

## **Integrated Quality, Safety and Performance**

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### **1. Background**

- 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 December 2018 to 30 March.

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 small (less than 40 ) and all individuals awaiting treatment are regularly assessed against potential harm arising from a wait and urgent cases are prioritised.

On 20 February NHS Somerset Clinical Commissioning Group (CCG) published the independent report by Prof Brian Toft's which examined whether changes have been made to services since the death of Mr Andrew Prentice in July 2009. It is a review of the areas where service provision failed to meet Mr Prentice's health and social care needs and consider the services available today and arrangements which should be prioritised for improvement.

The report concludes that a person suffering from the same or a similar medical condition as Mr Prentice would today find a health and social care environment that is considerably different to the past, and one which has vastly improved. Although we know that sadly there were a number of involuntary failures in the processes, procedures and systems that provided his health and social care needs. Key recommendations included review of the pancreatitis information available today to individuals.

- 1.2 The CQC visited Weston Hospital on the 26th – 28th February and inspected 4 core services; Urgent and Emergency Care, Medicine, Surgery and Child and Adolescent Mental Health Services. Since the visit the CQC has requested over 200 additional data requests which have been supplied. The Use of Resources assessment which is undertaken by NHS Improvement took place on the 6th March and the Well led visit on the 27th and 28th March. The full report is expected to be published by the end of June 2019.

## **2 Areas to celebrate**

- Adoption of the new GP with Enhanced Roles Framework has opened up access to training for two new GP dermatology trainees. Training duration until accreditation will be 1 year.
- Somerset CCG were held up at South West Infection Control Network event as an exemplar for our whole system approach to commencing our e-coli improvement work
- Somerset has been awarded funding to be the NHS England South region test site for General Practice Nurse 10 point action plan for Quality Improvement in Practice Nursing
- Review and refresh of the CCGs Engagement Strategy underway. Major refresh to the CCG's website.
- 91% Care Home CQC rated good or above in Somerset

## **3 Challenges**

- Home First care pathway quality concerns.
- Variation between local Catheter Acquired Urinary Tract Infections (CAUTI) data and published Safety Thermometer data has been identified. Trusts are reviewing data with update in Q1 at Somerset Prevention and Antimicrobial Assurance Committee.
- Unexpected death following absconion from temporary 136 suite. Usual suite having maintenance following damage after change of use.
- Identification of harm in waits for treatment, monitoring and assurance remains a high priority
- Discharge Summaries, improvement work continues to address concerns across all providers.

## **4 CCG local quality & safety concerns**

- Ambulance response times, especially delays for Category 2 calls which are time critical but do not reach the threshold for Category 1 immediate threat to life.
- Emergency admission for injuries from falls in people 65 and over. System scoping work underway for next steps, to be presented at Clinical Executive Committee in April.
- Long waits for treatments
- Staffing vacancy rates and turnover
- Children Looked After service capacity

## **5 Quality & Performance Improvement Priorities**

- System quality dashboard in development with partners to support STP.
- Deteriorating Patients NEWS2 Implementation and transfer communications in primary care, NHS trusts, care homes and the ambulance service
- Primary Care QI
- Somerset Partnership NHSFT CQC action plan for CAMHS (service overall rated Good)
- Retrospective System Wide Suicide Prevention review to be implemented across Somerset

