

## **Somerset CCG - Integrated Quality, Safety and Performance Report**

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### **1. Background**

- 1.1. This paper provides an update on the Somerset Clinical Commissioning Group (CCG) Integrated Quality, Safety and Performance. The CCG has an 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 April to May 2019.

### **2. Recommendation**

- 2.1. 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-25-july-2019/> Performance, Quality and Safety Exception Report (ENC J)
- 2.2. Scrutiny for Policies, Adults and Health Committee are asked to consider and comment upon this paper.

### **3. Areas to Celebrate**

- 3.1. a) The 2019/20 Medicines Optimisation Scorecard covers a number of other important safety areas:
- Eclipse alerts, antimicrobial stewardship, reducing antipsychotic use in Learning Disabilities (LD) and dementia patients, Rationalising inhaler use, ensuring correct monitoring of direct oral anticoagulant patients, reducing inappropriate opioid prescribing
  - Somerset CCG is one of the best performing CCGs against the national low priority measures indicator
  - Somerset has achieved all of its antimicrobial prescribing performance measures
  - Each GP practice has a Sepsis lead and Somerset CCG has raised the profile of National Early Warning Score (NEWS2) in primary care

- Somerset CCG has also ensured that Somerset has a robust infection control system and root cause analysis follow ups of *C. difficile* and *E.coli* cases
- Somerset CCG benchmarks well for high cost drugs, Somerset has consistently achieved early implementation of biosimilars being the best in the country at Taunton and Somerset NHS Foundation Trust (T&S), achieved through CCG leadership and joint working with our trusts.

#### **4. Challenges**

- 4.1. a) A&E and understanding increasing demand: some initial findings from the analysis work undertaken is a theme of increased children's attendances. Work is ongoing to understand the causal effects driving this activity.
- b) Ambulance handovers: over 30 and 60 minute delays. CCG to initiate a harm review process. In April 2019 T&S > 30mins = 135; > 60mins = 3; Yeovil District Hospital NHS Foundation Trust (YDH) > 30mins = 4
- c) 52 week waits: root cause and potential harm reviews. A review the effectiveness of the existing process to be completed by September 2019
- d) Urgent Care Clinical Assurance Committee to undertake Gap analysis for children's urgent care standards – workforce deployment and availability of qualified and trained staff. To be reported on in Quarter 2 2019/20.

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

- 5.1. a) Improving staff flu vaccination rates using novel communication approaches. For 2018/19 Somerset did not meet the 75% target. There is large variation in uptake (47%-80%) indicating opportunity to learn from highest performing service.
- b) Commissioning Quality Innovations (CQUINs) for 2019/20 have been agreed covering:
- anti-microbial resistance
  - flu vaccination and staff health and well-being
  - three high impact actions to prevent hospital falls
  - Yeovil District Hospital NHS Foundation Trust (YDH) and T&S: same day emergency care (Pulmonary Embolus, Tachycardia with Atrial Fibrillation,

Community Acquired Pneumonia)

- Somerset Partnership NHS Foundation Trust (SPFT): Mental Health 72hr follow up post discharge

## 6. CCG Local Quality and Safety Concerns

- 6.1. • New *C. difficile* definition will make NHS Trusts accountable for some community infections to drive greater impact and system working to achieve reductions. Increased target for Trusts to achieve, 2019/2020 to be a test year.

## 7. Issues for Consideration/Recommendations

Scrutiny for Policies, Adults and Health Committee are asked to note this paper as assurance of the health performance reviews.

- 7.1. The key area of focus include:

### Hospital Care

**Falls per 1,000 bed days:** 6.98. There is a 2019/20 national CQUIN for falls that requires Hospital Trusts to implement 'Three high impact actions to prevent Hospital Falls' with an aim to achieve 80% of older inpatients receiving key falls prevention actions by April 2020. This progress will be monitored alongside the Trusts falls data.

