



Quality Account

Yeovil District Hospital

2022/23

Our year 2022/23



47,697
patients admitted



159,915
radiology tests



66,479
ED attendances



2,688
children admitted



1,253
babies born



1,817
patients treated
for cancer



referral to treatment
within 18 weeks
(Target 92%)
up to March 2023



410
stroke patients
treated



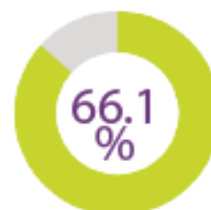
ED patients seen
within 4 hours
(Target 95%)



353
fractured hips
mended



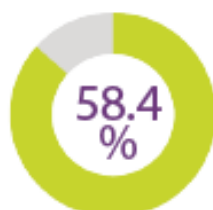
543
patients
assessed
by the frailty
team



Diagnostic six week
performance
(Target 99%)



4,460
admissions
avoided
through AEC



Cancer
2 Week Wait
(Target 93%)



Cancer
31 Day First
(Target 96%)



Cancer 62 Day
Standard
(Target 85%)



27
new doctors



23
new nurses
inc. unregistered
& students



3,008 treated for
COVID-19
2,833 recovered
from COVID-19

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Part 1: Statement on quality from the chief executive of Yeovil District Hospital

1.1 Our commitment to quality, Statement from the Chief Executive

Welcome to the annual quality account and report for Yeovil District Hospital NHS Foundation Trust, for the financial year 2022/23.

This quality account sets out how we performed against the quality improvements that we set ourselves. It also provides an opportunity for us to reflect on our achievements and challenges during, what has been, an extremely important year.

During 2022/23, we prepared to merge Yeovil District Hospital NHS Foundation Trust and Somerset NHS Foundation Trust, as well as focussing on providing care and support for those who needed it and support those patients and service users who care was delayed as a result of the Covid-19 pandemic. Like other NHS providers across England, we saw record numbers of patients (66,479), many of them with complex care needs, attend the Emergency Department at Yeovil District Hospital compared to the previous year (60,009). At the same time, we provided treatment for those patients whose planned treatment had been delayed and reduced the number of long waiting patients, with 369 pathways waiting over 52 weeks compared to 756 in March 2022.

We merged with Somerset NHS Foundation Trust on 1 April 2023 because we want to provide better care for our patients and ensure that everyone in the county enjoys consistent access to high quality services irrespective of where they live. Working as one organisation, and therefore eliminating organisational boundaries, puts us in a better position to support people to stay well, give equal priority to mental and physical health, deliver services in the most appropriate setting, help us to further improve care for our patients and service users, and make better use of our resources.

We are now a unique organisation that provides community, mental health and learning disability services throughout the county and into Dorset, along with acute services from both Yeovil Hospital and Musgrove Park Hospital, our 13 community hospitals in Somerset, and a quarter of Somerset's GP practices through our subsidiary Symphony Healthcare Services.

During 2022/23, our clinical and corporate services worked towards integrating and planning single countywide services and looked afresh at our existing clinical strategy, engaging our colleagues, services and partners, to ensure it remained relevant. The aims of our refreshed clinical strategy form part of our organisational strategic objectives, are shared with our partners on the Somerset Integrated Care Board, and are to:

- Improve the health and wellbeing of the population
- Provide the best care and support to children and adults
- Strengthen care and support in local communities
- Reduce inequalities
- Respond well to complex needs.

It is also very important that we have facilities that support us to deliver the best care to our patients. In 2022/23 Yeovil District Hospital received £15m for a new ward and fifth operating theatre that will help us reduce waiting times for patients. The building work is split into two parts. The first part, which we expect to open in autumn 2024, will see Yeovil District Hospital's main theatre suite receive a significant refurbishment and the addition of a fifth operating theatre. The second part of the project is the addition of a new 20-bed ward which we expect to open a little earlier in spring 2024.

These facilities are in addition to a new £5m day theatre which will also help us to significantly reduce waiting times which grew during the pandemic. Work is already underway on the unit which uses funding from the Government's 'Targeted Investment Fund'. The new building will include a theatre suite with recovery rooms, reception and waiting areas, office space and a dedicated facility for colleagues.