## 6. Issues for consideration/Recommendations

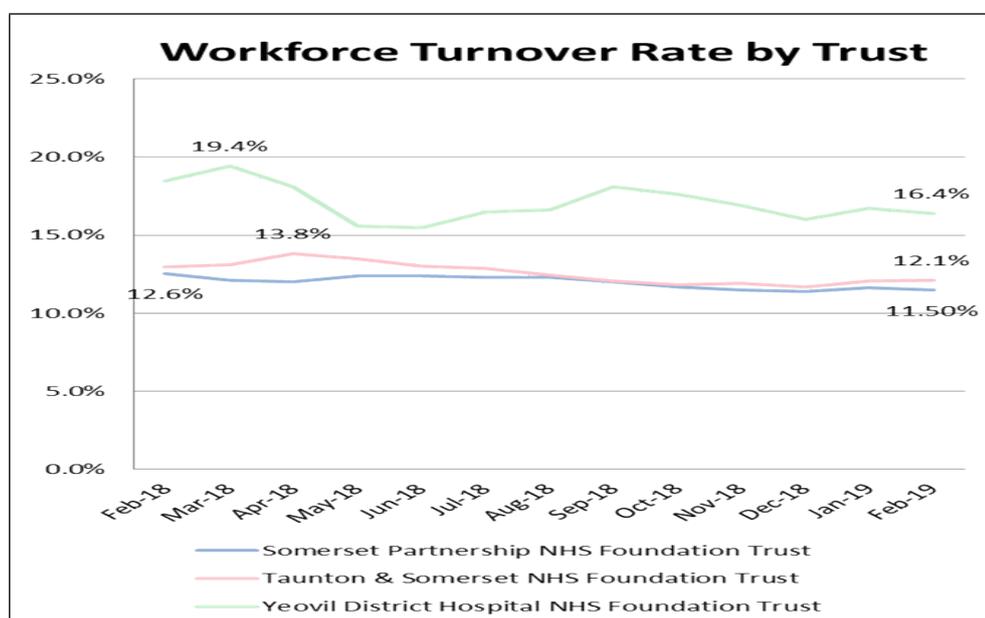
Scrutiny committee are asked to note this paper as assurance of the health performance reviews.

6.1 The key area of focus include:

### Hospital Care

- **Children Looked After:** A review of the roles of CCG Designated Doctor for CLA and Medical Advisor for Adoption is being undertaken. In addition to the clinical role completing Initial Health Assessments in line with Intercollegiate Role Framework, this work also needs to take account of the increase in the number of Children becoming Looked After, (currently 547), and the children from Other Local Authorities that are resident in Somerset, (approx. 200 – 330). On 1 March 2019 in collaboration with Local Authority and Health there was a workshop on Working together for Looked After Children in Somerset. During the day we were hugely impressed with the contribution of the four young people who joined us at the meeting to share their lived experience of being in care and the support services that surround this. Equally impressive was our 39 year old former Looked after Child who gave us an extraordinary insight into some of the possible long term ramifications of being taken into care and moving into adulthood alone. One of the most striking statements of the day came from one of the young people in care who described her difficulties in developing trusting relationships whilst being faced with 20 separate individual professionals who currently have some responsibility for her emotional wellbeing. This above all seemed to hold up a mirror to our current fragmentation of commissioning and service provision, albeit that we clearly have some great people on the ground doing their best in this context.
- **Emergency Admissions from Falls:** During financial year 2018/19 there has been a 6.1% increase (+2,772) 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 'fall on same level from slipping, tripping or stumbling' resulting in injuries to the scalp and head, fracture of the neck of femur and other closed fractures. The RightCare Programme identified Somerset as having a higher incidence of falls when compared to the Peer Group and as a result a new pathway has been introduced by the Somerset Falls Service; this Service provides a structure to support Somerset's ageing population through reducing falls, falls risks and supporting a reduction in hip fractures and a new referral form has been developed to help prioritise adults who have previously fallen or who are at risk of falling. It is expected that this new Service will improve access to an identifiable, integrated Falls Service, reducing the number of falls in the community and reduce fracture rates, increase the uptake of community based balance and strengthening classes and support independence of older adults and reducing risk of frailty. Additional actions include:
  - Care courses provided by SWASFT have been effective in reducing the risk of falls in patients; however these courses currently incur a charge to patients.
  - Low cost community based strength and balance classes (Stay Strong Stay Steady) provided by Age UK Somerset through Somerset County Council Public Health funding are on offer across the county.

