; however the Echocardiography in-sourced Provider has not been able to deliver the level of tests outlined within the plan and in January 2019 withdrew services from the Trust. To address this shortfall, the Trust secured additional Locum capacity and have identified a further in-sourcing Provider to support backlog clearance.
- b) The Elective Care Delivery Board has established a Diagnostic Working Group; with representation from the CCG, TST and YDH and the focus of this Group is

upon the most challenged modalities of MRI, Echocardiography and Endoscopy and the key aims and objectives are to standardise access to Diagnostics across Somerset, establish mechanisms to manage routine and urgent demand, gain a consistent understanding of demand, capacity and growth or this to feed into future planning assumptions and reduce waiting times and equalise waits across Somerset

6.7. Cancer

- a) Across the Somerset System there has been an increase in Suspected Cancer 2 Week Waits, comparing April to November 2018 to the same period the previous year, there has been a 16.9% increase in demand (which equates to 2122 additional referrals). However, despite this increase in demand, Somerset CCG achieved the 93% target with performance of 93.8%
- b) Somerset CCG 62-Day performance in November was 84.41% and achieved the revised plan of 78.88%, and has been achieved by an increase in diagnostic capacity and delivery of cancer improvement plan actions with YDH demonstrating the greatest scale of improvement in November
- c) There continue to be significant pressures on clinical services including respiratory, oncology, and urology. This is due to challenges recruiting to specialist posts and staff attrition and retirement

6.8. Dementia Assessment, Screening and Referral

- a) Providers of NHS funded acute care are required to return data on the number and proportion of patients aged 75 years and over admitted as an emergency for more than 72 hours who have been identified as potentially having dementia, are appropriately assessed and are referred onto specialist services
- b) Both local acute providers submit this data routinely and are performing well, trust performance for the Dementia Assessment and Referral data collection as described above is as follows;
- c) TST - during October 2018 (latest available data) of those patients who answered positively for case finding, 100% received a diagnostic assessment. Of those patients with a positive or inconclusive diagnostic assessment, 100% of cases were referred onto specialist services
- d) YDH - during October 2018 (latest available data) of those patients who answered positively for case finding, 100% received a diagnostic assessment. Of those patients with a positive or inconclusive diagnostic assessment, 100% of cases were referred onto specialist services

6.9. Improving Access to Psychological Therapies / Talking Therapies service

- a) The Improving Access to Psychological Therapies (IAPT) programme began in 2008 and has transformed treatment of adult anxiety disorders and depression in England. The latest IAPT access rate (un-validated) performance for November 2018 shows that Somerset has delivered performance of 18.72%, against CCG trajectory of 15% (annual trajectory of 15.5%, increasing to 19% national ambition in 2019/20) and this is an improvement on the October reported position of 15.41%. It was anticipated that staff training would negatively impact access rate performance in September and October 2018 however this has not been evident, although moving forward both trainee cohorts are undertaking their training at the same time and it is anticipated that this will negatively impact access rate performance from December 2018. Somerset Partnership NHS Foundation Trust are recruiting agency staff to help mitigate this risk. A related entry (reference CCD65) on the CCG Corporate Risk Register includes a score of 15 in respect of IAPT counselling, the progress as detailed here helps mitigate this risk

- b) Subsequent to the last integrated report, and following a review undertaken by the Intensive Support Team earlier in the year, a change in IAPT counting methodology has been jointly agreed between NHS England and NHS Improvement which will lead to a decline in access rates of approximately 4%-5%. The revised reporting arrangements will come into force from April 2019.

6.10. Child and Adolescent Mental Health Services

- a) National guidance states that one in ten children have a diagnosable mental health disorder, this can range from short spells of depression or anxiety through to severe and persistent conditions that can isolate, disrupt and frighten those who experience them
- b) The Mental Health (MH) Five Year Forward View sets out the ambition that by 2020/21 at least 35% of Children and Young People (CYP) with a diagnosable MH condition will receive treatment from an NHS-funded community MH service. This measure seeks to count CYP who have accessed NHS-funded community MH service for treatment, against an estimated prevalence of CYP with a diagnosable condition.
- c) Un-validated CYP MH access rate data provided by Somerset Partnership shows cumulative performance to November of 22.7%, against the CCG ambition of 32% and Quality Premium stretch target of 34%
- d) Not all activity is reported, for example Kooth activity to date appears better than anticipated. The CCG is currently in discussion with Kooth regarding commissioning additional online activity during Quarter 4 (to be funded by NHS England (NHSE) waiting-list monies), with the intention of closing the gap against the national ambition as far as possible
- e) NHSE is exploring the possibility of a “late catch-up” exercise in 2019 to permit previously unreported activity to be submitted for inclusion

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-31-january-2019/> Performance, Quality and Safety Exception Report (ENC H)

7. NHS 10 Year Plan

7.1 On the 9 January 2019 the NHS Long Term Plan was published, focused on building an NHS fit for the future by:

- a) enabling everyone to get the best start in life
- b) helping communities to live well
- c) helping people to age well

7.2 The plan includes additional measures to:

- a) improve out-of-hospital care, supporting primary medical and community health services
- b) ensure all children get the best start in life by continuing to improve maternity safety including halving the number of stillbirths, maternal and neonatal deaths and serious brain injury by 2025
- c) support older people through more personalised care and stronger community and primary care services
- d) make digital health services a mainstream part of the NHS, so that in 5 years, patients in England will be able to access a digital GP offer

7.3 There is a welcome focus to continue to identify and support carers, particularly those from vulnerable communities. Carers are twice as likely to suffer from poor health compared to the general population, primarily due to a lack of information and support, finance concerns, stress and social isolation. Quality marks for carer-friendly GP practices, developed with the Care Quality Commission.

7.4 A National implementation framework is to be published in Spring 2019. Local health systems are to receive five-year indicative financial allocations for 2019/20 to 2023/24 and be asked to produce local plans for implementing the commitments set out in the Long Term Plan in 2019. Integrated Care systems are critical to implementation of the Plan, and are proposed will be in place nationally by April 2021.