2022/23 was undoubtedly a challenging year for the NHS but one in which we made significant steps to put us on a good footing for the future. However, it is important to note that we faced operational challenges as we sought to care for those patients who needed urgent treatment - and treat those who had waited a long time for treatment - while we faced continued difficulty to discharge patients when they were medically fit.

I want to end by thanking all my colleagues within the trust, our partners, our volunteers, our charities and the families and carers who support our patients. Without their hard work, dedication and commitment, we would not have been able to make the progress we have. Thank you once again for all that you do for the people and patients of Somerset and the services that we provide.

Peter Lewis

Chief Executive

1.2 Our vision, values and strategy

For 2022/23, the Trust focussed on six flagships - the priority programmes for delivering the five clinical care and support strategy aims:

Aim 1: Improving the health of our population,

Aim 2: Best care,

Aim 3: Local communities,

Aim 4: Value all people alike,

Aim 5: Personalised, coordinated care.

There was one flagship for aims 1-4 with aim 5 having one flagship programme for adults and a second for children and young people. Progress of flagships over the last year has been variable. This is partly due to teams having to reset priorities across the system, establish new relationships and the impact of operational pressures and leadership changes. The intention of the flagships was to set ambitions together and develop joint working with Somerset NHS Foundation Trust (SFT) colleagues and teams ahead of the merger.

How they were measured, monitored and reported?

The flagship projects and programmes were delivered at team and / or service group level and monitored within the Board Assurance Framework.

Here is how the Trust performed in these areas in 2022/23:

PRIORITY 1 - POSITIVE STEPS: USING THE TIME WAITING FOR SURGERY TO OPTIMISE PEOPLE'S HEALTH AND WELLBEING BOTH NOW AND FOR THE FUTURE

Why was it important?

This was a new flagship programme of work in 2022, to support the Trusts' ambition to play our part in improving the health of the population. Peri-operative care is the comprehensive management of patients before, during and after surgery, from the moment surgery is contemplated right through to recovery and long-term follow-up. It is understood that the fitter a patient is, the better they can cope with surgery, enabling a quicker recovery and improved outcomes. It is also known that the earlier teams understand the health requirements of patients, the more time there is to support healthy lifestyle change, which not only supports improved outcomes from surgery but may avoid the need altogether. Peri-operative care enables better outcomes from surgery such as reduced length of stay, speedier recovery, reduced re-admissions plus better long-term outcomes.

The aims of the peri-operative service are to:

- optimise the health of patients who need surgery.
- turn 'Waiting time' into 'Preparation time' prior to surgery.
- establish patients as partners in their own health management to positively impact their long-term health and wellbeing.

What was achieved during the year?

Prior to this work being adopted as a flagship programme, the peri-operative programme team agreed the scope of their current improvement. This was a focus on the pre-surgical period to optimise patients prior to surgery i.e., by improving mobility, cardiovascular and fitness levels, stopping or reducing smoking or helping patients to control their diabetes prior to surgery.

A core team was established, which developed 14 workstreams with leads. The programme has members from both YDH and SFT and is working to develop the Somerset Peri-operative service, building on existing services, learning from each other and taking forward the most beneficial options. Bi-weekly steering group meetings were implemented and over this time commenced c. 55+ tests of change.

Examples of workstreams developed are:

- identifying and taking action with patients as soon as the GP decides surgery may be an option i.e., diabetes pilot. This team works with GP surgeries to identify patients with diabetes, referred for elective surgery, to optimise and maintain their condition prior to their pre-operative assessment.
- targeting modifiable risk factors i.e., smoking cessation services with public health.
- working with and developing services currently available within the community to optimise health i.e., exercise pilot with Somerset Activity and Sports Partnership (SASP), the Home-based Older People's Exercise (HOPE) trial exercise programme with NHS England (NHSE) and emotional support through the talking therapies service.
- understanding how the patient can best prepare for surgery utilising services i.e., health coaches based within primary care networks.

QIP 2022/23 - PRIORITY 2 - INDEPENDENT LIVES: HELPING OLDER PEOPLE TO LIVE AS THEY WISH, GIVING THEM TIME TO DO WHAT IS IMPORTANT TO THEM

Why was it important?