- Ensure the health, care and voluntary sector promote the importance of physical activity, calcium and vitamin D intake and safe exposure to sunlight to support bone mass accrual, bone health and the primary prevention of osteoporosis across the life course (including children and adolescents).
- Ensure the use of the FRAX® tool in primary and secondary care settings and through a wide range of stakeholders to help identify those at risk of osteoporosis, followed by a DEXA scan where appropriate.
- **Staff Turnover:** staffing is the single largest cost within the health system, so efforts to improve quality and reduce costs are dependent on workforce data. Staff retention is a key measure and an important factor in the long-term workforce picture to reduce expensive recruitment and maintain a quality workforce. NHS Improvement has been working with trusts in Somerset to support improvements in turnover rates through a direct support model and the provision of national learning resources. There is no silver bullet, but there are actions all trusts can take, which starts by understanding workforce and leaver data and what it is telling them.
- Key actions include:
  - supporting new starters and the newly qualified, expanding preceptorship programmes and offering pastoral support from more experienced staff
  - offering a range of flexible working options for all staff to support their work-life balance and life needs
  - mapping out career pathways so that staff can visualise early, how to progress their career in the trust, as well as promoting roles and opportunities through career clinics and online support
  - effective staff engagement, acknowledge and reward values-driven behaviours
  - supporting staff health and wellbeing
  - employing innovative employment practices and trying new things, such as fast track/one stop recruitment events, 'itchy feet' conversations as a preventative measure, and new models of 'retire and return'



## 6.2 NHS 111

Following a comprehensive procurement exercise, Devon doctors were awarded the contract for provision of a Somerset Integrated Urgent Care (IUC) Service from 25 February 2019. The new IUC Service aims to deliver a new model of care, providing integrated 24/7 urgent care access, clinical advice and treatment service, incorporating NHS 111 call-handling and the former GP out-of-hours (OOH) services. The new service incorporates:

- a) NHS 111 (telephone and online)
- b) Clinical Assessment Service
- c) Face-to-face consultations
- d) Single Point of Access (SPoA) for healthcare professionals to access advice and support in relation to other services / pathways available

With the commencement of the new contract, improvements for NHS 111 60 second call answering have improved considerably, for March 2019 the performance was at 96.69% against a target of 95%, compared to 72.29% in February. Since Devon Doctors took over the integrated Urgent Care Service, only 1 call has waited over 15 minutes (April 2019). Any calls waiting over 15 minutes, Devon Doctors implement a real time review and audit, to date, there has been no harm identified.

## 6.3 Ambulance

During March 2019, Category 1 means performance fell short of the 7 minutes mean target with performance of 7.2 minutes. Category 1 90th Percentile performance exceeded the target in March at 13.7 minutes against a 15 minute target.

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, a gradual decline since May 2018 is now noted.

Recruitment is ongoing for additional call handlers and clinical hub clinicians. Commissioners have agreed further funding for additional staff and secured funding from NHS England for 63 new vehicles across the South West patch towards the 'right mix' of vehicles and 'right size' of fleet as part of the Joint Plan with Commissioners.

The CCG formally wrote to Dorset CCG (as Lead Commissioner) on 26 March 2019, expressing ongoing concerns as to the level of investment and resulting projected performance in Somerset. The CCG has requested receipt of performance trajectories from SWASFT to provide assurance that performance issues are being addressed to present a more favourable position for Somerset. The CCG received a response, 29 March 2019, noting that due to the contract negotiations further modelling has been delayed, with a commitment to undertake this during Q1 2019/20, noting a commitment that every CCG will see an improvement in their performance. Dorset CCG also noted that Somerset will be one of two CCGs to go first with planned 'Deep Dive' meetings to understand local performance and identify improvement opportunities

Amongst the Ambulance Quality Indicators (AQI) in relation to response times, the 11 Ambulance Services across the UK are measured on a specific set of outcomes data these include survival rates and clinical outcomes. The specific measure included in the NHS Digital indicators are:

- Return of Spontaneous Circulation (ROSC): this means delivery of early access, early Cardio-pulmonary Resuscitation (CPR), early defibrillation and early Advanced Life Support (ALS) which is vital to reduce the proportion of patients who die from out of hospital cardiac arrest. Work is ongoing to measure time to defibrillation and time to commencing CPR.
- Survival to Discharge following cardiac arrest, includes the count of all cardiac arrest patients receiving an organised Emergency Medical Services (EMS) response and the number discharged from hospital alive.
- Outcome from acute ST-elevation myocardial infarction
- Outcome from Stroke: FAST-positive patients and suspected stroke are both included and reports the time from ambulance call to hospital arrival.

