

Report to the NHS Somerset Clinical Commissioning Group on 30 January 2020

Title: GOVERNING BODY QUALITY, SAFETY AND PERFORMANCE EXCEPTIONS REPORT 2019/20 1 APRIL 2019 – 30 November 2019	Enclosure L
--	------------------------

Version Number / Status:	1
Executive Lead	Alison Henly, Chief Finance Officer and Director of Performance and Sandra Corry, Director of Quality and Nursing
Clinical Lead:	N/A
Author:	Alison Henly, Chief Finance Officer and Director of Performance and Sandra Corry, Director of Quality and Nursing

Summary and Purpose of Paper

Following the deep dive at the Finance and Performance Committee, the enclosed paper provides a summary of escalation issues for quality, safety and performance against the constitutional and other standards for the period 1 April 2019 to 30 May 2019, and provides an analysis for both across the following areas:

- urgent and emergency care
- elective care
- mental health
- quality indicators

Recommendations and next steps

The Somerset CCG Governing Body is asked to discuss the performance position for the period 1 April 2019 to 30 November 2019.

Impact Assessments – key issues identified

Equality	Equality and diversity are at the heart of Somerset Clinical Commissioning Group’s work, giving due regard to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, in its functions including performance management.
Quality	Decisions regarding improvements against the performance standards are made to deliver with regard to the best possible value for service users.

Privacy	No issues identified.			
Engagement	All discussions regarding performance improvement have been detailed in the enclosed report.			
Financial / Resource	The Somerset Clinical Commissioning Group has a budget of £872,808,000 in 2019/20. The resource implications are included within the Finance Report.			
Governance or Legal	Financial duties of Somerset Clinical Commissioning Group not to exceed its cash limit and comply with relevant accounting standards.			
Risk Description	The Somerset Clinical Commissioning Group must ensure it delivers financial and performance targets.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
	3	2	6	SC17



Somerset

Clinical Commissioning Group

**Integrated Quality, Safety
and Performance
Exceptions Report
April to November
2019/20**

Integrated Priority Indicator Overview Dashboard

D1

Area	Standard	Indicator	Reporting Detail	Previous	Current	Movement	13 months rolling trend		
Urgent Care	Pre-hospital Measures								
	95%	NHS 111 referrals - the proportion of NHS 111 referrals to services other than to the ambulance service or A&E departments	60 Second	October	93.32%	November	97.37%	↑	
	7.00	Ambulance Response Programme Targets	Cat 1 - Mean 7 (mins)	7.90	7.90	↔			
	15.00		Cat 1 - 90th Percentile (mins)	16.20	15.60	↓			
			Ambulance Outcomes	Hear & Treat	13.38%	13.48%	↑		
				See & Treat	33.9%	34.6%	↑		
				See & Convey	50.89%	50.24%	↓		
	A&E Measures								
	11,592	Number of Type 1 A&E Attendances (mapped)	Somerset Activity	11,584	11,291	↓			
	95%	Patients admitted, transferred or discharged from A&E within 4 hours (mapped)	Somerset Performance	83.91%	83.57%	↓			
Elective Care	Referral Measures								
		Referral To Treatment (RTT) New Clock Starts	Somerset Position	15,747	14,133	↓			
		General Practice/General Dental Practice referrals made	Somerset Position	10,232	8,694	↓			
	Other referrals made	Somerset Position	6,096	4,885	↓				
Elective Care	RTT & Diagnostics Measures								
	92%	Patients waiting 18 weeks or less from referral to hospital treatment	Somerset Position	October	81.2%	November	81.9%	↑	
	0	Referral to Treatment (RTT) waits over 40 weeks for incomplete pathways	Somerset Position	417	427	↑			
	0	Zero tolerance Referral to Treatment (RTT) waits over 52 weeks for incomplete pathways	Somerset Position	18	12	↓			
	99%	Maximum 6-week wait for diagnostic procedures	Somerset Position	89.40%	92.12%	↑			
	Cancer Measures								
	93%	Urgent GP Referral for suspected Cancer 2 week wait	Somerset Position	September	80.97%	October	88.56%	↑	
85%	People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Somerset Position	79.60%	84.80%	↑				

Integrated Priority Indicator Overview Dashboard

D2

Area	Standard	Indicator	Reporting Detail	Previous	Current	Movement	13 months rolling trend
Mental Health	Dementia Measures			October	November		
		Recorded number of patients with dementia	Somerset Position	5,403	5,396	↓	
	66.7%	Diagnosis rate for people with dementia	Somerset Position	58.87%	58.77%	↓	
	IAPT Measures						
	15%	Improving Access to Psychological Therapies – access	Somerset Position	14.02%	15.98%	↑	
	50%	Improving Access to Psychological Therapies – recovery	Somerset Position	56.72%	55.56%	↓	
	CAMHS - CYP Measures						
	95%	Children and young people referred who have their initial assessment within 6 weeks	Somerset Position	98.82%	98.89%	↑	
32%	Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment	Somerset Position	17.45%	12.36%	↓		
Organisational Recovery	Hospital Care Measures						
		Clostridium difficile	Somerset Position	0	0	→	
		Methicillin-resistant Staphylococcus aureus (MRSA)	Somerset Position	0	1	↑	
		Methicillin-Sensitive Staphylococcus Aureus (MSSA)	Somerset Position	9	6	↓	
		Never Events	Somerset Position	0	0	→	
		Falls per 1,000 Bed days	Somerset Position	6.92	8.14	↑	
		Pressure Ulcers per 1,000 Bed days	Somerset Position	0.34	0.67	↑	
	% of staff who have received Safeguarding Adults training	Somerset Position	92.89%	93.37%	↑		

Integrated Priority Indicator Overview Dashboard

D3

	Standard	Indicator	Reporting Detail	Previous	Current	Movement	13 months rolling trend
	Hospital Care Measures			October	November		
Organisational Recovery		% of staff trained to Level 2 (safeguarding children) for their role	Somerset Position	82.00%	83.10%	↑	
		% of staff trained to Level 3 (safeguarding children) for their role	Somerset Position	82.43%	80.53%	↓	
		Number of still births	Somerset Position	0	1	↑	
		Cesarean Sections - Total	Somerset Position	117	106	↓	
		Cesarean Sections - Planned	Somerset Position	46	39	↓	
		Cesarean Sections - Unplanned	Somerset Position	71	67	↓	
		12 hour Trolley waits	Somerset Position	0	0	→	
		Mixed Sex Accommodation Breaches	Somerset Position	0	0	→	
		Total number of Complaints Received	Somerset Position	25	25	→	
		Total number of Patient Advice and Liaison Service Contacts	Somerset Position	442	367	↓	
		% of Mandatory Training undertaken	Somerset Position	92%	92%	↑	
		Appraisal & Personal Development Plan % complete	Somerset Position	87%	88%	↑	
		Staff Turnover	Somerset Position	13.54%	13.58%	↑	
		Care programme approach (CPA) followup – proportion of discharges from hospital followed up within seven days – Mental Health Services Data Set	Somerset Position	100.00%	97.96%	↓	
		Staff Sickness	Somerset Position	3.80%	4.37%	↑	
		Escherichia coli	Somerset Position	14	8	↓	

Integrated Priority Indicator Overview Dashboard

D4

Standard	Indicator	Reporting Detail	Previous	Current	Movement	13 months rolling trend
			September	October		
Hospital Care Measures						
	% clients in settled accommodation	Somerset Position	80.6%	81.4%	+	
	% clients in employment	Somerset Position	78.8%	79.9%	+	
	Inpatient Scores from Friends and Family Test - % positive	Somerset Position	95.62%	96.64%	+	
	A&E Scores from Friends and Family Test - % positive	Somerset Position	94.75%	95.81%	+	
	Mental Health Scores from Friends and Family Test - % positive	Somerset Position	95.45%	97.59%	+	
	Maternity Score from Friends and Family Test - % Positive (birth)	Somerset Position	99.30%	99.58%	+	
Emergency Admissions Measures			October	November		
	Injuries from falls in people aged 65 and over	Somerset Position	256	205	-	
	Emergency admissions for urgent care sensitive conditions	Somerset Position	1,223	978	-	
	Population use of hospital beds following emergency admission (Average Length of Stay)	Somerset Position	7	7	-	
	Number of non-elective admissions with Length of Stay=0	Somerset Position	2,226	2,230	+	
	Number of non-elective admissions with Length of Stay of 1 day or more	Somerset Position	4,293	4,298	+	
	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	Somerset Position	28	32	+	
	Emergency readmissions within 30 days of discharge from hospital	Somerset Position	993	915	-	
	Venous Thromboembolism	Somerset Position	96.30%	95.40%	-	
Hospital Care Measures			June	July		
	Hospital Standardised Mortality Ratio	Somerset Position	112.38	78.73	-	
Hospital Care Measures			May	June		
	Summary Hospital level Mortality Indicator	Somerset Position	96.05	97.43	+	
Hospital Care Measures			Q1-19/20	Q2-19/20		
	Smoking at time of delivery (%)	Somerset Position	8.55%	10.51%	+	
Hospital Care Measures			Q1-19/20	Q2-19/20		
	Staff Friends and Family Test Percentage Recommending Care	Somerset Position	83.72%	84.49%	+	

Organisational Recovery

Performance Standards - Areas of Focus

Integrated Urgent Care

October 19: Improved 60 Second Calls Answering Performance: 97.4%.

Ambulance

November 19: Increase in response times since June 2019, Response time for Category 1: 7.9 mins, Category 2: 34.0 mins, Category 3: 95.1 mins

A&E 4 Hour Performance

Apr19 – November 19: Ongoing challenges in 4 hour Performance at T&S, RUH and Weston and non-achievement of the national standard at YDH for the third time in 2019/20. Sustained Increase in A&E Attendances.

Emergency Demand and Performance

Apr19 - November 19: Increase in Emergency Admissions: 1.8%, specifically within 1 day or more length of stay patient cohort. YDH has seen a 21.3% increase in this type of admission, whereas T&S are seeing no change in non zero length of stay patients. Sustained increase in the level of re-admissions within 30 days the majority of this growth seen at YDH, RUH and T&S

Elective Demand and Performance

Apr19-November 19: New Clock Starts: 2.4%. Increase in Incomplete Pathways during 2019/20 due to a reduction in the number of clock stops delivered. The Somerset System remains behind the 52 week reduction ambition reporting 14 patients whose waiting time exceeded this as at November 2019

Diagnostic 6 Week Waits

April – November 19: Reduction in the number of 6 week breaches in November, The diagnostic modalities that continue to have the most significant impact upon delivery of the standard are CT and Endoscopy (Gastroscopy, Colonoscopy and Flexi Sigmoidoscopy).

Cancer

October 19: Improvement in 2 week wait performance in October at T&S and YDH, previous deterioration at YDH underpinned by an increase in breaches in skin (YDH), leading to a combined Somerset performance of 88.6% . Reduction in 62 day cancer performance in October to 76.1%, due to breaches at both T&S and YDH.

Dementia diagnosis & post diagnostic support

October 19: Performance during 2019/20 has declined since July 2019, with performance in November of 58.8%

IAPT access rate

The access rate in Quarter 2 is 12.5%, performance has slightly declined when compared the previous quarter (13.2%), delivery against the quarterly local ambition of 11% was met and exceeded. The un-validated access rate for November 2019 is 16.0%.

