

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

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### **1. Summary**

- 1.1** This paper provides an update on the Somerset Clinical Commissioning Group (CCG) Integrated Quality, Safety and Performance and provides an overview of performance against the constitutional and other standards to the period ending May 2020.
- 1.2** This is a retrospective report which compares the reported month (May) and compares to the same month of the previous year and to the pre-COVID period.
- 1.3** Emergency activity reduced during this period with an observed reduction in the number of primary care contacts, ambulance calls, A&E attendances and emergency admissions; this is a similar pattern seen Regionally and Nationally, with the levels of emergency demand now returning to pre-pandemic levels.
- 1.4** During the COVID period, Trusts were asked to postpone all routine elective operations for a period of at least 3 months to enable the free up of general and acute beds in order to expand critical care capacity, whilst continuing to prioritise and treat the most urgent cases. The local Independent Sector Providers have been supporting the Somerset system, with Nuffield Taunton being used as a COVID-free site to treat cancer and priority cases. This has resulted in a reduction an overall elective activity over this period, as well as a reduction in referrals into secondary care. Whilst this has reduced the overall size of the waiting list, patients are waiting longer for treatment; and patient communications are being prepared to provide appropriate messaging to patients. Prior to the winter period, both local Trusts are maximising the use of all available capacity in order to treat the highest priority cases.
- 1.5** During the pandemic, there has been a significant increase in the use of digital out-patient consultations, in order to reduce the number of patients that need to attend the hospital sites for their out-patient consultation. A similar approach was adopted for Mental Health Services; where no services were stood down during the pandemic but services moved to delivering remote consultations.
- 1.6** Somerset System Partners are working together to develop plans which restore

services to pre-COVID levels, as part of NHS England and Improvement Phase 3 planning requirements.

## **2. Issues for consideration / Recommendations**

**2.1** Scrutiny Committee is asked to consider and comment upon this paper.

## **3. Key Areas of Focus include:**

### **3.1 Service Quality Monitoring**

- Subject to NHS England direction, certain quality monitoring functions were stood down at the outbreak of the COVID-19 pandemic, and these arrangements continue. High-level quality monitoring by service providers and commissioners, however, remains active, with the key Quality and Safety metrics continuing to be routinely reviewed.
- As at May 2020, there are no exceptions to report at this time.
- Serious Incident reporting continued, with allowance that investigations may be delayed due to all possible staff being deployed to COVID activity. Currently, complaints and incidents investigations now include a consideration of any COVID contributory factors. This includes the LD mortality review programme (LeDeR) and NHS Trust Learning from Deaths mortality review programme.

### **3.2 Infection, Prevention and Control**

- Somerset CCG enhanced its commissioner Infection Prevention and Control (IPC) service to a system-wide COVID support function. This included providing enhanced guidance, training and support to primary care, care homes and to the education sector over a 7-day period as a result of increased staffing and included twice-weekly welfare and support calls to every care home within Somerset.
- The IPC Team provided outbreak support, and during Q1 there were 88 COVID-related outbreaks in Somerset's nursing and residential care homes. Outbreak plans for all our service providers have been reviewed
- NHS Trusts and Services are working in accordance with national IPC and PPE guidance and have focused on how social distancing and zoning of COVID and non-COVID areas can be maintained as services are reinstated. Revised updated IPC guidance has recently been published, which has assisted with this planning. Further work to enhance IPC includes additional staffing, Infection, Prevention and Control workforce development and care home enhanced Infection, Prevention and Control training programme

- Due to the COVID pandemic the usual annual trajectories for routine infection rates for surveillance for 20/21 have not yet agreed. A summary of the position is outlined on the next page:

Infection type	19/21 Q1	20/21 Q1
MRSA	2	1
C Difficile	30	22
E Coli	115	102
MSSA	N/A	37

