

## **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 November 2021.

**1.2** This is a retrospective report which compares the reported month (November 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**

General Practice continues to be extremely busy.

During November 2021 there were 305,468 consultations which took place in Primary Care with a GP or other healthcare professional. Patients who need to be seen face to face continue to receive this type of appointment and in November 2021 56% of consultations were delivered face to face.

Throughout November the Whole System GP OPEL level was at 3 which means demand/staff absence is sufficiently high that daily workload cannot be managed even with available additional resources, and it is likely to utilise other services more than usual. On average 3 practices reported OPEL 4 in November which meant these practices needed help to meet demand safely despite using all available resources at their disposal.

#### **3.2 NHS 111**

There are ongoing pressures across the wider UEC (Urgent and Emergency Care) system both in Somerset and nationally.

- The number of answered calls increased from 425 calls per day in September to 433 in November (+2%). The England average also shows reduction comparing September to November (+2.9% per day)

- The average speed to answer calls in Somerset improved from 321 seconds in October to 233 seconds in November, while in England, a call was answered 174 seconds faster in November (493 sec) than a call in October (665 sec)
- As for calls abandoned in Somerset, there were 2.9% less calls abandoned in November (16.1%) than in October (19%). In England, the proportion of calls abandoned were 4.1% less in November (21.6%) than the last reported month of September (25.7%)
- Other metrics we monitor on (experimental KPIs) is the proportion of call back by a clinician within 20 minutes. Somerset performance has improved by 2.4% from 20.8% in September to 22% in October and to 23.2% in November. England's performance declined from 33% to 31.4%
- Devon Doctors CQC Inspection November 2021 (published 11 January 2022 with a focus on reviewing improvements required from previous inspections. A final published copy of Devon Doctors CQC inspection report is now available and CQC has rated the service as "requires improvement overall". Previously inspectors rated Inadequate and are no longer in 'special measures'.

### 3.3 Ambulance Performance

- Somerset's Emergency Departments have the least number of ambulance handover delays when compared to SWAST's other commissioners in November however it is an increase upon previous months overall
- In November SWAST had a total of 14,310 lost ambulance hours and Somerset had a total of 507 lost ambulance hours
- SWAST is working with Acute Trusts in tackling ambulance handover delays; this is a system priority in order to reduce potential risk of harm to patients both in the community and delayed at hospital. Onsite hospital ambulance and liaison officers (HALO) have been deployed to manage the hospital – ambulance interface, coordinating and expediting speedy handovers.

### 3.4 A&E Performance

- **Somerset FT:** The number of patients attending the A&E Department in November was 3.3% lower (-222) than the last reported period (September 2021). During the cumulative period April-November 2021, there were 54,139 attendances. This was +4.7% (+2,407) higher in volume compared to the same period in 2019/20 (51,732). Four-Hour performance in November was 55.98% and during the cumulative (April-November) period was 65.6%, lower than the same period in 2019/20 where performance was 78.6%
- **YDH FT:** The number of patients attending the A&E Department in November was 6.5% lower (-344) than the last reported month of September 2021. During the cumulative period April-November,

attendances were 1.9% higher (+757) compared to the same period in 2019/20 (39,848). Four-Hour performance in November was 86% and during the cumulative period April-November was 90.3%, lower compared to 2019/20 April-November cumulative period of 95.3%

- **RUH Bath:** The number of patients attending the A&E Department in November was lower in volume -4% (-306) compared to the last reported month of September 2021. During the cumulative period April - November, attendances were 0.3% (+170) higher than the same period in 2019/20. 60,660 compared to 60,490. Four-Hour performance in November was 60.54% and during the cumulative period of April-November was 69.9% declined, compared to the same cumulative period of 2019/20 of 73.3%
- **UHBW:** The number of patients attending the Weston site A&E Department in November was 3,604, -10.5% lower (-423) compared to the last reported month of September. During the cumulative period April - November, attendances were 9% lower (-3,118) than the same period in 2019/20. Four-Hour performance in Nov was 68.2% and during the cumulative period of April-Nov was 69.7% compared to the same cumulative period of 2019/20 of 75.8%.