Child and Adolescent Mental Health Services

April – November 19: The un-validated Children and Young People Mental Health access rate for Somerset Partnership NHS Foundation Trust shows performance of 21.2% (performance will drop as the financial year progresses, this is due to counting constraints)

Quality and Patient Safety

Special Measures

1

Key Areas of Focus	Progress Update
Financial Improvement	<ul style="list-style-type: none"> The CCG is forecasting to spend in line with the CCG budget allocation of £873m and therefore delivering the financial position with the exception of the system stretch savings target and providers additional costs incurred in delivery of the 19/20 plan of £11.9m
Performance Against Key Standards <ul style="list-style-type: none"> RTT 52 Week Waits Cancer Diagnostics 	<ul style="list-style-type: none"> The number of patients on an incomplete pathway is in-line with the expectations outlined in the 2019-20 operational plan Taunton and Somerset NHS Foundation Trust continue to focus on the treatment of the longest waiting patients, and have seen a reduction in 40 week waits from October 2019 In November we reported 12 breaches of the 52 week standard against a planned level of 3; 10 of these breaches were at T&S and 2 at RD&E. Detailed tracking of the TCI dates for these patients and the reasons for breach are in place NHSE/I have awarded T&S £192k to reduce the number of patients waiting in excess of 40 weeks to enable clearance of 52 week waits by March 2020 (with the exception of choice and specialities agreed with NHSE/I outside of the Trust's control (namely maxillofacial and clinical immunology) In August 2019 we re-based the diagnostic improvement trajectory and submitted this together with the improvement plan to NHSE/I. In November we are ahead of the improvement plan due to increasing capacity particularly within the Echocardiogram and MRI services NHSE/I have awarded us with £454k to further reduce the diagnostic backlog, specifically within Endoscopy and this will have a positive impact upon both the diagnostic and cancer 2 week wait performance
Equity	<ul style="list-style-type: none"> Overall the CCG has seen negative referral growth across Somerset however, YDH have seen an increase in referrals whereas T&S have seen a reduction. This has been supported by an enhanced patient choice conversation led by the Care Navigation Service. The system continues to meet to review the data and to see if any further actions can be undertaken to increase the impact of the diversion.

Areas of Focus:

- Safeguarding
- Care Homes
- Care Homes - Adult Social Care CQC Ratings
- Learning Disabilities Mortality Review Programme Update
- Continuing Health Care
- CQUIN Schemes 2019/20
- Safer staffing
- Primary Care – CQC

Items of note:

Integrated Urgent Care Services (IUCS)

- At the November MCRM Meddcare continued to report on a number of increased risks within their risk register for Somerset: Clinical Resource Availability; Delay in Out of Hours Calls and Visits. This is high on the radar currently as there are long wait for call backs and visits for both urgent and routine calls. This is reflected in the increase in complaints and PALS, however total numbers of these remain low.
- Meddcare continued to report on a number of increased risks within their risk register for Somerset: Clinical Resource Availability; Delay in Out of Hours Calls and Visits. This is high on the radar currently as there are long wait for call backs and visits for both urgent and routine calls. This is reflected in the increase in complaints and PALS, however total numbers of these remain low.

Ambulance

- Category 2 performance continues to be an area of challenge and an area of ongoing concern within Somerset and across the SWASFT patch. Whilst there appeared to be some initial improvement earlier in the year, a gradual decline since May 2019 is noted with a slight improvement in November. Levels of harm have not significantly increased based on the gradual decline in performance.

Emergency Department

- T&S – deterioration in 4-hour performance (see ED Demand and Performance slide, below)
- YDH – the Trust narrowly missed the 4-hour operational standard with performance in November of 94.8%, prior to this the Trust was ranked as the top performer nationally.
- YDH – a multi-disciplinary case note review was undertaken at YDH in 2019 which focused upon patients on Discharge to Assessment pathway.

Elective Demand and Performance – Referral to Treatment

- Waiting times target for RTT are currently on the CCG Corporate Risk Register. There are concerns that this is also impacting on overdue follow ups. There has recently been an HSIB report regarding harm to patients in ophthalmology and media coverage around harm to Gastro patients.

Summary & Actions:

Children Looked After (CLA)

- Pressures on Provider CLA Services to deliver statutory roles continue to be significant, both medical and nursing:

Month	Total number CLA	Total who have had an IHA*	% of CLA who had an IHA within 28 days	Month	Number CLA > 1 year	Total who had an RHA**	% of CLA who had an RHA on time
Apr-19	NO DATA PROVIDED BY LOCAL AUTHORITY			Apr-19	NO DATA PROVIDED BY LOCAL AUTHORITY		
May-19	10	5	50.0%	May-19	381	338	88.7%
Jun-19	20	4	20.0%	Jun-19	394	340	86.3%
Jul-19	9	1	11.1%	Jul-19	383	325	84.9%
Aug-19	12	7	58.3%	Aug-19	386	323	83.7%
Sep-19	9	2	22.2%	Sep-19	391	333	85.2%

- A Service Development and Service Improvement plan to address the issues identified is in development
- CCG has developed a draft business case which evidences the need for investment in both the nursing and medical CLA services over a three year period to ensure the CCG meets their statutory responsibilities in respect of CLA, children whose plan is adoption and Care Leavers.
- Further consideration will also need to be given to a broader offer to CLA in respect of their emotional and mental health needs and the need for dedicated mental health services
- Quality work in respect of statutory health assessments and CLA emotional and mental health is ongoing

Children

Somerset Safeguarding Children Partnership (SSCP) – The SSCP became live on 1 October 2019. The CCG is one of three key partners developing and overseeing the work of the partnership to ensure that systems and processes in place are robust in ensuring that staff in all agencies safeguard and promote the welfare of children.

**Initial Health Assessment*

***Review Health Assessment*

Summary & Actions:

Safeguarding Adults

Change in oversight arrangements for quality of inpatient care for people with a Learning Disability or Autism

NHS England/Improvement has written to all CCGs to describe changes in their expectation of oversight arrangements for this cohort of patients. Commissioners are required to undertake 6-weekly face-to-face checks for children and 8-weekly face-to-face checks for adults placed outside of area. The placing CCG has a responsibility for these new oversight arrangements. CCGs are also required to take responsibility for the oversight arrangement of monitoring the quality of services.

There are two private inpatient units in the CCG area; Cygnet Hospital Taunton (CQC 'Good ' overall and requires improvement in 'responsive') and Wellesley Hospital Wellington (CQC Good in all areas)

Somerset CCG already has effective oversight arrangements in place for Cygnet Hospital Taunton and is working with NHS England to ensure that the CCG's approach compliments and does not duplicate its existing arrangements for the Wellesley Hospital.

Safeguarding Adults Risk

Following the alliance of Somerset Partnership and Taunton and Somerset NHS Foundation Trusts (T&S), it has been identified that T&S staff were not mapped to the appropriate level of training. Staff have been re-mapped and a new baseline has been set. T&S has a trajectory of December 2020 to achieve compliance, and the CCG is closely monitoring the progression of the plan to achieve this.

Violence Reduction Unit and Health Safeguarding Professional

In March 2019 the government provided significant funding for the development of Serious Violence Units (VRU) to tackle serious violence, and in particular knife crime. Somerset has established a multiagency VRU, of which health is to be a core agency, recruitment and a review of the model is underway. The CCG has a key leadership role, on behalf of health, to deliver this new service.

Summary & Actions:

Bed State Tracker

- Fully implemented in care homes with nursing enabling weekly monitoring of vacancies and admissions

Quarterly Quality Submissions Monitoring

- Enables data collation for quality improvement

RESTORE2: A tool to identify if a patient is deteriorating

Recognise Early Soft Signs, Take Observations, Respond, Escalate

- A pilot has been completed implementing RESTORE2. It includes the CCG nursing homes, GP practices and Yeovil District Hospital, and is supported by the South West Academic Health Science Network (SWAHSN)
- A further three homes and three GP practices in the West of the county are about to implement the use of the document.
- In November 2019 the Project Team won the Sir Peter Carr Partnership Award for partnership working in improvement work.

Infection Control Nurse support to care homes

- Setting up link roles within homes, supporting them with up-to-date evidence-based practice, audit tools and monitoring
- Education about hydration to reduce the likelihood of urinary tract infections, reducing Health Care Associated Infections (HCAIs) and reducing inappropriate catheter use within primary care

Successes

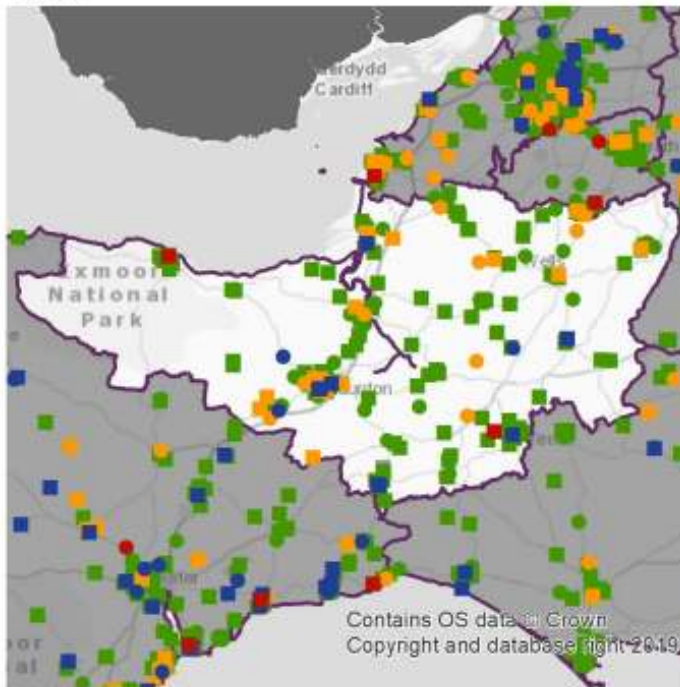
- Somerset has 4 catheter-free homes within its 56 nursing homes
- There are 1,540 Somerset Treatment Escalation Plans (STEPS) and Do Not Attempt Resuscitations (DNARs) in place out of 2,268 residents
- In an evaluation survey, homes who have adopted the RESTORE2 tool highly rate its value in supporting clinical assessment, decision making and confidence in identifying and escalating deteriorating patients appropriately.



Ratings - adult social care



This map shows the overall ratings of active adult social care locations in Somerset. There may be multiple locations in one position so not all locations may be visible



CQC data accessed on 22 October 2019

Nursing homes - see circles on map

Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	0% (0)	22% (13)	73% (43)	5% (3)	0% (0)
England	2%	20%	69%	4%	4%
Comparators	3%	20%	68%	6%	3%

Residential homes - see squares on map

Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	1% (2)	8% (13)	81% (133)	5% (8)	5% (9)
England	1%	13%	79%	3%	3%
Comparators	2%	14%	78%	4%	3%

Domiciliary care agencies - not shown on map

Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	1% (1)	7% (6)	73% (59)	6% (5)	12% (10)
England	1%	11%	66%	4%	19%
Comparators	1%	10%	71%	5%	14%

Community care services - not shown on map

Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	0% (0)	22% (5)	74% (17)	0% (0)	4% (1)
England	0%	8%	72%	4%	16%
Comparators	0%	6%	76%	3%	14%

*R.I. = requires improvement

The Patient Safety and Quality Assurance Committee receive a regular update report on safeguarding and improvement activities with our contracted care home services, working in partnership with the local authority.

Summary & Actions:

Healthy Lifestyle Choices Event

ACTION FROM LEARNING EVENT
Healthy Lifestyle Choices

Tuesday, 19 November 2019
10:00-16:00

Red Brick Building, Glastonbury
Morland Enterprise Park, Morland Road, BA6 5FT (road)

The learning gained from reviews has highlighted the need for extra support to enable people to make healthier choices and reduce the high impact on life expectancy. We aim to develop new knowledge and improvement efforts across the system through discussions.