*Please note: MSSA is a new measure for 20/21*

### 3.3 NHS 111 and Integrated Urgent Care Service

- Demand into NHS 111 increased in March 2020 to 24,164 calls, which is almost double the number of calls when compared to the same month in the previous year (13,450 calls in March 2019); demand has since reduced to 12,865 calls in May.
- Performance in March significantly reduced for both the 60-second call answering and call abandonment rate, but improvements in this metric have been seen with the most recent weekly data (week ending 12 July 2020) showing performance in Somerset of 90.7% (against national performance of 91.9%). However, the 30-second call abandonment rate performance, whilst showing signs of improvement, still remains challenged at 7.5% (against national performance of 2.1%).
- Devon Doctors have stepped up the In-Hours Clinical Assessment Service (CAS) supported through COVID funding. (A CAS is an intermediate service with clinical expertise in assessing a patient, to ensure that patients are directed efficiently and effectively into the most appropriate onward care pathway).
- NHS 111 calls are taking longer as a consequence of higher acuity and COVID pathways, which has added approximately 80-90 seconds to call durations.
- Actions have been taken to improve performance, which include strengthening the links with the Somerset locum agency that has been established to support shift fill including in-hours CAS (COVID funded).
- Kernow have been engaged in the Think 111 First pilot which commenced in early July, and Somerset scoping meetings are taking place, with the second meeting to be held on 15 July with DDOC and Care UK.

### 3.4 Ambulance Performance

- During the COVID pandemic, Somerset has seen a 5.3% reduction in 999 demand when compared to the same time in the previous year. However, Somerset has seen less of a reduction in activity levels during the COVID pandemic when compared to peer CCG's, and investigations are underway to understand this differential.
- As a result of the reduced activity, SWAST Performance has improved:
  - Mean response times have improved since March 2020, although Category 2 response remains challenged. (Category 2 ambulance calls are those that are classed as an emergency for a potentially serious condition that may require rapid assessment, urgent on-scene intervention and / or urgent transport).
  - Handover delays remain low, with 1 ambulance handover taking between 1 and 2 hours to Somerset FT in May 2020; Somerset CCG was one of the top performers in the South West for handover delays in May.

### 3.5 A&E Performance

- **Somerset FT:** The number of patients attending the A&E Department in June was 17.0% lower (1073) than the same month in the previous year, and during the March-June period attendances were 29.0% lower (-7402) than the same period in the previous year. In June, 91.4% of patients were seen, treated and either admitted or discharged within 4 hours, and during this March-June period it was 89.6%.
- **Yeovil FT:** The number of patients attending the A&E Department in June was 23.5% lower (-1148) than the same month in the previous year, and during the March to June period attendances were 30.2% lower (-5922) than the same period in the previous year. In June, 97.1% of patients were seen, treated and either admitted or discharged within 4 hours, and during this March-June period it was 96.0%.
- **RUH:** The number of patients attending the A&E Department in June was 18.1% lower (-1291) than the same month in the previous year, and during the March to June period attendances were 34.3% lower (-10,241) than the same period in the previous year. In June, 92.0% of patients were seen, treated and either admitted or discharged within 4 hours, and during this March-June period it was 89.4%.
- **WAH:** The number of patients attending the A&E Department in June was 70.8% lower (-3005) than the same month in the previous year, and during the March to June period attendances were 54.1% lower (-8720) than the same period in the previous year. During June, 4-hour performance was 87.1%, and during the cumulative March to June period was 86.3%. Due to

a COVID outbreak, Weston stopped accepting new patients on 25 May 2020, the hospital went through a phased re-opening process, and the Emergency Department re-opened to new patients on 18 June 2020.

- The key challenges during this period (which have impacted upon patient flow) include:
  - Loss of cubicles / bed spaces within the Department due to social distancing requirements and reduction in the number of beds due to cohorting resulting in patient flow delays.
  - Zoning to separate positive / query positive and negative COVID patients and COVID testing regimes on admission.
  - The hospitals have updated that they are seeing higher acuity patients, which could be as a result of patients avoiding to seek medical care over this period and which could lead to a longer period of admission.
  - A system-wide review of urgent and emergency care is being undertaken to understand the key drivers of attendance and admission over the recent period, which is due to conclude by the end of July.
  - Increased staff absence across the Medical and Nursing workforce as a result of isolation requirements.

### 3.6 Emergency Admissions

- **Somerset:** The number of emergency admissions in May was 30.4% lower (-1,939) than the same month in the previous year, and during the cumulative period March-May (latest data) the number of emergency admissions were 28.5% lower (5,430) than the same period in the previous year. Whilst the reduction in demand has been seen across both the zero and non-zero length of stay (LOS) patient cohorts, the biggest percentage reduction was in the zero LOS patient cohort, which aligns to the reduced A&E demand and is the position mirrored across all our main Acute Providers.
- **Somerset FT:** The number of emergency admissions (on a Somerset commissioned basis) in May was 32.3% lower (-1,165) than the same month in the previous year, and during the cumulative March-May period (latest data) the number of emergency admissions were 28.9% lower (-3,130) than the same period in the previous year.
- **Yeovil FT:** The number of emergency admissions (on a Somerset commissioned basis) in May was 35.0% lower (-395) than the same month in the previous year, and during the cumulative March-May period (latest

data) the number of emergency admissions were 32.9% lower (-1,112) than the same period in the previous year.