**Staff Sickness:** 3.91%: national average according to NHS Digital data. The England national average in February 2019 was 4.51%. There is a significant cost to the NHS of staff absence due to poor health. Evidence from staff survey and mental health studies shows that improving staff health and wellbeing will lead to higher staff engagement, better staff retention and clinical outcomes for patients. Linked to the commitments made in the Five Year Forward View around offering support to staff staying healthy, providers are encouraged to improve their role as an employer in looking after employee's health and wellbeing. The 'Staff Health and Wellbeing Framework' sets out the support that health care organisations should provide to their staff in order to promote health and wellbeing. The framework focuses on:

- Organisational enablers as the essential leadership, structural and cultural building blocks for improving staff health and wellbeing.
- Health interventions that focus support for staff in core health areas.

Wellbeing Champions within organisations are in an optimal position to improve access to support. These champions are staff that champion emotional wellbeing and positive mental health within the work setting. They drive forward positive change and support for the whole work community and break down stigma and barriers to receiving support. In Somerset we have introduced this local innovation to support staff wellbeing at work.

**Weston Hospital CQC** : The Care Quality Commission (CQC) published Weston

Hospital inspection on the 26 June 2019 (inspected 26th – 28th February 2019). While the overall quality rating for Weston Hospital remains unchanged - Requires Improvement overall, inspectors noted clear progress in some areas since its previous inspection. However, the inspection also raised immediate concerns with the quality of some children’s mental health services.

The CQC has also published the trust’s Use of Resources (UoR) report, which is based on an assessment undertaken by NHS Improvement. The trust has been rated as Inadequate for using its resources productively. The combined rating for the trust, taking into account CQC’s inspection for the quality of services and NHS Improvement’s (NHSI) assessment of Use of Resources, is Requires Improvement.

Inspectors found that in urgent and emergency care, patients could not always access care and treatment when they needed it and in the right setting. Staff did not always assess and respond to patient risk or monitor their safety. There was still a lack of staff with the right qualifications and experience to keep people safe.

Within medical care, inspectors found that significant improvements had taken place since previous inspection. However, inspectors found that staff were not always following best practice when dealing with medicines. Patients were not always receiving the right medication at the right dose at the right time. There were not always enough staff to keep people safe from harm or to provide the right care and treatment.

The child and adolescent mental health services dropped from Outstanding to Inadequate. The staff had not assessed the ligature risks of the environment. There were no plans in place by staff of how to manage risks which were posed by the environment to young people who received care at the sites. There was a high staff turnover rate and staff had felt the impact of this on their workload. The service had received an increase in referrals that was putting strain on its ability to see young people quickly.

The CQC found areas for improvement including 29 breaches of five legal requirements that the trust must put right. The trust has been issued a warning notice related to breaches of five legal requirements in relation to urgent and emergency services and child and adolescent mental health services. The requirement notices meant the trust had to send the CQC a report saying what action it would take to meet these requirements. Actions include breaches of legal requirements at a trust-wide level, in urgent and emergency care, medical care, and Child and Adolescent Mental Health Services (CAMHS). There were no issues in surgery services.

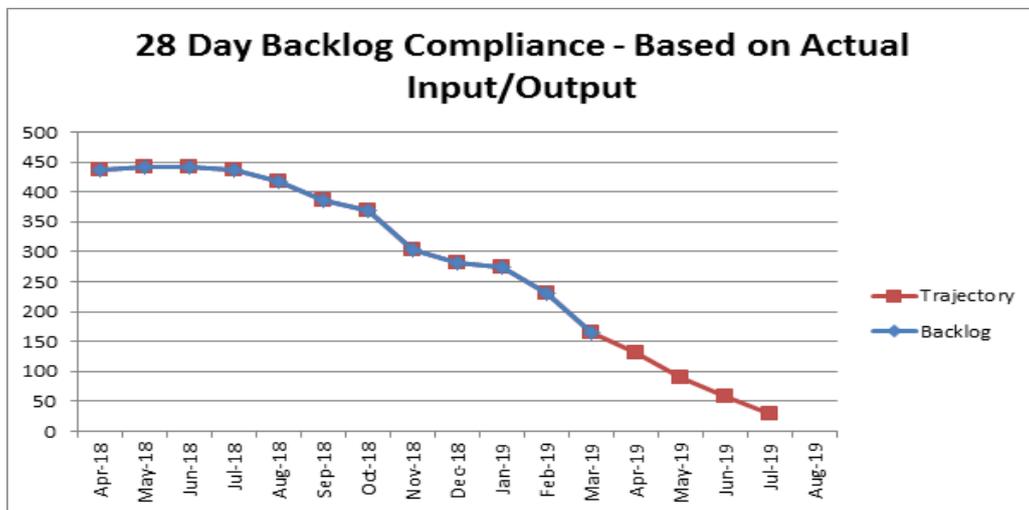
## **7.2. Continuing Health Care (CHC)**