Sourced from the March SWASFT Board Papers: <a href="https://www.swast.nhs.uk/assets/1/swasft-boardpapers-mar19.pdf">https://www.swast.nhs.uk/assets/1/swasft-boardpapers-mar19.pdf</a>	Reporting Period	England	SWAST
<b>Return of Spontaneous Circulation (ROSC) &amp; Survival</b>			
Outcome from Cardiac Arrest - Return of Spontaneous Circulation at time of arrival at hospital (overall)	Apr 18-Oct 18	31.2%	29.9%
Outcome from Cardiac Arrest - Survival to Discharge - overall survival rate following cardiac arrest	Apr 18-Oct 18	10.4%	9.3%
<b>ST Elevation Myocardial Infarction (pre-hospital diagnosis of suspected STEMI confirmed on ECG)</b>			
Proportion who received the STEMI bundle (figures reported in April, July, October and January)	Apr 18-Oct 18	79.8%	82.3%
<b>Stroke</b>			
Mean average time from call to hospital arrival	Oct 18	1:13	1:23

### Call stacking

Periods of high demand and continued delayed responses, continue to impact on the Trust's services including delays in responses and the need to routinely manage call stacks. SWASFT increased its risk relating to Incident Stacking (A&E) to 25 in March 2018 and this level of risk was confirmed to still remain at this level at the Trust Board of 28 March 2019. 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. The CCG has subsequently increased its own related risk to 25.

The incident stack risk is closely monitored by Quality Assurance Group (formerly known as Quality Sub-Group) and Quality Surveillance Group, involving NHSE. The Group continues to monitor implementation of revised Welfare Call Standard Operating Procedure (SoP), which is one of the mitigation actions noted by the Trust, a further Quality Surveillance Group meeting took place on 14 May 2019.

## 6.4 Emergency Demand and Performance

- a) The number of Somerset patients attending either an A&E Department or MIU has increased by 6.4% when comparing the annual period April 2018 to March 2019 to the same period in the previous year and ended the year 2.9% above the 2018/19 activity plan. All main Providers have experienced a significant increase in attendance during the year ranging between 6-15%.
- b) **Taunton and Somerset NHS Foundation Trust:** has experienced a 6.7% increase (+4,084 attendances) in A&E attendances when comparing April to March 2019 to the same period in the previous year and ended financial year

2018/19 1.1% below (better) than the planned level of attendance. The Trust saw a 9.8% increase in demand during Quarter 4 although the daily rate of attendance reduced from 184 patients per day in February to 177 in March (which is comparable to other months in the year). The Trust planned to recover the A&E 4-hour national standard in March 2019 and although performance improved by 4.9% to 84.80% the Trust remain significantly behind this recovery ambition and were ranked 44 out of 134 Acute Trusts nationally (1 = best and 134 = worst performance) although this is an improvement on the previous months ranked position of 53