- **RUH:** The number of emergency admissions (on a Somerset commissioned basis) in May was 30.2% lower (-169) than the same month in the previous year, and during the cumulative March-May period (latest data) the number of emergency admissions were 35.1% lower (-628) than the same period in the previous year.
- **UBHW:** The number of emergency admissions (on a Somerset commissioned basis) in May was 25.1% lower (-77) than the same month in the previous year, and during the cumulative March-May period (latest data) the number of emergency admissions were 15.6% lower (-138) than the same period in the previous year.
- Challenges during the recent period which has impacted upon flow across the hospital include:
  - Reduction in the number of beds due to patient cohorting, which has impacted upon patient flow across the hospital.
  - Zoning to separate positive / query positive and negative COVID patients and COVID testing regimes on admission.
  - The hospitals have updated that they are seeing higher acuity patients, which could be as a result of patients avoiding to seek medical care over the Lockdown period and potentially could lead to a longer period of admission.
  - A system-wide review of urgent and emergency care is being undertaken to understand the key drivers of attendance and admission over the recent period; which is due to conclude by the end of July.

### **3.7 Elective Care – Referral To Treatment**

- Sir Simon Stevens outlined in his letter dated 17 March 2020 the requirement to postpone all elective operations for a period of at least 3 months to enable Trusts to free up general and acute beds in order to expand critical care capacity.
- Due to the short-term reduction in referral demand, the number of patients on the waiting list reduced by 16.1% (-6,125 patients); however, the number of very long waits have risen sharply during this period.
  - The number of 52-week waits has increased by 299 since February (from 20 in February to 319 in May); the main concentration of waits continues to be at Somerset FT and is underpinned by an increase in

the number of patients waiting in excess of 40 weeks. In addition, due to the step-down of elective activities, we are starting to see the emergence of very long waits at Providers who have not traditionally seen >52 week waits.

- The Independent Sector have been supporting Yeovil FT and Somerset FT throughout the recent period (Shepton Mallet Treatment centre and Nuffield Taunton, respectively) in the treatment of elective patients (and specifically cancer patients at Somerset FT).
- Early indication from the Providers is that demand has started to increase back to expected levels, and as a result of this, waiting lists have started to rise.
- The activity for patients needing admission to hospital for either in-patient or day case treatment in May was 19% of pre-COVID levels due to the requirement to re-purpose theatres for critical care capacity as a core part of the COVID-19 response. Theatre throughput has reduced due to the increased patient turnaround times.
- The most challenged admitted specialities are Ophthalmology, General Surgery, Trauma and Orthopaedics, Urology and ENT, where plans are being developed to mitigate future issues and risks relating to staff recruitment, retention and physical capacity for additional activity.
- The activity for patients needing an out-patient appointment activity in May was 46% of pre-COVID levels with an increase in the level of virtual digital activity observed. However, as a consequence of reduced activity, the non-admitted waiting times have also increased in many of the medical and surgical specialities (biggest increases seen in Gastroenterology, ENT, Ophthalmology, General Surgery, Dermatology and Rheumatology).
- Insufficient physical clinic space to return out-patients to pre-COVID levels due to social distancing requirements and the loss of two out-patient areas which have been re-purposed as in-patient related facilities, have also impacted upon the Trusts' ability to stand back up out-patient clinics.
- Plans are being developed to stand back up elective capacity as part of the Phase 3 planning (covering the period September to March), which outlines the activity to be delivered and is due to be submitted in September.

### **3.8 Elective Care – Diagnostic Waiting Times**

- Overall diagnostic waiting list size has remained stable over the recent period due to a sustained reduction in demand and the most urgent patients (including cancer) continuing to receiving their diagnostic test or

procedure; however, due to the stand-down of routine patients, the number of long waits have risen sharply.

