

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 July 2021.
- 1.2** This is a retrospective report which compares the reported month (July 2021) and compares to the same period in 2019/20 unless otherwise stated to provide a comparative view of performance

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 Primary Care

During July 2021 there were 227,471 consultations which took place in Primary Care with a GP or other healthcare professional. However please be aware that there are data quality issues in relation to this national GP activity (GPAD) dataset from May 2021 onwards and has been escalated with NHS Digital (data owner). Patient demand has continued to remain high and the nationally mandated triage arrangements remain in place. Patients who need to be seen face to face continue to receive this type of appointment and in July 2021 57.3% of consultations were delivered face to face.

3.2 NHS 111

There are ongoing pressures across the wider UEC (Urgent and Emergency Care) system both in Somerset and nationally. In relation to calls abandoned (meaning that of the 111 calls received and reaching 30 seconds after being added into the queue for an advisor, how many callers hung up before they were answered); performance in July 2021 was at 22.4% and is comparable to the England average of 23.6%. Regarding 'average speed to answer' (which replaces the previous 'calls answered within 60 seconds' metric performance is at 263 seconds in July 2021 in comparison to an England average 426 seconds.

Performance against other Integrated Urgent Care metrics are outlined below:

- Proportion of calls backs by a clinician in an agreed time frame (target 90%) - in July 2021 (provisional data):

21.8% of patients offered a call back within 20 minutes (immediately), who received a call back within 20 minutes

66.2% of patients offered a call back within a timeframe over 20 minutes, and up to 1 hour inclusive, who received a call back within 1 hour

81.1% of patients offered a call back within a timeframe over 1 hour, who received a call back within the specified timeframe

- 81.5% of patients received a face-to-face consultation at their home residence within the specified timeframe against the 95% target (provisional data)
- 83.1% of patients received a face-to-face consultation in an IUC Treatment Centre within the specified timeframe against the 95% target

3.3 Ambulance Performance

Please see Ambulance Performance slides.

3.4 A&E Performance

The A&E performance across Somerset's main Acute Providers is outlined below and overall shows an increase in attendances (both minor and major) during the reported period:

Somerset FT: The number of patients attending the A&E Department in July was 8.2% higher (+555) than the last reported period (May 2021) and during the cumulative period April-July 2021 there were 27,147 attendances which was an increase of +3.7% (+981) when compared to the same period in 2019/20. 4-Hour performance in July was 66.6% (and during the cumulative (April-July) period was 73.7%) which is a deterioration upon the same period in 2019/20 where performance was 78.4% and is linked the significant increase in demand across all urgent care pathways.

YDH FT: The number of patients attending the A&E Department in July was 4.3% higher (+213) than the last reported period (May 2021) and during the cumulative period April-July, attendances were comparable (20,083) to the same period in 2019/20 (19,979). 4-Hour performance in July was 90.9% and during the cumulative period April-July was 92.9% which is a small deterioration to the same period in 19/20 where performance was 96%. Despite this deterioration YDH remains one of the highest performing Trusts nationally.

RUH Bath: The number of patients attending the A&E Department in July was similar in volume (7,713) to the last reported month of May 2021 (7,704) and during the cumulative period April-July, attendances were 1.5% (+448) higher than the same period in 2019/20. 4-Hour performance in July was 69% and during the cumulative period of April-July was 76.1% is comparable to the same period of 2019/20 where performance was 75.9%.

UHBW: The number of patients attending the Weston site A&E Department in July was 4139, which is comparable to the last reported month of May and during the cumulative period April-uly, attendances were 8.9% lower (-1,554), than the same period in 2019/20. 4-Hour performance in July was 71.1% and during the cumulative period of April-July was 72.8% compared to 78.3% during the same period in 2019/20.

3.5 Emergency Admissions

The overall number of emergency admissions in July 2021 were 6.7% lower (-276) than July 2019 and when comparing the cumulative period of April 2021 to July 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 9.2% (-1,522). The average number of daily admissions in July has increased by 1.7 admissions per day when compared to June 2021 and this increase is seen within the non-zero length of stay patient cohort and in turn will have a more significant impact upon bed occupancy and patient flow. The influencing factors of this increase is multifactorial and relating to the higher levels of demand seen throughout all emergency routes (namely, primary care, NHS 1111, SWAST and Accident and Emergency Departments).

Somerset FT: The number of emergency admissions in July were 13.1% lower (-458) than July 2019 and when comparing the cumulative period April 2021 to July 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 15.4% (-2,166). The average number of daily admissions in July 2021 has increased by 0.8 admissions per day when compared to the previous month and this increase is seen within the non-zero length of stay patient cohort.