Programme for the day will include:

- Overview of learning from reviews
- Lifestyle Case Study
- Supporting Providers and Carers to enable healthier choices
- Adjustments to support engagement with and access to services
- Services available to support healthy lifestyle choices
- Opportunity to network, discuss and feedback on challenges and successes in practice

This event is for all health, social and community service providers and carers not just LD specialists:

- Carers, Community Volunteers and Village Agents
- LD and Safeguarding Representatives
- Social Care and Nursing Providers
- Primary Care, Community and Adult Services
- Integrated or Complex Care Representatives

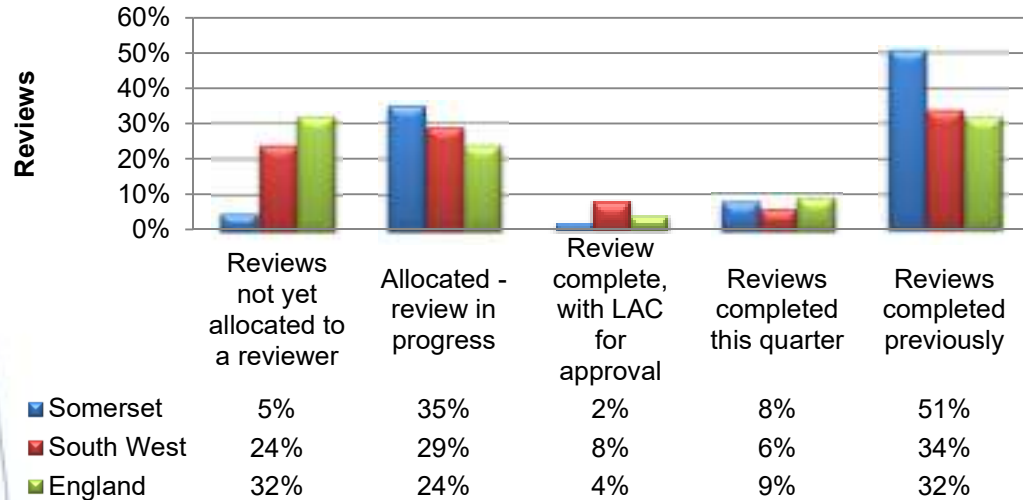
To book a space please email lede@ccg.org.uk with your details and advising of any special dietary or access requirements.

Learning on Choices

Some of the choice areas we have seen opportunity to improve the quality of life and health outcomes of people with learning disabilities are:

- Diet and nutrition
- Weight management
- Hydration and fluid intake
- Physical activity and exercise
- Substance misuse, smoking and alcohol consumption
- Social activities and environment
- Environmental impact on mood
- Generalisation of choices

Somerset Performance (LeDeR) as at 30 Sept 2019



Status of In-Scope Reviews

Action from Learning from LeDeR reviews (61k Funding secured)

- Work with LD providers to upskill staff to make the most of Annual Health Checks and make them an integral part of healthy lifestyles (10K NHSE Funding ✓)
- Assist with undertaking LeDeR Reviews (6k SCC Funding ✓)
- Put in place a 1 year fixed term LeDeR reviewer and improvement post (35k NHSE Funding ✓)
- Putting learning into action from the LeDeR reviews undertaken (10k NHSE Funding ✓) - used for Healthy Lifestyle Choices Event 19 Nov

Summary & Actions:

Quality Premium: The CCG has 2 quality premiums, 1) to assess and make a decision on 80% of referrals from date of receipt within 28 day and 2) to assess no more than 15% of patients within the acute sector.

The CCG has always achieved the second quality premium with 0% assessed in the acute sector but has struggled to achieve the 28 day quality premium due to a significant backlog of 450 cases on top on normal demand.

As of October 2019 all assessments in the backlog have been completed and the team have been able to report 83% attainment as of Q3 as part of the Funded Care Report to NHS England, this is in line with projected targets agreed with NHS England

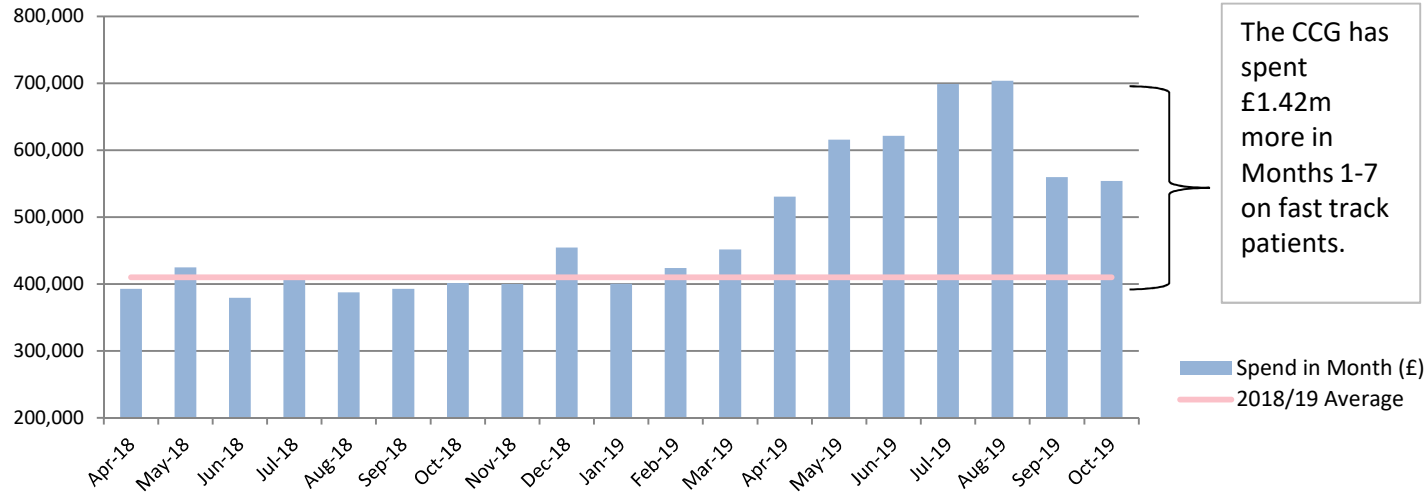
Budget: The CHC team have a projected overall spend of £2,5m year to date, this is due to non recurrent costs as detailed below:

- 1.9m back dated payments associated with the historic backlog
- Additional £1.4m escalation on fast track spend
- This is offset by the release of the CHC provision (£0.4m) and a further underspend of £0.4m in other CHC areas
- A detailed action plan has been implemented to mitigate the financial overspend and control costs
- Mitigation savings £1,525,000 in total, anticipated overspend remains at £2.5m at year end
- The 2019/20 budget is set at £47.997m, an increase of 2.4 % on the previous year.

Case Management: A proposal to commission case management has been submitted to CCG Directors for consideration. Case management is currently supported by CHC staff in their 3 month and then annual reviews of patients. Case management would entail the ongoing and regular oversight of the most appropriate registered professional (mental health, learning disability, district nurse) to that patients needs and could offer additional benefits to this patient group in relation to clinical governance and effective care.

Summary & Actions:

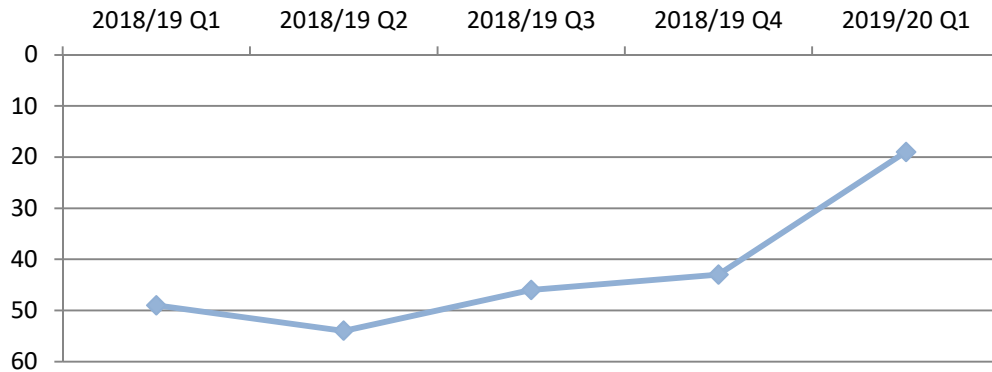
Fast Track Patient costs by months versus the 2018/19 average cost per month



The CCG has spent £1.42m more in Months 1-7 on fast track patients.

- 2018-19 CHC Fast Track spend was £4.92m
- Fast Track numbers started to rise in Q4 2018/19
- Spend in the first 6 months of 2019/20 is £1.27m above 2018/19 average

National Benchmarking - Fast Track



- NHS Somerset CCG has seen rising fast track spend over the last 12 months, ranked 49th in Q1 2018/19 rising to 19th highest spend in Q1 2019/20 in country out of 191 CCGs
- There is a Fast-Track recovery plan in place to improve evidence submission to support applications to test against the qualifying criteria. This is to reduce Fast-Track costs, improve patient experience and reduce unmet need

Quarter 1 Benchmarking

- NHS Somerset CCG ranks 19th highest spend per 50,000 population in the country
- NHS Somerset CCG is also the highest ranked South West CCG

Prevention of Ill Health

1a Antimicrobial Resistance:	Lower Urinary Tract Infections in Older People: 90% of antibiotic prescriptions for lower UTI in older people meeting NICE guidance for lower UTI and PHE Diagnosis of UTI guidance in terms of diagnosis and treatment.
1b. Antimicrobial Resistance:	Antibiotic Prophylaxis in colorectal surgery (<i>Care UK: Orthopaedic Surgery</i>) 90% of antibiotic surgical prophylaxis prescriptions for elective colorectal surgery being a single dose and prescribed in accordance to local antibiotic guidelines.
2a. Staff Flu Vaccinations	80% uptake of the flu vaccinations by frontline clinical staff

Mental Health (Somerset Partnership)

4.
80% of adult mental health inpatients receiving a follow-up within 72hrs of discharge from a CCG commissioned service

Staff Wellbeing

2b.
Access to counselling, physio and wellbeing support

5% of staff completing validated Wellbeing Champion training between 1 April 2019 and 31 March 2020.

Patient Safety

- 7.**
Three high impact actions to prevent Hospital Falls:
- Lying and standing blood pressure recorded at least once
 - No hypnotics, antipsychotics or anxiolytics given during stay OR rationale for giving hypnotics or antipsychotics or anxiolytics documented
 - Mobility assessment documented within 24 hours of admission to inpatient unit stating walking aid not required OR walking aid provided within 24 hours of admission to inpatient unit.

Q2 Performance

On the following page there are some areas where the Trusts Quality Improvement work is still in development. Other areas have made very good progress early in the year.

Same Day Emergency Care

11a. Pulmonary Embolus	75% of patients with confirmed pulmonary embolus being managed in a same day setting where clinically appropriate.
11b. Tachycardia with Atrial Fibrillation	75% of patients with confirmed atrial fibrillation being managed in a same day setting where clinically appropriate.
11c. Community Acquired Pneumonia	75% of Patients with or confirmed Community Acquired Pneumonia should be managed in a same day setting where clinically appropriate.