Nationally an increasing number of people are at risk of developing frailty. Somerset has a higher than average elderly population with 24.8% aged 65 and over. Frailty is a clinically recognised state of increased vulnerability resulting from ageing; associated with a decline in the body's physical and psychological reserves. A person living with frailty has twice the mortality risk of a fit older person and increasing frailty is associated with substantial increases in healthcare costs. They are more likely to attend emergency departments and experience delayed transfers of care. People living with mild, moderate, or severe frailty could often have their needs best met in settings outside of acute hospital care. This flagship's ambition is to ensure quick and accurate identification of vulnerable people and to provide alternatives to hospital admission that are more responsive and better able to meet the needs of the frail person.

The frailty work is linked to Somerset system projects including the community hospital transformational work and the local delivery of the Ageing Well programme. This focuses on delivering integrated personalised care in communities and addresses the needs of older people through the inter-related service models of community multi-disciplinary teams (MDT's), urgent community response, enhanced care in care homes and anticipatory care.

What was achieved during the year?

In this last year there has been a focus on how services can more effectively manage frailer individuals at home to reduce potentially harmful lengthy hospital stays. This was achieved through early identification, provision of community alternatives and robust training and support for colleagues.

- **Identification of frailty:** Previous work within the Emergency Department (ED) continued throughout the year, linked into wider work across Somerset.
- **Hospital at Home:** Frailty and Respiratory Hospital at Home pathways commenced late in 2022. To date the service has supported 452 patients saving in excess of 3000 acute bed days. The service runs 7 days a week, 12 hours a day. The service operates with a 'team of teams' model linking closely with neighbourhood teams, primary care networks, acute hospitals and care of the elderly services. The merger has enabled Hospital at Home to integrate arrangements with SFT to support the service and provide consistent cover across Somerset.
- **Frailty Advanced Clinical Practitioners** (ACP's) have been employed across ED and community services. These community roles sit primarily within the Hospital at Home team but are closely aligned with the neighbourhood teams. Close working between the teams has been established to support the training and supervision of the new appointments.

QIP 2022/23 – PRIORITY 3 – STOLEN YEARS: HELPING PEOPLE WITH MENTAL HEALTH CONDITIONS TO LIVE LONGER LIVES

Why was this important?

People with severe mental illness (SMI) struggle to live independently, are at greater risk of developing health problems and are less equipped to recognise when and how to respond to worsening health signs. People living with SMI often live with poor physical health and on average die 15 – 20 years earlier than other people. It is estimated two out of three people, with a diagnosis of SMI, die from physical illnesses that can be prevented. The main causes of death being circulatory disease, diabetes and obesity.

What was achieved during the year?

The majority of work in this area was linked to SFT services, but YDH linked on a number of the projects. The stolen years flagship pledged to co-produce projects with 'Experts by Experience', building on work already done. There were two main areas of focus in year. Firstly, the uptake and quality of physical health checks for patients with SMI, Secondly, growing collaborative relationships between mental health and physical health colleagues, to improve care for patients with mental ill-health when accessing physical health services.

- **Tobacco reduction programme:** Smoking is the largest avoidable cause of premature death, with more than 40% of adults with SMI smoking. The Trust's Tobacco Harm Reduction Service supports those with severe mental health conditions and/or learning disabilities, as well as acute hospital inpatients and maternity services and staff to stop smoking or to reduce the amount they smoke. It is also the lead on developing smoke free sites within the Trust, promoting the smoke free message across the grounds and providing training to staff on tobacco harm reduction / smoking cessation. In June 2022, SFT appointed a Tobacco Reduction Programme (TRP) manager to lead on this work which will contribute to a reduction in health inequalities. The TRP fully mobilised its' inpatient acute and mental health pathways across all sites in March 2023 and is utilising Quality Improvement (QI) methodology to inform training needs and enable wards to become smokefree by the end of 2023/24.
- **Colleagues working together:** Physical and mental health colleagues have worked together to support mental health patients when they become physically unwell in inpatient settings. This project was started after a patient was transferred by ambulance twice from a mental health ward to an acute site for assessment of a physical issue. Recognising this was not a good experience for this patient and to further improve patient care and safety, the teams worked together to develop advice and guidance for patients who become physically unwell on mental health wards, so they can remain there wherever possible. This is planned to go live across both EDs and mental health wards from Summer 2023.