The CCG has a statutory responsibility to deliver on the requirements of the National Framework for Continuing Health Care (CHC) and NHS-funded Nursing Care 2018. As part of this delivery the team continue to work in partnership with Somerset County Council (SCC) and have recently agreed both operational and inter-agency policies and pathways to support the assessment and dispute resolution process. Work priorities for 2019/20 include:

- Progress the attainment of the quality premium “28 day assessment to

decision “driving both quality and productivity, working within agreed operational processes with SCC. This target has been exceptionally challenging for the CCG due to a backlog of assessments that has compromised attainment.

- Table below provides an overview of the backlog and its ongoing reduction against productivity trajectory. A detailed Improvement Plan is in place to support compliance by August 2019 with focused planning around assessment backlog, staff capacity and productivity, service efficiencies and framework compliance.



### 7.3. NHS 111

- With the commencement of the new contract delivered by Devon Doctors Ltd, improvements for 60 second call answering have improved considerably; however in May 2019 performance against the 60 second call answering standard fell below the national standard to 94.1% against a target of 95%, although the number of abandoned calls remained low. The Somerset NHS 111 service continues to be the best performing service within the South West and in the top 10 providers in the UK.
- Devon Doctors Ltd has committed to undertake real time audits of all calls waiting over 15 minutes to understand the quality and safety of patient care, this is consistent with the approach that was previously undertaken by the previous provider, Vocare. To date no harm has been identified and reporting is set to continue monthly. Devon Doctors Ltd has also agreed to focus on the longest waits and provide individual case analysis.
- The previous entry FP81 on the Somerset CCG Corporate Risk Register, which covered delays in responding to calls within the 60 second target, has now been closed.

### 7.4. Ambulance

- During May 2019, Category 1 performance fell short of the 7 minutes mean average target with performance of 7.5 minutes. Category 1 90th Percentile performance exceeded the target at 14.2 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 noted. A Joint Improvement Plan between SWASFT and all South West regional commissioners, led by Dorset CCG as Lead Commissioner, has been developed to address areas of concern and improve performance. The Somerset Joint Improvement Plan comprises 8 work streams, delivering at various points over a 3-year period. Monitoring will be via the Somerset Urgent Care Programme Board. Somerset CCG is currently working with SWASFT and Dorset CCG to undertake a deep dive to better understand performance locally (timescale for completion to be confirmed). This will also support identification of additional local actions to supplement the Joint Improvement Plan, which will, in turn, aim towards maintaining activity in line with contractual levels and the break-glass clause that was introduced in the 2019/20 contract.
- Areas of focus to understand demand during 2019/20 include:
  - CCG continues to raise concerns as to the level of investment and resulting projected performance in Somerset suggested by the modelling undertaken on behalf of SWAST by Operational Research in Health Ltd (ORH).
  - The South West Transformation Plan due to be devised during 2019/20 also intends to impact positively on performance, further improving upon ORH's modelling trajectories across the South West.
  - The Ambulance Deep Dive scheduled to take place in the summer is to understand local performance and identify further improvement opportunities.
- The CCG Urgent Care and Performance Teams are currently working together to review how the outcome of this, and ongoing activity monitoring and the risk of break-glass clause being triggered will be reported in future versions of this report.
- Amongst the Ambulance Quality Indicators (AQI) in relation to response times, the eleven Ambulance Services across the UK are measured on specific outcomes data, including survival rates and clinical outcomes. The specific measure included in the NHS Digital indicators are:
  - The return of Spontaneous Circulation (ROSC) measure 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 Cardiopulmonary Resuscitation (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 for acute ST elevation myocardial infarction
- Outcome from Stroke: Face, Arms, Speech, Time (FAST) - positive patients and suspected stroke are both included and reports the time from ambulance call to hospital arrival.