- c) **Yeovil District Hospital NHS Foundation Trust:** has experienced an 10.7% increase in A&E attendance (+5,407 attendances) when comparing April 2018 to March 2019 to the same period in the previous year and ended financial year 2018/19 8.9% above the planned level of growth. During Q4 the Trust has experienced a 10.8% increase in demand; with the exception of January 2019 the daily rate of attendance since November has been sustained at 158 increasing to 160 in March 2019. Despite the increased level of demand over the winter period, with the exception of January 2019, the Trust has sustained delivery of the 4-hour operational standard with performance in March 2019 of 96.8% against a plan of 95.0% and was ranked as second top performer nationally and remains as the Regions top performer.
- d) **Somerset Partnership NHS Foundation Trust:** the number of patients attending an MIU (excluding Shepton Mallet MIU) has increased by 7.6% when comparing April 2018 to March 2019 to the same period in the previous year, and with the exception of Minehead all sites have experienced an increase in attendance. The Units experiencing the most significant growth are Frome, West Mendip, Shepton Mallet, Burnham-on-Sea and Chard.
- e) **Royal United Hospital Bath NHS Foundation Trust:** has experienced a 5.2% (or +4,315) additional A&E attendances when comparing 2018/19 to the previous year and the level of attendance in March 2019 has increased slightly upon the previous month. Four-hour performance in March at 78.7% remains behind the Trust's improvement trajectory of 90.0% but represents a 7.6% improvement upon the previous month. The Trust's latest national ranked position shows the Trust were ranked 86 out of 133 Acute Trusts nationally, in comparison to their rank of 116 in February. The Trust have proposed a trajectory for 2019/20 which aims to deliver 85.5% by March 2020, which has been agreed with commissioners and submitted to NHSI.
- f) **Weston Area Health NHS Trust:** experienced a 1.5% increase in A&E attendances when comparing 2018/19 to the previous year; however due to temporary overnight closure of the Trust's A&E department from early July 2017 the two periods cannot be accurately compared. Performance in March has reduced slightly to 83.9%, from 84.5% in February.

## 6.5 Elective Demand and Performance

- The Somerset system has experienced a 2.6% increase in Referrals when comparing April 2018 to March 2019 to the same period in the previous year and this is underpinned by a small increase (0.3%) in GP Referrals (despite a 18.6% increase in 2 week suspected cancer referrals which equates to 3,650 additional urgent referrals) and 7.2% increase in Other Referrals.
- Somerset Clinical Commissioning Group has not met the local RTT incomplete pathway standard since July 2018 and performance in March was 82.3% against a plan of 84.9% which is a 0.5% decline upon the previous month. There were 7,079 patients waiting over 18 weeks (which is an increase of 284 long wait pathways when compared to the previous month) and a median (completed

treatment) waiting time of 36.5 weeks. The deterioration in 18 week performance and increase in breach is attributed to new cohort of patients exceeding 18 weeks (whereby the number of patients in the 23-<35 week waiting time cohort has increased by 213 patients) and proceeds an increase in new 18 week breaches in the previous month. As a consequence of the increase in cancer demand and positive cancer diagnoses, there has been 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.

- On a Somerset commissioned basis there were 37 patients waiting in excess of 52 weeks in March 2019 and this is a reduction of 11 very long wait patients upon the previous month. Of the 37 long waits reported, 33 patients were reported by MPH (a reduction of 7 upon the previous month) and 4 patients reported by Other Providers (North Bristol NHS Trust (1), University Hospital Bristol NHS Foundation Trust (1) and Royal Devon and Exeter NHS Foundation Trust (2)). The Other Providers have clearance plans (UBHT and NBT have committed to Trust-wide clearance by September 2019, and RD&E by July 2019) and SCCG remains in regular communication with the Lead Commissioners to gain assurance that all existing and potential breached patients have treatment dates scheduled and are delivering in line with their improvement ambition. In respect of the very long waits at Taunton and Somerset NHS Foundation Trust, system discussions continue and a 52 week plan will be agreed as part of the operational planning submission due on 23 May 2019.

## 6.6 Diagnostic 6 Week Waits

- Somerset CCG has continued not to meet the waiting time standard relating to patients receiving their diagnostic test or procedure within 6 weeks, as a consequence of the underperformance predominantly at MPH. Performance in March was 90.6% against a planned level of 95.9% and the 99% operational standard and a 1.3% improvement upon the previous month. The diagnostic modalities that continue to have 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.
- Under the remit of the Elective Care Delivery Board a Diagnostic Transformation Project has been established and the programme of work to achieve operational compliance and service sustainability is being developed.