### 3.5 Emergency Admissions

- **Somerset:** The number of emergency admissions in November 2021 were 6.2% lower (-380) than November 2019 and when comparing the cumulative period of April 2021 to November 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 7.6% (-3,701). The average number of daily admissions in November has increased by 6.3 admissions per day when compared to September 2021 (the last reporting period) 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 November were 12.5% lower (-434) than November 2019 and when comparing the cumulative period April 2021 to November 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 13.3% (-3,650). The average number of daily admissions in November 2021 has increased by 3 admissions per day when compared to the previous reported month of September and is seen in both zero and non-zero LOS
- **YDH FT:** The number of emergency admissions in November were 4% higher (+66) than November 2019 and when comparing the cumulative period April 2021 to November 2021 to the correlating period in 2019 the volume of emergency admissions have increased by 6.7% (+874). Emergency admissions show a very slight reduction compared to the previous reported month of September
- **RUH Bath:** The number of emergency admissions in November were 2.7% lower (-15) than November 2019 and when comparing the cumulative

period April 2021 to November 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 7% (-300). The average number of daily admissions have increased by 1.8 admission per day and mainly contributed by non-zero LOS

- **UHBW:** The number of emergency admissions in November were 7.3% higher (+22) than November 2019 and when comparing the cumulative period April 2021 to November 2021 to the correlating period in 2019 the volume of emergency admissions have reduced by 13.5% (-326). Compared to the previous reporting period, the daily admissions have increased by 2.9 admissions per day, predominantly in non-zero LOS.

### 3.6 Elective Care – Referral to Treatment

- All RTT performance measures continue to be impacted by the Covid-19 pandemic due to services working at reduced capacity due to the ongoing impact of social distancing and enhanced infection control measures, workforce constraints and patient choosing not to attend (for both Covid-19 and non Covid-19 reasons). The emphasis continues to be to keep patients safe whilst ensuring that those patients with urgent conditions continue to be prioritised
- Elective referrals have continued to restore during 2021/22 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 November 2021 the referral volume was 92.4% of those received during the same period in 2019/20. In November 2021 there were 13,951 new clock starts which equates to 634 per working day compared to 12,000 in September 2019 (or 673 per day)
- In November 2021, there were 49,610 patients on an incomplete pathway waiting their first definitive treatment which is an increase of 8,065 pathways when compared to March 2021 and attributed to the increase in referral demand as well as a lower level than expected level of clock stops delivered
- The new national focus is upon treating all patients whose wait has exceed 24 months and with the exception of patient choice for there to be zero by March 2022
- The number of patients waiting in excess of 52 weeks has remained broadly at the same size since June 2021:

**>52 Week Waits:** In November 2021 there were 2,726 patients whose wait exceeded 52 weeks which is a reduction of 814 when compared to April 2021 and +167 when compared to September 2021. The specialities with the longest waits are General Surgery/Colorectal, Orthopaedics, ENT and Ophthalmology

**>78 Week Waits:** In November 2021 there were 772 patients (+194 upon April 2021 but a reduction of 264 when compared to September 2021)

waiting in excess of 78 weeks and the specialities with the longest waits are General Surgery/Colorectal, Orthopaedics, ENT and Ophthalmology

**>24 Months Waits:** In November 2021 there were 145 patients (+113 upon April 2021 and +57 compared to September, the rate of increase has slowed) waiting more than 24 months and the specialities with the longest waits are General Surgery/Colorectal, Orthopaedics, ENT and Ophthalmology

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

Somerset FT: >52 week - 1,439, >78 weeks - 400, >24 months - 83

YDH FT: >52 week - 651, >78 weeks - 199, >24 months - 11

RUH Bath: >52 week - 94, >78 weeks - 9, >24 months - 0

UHBW: >52 week - 144, >78 weeks - 44, >24 months - 17

SMTC: >52 week - 19, >78 weeks - 6, >24 months 1

Other Providers: >52 week - 379, >78 weeks - 114, >24 months – 33

- There is an active programme of system-wide actions to support long term recovery and efficient use of available capacity. In addition, the Somerset System has set out a significant programme of work with analysis underway to understand at a granular level the patterns of healthcare access for those patients coming from the highest 3 deciles of deprivation to ensure that there is equity of access
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### 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
- There were 4,309 patients in November 2021 waiting in excess of 6 weeks (which whilst is an increase of 409 patients when compared to March 2021, a reduction of 169 patients upon the previous reported month of September) resulting in performance of 66.9% against the 99% standard (-1.95% compared to the March 2021). There were 2,258 patients waiting in excess of 13 weeks in November 2021 which whilst is an increase of 151 patients on March 2021 is a reduction of 400 upon the previous reported month of September
- Number of patients waiting in excess of 6 weeks by Provider: Somerset FT 2,515, YDH FT 497, Other Providers 1,297
- Number of patients waiting in excess of 13 weeks by Provider: Somerset FT 1,565, YDH FT 15, Other Providers 678
- The diagnostic modalities with the greatest challenges and highest volume of 6-week and 13-week backlog are MRI, Echocardiography, Non-Obstetric Ultrasound, CT and Endoscopy