A further example of physical and mental health colleagues' collaboration was to support mental health inpatients when identified as end of life. Palliative care and bereavement colleagues provided support and training to staff so they could care for patients in familiar surroundings rather than moving to the acute trust. Simple measures such as sending beds for relatives to be able to sleep close by and providing staff with bereavement support has improved the confidence and skills of staff when caring for patients who are end of life. Staff feel energised as they can provide a holistic approach and improve patient care and experience.

- **Widening the focus:** In September 2022, Dr Katalin Fernando, Associate Medical Director for unplanned care, YDH, took on an additional portfolio role looking at the interface between acute medical and mental health services across YDH and SFT to better address the unmet physical healthcare needs of patients with mental health problems.

QIP 2022/23 – PRIORITY 4 – LAST 1,000 DAYS: VALUING PEOPLE'S PREVIOUS TIME IN THE LAST CHAPTER OF LIFE

Why was this important?

The last 1000 days flagship ambition is to identify and appropriately support patients to ensure they maximise the time they have, doing what is important to them in a place they want to be. This includes the needs of relatives and friends during life and after the death of their loved one has occurred. End of life care (EOLC) encompasses all stages of care and experience for patients and their families with a life-

limiting illness. It is not confined to the last days of life and can be measured many years prior to the death of a person. This flagship supports patients, family and carers to plan their last chapter of life and enables colleagues to provide high quality, compassionate EOLC. It seeks to ensure that those patients who die in hospital have the best care possible and that those patients, who wish to die at home, or elsewhere, are enabled to do so by supportive discharge arrangements which may include partnership working with other agencies and which respects an individual's choices, values, and beliefs.

What was achieved during the year?

The Last 1000 days flagship has been pivotal in the way EOLC is viewed countywide, with multi-agency colleagues coming together to do the right thing for patients who are at the end of their life. The Last 1000 days governance structure is well embedded with a steering group to which three subgroups report: operational, governance and education. Work has already begun to formally bring the two legacy EOLC teams together who have already worked on many of the projects together. The focus of many of the projects within the Last 1000 days flagship arise from colleagues themselves and/or learning from events which trigger them to work together to improve service provision.

Examples of work achieved are:

- **An EOL Homecare pilot:** commenced in November 2022 to bring about rapid discharge of EOL patients with days to short weeks to live from the acute trust. Previous data showed 29% of patients when identified as EOL die in hospital awaiting discharge and the process can take on average 6.3 days for a package of care to be set up and funding to be approved. For many patients this means they often become too unwell and one in three die in hospital and not in their place of choosing. The pilot explored the reasons why delays occurred, and teams have worked together to bridge gaps and to work differently to bring about prompt discharge. In February 2023, this moved to the project phase and to date 36 patients have been discharged home, with 68% getting home same day or next day. The teams are reviewing the data ahead of refining the pathways and considering spread to YDH and the community.
- **Packages of care audit:** Alongside the above project, colleagues were keen to understand if packages of care (POC) set up at the time of discharge met the needs of patients and families. This study reviewed POC set up in November and December 2022 and found colleagues were accurately requesting the level of care, support and equipment needed.
- **Ascites management:** Patients receiving palliative care often need abdominal drains due to a build-up of fluid (ascites) but are too unwell to come into hospital. A pilot to reduce the need of a hospital visit by using portable ultrasound scanners was undertaken – meaning consultant sonographers can visit a patient's home to perform the drain. Around three patients a month across Somerset may require this kind of service who would otherwise struggle to get to hospital. Previously an unwell patient receiving palliative care comes into hospital for drainage; this requires ambulance transport, a porter, then after waiting in the hospital while in pain, they need an ambulance to return home. By a sonographer going to the patient's house and working with colleagues in community services, it means that they can receive care in their own home. This helps to reduce hospital admissions, supporting patients to stay at home when they near the end of their life, and improving the quality of life for patients. This service is being trialled in the east of Somerset with plans to expand it county-wide.
- **Website:** The Somerset End of Life Care and Bereavement Support website was launched in March 2022. A care home roadshow was completed in year where 49 care homes were visited in person to present the website and the range of courses and services available.
- **Conference:** An inaugural EOLC conference was held in May 2022 to 200 delegates across 14 different organisations. The next conference is planned for September 2023.
- **'Patient Stories' project:** This seeks to put the patient and carer voice at the heart of the EOLC education delivered. So far two short films, one about care after death, one about Treatment Escalation Plans (TEP) have been made using families who were willing to share their experiences and from which learning opportunities exist.