Patient Safety Priorities (Care UK)

12.
Increase in the number of new referrals to Ambulatory Care from Primary Care and Trusts or Shepton Mallet Treatment Centre

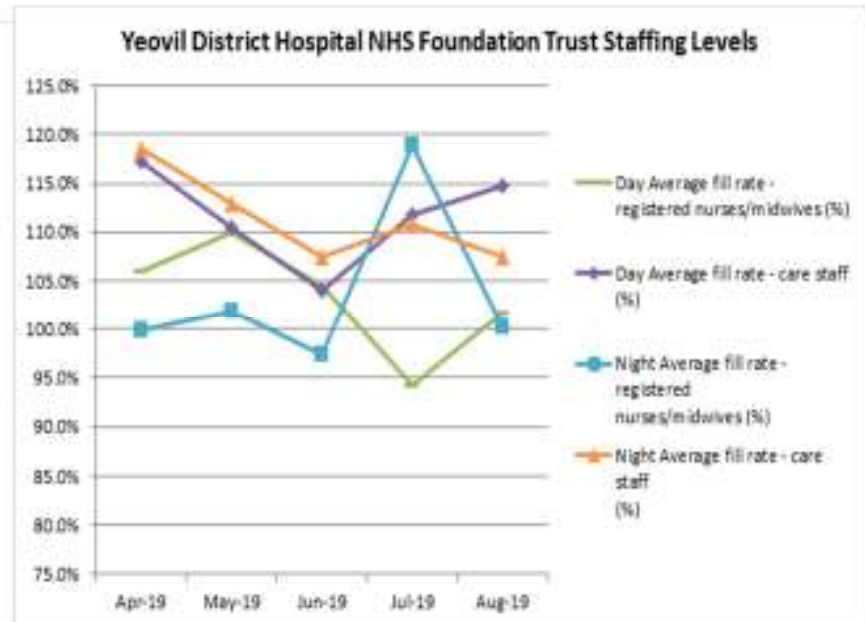
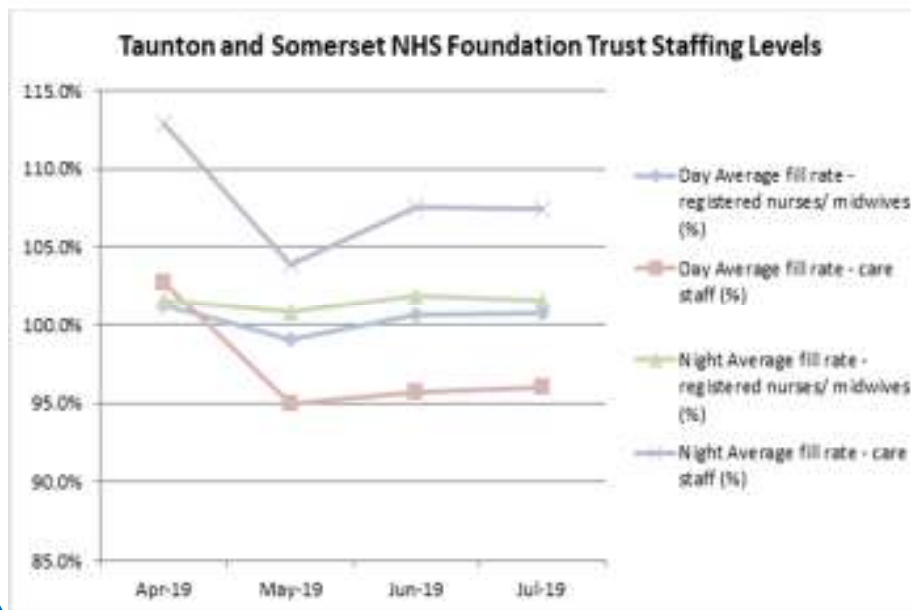
			Target		YDH			TST			SomPar			Care UK		
		Providers	Lower	Upper	18/19	Q1	Q2	18/19	Q1	Q2	18/19	Q1	Q2	18/19	Q1	Q2
Prevention of Ill Health																
1a	Antimicrobial Resistance (AMR) Lower Urinary Tract Infections in Older People	Trusts	60%	90%		57.69%	73.08%		52.63%			13.33%	26.67%		N/A	N/A
1b	Antibiotic Prophylaxis in Colorectal Surgery (Orthopaedic - Care UK, Nuffield)	All	60%	90%		71.43%	81.82%		75.00%	89.13%		N/A	N/A		95.92%	
2a	Staff Flu Vaccinations		60%	80%	66.3%	Data to be submitted Q3 & Q4		71.4%	Data to be submitted Q3 & Q4		46.89%	Data to be submitted Q3 & Q4		92.0%	Data to be submitted Q3 & Q4	
2b	Staff Wellbeing	All	0%	5%		1.86%	3.11%		1.39%			1.39%			0%	
Mental Health																
4	72hr follow up post discharge	SomPar	50%	80%	N/A	N/A	N/A	N/A	N/A	N/A		Data to be submitted Q3 & Q4		N/A	N/A	N/A
Patient Safety																
7	Three high impact actions to prevent Hospital Falls:	Trusts	25%	80%		0.0%	27.59%		23.3%	30.00%		3.3%	20%	N/A	N/A	N/A
	1. Lying and standing blood pressure is recorded at least once		25%	80%	7.4%		41.4%	13.0%	23.0%	30.0%		1.0%	6.0%	N/A	N/A	N/A
	2. No hypnotics, antipsychotics or anxiolytics given OR rationale documented		25%	80%	?		100.0%	57-75%	100.0%	100.0%		90.0%	96.7%	N/A	N/A	N/A
	3. Mobility assessment documented OR walking aid provided within 24 hours of admission to inpatient unit		25%	80%	16.7-75.9%		79.3%	61.1-89.7%	100.0%	100.0%		83.3%	96.7%	N/A	N/A	N/A
Best Practice Pathways																
11a	Same Day Emergency Care (SDEC) Pulmonary Embolus	TST&YDH	50%	75%		98.41%	98.04%		50.79%	80.95%	N/A	N/A	N/A	N/A	N/A	N/A
11b	SDEC Tachycardia with Atrial Fibrillation	TST&YDH	50%	75%		96.43%	95.65%		100%	100%	N/A	N/A	N/A	N/A	N/A	N/A
11c	SDEC Community Acquired Pneumonia	TST&YDH	50%	75%		90.11%	100%		65.17%	67.51%	N/A	N/A	N/A	N/A	N/A	N/A
12	Ambulatory Care Attendance	Care UK	0%	15%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	

Summary & Actions:

Assurance review – Taunton and Somerset, Yeovil District Hospital, Somerset Partnership and Royal United Hospitals Bath NHS Foundation Trusts

- Fill rates for day and night shifts in all Trusts are high and where the registered nurses rate is reduced, the Health Care Assistant rate is higher to compensate
- Where the rate fill is below 100% there is an assurance that this has been reviewed against patient acuity and dependency

- Following the Francis Report 2013, NHS Trusts are required to report to the board every 6 months regarding safe staffing levels
- Safe staffing work streams were set up by NHS Improvement to develop improvement in:
 - Mental health
 - Learning Disabilities
 - Community
 - Maternity
 - Acute inpatients
 - Children’s services
 - Urgent and emergency care



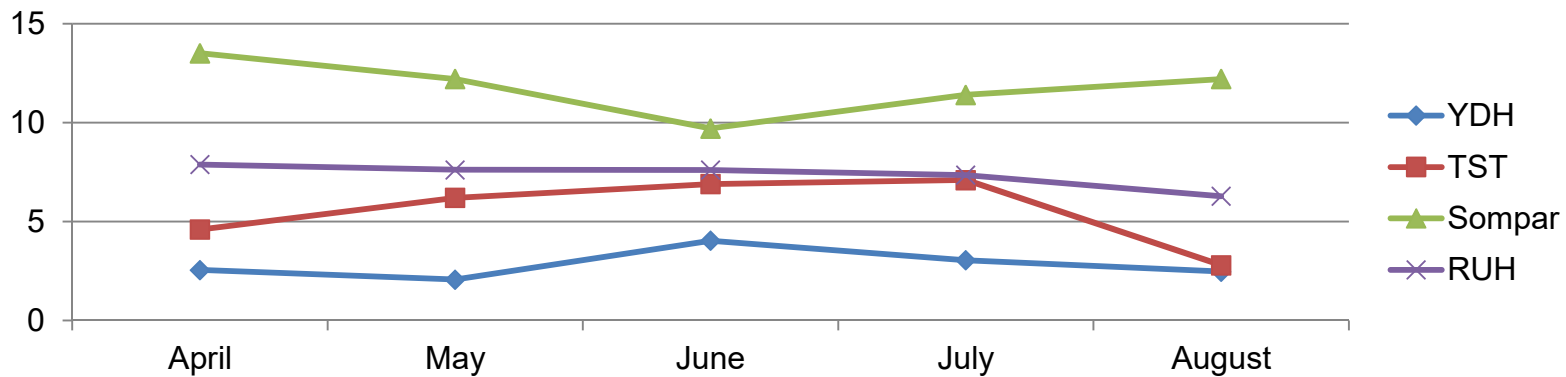
Summary & Actions:



Areas for improvement

- There is a high vacancy rate in both Yeovil and Taunton Intensive Care Units (ICUs) and theatre departments – with ongoing recruitment drives
- There are high vacancy rates across mental health services
- A comprehensive staffing review of all inpatient mental health ward teams is being commissioned by Somerset Partnership NHS Foundation Trust
- It has not been possible to access Weston Area Health NHS Trust data

Vacancy rates



*

Summary & Actions:

CQC ratings changes up to 1 Nov 2019:

Recent inspections (25% good, 25% requires improvement 50% inadequate):

- Crewkerne Health Centre rated: requires improvement (28 Oct)
- Ryalls Park rated: Inadequate (30 Sept 18 & 23 Dec 19)
- Summervale rated: Inadequate (15 Oct)
- North Petherton Surgery rated: Good (23 Oct)

Practices submitted CQC action plans and CCG has supported the following with their improvement action plans:

- Spingmead Surgery (4 Feb 2019 report)
- Ryalls Park
- Summervale
- Crewkerne Health Centre

Changes to CQC process: Now starts with a regulatory phone call with practice, if concerns are highlighted, the assessments are converted to regulatory inspection visits

CQC visits have become more focussed: Practices are reporting increased impact from visits and are showing greater support requirements (this is evidenced from all three South West CCGs)

Any practice at risk of an inadequate CQC rating is a key financial/quality risk to the CCG and wider system:

Supporting each inadequate practice requires a significant medium term (six month) quality lead investment, with further financial and CCG wide support requirements

Single handed practices: The number of single handed practices in Somerset has increased, a process of review and support is underway for these practices

CQC pre and post inspection: The CCG has a graded support and response offer to all GP practices for pre and post CQC inspection. This is still in development following an unexpected increase in requirements from GP practices for external quality improvement support to achieve regulatory compliance.

System Performance

- The Integrated Urgent Care Service went live on 25 February 2019. This service is delivered by Meddcare (Devon Doctors Ltd) with Care UK providing the NHS 111 element. For October 2019, calls answered within 60 seconds performance (KP2) has improved to 97.4% against a target of 95% (September 2019: 93.3%); abandoned call volumes in November is above the <5% threshold at 7.2%, which has deteriorated since September 2019: 3.1%. Latest data suggests lower performance during November and into December.
- The CCG monitors Somerset NHS 111 performance on KPI 6 (Proportion of calls given a Cat 3 / Cat 4 ambulance disposition that re validated) and KPI 7 (Proportion of calls given an ED disposition that are re validated). Clinical revalidation of ED and Cat 3 / 4 ambulance dispositions coming out of NHS Pathways is proven to lead to the downgrade of some of these calls, which are then referred to other more clinically appropriate services. In October (latest published IUC ADC data available) Meddcare achieved, in terms of low acuity ambulance validation, 45.9% validation rate against a 50% target; and ED validation rate of 21.5% against a 50% target, though latest data suggests lower performance on these KPIs during November and December. The CCG is currently working with Meddcare to better understand this drop in performance alongside identifying opportunities of improving both 999 and ED validation rates to be consistently above contract levels thereby supporting the Urgent and Emergency Care system overall.
- At the November Monthly Contract Review Meeting (MCRM) Meddcare continued to report on a number of increased risks within their risk register for Somerset: Clinical Resource Availability; Delay in Out of Hours Calls and Visits. The CCG is fully cited on the background to these risks via an 'IUCS Improvement Plan and Contractual Position' presentation delivered at July's MCRM and follow-on meetings on 21 August and 10 October 2019. Work is being undertaken jointly between Meddcare and CCG to better understand activity, workforce and the contractual position and has developed a multi-agency working group to support this work, the first meeting took place on the 24 October and a further meeting took place on 27 November. The CCG is currently reviewing its risk register to ensure this is updated to reflect current concerns. Due to CCG ongoing concerns regarding shift fill and IUC performance an Escalation Meeting will be held with Meddcare during January 2020 in addition to the normal Monthly Contract Review Meeting.
- Meddcare has developed a reporting tool in line with the nationally required Integrated Urgent Care Aggregated Data Collection (IUC ADC), which is now live and submitted to the CCG regularly. The CCG, including its Clinical Lead for UEC, is now working with Meddcare to develop this further, defining a smaller set of key metrics to be submitted daily, thereby providing additional oversight of the IUC service including its Clinical Assessment Service (CAS). Regarding the IUC ADC, a number of data quality issues have been identified and raised with DDOC, being tracked within the IUC Shared Action Plan. SCCG and Meddcare is working collaboratively to ensure data integrity will be resolved to move forward and, as part of this, the CCG met with Meddcare and spoke with its data team on 4 December 2019.