- A reduction in the number of diagnostic tests or procedures carried out during April and May has led to the deterioration in waiting times with the number of patients waiting in excess of 6 weeks increasing by 5,430 since February (from 610 to 6,040): Somerset FT 4,023, Yeovil FT 900, Other Providers 1,117. In addition, the number of patients who exceeded 13-week waits has also increased by 1,601 since February (from 124 to 1,762): Somerset FT 1121, Yeovil FT 258, Other Providers 383.
- The level of diagnostic activity undertaken in May was 39% of pre-COVID levels, with only the most urgent patients receiving their diagnostic test or procedure during March, April and May. Not only has this resulted in patients on the waiting list waiting longer for their diagnostic test or procedure, but it has also led to surveillance patients (those who receive follow-up diagnostics on a planned basis) waiting longer and needing to be added back onto the active diagnostic waiting list.
- The high-risk diagnostic modalities are Radiology (MRI, CT and Non-Obstetric Ultrasound) and Endoscopy (Colonoscopy, Flexi Sigmoidoscopy and Gastroscopy).
- Plans are being developed to restore activity and will be built into the Phase 3 plan due to be submitted in September.

### **3.9 Elective Care – Cancer**

- There has been a 40.0% (-825) reduction in the number of 2-week wait referrals when comparing May 2020 to February 2020, with comparable reductions seen across all Acute Providers.
- Whilst there has been an increase in the number of 2-week wait referrals in May, they continue to be significantly lower than the same month in the previous year.
- Following an initial reduction in 2-week wait performance in April, the percentage of patients seen within 2 weeks in May improved to 96.0%:
  - Somerset FT: 94.6%, Yeovil FT: 97.8%, Other Providers: 96.8%
  - Breaches are predominantly within suspected lower gastroenterology and breast cancers, with a high proportion occurring at Somerset FT
- In May 2020, Somerset CCG saw a 49.8% reduction in the number of patients on a 62-day pathway receiving their first definitive cancer treatment when comparing May 2020 to February 2020:



- Somerset FT: -60.2% (-65); Yeovil FT: -14.9%, (-7.5), Other Providers: -59.7%, (-38.5)
- Both Yeovil FT and Somerset FT are prioritising patients on the basis of clinical need and complete a weekly Situation Report for the Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Alliance
- The percentage of patients in Somerset receiving their first definitive cancer treatment within 62 days was 75.9% in May:
  - Somerset FT: 69.8%, Yeovil FT: 78.7%, Other Providers: 80.5%
  - Breaches predominantly in Lung cancer (complex diagnostic pathways and delays to diagnostics or treatment planning) and Urological cancers (patient choice and complex diagnostic pathways)
- **Actions to support cancer services include:**
  - The NHS England commissioning team are now actively working with providers to ensure the restart of screening programs in a safe and efficient manner.
  - Reduced capacity owing to social distancing and infection control guidance in some programmes means services cannot resume service delivery at pre-COVID levels. However, national guidance and risk stratification is being followed to ensure patients are appropriately prioritised for screening.
  - There is a national focus on long waits (104 day plus), and each STP has been asked to complete a 104-day waiters template by 17 July 2020.
  - Both Trusts are working collaboratively to ensure full utilisation of IS capacity, with Somerset FT utilising Nuffield Hospital as a dedicated 'green' elective surgery zone and prioritising the treatment of cancer patients.
  - Plans are in place to commence a pilot Prostate Cancer referral line via Consultant Connect Advice and Guidance.
  - The use of Faecal Immunochemical Testing (FIT) in secondary care to support with the triage and prioritisation of suspected lower GI cancer patients.
  - Discussions are underway with Primary Care colleagues to streamline the 2ww colorectal cancer pathway by introducing FIT 10 for all patients who present to the GP with symptoms and signs suggestive

of possible colorectal cancer, in order to support the triage and prioritisation of patients at point of referral.

- Development of SWAG-wide cancer pathways. SWAG have drawn up a proposal to develop Mutual Aid Cancer Surgery pathways during the pandemic, which are intended to provide regional access to allow maintenance of crucial surgical oncology services when physical capacity of staffing at individual trusts proves insufficient.