YDH FT : The number of emergency admissions in July were 5.6% higher (+95) than July 2019 and when comparing the cumulative period April 2021 to July 2021 to the correlating period in 2019 the volume of emergency admissions have increased by 9.3% (+591). When comparing the current period to 19/20 YDH FT is the only Provider in Somerset seeing this increase in demand (which is predominantly within the zero length of stay patient cohort). However, when looking at the average number of daily admissions in July to the previous month the overall number of admissions has increased by 1.5 per day and this increase is seen within the non-zero length of stay patient cohort.

RUH Bath: The number of emergency admissions in July were 11.9% lower (-63) than July 2019 and when comparing the cumulative period April 2021 to July 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 12.2% (-271). Dissimilarly to Somerset and YDH FTs RUH Bath has seen the average number of daily admissions in July 2021 reduce by 2.0 admissions per day when compared to the previous month with reductions seen in both the zero and non-zero length of stay patient cohorts.

UHBW: The number of emergency admissions in July were 12.0% lower (-34) than July 2019 and when comparing the cumulative period April 2021 to July 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 15.9% (-187). However like RUH Bath, UHBW have also seen a small reduction in the average number of daily admissions per day in July 2021

reducing by 0.3 when compared to the previous month with reductions seen in both the non-zero length of stay patient cohort.

3.6 Elective Care – Referral to Treatment

At the onset of the Covid-19 pandemic the number of patients on an incomplete pathway significantly reduced due to the change in referral patterns. Whilst the number of patients accessing elective services slowly increased from Q2 2020/21 the overall number of patients on an incomplete pathway grew at a much faster rate and this was due to the pandemic continuing to affect the way in which care is delivered. The need to maintain social distancing in patient waiting areas, the adherence of IPC (infection, prevention and control) guidelines and the expansion of critical care capacity resulted in reduced elective throughput (out patient, diagnostic, in patient and day case activity) and has led to the month on month increase in waiting list size

The summary below outlines performance against the key performance indicators:

- The number of elective referrals during 2021/22 have continued to restore with cancer demand returning to pre pandemic levels and routine referrals continuing to increase (although there is variation at a specialty level). During the period April to July 2021 there were 52,547 referrals received which equates to 91.9% of the demand seen during the same period in 2019/20
- In July 2021, there were 48,655 patients on an incomplete pathway awaiting their first definitive treatment which is an increase of 7,110 pathways when compared to March 2021 and attributed to the increase in referral demand and a lower level than expected of clock stops delivered.
- In July 2021 the number of patients waiting in excess of 52 weeks has continued to reduce although it should be noted that this reduction is an artifact of the change in referral patterns during 2020/21 (with less patients reaching 52 weeks). However the number of patients waiting in excess of 78 weeks and 24 months has increased over this same period:

>52 Week Waits: In July 2021 there were 2,643 patients whose wait exceeded 52 weeks which is a reduction of 1,333 when compared to March 2021 and the specialities with the longest waits are General Surgery, Orthopaedics, ENT and Ophthalmology and make up approximately 80% of the 52 week backlog.

>78 Week Waits: Monthly reporting of very long waits (in excess of 52 weeks by weekly wait banding) was introduced from April 2021 and in July 2021 there were 869 patients waiting in excess of 78 weeks (which is an increase of +291 upon April 2021). The specialities with the longest waits are General Surgery, Orthopaedics, ENT and Ophthalmology and make up approximately 83% of the 78 week backlog.

>24 Months Waits: Monthly reporting of very long waits (in excess of 52 weeks by weekly wait banding) was introduced from April and in July 2021

there were 73 patients (+41 upon April 2021) waiting in excess of 24 months. The specialities with the longest waits are General Surgery, Orthopaedics, ENT and Ophthalmology and make up approximately 85% of the 78 week backlog.