- Performance for Category 1 (Time critical/life threatening event that required immediate intervention) 999 ambulance calls has been gradually improving since March 2018, however, since July 2019 there has been a reduction in performance. Category 1 mean performance fell short of the 7 minutes mean target with performance of 7.9 minutes (YTD 7.9mins). Category 2 (potentially serious conditions that may require rapid assessment, urgent on scene attention or urgent transport) performance continues to be an area of challenge and an area of ongoing concern within Somerset and across the South Western Ambulance Service NHS Foundation Trust (SWASFT) patch. Whilst there appeared to be some initial improvement earlier in the year, a gradual decline since May 2019 is noted with a slight improvement in November with performance reported as: Category 2 mean - 34.0 mins (18 mins target – YTD 33.7mins). Looking at Category 3 (urgent conditions that are not immediately life threatening) performance has improved for November at a mean response time of (Target: 60 min, performance: 95.1 min YTD 89.3 min). For Category 4 (non urgent conditions, but with possible assessment or transportation required) performance has improved slightly for November (Target: 180 min, performance: 111.9 min 106.5 mins YTD)
- It is the intention of all commissioners to maintain activity levels at the contracted total for 2019/20, covering all incident types (Hear & Treat, See & Treat and See & Convey), with activity levels being monitored on a bi-monthly basis to assess in line with the 19/20 contract's breakglass clause arrangement. Any calculated over-performance is charged at the marginal rate of £180 per incident (regardless of outcome). YTD (to Nov 2019) Somerset CCG is 7.71% above the contracted plan (+4572 incidents) with total breakglass clause payment due by Somerset CCG YTD being £386,894 (against total due Trust-wide YTD of £1,953,360). The locally calculated potential impact for 19-20 is £610,027 (although this is a straight line calculation, and has not built in any seasonal impact).
- Somerset CCG is currently working with SWASFT and Dorset CCG to undertake a Deep Dive to better understand activity and performance locally. This will consist of a Desk Top Review chaired by Dr Helen Thomas and undertaken in partnership with the acute trusts, reviewing a sample of ambulance arrivals at A&E. This will support identification of additional local actions to supplement the existing SWASFT-Commissioner Joint Improvement Plan. The Deep Dive was scheduled to take place 19 November 2019, but due to the unforeseen unavailability of key clinicians, has needed to be rescheduled to January 2020.

In summary, current progress in relation to the SWASFT-Commissioner Joint Improvement Plan in Somerset is:

- High Intensity Users (HIU): the CCG facilitates a Task and Finish Group on HIU looking at best practice and to identify 'test and learn' opportunities, following Quality Improvement methodology the last meeting being on 21 November 2019. The CCG's Urgent Care Project Manager is currently mapping HIU projects across the county and will be reporting on the outcome of this work at the next meeting (15 January 2020);
- Falls: SCCG are reviewing other falls services are in place in other neighbouring parties, investigating the options that are being used in North Somerset where their rapid response service utilises nurse support to attend pendant alarm call outs. This has the potential to be more cost effective than the BaNES model and also to prevent activity from falling into the 999 contract and pathway.
- Mental Health: A member of the CCG's Urgent Care Team now attends the Mental Health Adult Collaborative Board meetings with the aim of better linking urgent care considerations into Mental Health commissioning. The Urgent Care Commissioning Manager attended the MIND in Somerset's engagement event on 'Accessing mental health care when in crisis' on 23 October.
- Low Acuity Alternatives: Somerset CCG funds the GP 999 Car Service provided through separate commissioning arrangements with SWASFT. This is one of the South West commissioner projects currently being evaluated for wider implementation through Deloitte in partnership with Dorset CCG. A final version of this report has now been circulated by Deloitte.
- The Ambulance Joint Commissioning Committee (AJCC) has now met in shadow form for the first time on 5 November 2019. This will become a fully delegated committee. A paper to agree delegated authority will be going to the CCG's Governing Body in the early part of 2020.

- The number of Somerset patients attending either an A&E (Accident and Emergency) Department or Minor Injuries Unit (MIU) has increased by 4.5% when comparing the April to November 2019 to the same period in the previous year although this activity is slightly better than plan. (-0.10%, -156 patients). All main Providers on a YTD basis have experienced varying levels of increased demand ranging between 2.5% (Taunton and Somerset NHS Foundation Trust) to 8.6% (Yeovil District Hospital NHS Foundation Trust).
- **Taunton and Somerset NHS Foundation Trust (T&S):** On a Trust to Somerset basis T&S has experienced a 2.5% increase (+1146) in A&E attendances when comparing to the same period in the previous year; as a result of an increase in attendance during November the Trust's level of A&E activity is higher than planned (+0.5%, +229) with the average daily rate of attendance increasing from 188 (October) to 197 (November). The Trust has submitted an A&E 4-hour recovery plan with performance set to improve to 92.5% in July but declining to 88% in March 2020; Trust wide performance in November 2019 was 73.2% against a plan of 90.4% and is a reduction of 7.6% upon the previous month, the Trust was ranked 58 out of 120 Acute Trusts nationally, a reduction from the previous month's ranked position, but is comparable to national performance of 74.5%.
- The deterioration in 4-hour performance is in part attributed to the opening of the (pilot) Urgent Treatment Centre at Bridgwater; as a result the Trust is seeing a reduction in minor demand coming from the Bridgwater and North Sedgemoor locality. This is impacting upon T&S 4-hour performance due to a reduction in demand that would likely be seen, treated and discharged within 4 hours. Performance is further compounded by workforce challenges within the medical and nursing workforce (sickness and vacancies) and heightened peaks in daytime demand leading to high occupancy levels in the department.
- The Trust continues to develop and implement actions to improve flow through the Department and the key areas of focus include strengthening the workforce to meet the changing levels of demand and acuity and improving the triage time for patients to address the high conversion rate of the frail elderly and the overall change in presentation profiles. To support the improvement programme the Trust has developed a Live System Dashboard to aid the Operational Staff to make timely decisions and are running a 100 Day Programme to improve patient flow. The Trust have introduced a weekly Quality and Safety meetings, a weekly review of a suite of metrics related to both the flow of patients and the outcomes the Trust are seeking to achieve. There is a continued focus on winter planning including bed availability, flu vaccinations and other elements of resilience.
- **Yeovil District Hospital NHS Foundation Trust:** On a Trust to Somerset basis YDH has experienced a 8.6% increase in A&E attendance (+2,521 attendances) when comparing the cumulative period April to November 2019 to the same period in the previous year and is 5.0% above the planned level of growth. The level of demand in November 2019 is comparable to previous months with the average daily rate of attendance in November of 128 per day against the average of 130 during the cumulative period April to November. Although the Trust narrowly missed the 4 hour operational standard with performance in November of 94.8%, the Trust was ranked as the top performer nationally. The Trust has a well established ambulatory care unit in place and during 2019/20 have seen an 21.3% increase in the number of patients admitted with a zero length of stay.

- **Somerset Partnership Trust NHS Foundation Trust:** On a Trust to Somerset basis the number of patients attending an MIU has increased by 3.3% when comparing April to October 2019, to the same period in 2018. Bridgwater (+16.9%) and Chard (10.3%) are experiencing significant growth in comparison to 2018.
- At Bridgwater MIU there has been an increase in the instances of Type 3 A&E 4 hour performance breaches (31 in November 2019). There have also been number of Unit closures at Burnham-on-Sea due to workforce shortages. Somerset Partnership have advised that there are ongoing staffing issues within the MIUs. From 25th November Burnham on Sea MIU will be consistently re-opened for the full contracted hours. There remains the risk of short notice closure due to unplanned absence as the workforce remains light but with the Multidisciplinary Team approach that is looking to be rolled out across all of the MIU/UTC sites, offers increased options for skills mix going forward.
- **Royal United Hospitals Bath NHS Foundation Trust:** On a Trust to Somerset basis RUH has experienced a 1.9% increase in demand when comparing to the same period. The daily level of attendance in November 2019 has increased to 28 from 26 in October. The four-hour A&E performance in November was 70.2% compared to 72.3% in October. When comparing the cumulative period April to November 2019 to the same period in the previous year on a Trust to Somerset basis, the Trust is 4.9% below the planned level of attendances.
- Key contributors to the performance were high levels of A&E attendances; an increase in emergency presentations as well as ambulance conveyed patients; Flow out of the Emergency Department was challenged with low numbers of discharges early in the day; high numbers of Super Stranded patients and DToCs; and patients were diagnosed with confirmed flu and norovirus.
- The key actions to improve performance include an increase in direct admissions for medicine, the Trust have developed clear and consistent escalation responses to the Emergency Department (ED) escalation triggers, this is now live for MAU and Cardiology and are discussed at the daily site meeting. Further work is continuing to extend this to Emergency Department and the rest of the hospital. Rapid Access and Treatment Service is now in place. The new triage model in the Urgent Treatment Centre and Emergency Department minors assess all patients and then direct patients to the most appropriate clinician. A Navigator role has commenced in October based in the ED supporting timely decision making and flow out of the department
- **Weston Area Health NHS Trust (WAH):** On a Trust to Somerset basis WAH experienced a 4.9% increase in A&E attendances when comparing April to November 2019 to the previous year. The daily rate of attendances remains at 21 which is comparable to an average of 22 across the year. Comparing the cumulative period April to November 2019 to the same period in the previous year on a Trust to Somerset basis, the Trust is 2.1% above the planned level of growth. Performance reduced in November compared to the previous month with performance of 69.3% (74.7% in October).
- An A&E Action Plan is in place which is reviewed regularly; the Trust has remained focussed on delivery against this key safety metric and continues to review practices and pathways to optimise the patient journey. The department has been actively looking at how they manage the patient flow with the department and is focussed on reconfiguring the use of the department. Exploring alternative pathways of care and working with specialty team to develop more effective patient care. A Contract Performance Notice remains in place for A&E 4 hour waits with ongoing monitoring at the BNSSG CCG A&E Delivery Board, Weston Access and Performance Group and the Quality Sub Group.