### **3.10 Mental Health – Improving Access to Psychological Therapies (IAPT)**

- Somerset Foundation Trust (Somerset FT) has reported that there was a total of 555 referrals received by the Talking Therapies service during May 2020, which represents an increase of 82 compared to April and a decrease 653 when comparing to pre-COVID-19 levels of 1,208 in February.
- The reported IAPT (Improving Access to Psychological Therapies) recovery rate for May was 62.1%, an improvement compared to April (52.1%) and a slight decrease of 1.1 % when comparing to pre-pandemic February position (63.2%). The national ambition of 50% continues to be met and exceeded.
- During Q1, the IAPT access rate for the rolling 3-month period to May was 12.0%, which when compared to the rolling 3-month period to April (13.4%) shows a decline in performance.
- The IAPT service continues to consistently meet and exceed the 6-week and 18-week national ambitions. During May, 90.1% of patients referred for treatment were seen by the service within 6 weeks against the 75% national ambition, and 99.0% were seen and received treatment within 18 weeks from referral against the 95% national ambition.
- During the recent period, the IAPT service within Somerset has continued to run, and Somerset FT has successfully managed to have mobilised its clinicians to work from home and succeeded in maintaining its services by dealing with referrals via telephone, video and webinar interventions
- Following the COVID-19 pandemic, NHS England and Improvement (NHSEI) confirmed that the performance management regime has been paused and that assurances in respect of IAPT key national measures are on hold for at least the first quarter to allow local services to re-adjust and deliver psychological therapies in new ways and as best they can, given the current situation.
- At the end of May, the total number of patients waiting for second treatment appointment reduced from 822 in April to 367. A marked decrease in patients who have accessed the IAPT service has been seen within the last three months, and as a result there have been fewer referrals

received. These changes have meant the local service has been able to introduce a new more dynamic, forward-facing Assess and Treat model which aims to reduce the length of wait from referral to treatment. The provider has been able to address previous concerns in respect of second treatment appointment waiting times, resulting in more patients being seen and greater numbers of treatments being completed; these factors combined have contributed to the recovery rate being sustained.

### **3.11 Mental Health – Children and Young People Mental Health (CYPMH)**

- The CCG has planned to deliver a 32.3% access rate in 2019/20, and Somerset FT, digital therapy and other Tier 2 providers will contribute to the Somerset access rate. A local estimate of year-end performance is 24.7%. The CCG has planned to deliver an access rate of 26.7% in Quarter 1. Local plans will now need to be revisited, as the operational planning process was paused due to the COVID-19 pandemic.
- Project work, with support from regional NHSEI, is underway to understand all aspects of not being able to achieve this target. A system project and action plan is in development to understand the complexities of meeting the CYPMH Access Target.
- The access levels for Tier 3 Child and Adolescent Mental Health Services (CAMHS) in Somerset are in the highest quartile nationally
- Young Somerset Wellbeing Service has helped bridge the gap for early interventions to address the mental health and emotional wellbeing needs of Children and Young People (CYP) in Somerset aged 11-18; however, there is an increase of demand for CYP who have higher complexity needs. Discussions are in place around the Wellbeing Services' Children's Wellbeing Practitioners (CWPs) attending additional courses at the University of Exeter to increase knowledge and expertise.
- Overall, CAMHS/Young Somerset Wellbeing Service (CYP-IAPT) has a high acceptance rate of 91%. The CAMHS service sees CYP that require a higher level of intervention with a defined mental health presentation, and there are CYP with array of multi-faceted needs that are too complex for a low-level intervention but are not appropriate for specialist CAMHS. A strategic system group—a combination of Children's and Mental Health commissioning, Local Authority, GPs and Providers—convened to look at Somerset's gap in service provision and the prevailing needs.
- The Mental Health Support Teams (MHSTs) start date collided with the start of the pandemic and, despite moving to digital offer, have not yet properly started. This has resulted in not being in a position to identify those CYP's needs in schools due to lack of access. Somerset has been successful in bidding for a third MHST. The model (supporting a 'whole school approach') is currently in development, with the system working through

this to provide extra resource and to meet the needs of our CYP in Somerset.