	Stroke - Proportion who received the stroke diagnostic bundle		Acute STEMI - Proportion who received the STEMI bundle		Cardiac Arrest Survival - Proportion discharged alive		Proportion who had Return of spontaneous circulation on arrival at hospital	
	SWASFT	England	SWASFT	England	SWASFT	England	SWASFT	England
2011-12	94.1%	94.2%	80.7%	74.1%	6.7%	7.0%	39.6%	22.9%
2012-13	95.8%	95.7%	84.2%	77.6%	8.4%	7.8%	41.6%	25.6%
2013-14	97.4%	96.4%	89.6%	80.1%	10.3%	8.7%	45.6%	26.1%
2014-15	97.5%	97.1%	89.1%	80.0%	9.7%	8.6%	45.1%	27.3%
2015-16	96.6%	97.6%	84.6%	78.6%	8.9%	8.3%	50.2%	27.8%
2016-17	95.1%	97.6%	73.6%	79.4%	8.3%	8.8%	46.3%	28.6%
2017-18	96.3%	97.1%	66.7%	76.5%	8.7%	9.1%	47.4%	29.6%
2018-19	98.8%	98.4%	83.0%	79.8%	10.2%	10.0%	49.1%	30.7%

Better than national average
Lower than national average

## 7.5. Emergency Demand and Performance

The number of Somerset patients attending either an A&E (Accident and Emergency) Department or Minor Injuries Unit (MIU) has increased by 6.4% when comparing the April to May 2019 to the same period in the previous year and is 0.3% above the 2019/20 activity plan. All main Providers have experienced a significant increase in attendance during this 2-month period with the growth ranging between 6 to 13%.

- **Taunton and Somerset NHS Foundation Trust (T&S):** On a Trust to Somerset basis T&S has experienced a 4.0% increase (+223 attendances) in A&E attendances when comparing the cumulative period April to May 2019 to the same period in the previous year and is 1.8% above (worse) than the planned level of attendance. The Trust saw a small reduction in the level of attendance in May 2019 with the average daily rate of attendance reducing from 194 in April to 192 in May.

The Trust has submitted a non-compliant A&E 4-hour plan with performance set to improve to 92.5% in July but declining to 88% in March 2020; performance in May 2019 was 80.4% against a plan of 89.0% and an improvement of 2.3% upon the previous month. The Trust was ranked 58 out of 133 Acute Trusts nationally (1 = best and 133 = worst performance) which is an improvement upon the previous months ranked position of 68. The factors that continue to contribute to performance include the heightened peaks in demand which has had a consequential impact upon the bed capacity and elective throughput and high occupancy levels in the department

with an increase in the number of clinically complex patients being treated in A&E. The Trust continues to develop actions to improve flow through the Department and improve the 4-hour performance and have updated their A&E Recovery Plan. The key areas of focus are to improve triage time for patients, addressing the high conversion rate of the frail elderly, addressing the change in presentation profiles and increasing the utilisation of alternative pathways to A&E. There are a suite of actions across each of these improvement domains and progress will be tracked during 2019/20 alongside performance against the improvement ambition.