- The Somerset system has experienced a growth of 1.8% in emergency admissions when comparing the cumulative period April to November 2019 to the same period in the previous year (this equates to 873 additional admissions predominantly due to Yeovil District Hospital NHS Foundation Trust experiencing an increase in demand. The aspiration in 2019/20 is for the 3.7% underlying growth to be fully mitigated; in November 2019 the daily rate of emergency admissions was 209 which is an decrease upon the previous month where the daily rate of admission was 210, which resulted in SCCG being 2.7 above plan (1.7% below the zero and 3.3% above the non-zero length of stay plans).
- Emergency Re-admissions Within 30 Days: During April – November 2019, 7,517 patients were re-admitted as an emergency within 30 days of discharge which is an 4.4% increase upon the previous year, with the majority of this growth seen at YDH (+277, +14.8%), RUH (+20, +2.8%) and T&S (+46, +1.2%).
- Across Somerset, the proportion of emergency admissions at Somerset's main Providers who are re-admitted as an emergency are between 12-15%: Somerset: 15.4%, T&S: 14.9%, YDH: 14.9%, RUH: 12.0%, WAH: 13.5%. This demonstrates that there is not a disparity across Providers. Further work is underway with the Urgent Care Team to understand the reasons for re-admission and for the findings to be presented to the Urgent Care Programme Group and A&E Delivery Board.
- Of these re-admissions 3,305 (43.9%) patients were re-admitted within 7 days and 4,212 (56.1%) over 7 days. The age cohort contributing most to the numbers of emergency admission (by percentage) is the 65+ age group (57.1%). 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. In addition, the performance team is working with the Urgent Care team to undertake a detailed analysis on patients who were admitted as an emergency within 7 days of discharge and the results to be fed into the Urgent Care Programme Board.

- The Somerset system has experienced a 1.0% reduction in Referrals during the cumulative period April to November 2019 when compared to the same period in the previous year and is underpinned by a 4.3% reduction in GP Referrals but a 5.3% increase in Other Referrals resulting in Somerset CCG being 0.6% higher (worse) than the planned level of referral.
- Somerset CCG is seeing a 5.3% increase in Other Referrals; the most common routes of referral were via Cancer Screening Services, Optometrists, Eye Casualty or following an emergency presentation (via A&E or emergency admission). Contained within the Contracts between the Trust's (T&S and YDH) and CCG it stipulates that if growth exceeds 3% over 3 consecutive months in a specific specialty or within a specific referral source then the Trust will undertake a review to establish if there are any new emerging concerns and will complement pathway work to be undertaken under the Out Patient transformation programme and these results will feed into the new System Performance Group which has been established as a sub-group of the System Assurance Forum.
- Despite the reduction in GP referrals there continues to be an increase in the number suspected cancer referrals during 2019/20; during the cumulative period April to October 2019 there were 1,056 additional patients referred on a 2 week wait pathway (or an increase of 7.1%) although this is lower than the planned level of cancer growth of 8%. The sustained increase in demand (which coincides with a 5.7% increase in 62 day definitive treatment pathways) demonstrates that cancer is being detected at an earlier stage.
- New 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 is a significant overlap between Referrals and RTT New Clock Starts, but there are small differences hence why the volumes and percentage growth can differ. There has been a 4.2% reduction in the number new RTT Clock Starts when comparing the cumulative period April to November 2019 to the same months in the previous year and the average number of referrals (per working day) in November was 673 which is 7 referrals per day higher than the average monthly rate of referral of 680 during the year.
- The specialities with the greatest level of clock start growth (volume) are Dermatology, Plastic Surgery, General Medicine, Cardiology and Rheumatology.

- Somerset Clinical Commissioning Group did not meet the local RTT incomplete pathway ambition in November; this is the third month whereby the proportion of patients waiting less than 18 weeks was lower than the local planning ambition resulting in performance of 81.19% (against the planned level of 83.75%) and equates to 7,268 patients waiting in excess of 18 weeks. Performance has deteriorated over the summer as a result of an increase in new patients breaching the 18 week standard; however it is important to note that the number of patients exceeding 40 weeks significantly reduced in October and has been sustained in November. The sustained increase in cancer in specific specialities and in particular those leading to a positive cancer diagnosis and urgent demand continue to have an impact upon the waiting times profile due to these patients taking priority and displacing routine activity. Entry ID number 246 on the CCG Corporate Risk Register includes a score of 20 in respect of meeting the waiting times target for RTT.
- The local Incomplete Pathway planning ambition for 2019/20 is for the waiting list to stabilise and not increase during the year; the number of patients on an incomplete pathway has been consistently increasing during 2019/20 although in November 2019 the number of patients awaiting treatment reduced by 705 to 40,046. The specialities which have increased the most since April 2019 are Trauma and Orthopaedics (+570), Cardiology (+440), Urology (+257), Ophthalmology (+257), Rheumatology (+211), Dermatology (+196) and Gastroenterology (+117). The Providers with the greatest change in waiting list size are T&S (+793) and Other Smaller Providers (+711).
- Whilst the number of new clock starts has reduced during 2019/20 the level of completed RTT pathways (clock stops) remains behind plan, leading to an increase in the numbers of patients awaiting treatment and relates to the challenges in delivering waiting list initiatives.
- On a Trust-wide basis in November T&S reported 32 patients waiting in excess of 52 weeks against a plan of 5; an additional risk to clearance of the 52 week backlog is capacity constraints within the Maxillofacial and Clinical Immunology services (specialist commissioned specialities) as a result of national workforce challenges. In respect of the maxillofacial, the actions to improve waiting times include strengthening the workforce and securing additional capacity. The Trust is implementing partial booking in order to improve clinic utilisation and reduce patient choice breaches in February. In respect of Clinical Immunology, the Trust is anticipating an increase of very long waits due to capacity constraints; this is a single consultant visiting service from NBT and there are executive discussions underway between both Trusts to address this issue.
- On a Somerset commissioned basis in November 2019 there were 12 patients waiting in excess of 52 weeks against a plan of 3 which is 9 higher (worse) than plan but a reduction of 6 patients upon the previous month; these very long waits were reported by T&S (10) and RD&E (2). It should be noted that this position is significantly lower than November 2018 where there were 45 patients were reported.
- NHSE/I have awarded T&S monies to reduce the number of patients waiting in excess of 40 weeks to enable clearance of 52 week waits by March 2020 (with the exception of choice and specialities agreed with NHSE/I outside of the Trust's control (namely maxillofacial and clinical immunology)

- **Taunton and Somerset NHS Foundation Trust:** In November 2019 there were 19,939 patients on an incomplete pathway which is a reduction of 989 patients upon the previous month and an increase of 792 patients when compared to April 2019. Since April 2019, the number of patient exceeding 18 weeks has also increased by 1038 as a result of a new cohort of patient breaches (patients waiting in the 18-<23 week cohort) although the number of patients exceeding 40 weeks (which reduced in October) has remained at this lower level in November. During 2019/20 the Trust has seen a 12.0% reduction in the number of new clock starts when compared to the planned level and during October 2019 the average daily rate of referral (which is comparable to the average daily rate of referral seen during 2019/20) was 280. On a Trust to Somerset performance in November 2019 was 75.4% against a planned level of 79.6% and is an improvement of 1.1% upon the previous month; however, it is noted that T&S has not achieved the planned level of performance since August 2019. The non-achievement of the plan is attributed to an increase in new 18 week breaches and is associated to the increased levels of demand which were seen prior to May 2019 and a reduction in completed pathways (clock stops).
- The backlog of >40 week waits continues to be one of the biggest risks to clearance of the >52 week backlog. In October the Trust saw a reduction of very long waits and this has been sustained in November as a result of treating 292 patients whose wait exceeded 40 weeks (and of which 26 exceeded 52 weeks) in comparison to an average of 165 treatments per month during the period April to December 2018. The Somerset System has committed to eradicating all 52 week waits by December 2019; T&S is continuing to focus upon these longest waits however there is a risk to achieving this reduction ambition as a result of clinical delays or patients choosing to delay treatment at this late stage in their pathway (and on a Trust-wide basis, the challenges within Maxillofacial and Clinical Immunology – both of which are specialist commissioned specialities).
- The Trust hold a weekly Expert Panel in order to progress and troubleshoot pathways. Patient cancellations late in the pathway are being reviewed on a case by case basis; to address partial booking is being trialled in the Maxillofacial service and where appropriate patients (across all specialities) will be given the PIFU option (patient initiated follow-up) but this will be dependant upon clinical review and any safeguarding concerns taken into consideration before such a decision is made. PIFU is being promoted to patients with posters put in clinics from July and partial bookings in the most challenged specialities is due to be phased in from December.
- The Trust's RTT Improvement plan (Driver Diagram) is regularly updated and outlines the key causation of breach (primary and secondary drivers) and the mitigation to address each area of concern. Somerset System partners have agreed plans to start to equalise waiting times across Somerset during 2019/20 which includes the diversion of 1200 patients at the point of referral, the RMC is advising patients of waiting times in order that these patients can make an informed choice of where they receive treatment. This is in (General Surgery (hernia and gall stones), Ophthalmology (cataracts) and Orthopaedics (hips/knees)) from T&S to YDH. A review of the position to November 2019 is underway and discussions with both Trusts will take place during January 2020.

- **Yeovil District Hospital NHS Foundation Trust:** As a result of the referral diversion programme, which has been implemented to equalise waiting times across Somerset, it was expected that both the number of incomplete pathways and backlog would increase during 2019/20. The Trust has experienced a 5.2% increase new clock starts; whilst there has been an increase in General Surgery and Ophthalmology referrals, the specialty demonstrating the greatest increase in referral demand is Cardiology. During October the number of patients on an incomplete pathway reduced by 310 patients when compared to previous month and is 1207 patients lower than the planned level.
- The proportion of patients waiting less than 18 weeks is planned to deteriorate each month to a year ending position of 82.1%; performance in November is comparable to the previous month at 89.3% and remains above (significantly better) than the planned level of 85.4%. A review of new clock starts by GP practice has been undertaken and will be reviewed with the Trust in January 2020.
- **Royal United Hospital Bath NHS Foundation Trust:** In November 2019 the number of patients on an incomplete pathway has increased by 329 patients (to 3,113) when compared to the March 2019 baseline and is comparable to the previous month. The number of patients waiting in excess of 18 weeks improved by 1.2% in November to 85.8% against a plan of 88.2% and there were no patients waiting in excess of 52 weeks. The Trust have revised their improvement trajectory for 19/20 which aims deliver Trust wide performance of 88.4% by March 2020 (compared to 86.0% previously) and the specific actions being undertaken to improve performance include:
 - Patients waiting >40 weeks have a clinical harm review completed by the consultant team, in addition RCA's are completed for all patients waiting >52 weeks. The RCAs inform learning and future actions and are shared with the Commissioners Quality group. The Trust have commenced weekly situation reports to NHSE on patients waiting >40 weeks.
 - Within Gastroenterology, a 2nd locum consultant commenced in August 2019, and as a result the wait to first appointment has reduced from over 36 weeks to 26 weeks.
 - The Trust are putting on additional waiting list initiatives focused on increasing ENT, Urology, OMFS and Cardiology outpatient capacity and T&O theatre capacity to manage the non-elective and elective demand.
- **Weston Area Health NHS Trust:** In November 2019 the number of patients on a incomplete pathway increased by 224 patients from the March 2019 baseline, and has increased by 105 patients when compared to the previous month. The Trusts performance in November 2019 was 85.3% against a plan of 92%; the most challenged specialties are T&O, Cardiology and Respiratory and has the following actions in place to improve performance:
 - There is increased validation focus and a weekly Patient Tracking List for all specialties ensuring patients are progressing with treatment. Three agency validators have joined the RTT to increase data accuracy and to carry out a review of all patients waiting in excess of 14 weeks.
 - RTT training is continuing across the Trust.
 - Orthopaedics have a recovery plan in place to increase elective activity and reduce the number of patients waiting over 35 weeks for surgery.
 - An RTT board is in place and this meets on a monthly basis.