- The breakdown of the longest waits by Provider in July 2021 is as follows:

Somerset FT: >52 week - 1,450, >78 weeks - 548, >24 months - 45

YDH FT: >52 week - 452, >78 weeks - 102, >24 months - 1

RUH Bath: >52 week - 75, >78 weeks - 11, >24 months - 0

UHBW: >52 week - 147, >78 weeks - 64, >24 months - 4

SMTC: >52 week - 165, >78 weeks - 40, >24 months - 12

Other Providers: >52 week - 354, >78 weeks - 104, >24 months - 11

There is an active programme of system-wide actions to support long term recovery and efficient use of available capacity

3.7 Elective Care – Diagnostic Waiting Times

All diagnostic modalities continue to be impacted by the Covid-19 pandemic due to services working at reduced capacity as a result of the ongoing impact of social distancing in waiting rooms and enhanced infection control measures (PPE and cleaning measures between patients), staff sickness (isolation) and recruitment challenges and this has led to a significant increase in the number of patients waiting in excess of 6 weeks for their diagnostic test or procedure. The summary below outlines performance against the key performance indicators:

- There were 5,108 patients in July 2021 waiting in excess of 6 weeks (which is an increase of 1,208 patients when compared to March 2021) resulting in performance of 62.1% against the 99% standard (-6.8% compared to the March 2021) and 2,614 patients waiting in excess of 13 weeks (which is an increase of 507 patients on March 2021)
- The number of patients in July 2021 waiting in excess of 6 weeks at Somerset FT was 3,204, YDH FT 729 and at Other Acute Providers 1,175
- Number of patients in July 2021 waiting in excess of 13 weeks at Somerset FT was 1,979, YDH FT 42 and at Other Acute Providers 593
- The most challenged diagnostic modalities (those that have seen an increase in 6 week breaches) are MRI, CT, Endoscopy and Physiological Diagnostics (predominantly Echocardiography)

Additional Capacity continues to be secured and workforce strengthened in order to deliver improved waiting times during 2021/22

3.8 Elective Care – Cancer

Referral levels have returned to pre Covid-19 levels with some cancer pathways showing a higher level of growth. The summary below outline performance across the Suspected Cancer (2 week) Pathway and the 62 Cancer First Definitive Treatment Following GP Referral pathway:

- The proportion of patients on a suspected cancer pathway waiting less than 2 weeks in July 2021 overall was 88.31% (-1.3% compared to the previous reported month of May 2021) against the 93% standard and performance across Somerset main Providers was: Somerset FT: 91.6% (no change), YDH FT: 85% (-6.8%), RUH Bath: 85.9% (+4.8%), UHBW: 97.1% (+2.9%), Others: 40% (+1.7%).
- The 2 week wait breaches in July 2021 are predominantly within skin cancer (mainly attributed to Other, RUH, UHBW), lower GI (mainly Somerset FT, YDH FT), head and neck cancers (mainly Somerset FT), suspected breast cancer (mainly Somerset Ft and Others)
- The proportion of patients who received their first definitive treatment following urgent GP referral within 62 days overall was 78.4% (+4.6%) against the 85% standard and performance across Somerset main Providers was Somerset FT: 72.3% (+11.8), YDH FT: 85.5% (-0.4%), RUH: 76.5% (-6.8%), UHBW: 85.7% (-4.9%), Other Providers: 66.7% (+16.7%)

3.9 Mental Health – Improving Access to Psychological Therapies (IAPT)

- The number of people accessing treatment for the period April - July is 2,836 against a local indicative target of 3,442 (c.600 below plan); performance for the period is lower than plan and this is due to the annual target being profiled evenly across the year rather than increasing in the later quarters, however we anticipate access will increase over the course of the year as new staff commence in post and new access routes are put in place, e.g. Long Term Conditions (LTC).
- The IAPT recovery rate for July is 60.9% and the national ambition of 50% continues to be met and exceeded
- The IAPT service continues to consistently meet and exceed the 6 and 18 week national waiting times ambitions. In July, 84.7% of patients referred for treatment were seen by the service within 6 weeks against the 75% national ambition, and 99.7% were seen and received treatment within 18 weeks from referral against the 95% national ambition.

3.10 Mental Health – Children and Young People Mental Health (CYPMH)

The access measurement for CYP has changed from April 2021 and systems will be monitored using one contact (previously two contacts).

- Estimates using local un-validated data shows that Somerset has delivered 6,110 contacts to CYP during the 12 month period to July 2021. Somerset's share of the national ambition is awaiting confirmation from NHSEI. Somerset CCG's Performance Team and CYPMH Commissioning Team are implementing plans to support smaller providers with new CYPMH reporting

requirements and we are also working with providers to produce an internal access trajectory

3.11 Quality - Safeguarding

- Initial Health Assessments within 28 days: performance decreased further in June and July in spite of the number of children becoming looked after also being less, (which is the usual pattern for the summer). Reasons for not meeting the target are

- 4 x Out of county provider with capacity issues in CLA team
 - 2 x medical capacity issues at YDH FT
 - 2 x returned home before IHA requested
 - other reasons due to staff sickness, work commitments of kinship

Capacity issues at YDH FT further impacted on health assessment timeliness and this is also likely to be a feature of the August data.