## 6.7 Cancer

- Across the Somerset System there has been an increase in referrals relating to Suspected Cancer 2 Week Waits of 18.8%, comparing April 2018 to March 2019 to the same period the previous year. SCCG did not achieve the 93% target in March 2019 with performance of 91.8%, attributable to an increase in breach at both Taunton and Somerset NHS Foundation Trust and Royal United Hospitals Bath NHS Foundation Trust.
- In Somerset there has also been an increase in 62 Day Cancer pathways of 17.7% (+346 additional patients diagnosed with cancer) in the same period, and whilst this could appear to show that there has been no significant change in conversion rate, there is variation across the cancer sites with Gynaecology, Head and Neck and Lower GI all showing a significant increase in 2 week referral demand but no correlating increase in 62 day pathways.
- Under the Elective Care Delivery Board three sub-groups (for Urology,

Gynaecology and Gastroenterology) have been established to assess the demand and conversion rates and to review the patient pathway to identify the causation and to agree Improvement Actions.

## **6.8 Dementia Assessment, Screening and Referral**

- 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. Both local acute providers submit this data routinely and are performing well. Trust performance for the Dementia Assessment and Referral data collection (described above) is as follows:
- Musgrove - during February 2019 (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
- YDH - during February 2019 (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**

- The latest IAPT access rate un-validated performance data for March 2019 shows that Somerset has delivered performance of 16.8%, and this is an improvement on the February position of 13.4%. However, the CCG will be assessed on Quarter 4 performance (15.4%) and the Quarter 4 trajectory of 16.8% was not achieved. A related entry (reference CCD65) on the CCG Corporate Risk Register includes a score of 15 in respect of IAPT counselling; any progress detailed here will help to mitigate this risk
- The moving to recovery rate national ambition of 50% was achieved in March with performance of 64.1%. This is an improvement on the February position of 62.5%. This is reflective of the significant work the team have undertaken in year to address the recovery rate and ensure positive outcomes for patients, the year end position for recovery rate is 50.7% and so we have achieved the national target for IAPT recovery rate. A huge success for the service given 2017/18 YTD performance was 39.67%
- From April 2019 IAPT reporting will be split as agreed following the IST review and mandated reporting changes. Therefore we will see IAPT data reported for those who meet core IAPT standard guidelines for treatment and those that sit outside of this but whom receive support from the IAPT team. This will support the ongoing work with the implementation of the Rapid Improvement Proposals and the new development of the 'Stepping Up' Service.

## **6.10 Child and Adolescent Mental Health Services**

- The Mental Health Five Year Forward View sets out the ambition that by 2020/21 at least 35% of Children and Young People (CYP) with a diagnosable Mental Health (MH) condition will access treatment from an NHS-funded community MH service. This measure seeks to count CYP who have accessed an NHS-funded community MH service for treatment as a percentage of the estimated prevalence of CYP with a diagnosable MH

condition. National prevalence studies (the 2017 update was published by NHS Digital in January 2019) show that one in nine children has a diagnosable MH disorder and this can range from short spells of depression or anxiety through to severe and persistent conditions. However, the measure continues to use the older estimate of one in ten CYP

- Somerset Partnership CAMHS continues to underperform against the local 6-week RTT target of 95% and this remains an area of concern. Un-validated data for March 2019 shows performance of 84.97% against the 95% target which is a significant decline on the February position of 91.43%. Performance for the national 18-week RTT target shows performance for March 2019 of 100.0% against the 95% target; sustained delivery against this target continues
- The recent CQC inspection of Somerset Partnership (published 22 January 2019) has reinforced CCG concerns about waiting times in Tier 3 CAMHS (particularly in the East CAMHS team) and the CQC has issued both a “MUST” recommendation and an Improvement Notice in relation to this issue. The CCG is currently waiting to review the Somerset Partnership’s mandatory Improvement Plan to CQC, which will include a trajectory for achievement of the 6-week target across all CAMHS services (broken down by service)
- The CCG has provided additional in-year recurrent investment (£300K FYE in both 2018/19 & 2019/20) to CAMHS
- Somerset CCG has commissioned Kooth to provide additional online counselling during Quarter 4 2018/19 and also outreach work with local schools (both funded by NHS England (NHSE) waiting-list monies grant), with the intention of closing the gap against the national ambition as far as possible

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. Summary**

- 7.1 Scrutiny committee are asked to review this report against the context this is exception reporting were performance is challenged, we continue to celebrate all the significant achievement of health care service in Somerset.