- **Yeovil District Hospital NHS Foundation Trust (YDH):** On a Trust to Somerset basis YDH has experienced a 9.0% increase in A&E attendance (+316 attendances) when comparing the cumulative period April to May 2019 to the same period in the previous year and is 2.7% above the planned level of growth. The Trust saw a small increase in the level of demand in May 2019 than the previous month with the daily rate of attendance increasing from 127 per day to 130. 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 May 2019 of 96.1% against a plan of 95.0% and was ranked as second top performer nationally, remaining as the Regions top performer. The Trust has a well-established ambulatory care unit in place and during 2019/20 have seen a 13.6% increase in the number of patients admitted with a zero length of stay.
- **Somerset Partnership NHS Foundation Trust:** On a Trust to Somerset basis the number of patients attending an MIU has increased by 11.0%, when comparing the May 2019 year-to-date period, to the same period in the previous year.

All sites, with the exception of Burnham-on-Sea, have experienced an increase in attendance. The Units experiencing the most significant growth are Bridgwater, Chard and West Mendip.

- **Royal United Hospital Bath NHS Foundation Trust:** On a Trust-wide basis RUH has experienced a 5.3% (or +769) additional A&E attendances when comparing April – May 2019/20 to the previous year and the level of attendance in May 2019 has increased slightly upon the previous month. The four-hour A&E performance in May was 82.68% and did not achieve the 95% standard or the Trust improvement trajectory of 88.6%, but this is a significant increase performance from the previous month (70.67% in April).

The Trust's latest national ranked position shows the Trust were ranked 62 out of 133 Acute Trusts nationally, in comparison to their rank of 118 in April. Key contributors to the performance for May were high levels of A&E attendances; a sustained increase in ambulance activity; two Bank Holiday periods and school half term; and an infection control impacts (both Flu and Norovirus) at the start of the month.

- **Weston Area Health NHS Trust (WAH):** On a Trust-wide basis WAH experienced a 6.9% increase in A&E attendances when comparing April – May 2019 to the same time in the previous year. In May 2019, the number of

attendances increased slightly compared to the previous month with 4,492 attendances (4,195 in April 2019), overall the number of attendances have increased from February 2018. Performance in May increased slightly to 80.2%, from 79.4% in April.

- 7.6. The Somerset system has experienced a 4.3% increase in emergency admissions when comparing the cumulative period April to May 2019 to the same period in the previous year (which equates to 530 additional admissions) with all local Providers experiencing an increase in demand. The aspiration in 2019/20 is for the 3.7% underlying growth to be fully mitigated; in May 2019 the daily rate of emergency admissions was 209 (which is a slight reduction upon the previous month where the daily rate of admission was 211) resulting in SCCG being 4.2% above plan (4.3% above the zero and 4.2% above the non-zero length of stay plans).
- 7.7. Clinical Commissioning Groups are held to account by NHS England for the delivery of a number of measures contained within the Improvement and Assessment Framework (CCG IAF); performance against these measures (which are grouped under four domains (better health, better care, sustainability and leadership) are published quarterly and collectively underpin the CCG's annual assessment. Increases have been seen in number of the urgent care measures which is influencing the overall increase in emergency admission demand (namely admissions for urgent care sensitive conditions, injuries resulting from a fall in patients aged >65 years and patients re-admitted as an emergency within 30 days of discharge):

- **Urgent Care Sensitive Conditions:** During the period April – May 2019 there have been 2,267 patients admitted with an urgent care sensitive condition (these are conditions where the admission has been defined as avoidable) and represents a 9.1% increase admission when compared to the same period in the previous year and makes up 17.7% of all emergency admissions. Of these admissions 1,066 have a zero length of stay and 407 have a one-day length of stay (with a high proportion of these admitted out of hours) with the remainder of patients (794) stay exceeding one day. The conditions demonstrating the most significant growth are 'Acute Mental Health Crisis', 'Epileptic Fit', 'Minor Head Injuries', 'Non-Specific Abdominal Pain', 'Non-Specific Chest Pain', and 'Urinary Tract Infection'. Somerset CCG has reviewed the recently published Health Inequalities Pack which focused on Ambulatory and Urgent Care sensitive conditions, and a meeting has taken place with the Psychiatric Liaison Lead to discuss the growth in Acute Mental Crisis admissions; a high proportion of the admissions can be grouped as delirium or dementia, alcohol or drug related with the remainder mental health conditions.