- Actions in place to restore capacity include securing additional external MRI capacity, the opening of the Rutherford's Diagnostic Centre at Taunton, ensuring maximum utilisation of all available endoscopy capacity (with additional gastroscopy capacity delivered at Bridgwater Community Hospital) and utilising an insourcing company to provide additional echocardiography capacity at Somerset FT whilst the recruitment process concludes. Improvement plans and recovery trajectories are in place for both MRI and Echocardiography and progress against these plans continue to be monitored on a weekly and monthly basis

### 3.8 Elective Care – Cancer

- Referral levels have returned to pre Covid-19 levels with some cancer pathways showing a higher level of growth.
- **2 week wait referrals:** The change in suspected cancer referrals is as follows:

Somerset: +5% (+116), Somerset FT: +13%, (+134); YDH FT: same volume as September, RUH: -0.3% (-1), UHBW: -11.2% (-32), Others: -34% (+15) (all compared to the previous reported month of September)

- **2 weeks wait Performance (target 93%):** The change in suspected cancer 2-week wait performance in November is as follows:

Somerset: 73.7% (-10.9%), Somerset FT: 64.9% (-21.7%), YDH FT: 86% (-3.43%), RUH Bath: 73.2% (+2.9%), UHBW: 84.6% (-4.2%), Others: 57.63% (+28%) all compared to the previous reported month of September.

- The proportion of patients on a suspected cancer pathway waiting less than 2 weeks have been steadily increasing since April. System performance has been below the standard since April 2021. The breaches to the 2 week wait standard are predominantly in suspected breast cancer (mainly Somerset FT, YDH FT in the main due to inadequate outpatient capacity) and lower GI (mainly Somerset FT, YDH FT – due to administrative delay, inadequate outpatient capacity and patient choice)

- **First definitive treatment within 62 days from GP referral volume:** The change in this standard in November (which is comparable to September) is as follows:

Somerset System: +1.4% (+3)  
Somerset FT: 7.4% (+7); YDH FT: -6.9%, (-4), RUH: +2.4% (+0.5), UHBW: 5.7% (+2), Other Providers: -31.3% (-2.5)

- **62 Day Performance (target: 85%):** The change in 62-day performance in November is as follows:

Somerset System: 1% decrease in performance to 75.8%,  
Somerset FT: 75% (-2.23%), YDH FT: 77.8% (-7.6%), RUH: 67.44% (+10.3%), UHBW: 86.5% (-3.5%), Other Providers: 72.7% (+41.5%)

- The breaches to the 62-day standard is predominantly within lower gastrointestinal cancer (mainly due to Health Care Provider initiated delay to diagnostic test/treatment planning, complex diagnostic pathway), skin cancer (mainly due to Health Care Provider initiated delay) and urological cancers (mainly due to Health Care Provider initiated delay to diagnostic test/treatment planning)
- **28-day Faster Diagnosis Standard:** The change in the 28-day faster diagnosis standard in November is as follows:  
  
Somerset: +5.8% (+127), Somerset FT: +11.5%, (+114); YDH FT: +12%, (+75), RUH: -3% (-8), UHBW: -22.3% (-58), Others: +9% (+4) (all compared to the previous reported month of September)
- **28-day Faster Diagnosis Standard Performance (target 75%):** The change in 62-day performance in November is as follows  
  
Somerset: 75.9% (+0.6%), Somerset FT: 73.8% (+0.1%), YDH FT: 78.7% (+0.5%), RUH Bath: 71.8% (+2.2%), UHBW: 82.2% (-4%), Others: 81.3% (+40.4%) all compared to the previous reported month of September
- The 28-day Faster Diagnosis Standard breaches are predominantly in Lower GI, Gynaecological, Urological, Head and Neck, Skin, Upper GI and Breast cancers (mainly due to inadequate outpatient capacity, administrative delay, complex diagnostic pathway, health care provider-initiated delay)

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

- The number of people accessing treatment for the period April – November is 5416 against a local indicative target of 6,885 (c.1400 below plan; 79% delivered); 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 60.2% 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 ambitions. In November, 76.3% of patients referred for treatment were seen by the service within 6 weeks against the 75% national ambition, and 99.3% 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). Current estimates based on this new counting methodology from local data shows that Somerset has delivered 7,588 contacts to CYP during the 12

month period to November 2021, against the national ambition of 6,167 for 2021/22

- A reconciliation of local access data against national data is underway and a Mental Health Data Working Group has been established to support this area of work; the group involves representatives from Somerset CCG, local CYP Service Providers and Regional NHSE/I. 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
- Somerset CCG have secured NHSEI funding to address the Winter Pressures that result in increased attendance at Emergency Departments. Somerset CAMHS and SWEDA are working in partnership to develop a 'step down / up' approach; and supporting a multi-agency (CAMHS, Social Care and VCSE) out of hours Intensive Support Team for children and young people in crisis.