- 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. In August 2019 T&S submitted a revised improvement ambition to NHSE which committed to performance of 93.9% as at March 2020 and revises Somerset CCG's year ending ambition to 96.1%. NHSE/I have awarded monies to further reduce the diagnostic backlog, specifically within Endoscopy and this will have a positive impact upon both the diagnostic and cancer 2 week wait performance.
- Somerset CCG Performance in November was 91.9% against a revised planned level of 91.6% as a result of 747 patients waiting in excess of 6 weeks for their diagnostic test or procedure. This level of breach is comparable to the previous month and is 1259 patients lower than July 2018 when the backlog was reported at its highest level. The diagnostic modalities that continue to have the most significant impact upon delivery of the standard are CT and Endoscopy (Gastroscopy, Colonoscopy and Flexi Sigmoidoscopy).
- **Taunton and Somerset NHS Foundation Trust:** the number of patients waiting in excess of six weeks for their diagnostic test or procedure in November was 581 which is an reduction of 32 patients when compared to the previous month resulting in performance of 86.8% against a revised plan (submitted to NHSE/I in August 2019) of 86.5%. The Trust continues to experience ongoing challenges at a modality level (namely within CT and Endoscopy):

MRI: the number of patients exceeding 6 weeks reduced by 24 long waits to 30 in November 2019 resulting in the Trust performing ahead (better) than their improvement trajectory of 118. This improvement is as a result of increased capacity; the third fixed scanner was fully mobilised from the end of September and to aid clearance of the backlog the Trust has retained the mobile scanner 3 days per week (which has been re-located to Bridgwater to allow for the mobile CT scanner to be placed at T&S). Alongside an improvement in the waiting times for cancer, urgent and routine scans the Trust has also seen an improvement in the turnaround times for results. Once the waiting list is at a sustainable level the mobile capacity will be withdrawn.

CT: The number of patients awaiting a CT has increased and is above plan (105 against a plan of 10) and is an increase of 31 patients upon the previous month). The third CT scanner which was due to become operational from October, has been installed and is in the process of being commissioned, the scanner is anticipated to be fully operational in late January. This is a managed service contract, and as such the delay was outside of the control of the Trust. To minimise the impact of this lost capacity the Trust has secured longer term mobile capacity, is utilising the Beacon Centre scanner and has purchased additional CT colon equipment to undertake a higher volume of CT Colons. A high proportion of CT patients are awaiting a specialist cardiac CT and the Trust is reviewing options to increase capacity and the Trust has commenced the recruitment process for a Cardiology Locum in January in order to improve the position by the end of Q4 2019/20.

- **Taunton and Somerset NHS Foundation Trust continued:**

- **Endoscopy:** The backlog originally emerged in 2018/19 due to an underlying shortfall in capacity underpinned by a workforce shortfall (consultant and support staff) and further compounded by a significant increase in both cancer and routine demand. The Trust strengthened its consultant workforce (via the appointment of 2 gastroenterology consultants) but this did not lead to eradication of the backlog due to the sustained increase in demand. Demand has further increased over the summer period due to an increase in bowel screening referrals which is linked to the FIT testing.
- The number of patients in November waiting in excess of 6 weeks for an endoscopy procedure reduced by 50 patients from 428 in October to 378 in November and against an original trajectory ambition of 43. To reduce the level of breach the Trust's insourced Provider (Somerset Surgical Services (SSS)) is continuing to deliver weekend sessions in addition to picking up 1 dropped weekday list per week at Bridgwater Hospital. The Trust is further strengthening its workforce and has appointed an additional nurse endoscopist to provide one session per week from February, an Associate Specialist Colorectal Surgeon who will deliver 1-2 colonoscopy sessions per week and a Locum has been appointed to fill the gastroenterologist scoping session vacancies. As outlined overleaf CT capacity has been increased enabling more CT Colons (CTC) to be undertaken and additional kit (inflator) has been purchased and partial booking is being implemented for surveillance endoscopy patients in order to reduce patient cancellations and DNA's.
- The expansion of the endoscopy insourcing capacity during week days and weekends (as described above), national changes to surveillance intervals which should reduce demand from January, the recruitment of an additional nurse endoscopist from January and increasing the Bridgwater sessions from 3 to 5 days per week following the replacement of the decontamination unit at Bridgwater Community Hospital (and strengthening the nurse workforce) will result in reduction of the 6 week backlog during Q4 2019/20 inline with the Trusts revised improvement ambition. This trajectory is subject to further revision on the basis of the Trust being awarded funding to recover performance to the national standard in Q4; plans are being developed by the Somerset System as to how this funding can be invested to deliver this ambition.
- **Yeovil District Hospital NHS Foundation Trust:** the Trust met the diagnostic waiting times operational standard in November whereby 99.5% waited less than 6 weeks for their diagnostic test or procedure as a result of reducing the Echocardiogram backlog inline with planned levels.
- **Royal United Hospital Bath NHS Foundation Trust:** the Trust did not achieve the diagnostic standard in November 2019 with 92.5% of patients waiting less than six weeks for their diagnostic test or procedure (this equates to 105 breaches), which is a decline upon the previous month (94.2% in September). The Trust has a revised Trust wide trajectory for 2019/20, to achieve 97.5% by March 2020 (and divergence from the original planning ambition of 98.4%). The breaches are within the radiology modalities (MRI and CT), Echocardiography and Endoscopy.
- **Weston Area Health Trust:** on a Trust to Somerset basis in November 2019 there were 8 Somerset patients who breached the 6 week operational standard (1 audiology patients, 3 MRI patients, 4 Echocardiography patients), resulting in performance of 97.4%.

- Across the Somerset System there has been an increase in referrals relating to Suspected Cancer 2 Week Waits of 6.9%, comparing April to October 2019 to the same period the previous year. Whilst SCCG did not achieve the 2 week wait 93% cancer target in October 2019 with performance of 88.6% this is an improvement upon the previous month. Providers having the most significant impact upon Somerset CCG performance are Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust with the breaches predominantly due to outpatient capacity.
- The 62 day cancer improvement plan in place shows Somerset performance improving to 85.03% by March 2020. In October 2019 Somerset CCG did not achieve the 62 day cancer trajectory of 85.0% with performance of 76.1%. Both T&S and YDH have 62-Day Improvement Trajectories in place, neither T&S or YDH achieved their trajectories in October with performance at T&S of 80.4% (against a plan of 82.9%), and performance at YDH of 77.6% (against a plan of 85.5%). Entry ID Number 285 on the CCG Corporate Risk Register includes a score of 16 in respect of meeting the 62 day cancer treatment standard.
- The cancer sites experiencing the most significant increase in demand during the period April – October 2019 are Breast Head and Neck, Skin and Gastrointestinal (upper and lower). The increase demand upon these Services has led to a significant increase in the number of breaches (namely Skin and Lower and Upper GI cancers) which is impacting upon SCCG 62-Day performance.
- **Taunton & Somerset Partnership Trust** The highest contributor to the level of 2ww breach is suspected lower GI (colorectal) cancer, this is due to an increased level of demand, diagnostic delays in CT Colon and colonoscopies; delayed blood test results from GPs and patient choice to delay appointments or tests. There has also been significant 2ww growth in head and neck cancers, due to the national Human Papilloma Virus (HPV) epidemic which is causing an increase in oropharyngeal (oral) cancer and there has been an increase in complex cases and also an increase in non-HPV cases, most commonly as a result of substance abuse and links to social deprivation. The pathway has a lot of steps which increases the risk of 62 day breach in this pathway
- **Yeovil District Hospital NHS Foundation Trust:** The Trust's 2 week wait performance increased in October 2019 to 81.5% but did not achieve the 93% standard. There has been an increase in breach in suspected skin cancer, due to the unexpected and temporary loss of the Trust's dermatology consultants. The Trust has since confirmed that this workforce issue is now resolved and the Trust anticipate to recover performance in November. YDH has seen a 9.9% increase in 2 week wait demand during April to October 2019 when compared to the same period in the previous year.

- **Royal United Hospitals Bath NHS Foundation Trust:** the Trust's 2 week performance in October was 92.3% which did not achieve the 93% standard, but is an improvement upon the previous month (90.7% in September). The Trust has shown a 13.3% increase (+221 patients) in 2 week wait referrals, when comparing April - October 2019 to the same period in the previous year
- On a Trust to Somerset basis the 62 day cancer standard was not achieved in October with performance of 88.9%, against a plan of 85.8%, with 2 owned breaches; there has been a 6.8% increase in the number of 62 day pathways during the period April to October 2019 when compared to the same time period in the previous year. The Trust have a improvement trajectory in place which aims to achieve Trust wide performance of 90.8% by March 2020.
- **Weston Area Health NHS Trust:** the Trust did not achieve the 2 week standard in August with performance of 98.9% against the 93% standard, due to a reduction in breach within suspected lower GI cancer. Weston has experienced a 1.2% reduction in 2 week wait referrals, when comparing April to October 2019 to the same period in the previous year.
- **There are several areas of focus within Somerset:**
 - Cervical screening coverage has improved by 1% in Somerset STP and is now 74.9%
 - The first patients in Somerset have accessed the new EBUS (Endobronchial Ultrasound) in Taunton. This will avoid longer journeys to Bristol for investigations and potentially speed up the lung cancer pathway
 - The upper gastrointestinal pathway has been reviewed with a new referral process implemented. This will streamline referrals and ensure the foundations for direct to test pathways are in place.
 - A new referral form has been implemented for suspected colorectal cancers. Blood tests must be included with referrals which will speed up processes. Thanks to a focused relaunch, FIT testing for symptomatic patients has been relaunched with a 150% increase in uptake. This helps detect cancer but also reduces unnecessary referrals to hospital.
 - The first patients in Somerset have received prostate template biopsies under a local anaesthetic in Taunton, this has been so successful it is now a standard pathway. These tests reduce the risk of sepsis, diagnose cancer more accurately, and avoid overnight stays in hospital. The outcomes from the first 100 patients have demonstrated no episodes of sepsis and no readmissions.
 - Somerset has been successful in a bid to develop a rapid diagnostic service. This will be based in primary care in Mendip and be delivered in partnership with RUH. It will be launched in January 2020 following submission of the successful full business case.

- Latest dementia diagnosis rate performance of 58.8% for November 2019 shows Somerset has not met the CCG trajectory of 64.5%
- The CCG Mental Health & Learning Disabilities Team is going to undertake a short audit with CHC to review those patients who are identified as having dementia via the Funded Nursing Care (FNC) assessment and whether they have been recorded on the GP systems, there may be an opportunity to review the use of this data pending the outcome of the audit
- The dementia pathway is currently being reviewed and redesigned. This should improve both the dementia diagnosis rate and post-diagnostic dementia care. There has been a commitment of funding agreed within the Rapid Improvement Proposal process to support the dementia pathway. This is being worked up across the system to provide a greater view of the entire pathway of dementia assessment and post diagnostic support to begin the process of redesigning the current offer. The Project Overview Document (POD) is now agreed and highlight reports submitted
- An additional pilot has been started in November 2019 with Nursing Homes within the West Somerset GP footprint to identify patients who are likely to have Dementia but have not received a diagnosis. This will enable them to access support if appropriate and put plans in place to mitigate crisis
- Recruitment has commenced for roles – Most Advanced Nurse Practitioners and a Neuropsychologist have now been appointed (awaiting HR checks). An NMP (non-medical prescribing) Lead has been identified who will support staff in further training and development to ensure they have adequate prescribing skills
- It has been identified that Mendip area will be used for the pilot and then the service will move to Sedgemoor and South Somerset
- Both local acute providers are performing well in respect of appropriately assessing and referring people who have had an emergency admission (for more than 72 hours) to specialist services for dementia
- Related entries on the CCG Corporate Risk Register (reference Entry ID 135) include a score of 12 in respect of dementia diagnosis rates. Reference Entry ID216 includes a score of 16 in respect of dementia care plan reviews. The actions detailed above (and within the Joint Dementia Strategy) will help to mitigate these risks.