However, the admission would not be solely attributed to the mental health condition but for also a physical or associated condition requiring an acute admission (rather than a mental health admission) and that a further investigation to look at the primary and secondary diagnosis would be helpful to understand this.

- **Injuries from falls >65 Years:** During April to May 2019 compared to the same period the previous month there has been a 9.8% reduction in the number of patients aged over 65 years who were admitted to hospital after

sustaining an injury from a fall, with the largest proportion of this reduction relating to patients aged over 75 years falling at home either in an 'unspecified fall at home' or an 'other fall on same level at home,' despite these reductions in these categories, there were small increases in falls involving beds and chairs at home. Whilst there were reductions in closed fractures of the neck of femur, upper end of humerus and pubis, and head injuries, there was an increase in closed rib 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 and this early data showing a reduction in falls is encouraging.
- **Emergency Re-admissions Within 30 Days:** During April – May 2019, 1,970 patients were re-admitted as an emergency within 30 days of discharge which is a 14.6% increase upon the previous year. Of these re-admissions 948 (48.1%) patients were re-admitted within 7 days and 1,022 (51.9%) over 7 days. Not every emergency re-admission will be as a result of a poorly managed discharge; the Quality Team has undertaken a case note review at YDH which focused upon patients on Discharge to Assessment pathway who were subsequently re-admitted as an emergency and it is planned that this audit will be replicated at T&S and SPFT. The age cohort experiencing the most significant increase in emergency admission (by percentage) is the 0-17 years with 56.5% of the re-admissions relating to a different diagnosis / recorded condition.

## 7.8. Elective Demand and Performance

- The Somerset system has experienced a 2.4% reduction in Referrals during the cumulative period April to May 2019 when compared to the same period in the previous year and is underpinned by a 7.4% reduction in GP Referrals but a 7.7% increase in Other Referrals resulting in Somerset CCG being 0.3% above the planned level of referral.
- New Referral to Treatment (RTT) Clock Starts continue to be utilised in 2019/20 to assess referral demand as this provides a speciality level referral dataset across Somerset and removes the challenge of aligning specialities associated with referrals between Providers. There has been a 6.5% reduction in the number new RTT Clock Starts when comparing the cumulative period April to May 2019 to the same month in the previous year with the average number of referrals per working day reducing by 54 (to 697) when comparing May 2019 to the same month in the previous year. On a planned basis, the number of RTT Clock Starts in May was 14,628 against a plan of 14,868.

- Somerset #CCG has not met the local RTT incomplete pathway standard since July 2018 and performance in May 2019 (against the 2019/20 operational plan) was 83.9% against a plan of 82.5% (which is a 1.4% above (better) than the ambition). There were 6,258 patients waiting over 18 weeks (which is an increase of 28 long wait pathways when compared to the previous month) and a median (completed treatment) waiting time of 36.5 weeks. The increase in cancer demand and positive cancer diagnoses continues to have an impact upon the waiting times profile due to these patients taking priority and displacing routine activity. The entry FP93 on the Somerset CCG Corporate Risk Register includes a score of 20 in respect of meeting the waiting times target for RTT.
- The number of patients exceeding 40 weeks increased over the winter period and as a consequence the 52-week reduction ambition for March 2019 was not met.
- On a Somerset commissioned basis in May 2019 there were 29 patients waiting in excess of 52 weeks which is an increase of 5 patients upon the previous month. Of these long waits, 27 patients were reported by T&S (an increase of 10 upon the previous month) and 2 patients reported by Other Providers (Royal United Hospital Bath NHS Foundation Trust (1), and University College London Hospitals NHS Foundation Trust (1)). The increase in very long waits at T&S during May is attributed to the loss of capacity due to the bank holidays, an increase in the number of complex cases (including cancer) treated and an increase in the number of patients who are exercising choice. The Trust's weekly Expert Panel continues to review, and trouble shoot all long wait pathways which have been categorised by their risk of 52 week breach (confirmed breach, potential breach or unlikely to breach). There were no breaches reported by University Hospitals Bristol NHS Foundation Trust (UBHT), North Bristol NHS Foundation Trust (NBT) and Royal Devon and Exeter NHS Foundation Trust (RD&E) in May; these aforementioned Providers have clearance plans in place (UBHT and NBT have committed to Trust-wide clearance by September 2019, and RD&E by July 2019). Somerset CCG 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.