### **3.12 Mental Health – Other Measures**

- Mindline Somerset is being commissioned by Somerset County Council from March 24 as part of the COVID response. The 24/7 service offers additional support from other Mind in Somerset services, in collaboration with other services.
- The Mindline 24/7 crisis line offers a supported conversation to callers and has increased access to Mental Health Services within Somerset. The services include Mindline Enhanced, Somerset IAPT and Community Mental Health Teams, depending on the level of need.
- Callers are presenting an increasing range of issues, and high levels of anxiety, depression, distress, isolation, family, physical health issues, service issues and concerns around COVID-19 are being seen. The main purpose of a call is the provision of emotional support.
- The service has seen a gradual increase in contact week on week, in respect of contact from CYP (aged 17 and under) and their families. Callers requiring non-urgent or wellbeing support are referred to the Young Somerset Wellbeing Service, while those callers with an urgent MH issue are transferred to CAMHS Single Point of Access, Enhanced Outreach Team or 7-day Out of Hours. Mind in Somerset actively works with CAMHS to meet the needs of CYP.
- It is anticipated that due to COVID-19, a surge in demand will be seen across the full range of Mental Health services within Somerset. A mental health model is being developed to help the System to understand the impact of COVID-19 on performance in the short and longer term.

### **3.13 Maternity**

- During the March to May period there have been 1,068 women that have delivered babies, 717 at Somerset FT and 351 at Yeovil FT, with a 37.5% (+15) increase in home births when comparing March 2020 to May 2020 with the same time period the previous year.
- The number of COVID positive cases within maternity patients remains low.
- Actions taken to support maternity services:
  - Establishment of a number of digital and antenatal classes, including digital antenatal classes, digital Bump to Baby Groups and digital “Wise Hippo” Hypnobirthing Groups, as well as virtual appointments.

- A Virtual Perinatal Mental Health peer support group has been established, which allows women to 'step down' from the specialist support service.
- A postnatal animation has been purchased, which is anticipated to be shared with service users and contains a lot of useful information and resources for women.
- The "Mum & Baby" app, which will enable all Somerset women to have a personalised care plan, has been launched
- Three community hubs have been opened, one in Taunton and two in Yeovil; these hubs allow midwives, health visitors and other services, such as social services, to work from one base and have been received very positively by women and the midwifery teams. More community hubs are planned in the future.

### **3.14 COVID Response – Learning the Lessons**

- Learning the lessons from COVID-19 are being captured and used to inform:
  - Ongoing responses to COVID-19, incorporating social distancing, PPE, Infection Prevention Control
  - Responses to future incidents
  - Informing future service delivery, for example optimising use of technology, virtual consultations
- Individual organisational lessons-learnt activities
- Public Engagement
- Academic Health Science Network undertaking research across Somerset and linking feedback from public engagement

### **3.15 COVID Response – Restoration of Services**

- In the Sir Simon Stevens letter dated 17 March 2020, there was a requirement to postpone all non-elective operations for a period of at least 3 months to enable Trusts to free up general and acute beds in order to expand critical care capacity. Whilst the number of patients on the waiting lists has not increased during this period due to a reduction in referrals into Secondary Care patients the duration of wait has increased as a consequence of stepped down elective services.

- The Somerset System is restoring services in line with NHS England/Improvement Phase 2 (dated 29 April 2020) and Phase 3 guidance (dated 31 July 2020).
- Phase 3 guidance sets out three priorities for the remainder of 2020/21:
  - Accelerating the return to near-normal levels of non-COVID health services, making full use of the capacity available in the 'window of opportunity' between now and winter.
  - Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable COVID outbreaks both locally and nationally.
  - Doing the above, in a way that takes account of lessons learned during the first COVID peak; locks in beneficial changes and explicitly tackles fundamental challenges, including support for our staff and action on inequalities and prevention.

### **3.16 COVID Response – Progress in Somerset**

- Somerset System partners are working together to maximise the use of all available capacity and are developing plans to meet the requirements for returning services to pre-COVID levels outlined within the Phase 3 letter.
- There is continued use of the Independent Sector (Shepton Mallet Treatment Centre and Nuffield (Taunton)) to support the delivery of elective services.
- There has been a series of NHSE 'adapt and adopt events' that aim to rapidly spread good practice; Somerset has fully engaged with these, and the outputs are being aligned with our existing plans.
- The limitations for restoring routine activity of PPE, social distancing and IPC are well known, and we are working through schemes to help restore capacity.
- Cancer treatments have been prioritised throughout the recent period. There are some tumour site areas where referral rates are not back to where we would expect, and we are looking at some specific work to identify why this might be.

#### **4. Background papers**

- 4.1** The full NHS Somerset CCG Quality and Performance Report is available on the CCG website: <https://www.somersetccg.nhs.uk/wp-content/uploads/2020/07/Enc-H-QSP-Exceptions-Report-1-April-to-30-May-2020-1.pdf>

**Note:** For sight of individual background papers, please contact the report author.