Improving Access to Psychological Therapies (IAPT) / Talking Therapies Service

30

- Since April 2019 reporting for the Talking Therapies service has continued to be split as agreed with the regulators, following the Intensive Support Team review and mandated reporting changes. The main data continues to be reported for those patients that meet the core IAPT standard guidelines as well as for those which sit outside of this, but who receive support from the Specialist Therapies service. This supports the ongoing work with the implementation of the Rapid Improvement Proposals and the wider development of the new 'Stepping Up' Service alongside the IAPT service.
- Monthly data provided by Somerset Partnership shows a total of 1,055 referrals were received by the service in November 2019, which is a reduction of 117 compared to the previous month, but an increase of 64 when comparing to November 2018. The IAPT access rate in Quarter 2 is 12.5%, this is a slight decline from the previous quarter (13.2%), but the quarterly CCG ambition of 11% was met and exceeded. The un-validated access rate for November 2019 is 16.0%. The reported monthly IAPT recovery rate for November was 55.6%. This is the lowest reported performance since April (62.7%), but is still 5.6% higher than the 50% national ambition
- With regards to other national requirements and waiting times, the local service continues to exceed the 6 week and 18 week national ambitions. The un-validated data received from Somerset Partnership for November 2019 shows 93.8% of patients referred for treatment were seen by the service within 6 weeks, against the 75% national ambition. For the same period 99.2% were seen and received treatment within 18 weeks from referral, against the 95% national ambition
- Ongoing efforts are underway to recruit the additional workforce required to ensure both the IAPT Service and the Specialist Therapies Service have the necessary staff in place to deliver the treatments to meet local demand. Since the split between the two services these efforts have been successful especially for the IAPT Service, however, the Specialist Therapies Service has faced recent issues due to a number of current vacancies which at the end of the month remain unfilled. Added to these, the Service has tried unsuccessfully to appoint a permanent CAT (Cognitive Analytic Therapy) Supervisor. Despite these issues, it is understood the Service Lead and the Trust HR Department are actively trying to recruit to these posts and are hoping to fill these outstanding positions as soon as possible
- The IAPT Service has been successful in being able to secure a number of trainees to take up opportunities for the High Intensity and Low Intensity (Psychological Wellbeing Practitioner) places at the University of Exeter. In due course, it is hoped the benefits of these should help the service increase and improve access rates for both teams in order to help meet the expected rise in access targets identified by NHSE in the Long Term Plan. All IAPT activity as well as that of the Specialist Therapies Service are routinely reviewed at the Adult Collaborative Board meeting; with bi-monthly updates also provided to the Mental Health and Learning Disabilities Programme Board.

Adult Community Mental Health Services

- The Mental Health and Learning Disabilities Programme Board is now an established governance structure and will report into the System Assurance Forum (SAF) going forward. The Programme Board is supported by a number of collaborative development groups that sit underneath, and the agreed Rapid Improvement Proposals and the governance sits within this board and reports to Programme Executive Group frequently, with reporting also being highlighted to appropriate Clinical Commissioning Group forums.

- Below is a very high level summary of where we are currently against the investment areas;

Emotional Wellbeing Service

- Care Pathway document now agreed and finalised
- Met with Somerset-wide BI Working Group to assist with metrics implementation
- Service Specification now agreed by all parties and finalised
- Service Development Improvement Plan created and sent for sign off; this and Service Specification amongst final steps of contract completion
- Recruitment is now complete. Work is ongoing on developing Band 7 posts to enhance the service offering

Improve Access to Psychological Therapies (IAPT)

- Consultation with affected staff members regarding changes - completed
- Digital provider selected; pilot locality (Taunton) has been operation for just over a month. Early feedback received very encouraging
- Specification drafted by CCG – awaiting internal clarification/agreement
- Provider take up of training places for 19/20 agreed by CCG & Provider
- Review of accommodation to assess current provision and identify future opportunities - ongoing
- Discussion with CCG LTC Lead - opportunities for increasing access / benefits of IAPT to/for patients with Type 1 Diabetes – ongoing

Specialist Therapies

- HR Business Case review approved – staff consultation completed
- HR process into new roles - completed
- New name for service selected by poll of service users & staff – Specialist Therapies Service
- Draft service specification updated following change in name of service - awaiting CCG & Provider approval
- Recruitment continues for remaining posts

Community Mental Health Team (CMHT) and Home Treatment Team (HTT)

- Work continues on the implementation of the Single Point of Access
- Piloting new 'Sharon' service in EIP and Perinatal first
- Social media/media recruitment campaign continues, remaining posts being filled, around 40% of CMHT posts now filled
- Models of care developed further to ensure that they complement existing work

Children & Young People Mental Health Access;

- The *Mental Health Five Year Forward View* sets out the ambition that by 2020/21 at least 35% of Children and Young People (CYP) with a diagnosable Mental Health (MH) condition will access treatment from an NHS-funded community MH service. This measure seeks to count CYP who have accessed an NHS-funded community MH service for treatment as a percentage of the estimated prevalence of CYP with a diagnosable MH condition. National prevalence studies (the 2017 update was published by NHS Digital in January 2019) show that one in nine children has a diagnosable MH disorder and this can range from short spells of depression or anxiety through to severe and persistent conditions. However, the measure continues to use the older estimate of one in ten CYP
- The CYP MH access measure includes counting constraints and these include:
 - An individual CYP can only be counted once within any financial year, i.e. any re-referrals into the service is excluded; &
 - A protracted course of intervention or treatment is only counted once at the point of "second contact" (Somerset Partnership is commissioned to provide a Tier 3-only CAMHS service and therefore its interventions are mainly protracted)
- Somerset CCG has planned to deliver 32.3% access rate in 2019/20 and Somerset Partnership and other Tier 2 providers will contribute to the Somerset access rate. Development of Mental Health Support Teams in Schools trailblazer programme will also positively contribute to the access target and Education Wellbeing Practitioners employed by Young Somerset will be starting interventions with Children and Young People in January 2020
- Somerset Partnership's year-to-date (to November 2019) contribution is 21.2% (based on un-validated data) and this broadly compares to performance for the same period last year of 22.7%
- In relation to other Providers, a data flow to the Mental Health Services Dataset for 2BU via Somerset Partnership and also for Kooth has been established. Activity from both Providers (which provide Tier 2 targeted interventions) will positively contribute to the CCG access rate. Plans are in place for Young Somerset to flow data for all targeted VCSE (Tier 2) providers from Quarter 4 2019/20
- Kooth is a commissioned online counselling service with additional investment in 2018/19, which also provides outreach work with local schools. An initial conversation has been undertaken to start a publicity programme across local Primary Care Networks and Community settings
- Yeovil locality meetings are taking place to pilot the Big Tent programme. Work is underway for Children's Wellbeing Practitioners (CWPs) to see CYP in community settings. North Sedgemoor locality meetings have now started and a total of 15 'request for support' referrals have been received for a CWP to see. A process is in development to ensure all request for supports are appropriate. Any CYP that CWP's are unable to see will be signposted to other services. Young Somerset and Somerset CAMHS have established a joint triage meeting/process to begin to address the gaps between targeted and specialist provision
- A related entry (reference CCD62) on the CCG Corporate Risk Register includes a score of 16 in respect of the CYP MH access rate, and any progress as detailed here helps mitigate this risk.

Referral to Treatment (RTT) 6 Week and 18 Week Standards:

- Somerset Partnership CAMHS un-validated performance against the local 6 week RTT target of 92% for November 2019 is 98.9%, and this shows a comparable performance when comparing to the October position of 98.8%, and also continues to exceed local ambition. Performance for the national 18-week RTT target shows performance for November 2019 of 100.0%, which continues to exceed the 95% national target
- Somerset Partnership has made significant progress following the CQC Inspection in October 2018 with waiting times for community services (Tier 3) significantly reduced, and access to the service within 6 weeks of referral which by comparison shows that Somerset Partnership is one of the best performing CAMHS provider in the country
- The CCG has provided additional in-year recurrent investment (£300K FYE in both 2018/19 & 2019/20) to CAMHS Tier 3.

Community Eating Disorder Service (CEDS) Routine & Urgent Children and Young People (C&YP) Eating Disorder Completed Pathways:

- The national targets relating to C&YP CEDS require treatment within 1 week for urgent cases and 4 weeks for routine cases (95% thresholds). Un-validated 12 month rolling performance to November 2019 is shown below:
- Urgent case pathways within 1 week performance is 71.4% and is under-achieved. Over the twelve month reporting period there were 21 referrals and 6 referrals that were seen outside of the 1 week target time, due to low referral numbers this has resulted in compliance being below the 95% target. Somerset Partnership confirms breach reasons in every quarter; during Quarter 2 2019/20 there were only 2 breaches; of the 2 breaches, 1 breach was unavoidable
- Routine case pathways within 4 weeks performance is 82.0% and is under-achieved. Over the twelve month reporting period there were 89 referrals and 16 referrals that were seen outside of the 4 week target time, due to low referral numbers this has resulted in compliance being below the 95% target. Somerset Partnership confirms breach reasons in every quarter; during Quarter 2 2019/20 there were only 3 breaches; of the 3 breaches, 2 patients breached due to patient choice and were unavoidable
- The CCG has provided additional recurrent investment (£200K FYE in both 2018/19 & 2019/20) to CEDS
- Investment made within the Rapid Improvement Proposal Process is supporting further growth of the Enhanced Outreach/Acute Psychiatric Liaison and Single Point Of Access, this will provide more capacity in the teams to work intensively with young people in avoiding/reducing admissions by working more intensively with C&YP. Furthermore, we have been successful in MH Winter Pressures bid to boost Acute Psychiatric Liaison at both hospital sites.

- The latest available position for the 12 month period ending 30 September 2019 is summarised below;

Quarter 2 2019/20									
% achievement in 12 months to end 2019/20 Q2 (total number to get full check)	Alcohol	Blood Glucose	Blood Lipid	Blood Pressure	BMI Weight	Smoking	Diet Activity	Substance Misuse	Medicine Review
30.6%	47.2%	49.8%	41.0%	68.5%	43.2%	30.6%	2.3%	2.1%	47.5%

- From October 2018 all commissioners are mandated to submit a routine data collection in respect of physical health checks for people with SMI and this has been a rapidly implemented new data collection requirement
- The CCG has submitted a 2019/20 trajectory and has undertaken work on validating the SMI register value and also ensuring queries for interrogating GP practice systems reflect national technical guidance. The Quarter 2 2019/20 data collection has been submitted by the CCG and the aggregate Somerset position shows slightly declined performance of 30.6% when compared to Quarter 1 2019/20 (32.1%), but exceeds the Quarter 2 CCG ambition of 8.2%. The national ambition is that by 2020/21 60% of people on the GP Practice SMI register will receive a full and comprehensive physical health check and the required follow up care; the CCG plans to deliver 50% by Quarter 4 2019/20; the CCG is reviewing other ways to hit this target through investments in Mental Health to achieve the 60% national target during 2020/21
- The CSU now has the EMIS health analytics tool in place and a data sharing agreement will be sent to GP practices for their agreement. Once agreement in place, this will mean that the CCG is able to use extracted GP practice level data from EMIS for service improvement and development purposes
- The CCG is developing analysis of health checks and follow-up interventions at GP Practice and also Primary Care Network (PCN) level and this will help inform improvement actions to enhance data quality
- A related entry (reference CCD67) on the CCG Corporate Risk Register includes a score of 9 in respect of monitoring physical health checks for people with SMI, any progress as detailed here helps mitigate this risk.