- Dental checks for children looked after for more than 1 year performance continues to recover with 47.1% of eligible CLA accessing a dental assessment This issue forms part of the multi-agency Corporate Parenting Board's health and wellbeing sub group work plan.

3.12 Quality – Continuing Healthcare

The focus of NHS England's CHC Assurance during 2021/22 will be on the system recovery and recovering performance on the following standards:

- Performance against the 28 Day Standard for July 2021 was recorded at 88% (against the 28 day ambition) which is our highest level of attainment since the commencement of this Key Performance Indicator in April 2018.

Day Backlog – Ensuring there are no referrals breaching 28 days by more than 12 weeks;

- There was 1 referral in July which breached the standard whereby no referrals breaching 28 days breach by more than 12 weeks and this referral was concluded within August 2021.

3.13 Quality – Leder

In July 2021, three Notifications were received into the Service, which is consistent with the number of notifications received on a monthly basis in 2021/22.

The 'new' NHS LeDeR platform is now operational and the LeDeR team is fully recruited to with reviewers, senior team lead and administrator in post with our new Local Area Contact due to commence post in early October
As a result of the new NHSEI Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) policy 2021 and the required changes to the ways of working, all staff in the LeDeR Team have successfully undertaken the new LeDeR training on the new platform which Somerset staff have been involved in the development and evaluation of.

We have aligned our current administrative and performance update processes to the new policy changes.

- 3 Month Allocation KPI – Requires any Reviews received to be allocated to a Reviewer within 3 months of the Notification Date. Performance attainment for July 2021 is recorded at 0%, this is the result of all allocated reviews in July having been allocated after the 3 notification period. This reduction in performance attainment is the result of the 'old' University of Bristol LeDeR Platform being suspended in March 2021 and therefore no Reviews were able to be allocated.
- 6 Month Completion KPI – Requires all Reviews to be completed within 6 Months of the Notification Date. As no Reviews were completed in July 2021, there is no performance data available.

3.14 Quality – Pressure Ulcers

- Pressure Ulcers information for both the trusts will differ from previous results due to the validation work that is undertaken on each incident. Please note that validation for Somerset FT is still ongoing and we have yet to receive the latest updated information. Somerset Foundation Trust have identified some additional leadership resource to support the team to aid validation.
- Mental Health have reported zero cases of pressure ulcers for the last 6 months.
- YDH FT has seen a slight decrease in pressure ulcers in July, this is consistent with previous years.
- Low numbers of incidents of hospital acquired pressure ulcers affect the rate variation. Pressure ulcer on admission from home and community settings are at a higher rate, this has led to the Pressure Ulcer Collaborative having a focus in improvements across District Nursing, Care Homes and Hospices. This has been delayed due to Covid-19 however is due to restart July 2021.

3.15 Quality – Infection Control

- **Clostridium Difficile** (C-Diff. is bacteria that can infect the bowel and cause diarrhoea. Most commonly affects people who have recently been treated with antibiotics.). There has been a national increase in C-Diff. infections resulting in a regional collaborative initiative to identify trends, themes etc. to ascertain development initiatives aimed at the reduction of C-Diff. nationally
- **Escherichia coli** (E-coli colonises the gut as part of the natural flora, it is easy for patients to infect themselves with E. coli, especially if they have open channels such as urinary and peripheral catheters, wounds, are immunosuppressed etc. and their hand hygiene is not adequate). There is a Deep Dive currently into data from E Coli Blood Stream Infections. A GNBSI (Gram Negative Blood Stream Infections) introductory Group first meeting planned for August 2021. The deep dive continues with data ready for presentation at the GNBSI meeting in September.

3.16 Quality – Maternity

- Both trusts currently under pressure due to increase in numbers and acuity, and Covid-19 related staff absence. Support available across the system and regionally. This is expected to ease as new midwives are recruited.
- Both Trusts are focused on achieving all actions required in the Ockenden Report. Working closely with the LMNS, CCG Quality and Safety team and NHSEI for assurance. Early feedback from NHSEI is positive. Main themes include embedding processes and ensuring maternity software captures the relevant information to evidence the good practice taking place. All evidence submitted to the NHSE portal within the deadline

4. Background papers

- 4.1** The full NHS Somerset CCG Integrated Assurance Report is available on the CCG website: <https://www.somersetccg.nhs.uk/publications/governing-body-papers/>

Note For sight of individual background papers please contact the report author