### **3.11 Mental Health – Dementia Diagnosis Rate Monitoring and Physical Health Checks for People with a serious mental illness (PHSMI)**

- Dementia: Somerset CCG's dementia diagnosis rate performance for November 2021 is 53.5%, against national ambition of 66.7%. The multi-organisational Dementia Operational Oversight Group and an associated Dementia Task and Finish Group have been established to look holistically at the entire Dementia pathway (including diagnosis) and services offered in Somerset
- PHSMI: Our nationally reported data against the 60% national ambition in Q2 2021/22 is 0.61%. However, we know that there is a significant local data issue which is being resolved. The national extract, run by NHS England and NHS Improvement shows significantly higher performance. However, this is still in the quality assurance/testing phase.

### **3.12 Quality – Safeguarding**

- **Children Looked After, Initial Health Assessments (IHA) within 28 days:** CCG and providers are continuing to use new process to analyse IHA (Initial Health Assessment) performance as per November data illustrated below. Work has now begun to determine performance of completed IHAs being available and considered at first statutory CLA Review meetings. The CCG is now receiving a monthly Exception Report which illustrates the specific reasons why some health assessments have been delivered outside of statutory timeframes. Dental performance continues to improve.

Number of children who became Looked After in November 2021 - 12

Number of children who left care before 20 working days - 1

Number of children who were offered but declined an IHA – 3

Total number of children eligible for an Initial Health Assessment -11

Total number (and percentage) of children offered an IHA within 20 working days - 9 (81.8%)



Total number (and percentage) of children who received an IHA within 20 working days - 7 (58.3% of total number of children who became looked after in month)

### **3.13 Quality – Continuing Healthcare (CHC)**

- The focus of NHS England's CHC Assurance during 2021/22 will be on the system recovery and recovering performance on the following standards: 28 Day Standard - =>80% of Referrals are concluded within 28 Days and 28 Day Backlog – Ensuring there are no referrals breaching 28 days by more than 12 weeks
- Monthly performance attainment since June 2021 has consistently been in excess of the 80% target, with performance in November 2021 being recorded at 86.7%
- 28 Day Backlog (CHC Cases Exceeding 28 Days by 12+ Weeks) - monthly performance attainment since August 2021 has been recorded at no referrals exceeding 28 days by more than 12 weeks

### **3.14 Quality – Leder (Learning from Deaths of people with a learning disability)**

- In November 2021 two Notifications were received into the Service. One of these was a report of a death in November and the other was a delayed notification from a death in August 2021. This will be dealt with as quickly as possible to avoid distorting the figures but must be treated as an exception. The LeDeR Regional Co-ordinator is aware of this issue and has made NHSE aware of this exception and the reasons for it, who agree it was beyond our control
- The four remaining cases being reviewed by North of England Commissioning Service (NECS), which were due for completion in November and December, have been submitted but have been returned to NECS for further work. Once these have been signed off NECS will have no further involvement with our reviews
- The LeDeR Team are focusing on putting learning into action across the system via the new Governance Group, and developing a 3-Year Strategy
- 3 Month Allocation KPI –Requires any Reviews received to be allocated to a Reviewer within three months of the Notification Date. No Reviews were allocated in November as both Notifications were received towards the end of the month but will be allocated as soon as possible in December
- 6 Month Completion KPI – Requires all Reviews to be completed within 6 Months of the Notification Date. Two Reviews were due for completion in November but both have been returned to the Reviewer (NECS) for further work. No other Reviews were completed in November.

### **3.15 Quality – Infection Prevention and Control**

- In response to the Omicron variant and the Covid booster vaccination request the IPC redeployed to work in the vaccination centres. All non-essential work was reduced to support care homes and primary care across

the system with the Omicron variant outbreaks. A resource pack was developed which included recorded IPC training sessions, guidance, posters, check lists and distributed across care homes and primary care. The IPC Team provided cover over the Christmas and New Year period daily from 9-5, supporting self-assessment vaccination “pop-up” centres

### **3.16 Quality – Falls**

- Due to system wide pressures, it is thought that the steady high numbers of falls are related to bed pressures, increase in the acuity of patients, Covid-19 and social distancing requirements and an increase in sickness and absence. Somerset FT is carrying out an overarching review to identify any themes. YDH FT is maintaining the improvement work with a Rapid Response Team attending falls

### **3.17 Quality – Workforce**

- Workforce sickness and absence has increased at the trusts, placing pressures on the organisations, due to Covid-19, isolation and working pressures, it is unlikely that there will be a decrease within these rates. The trusts have invested greatly in health and wellbeing for staff and are supporting staff where needed

### **3.18 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; however, this will be a gradual process as newly qualified midwives will need to be supported to ensure competency and build confidence
- 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