### **7.9. Diagnostic 6 Week Waits**

- Somerset CCG has continued not to meet the waiting time standard whereby patients can expect to receive their diagnostic test or procedure within 6 weeks, as a consequence of the under- performance predominantly at T&S. Performance in May was 90.3% against a planned level of 91.2% and comparable to the previous month.
- The diagnostic modalities that continue to have the most significant impact upon delivery of the standard are Magnetic Resonance Imaging (MRI) and Endoscopy (Gastroscopy, Colonoscopy and Flexi Sigmoidoscopy). The entry SC03 on the Somerset CCG Corporate Risk Register includes a score of 16 in respect of meeting the waiting times target for diagnostics.

- A Diagnostic Transformation Project has been established in 2019/20 which focuses upon Direct Access and Service Efficiencies; in addition to the transformation programme Taunton and Somerset NHS Foundation Trust has an improvement plan in place with actions focused specifically upon backlog clearance in MRI and Endoscopy. Somerset CCG ambition is to achieve operational compliance and service sustainability from March 2020.
  - **Taunton and Somerset NHS Foundation Trust:** the number of patients waiting in excess of six weeks for their diagnostic test or procedure in May has reduced when compared to the previous month at 750 resulting in performance of 86.0%. A new improvement trajectory was agreed as part of the 2019/20 planning round whereby the Trust is working towards recovery of the operational standard from March 2020 and marginally missed the improvement ambition in May with performance of 86.0% against a plan of 86.1%. The Trust continues to experience ongoing challenges at a modality level (namely within MRI and Endoscopy) with both missing the improvement ambition in May.
  - **Yeovil District Hospital NHS Foundation Trust:** the number of patients waiting in excess of six weeks for their diagnostic test or procedure increased in May from 23 in the previous month to 43 resulting in performance of 98.2%, which is marginally behind the 99% national standard and Trusts delivery ambition. The increase is contained within Echocardiography and is due to an increase of referrals into the service which impacted the size of the echo wait list following the late Easter as well as the bank holidays in May reducing the level of capacity as a result, as well as the increase in cardiology activity. The Trust is working to prioritise the backlog and filling all available slots.
  - **Royal United Hospital Bath NHS Foundation Trust:** the Trust did not achieve the diagnostic standard in May 2019 with 93.3% of patients waiting less than six weeks for their diagnostic test or procedure, which is a slight reduction on previous month (94.7% in April). The Trust has proposed a Trust wide trajectory for 2019/20, to achieve 98.4% by March 2020, this has been agreed with commissioners and submitted to NHSI, no further changes have been requested following submission to NHSI.
  - **Weston Area Health Trust:** the Trust missed the 99% national target with performance in May 2019 of 92.91%, this equates to 28 diagnostic breaches (MRI – 9 breaches, Computerised Tomography (CT) – 8 breaches, non-obstetric ultrasound – 9, echocardiography - 2).

## 7.10. Cancer

- Across the Somerset System there has been an increase in referrals relating to Suspected Cancer 2 Week Waits of 4.3% when comparing the cumulative period April to May 2019 to the same period the previous year. Somerset CCG did not achieve the 93% target in May 2019 with performance of 85.57%, attributable to an increase in breach at both Taunton and Somerset NHS Foundation Trust.

- In Somerset there has been an increase in 62 Day Cancer pathways of 19.89% (+70 additional patients diagnosed with cancer) in the same period demonstrating that more patients are being diagnosed and treated with cancer following a suspected cancer referral. Whilst this would appear to show that there has been no significant change in conversion rate, there is variation across the cancer sites. During 2018/19 under the Elective Care Delivery Board three sub-groups (for Urology, Gynaecology and Gastroenterology) were established to assess the demand and conversion rates and to review the patient pathway to identify the causation and to agree Improvement Actions. Following this review of colorectal referrals the CCG has developed a work programme to include joint pathways and protocols, a redesign of the triage element of the pathway, and working in a joint hub style. Process mapping in partnership with Somerset CCG in one of the local hospitals has identified a paper based clinical pathway that is being transformed into an electronic pathway. This will save several days from waiting times in the colorectal pathway.
- The cancer sites experiencing the most significant increase in demand during the period May 2019 are, Breast, Head and Neck, Gastrointestinal (upper and lower) and Skin.
- The increase demand upon these Services has led to an increase in the number of breaches (namely Urological and Lower GI cancers) which is impacting upon SCCG 62-Day performance.

#### **7.11. 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:
  - T&S - during April 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 April 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

## 7.12. Community Mental Health Services

Whilst working on these areas of improvement, the Mental Health (MH) team and wider stakeholders have also been developing and submitting bids for 4 areas to NHS England, we are currently awaiting the outcome of these bids and will share the outcome of these bids:

- Adult Community Mental Health Services, we have been asked by NHS England (NHSE) to bid to become a trailblazer site to implement a new and radical model of care for community mental health support which will blur the boundaries between primary and secondary MH support
- Adult Crisis Home Treatment Teams, to ensure that all teams offer the full 24/7 compliance to national model
- Psychiatric Liaison Team, to ensure that there is 'Core 24' status in at least one District General Hospital (DGH) in the county (we have submitted bids for both DGHs (T&S and YDH) to have Core 24 funding with the option to select one DGH put to NHS England for decision)
- The key elements of the future models of care highlighted within each of these bids (and which align to the NHS Long Term Plan aspirations for Mental Health) are as follows: ;
  - Radical transformation - *How services will be in 10 years, but delivered now*
  - Co-produced - *Service users & professionals, commissioners & providers, statutory & Voluntary, community and social enterprise (VCSE), clinical & non-clinical*
  - No thresholds, dissolved boundaries - *Secondary & primary care, health & social care, physical & mental health*
  - Neighbourhood focused - *Rooted within Neighbourhoods and Primary (PCNs)*

## 7.13. Improving Access to Psychological Therapies (IAPT)

- The Improving Access to Psychological Therapies (IAPT) programme began in 2008 and has transformed the treatment of adult anxiety disorders and depression in England.
- Psychiatric Liaison Team, to ensure that there is 'Core 24' status in at least one District General Hospital (DGH) in the county (we have submitted bids for both DGHs to have Core 24 funding with the option to select one DGH put to NHSE for decision)
- Somerset Partnership NHS Foundation Trust (SPFT) has reported un-validated May performance of 14.68%, against national ambition of 19% and CCG trajectory of 11% in Quarter

- SPFT is continuing to deliver and exceed the moving to recovery rate and in May has delivered 62.04% against national ambition of 50% (the CCG trajectory is to deliver national ambition)
- Compared to expected national access times from date of referral to first treatment, the local service continues to exceed national ambition in achieving 91.3% (75% in six weeks) and 100% (95% in eighteen weeks) respectively
- Following the recommended changes received by the Intensive Support Team, efforts are underway to split the workforce between those delivering IAPT compliant treatment and those offering more intensive therapy at a higher level. A particular focus since April has been on ensuring those that deliver the former are able to meet the necessary outcomes identified by NHSE under the standards highlighted the Five Year Forward View but also to consider alternative means of delivering therapy such as through the increased use of digital therapy to offer choice and improved access to hard to reach groups including older people aged 65 years plus
- The programme of recruitment is nearing completion including additional posts; training is in the process of being commissioned via Exeter University for the expanded team. Exploring options for digital provider to provide a waiting list initiative, two providers have been invited to present their services and SPFT is in the process of confirming which provider and agreeing an implementation timeline