- **Care of the Dying person:** a continued audit of practice in care for those in the last days of life has commenced. An action plan is being delivered by specialist palliative care teams supported by the EOLC education team.
- **The 'Talk About Project':** advance care planning (ACP) project across Somerset used volunteers to help people personalise their care and legacy through an advance care plan. Unfortunately, the funding for this has been ceased and there is no resource in place to support advance care planning going forward.
- **A poor prognosis letter:** has been designed to help sign-post patients with a life-limiting diagnosis to resources, to help them consider things they may want to plan for, outside of their immediate medical needs. A draft letter is being adapted after feedback from a patient cohort. This will be trialled in a cancer-patient cohort with the help of the Lung cancer team.

QIP 2022/23 – PRIORITY 5 – CONNECTING US: USING TIME WELL BY GETTING TOGETHER TO FOCUS ON WHAT MATTERS TO PEOPLE WITH COMPLEX NEEDS

Why was this important?

A growing number of people are living with complex needs including chronic or long-term health conditions, often with physical and mental health needs as well as social deprivation challenges. Meeting the needs of this population requires anticipatory not reactive care, time to develop trusting relationships, broadening the membership of the care team and communicating across different specialties and agencies. Developing advanced and personalised models of care is essential to meet the challenge of complex care for our population.

What was achieved during the year?

- **Improvements in the support for those identified as high-intensity service users:** At the beginning of the year, colleagues worked with the Integrated Care Board (ICB) to develop a business case to establish a high-intensity service within Somerset. This was based on the national right-care model, built on the Ubuntu project (below), the developments in the ED high intensity user multi-agency group and the roles being created in the PCNs. The business case was approved; the two new posts are being hosted by SFT and are in the recruitment stage.
- **Ubuntu Project:** This partnership project between SFT and the Community Council for Somerset (CCS) supports high-intensity users referred with a focus on what is important to the individual, whilst developing self-activation and a subsequent reduction in health service use. The project team has finalised the service offer; accepting referrals from: SFT and YDH ED high-intensity user groups, primary care, South Western Ambulance Service NHS Foundation Trust (SWAST) and other partners. Sustainable funding for the Ubuntu service has been agreed as part of the development of a High-Intensity service for Somerset.
- **Functional Neurological Disorders (FND) improvements:** A working group was set up to discuss the existing services, and skills in teams across Somerset. The group have set a vision and drafted a future service model ready for consultation with stakeholders. Currently, the group are reviewing what improvement projects can be piloted within existing resources. Links have been made with the Regional FND network to share good practice. The FND need is being raised as part of the Neurological Rehabilitation case for change being prepared for the Integrated Care System (ICS) and there is wider colleague, patient and third sector engagement for the full case for change. The plan is to submit this at the end of June 2023.

QIP 2022/23 – PRIORITY 5 – FUNCTION FIRST – IMPROVING LIFE CHANCES FOR CHILDREN BY INCREASING THEIR TIME IN SCHOOL

Why was this important?

Children with complex needs, including those with persistent physical symptoms where no organic cause can be found, risk over-investigation and treatment. This includes frequent medical appointments, multiple

emergency department attendances and prolonged hospital stays. They are often functionally impaired, with schooling and home life negatively affected. Sadly, this frequently continues into adulthood drastically reducing life chances.

What was achieved during the year?

- **Out-patients service strategy:** The team have developed the strategy and have achieved the following:
 - ongoing senior doctor triage of referrals to ensure the right children are safely being seen in the right clinics.
 - prospective clinical and managerial monitoring of referrals and capacity to ensure waiting lists are well managed and capacity is maintained for urgent referrals.
 - utilising non-acute sites (community hospitals and schools) for clinics where possible to ensure there are opportunities for care closer to home.
 - commenced Darzi fellowship pilot project to provide joint primary/secondary care triage of referrals in West Somerset. This project will evaluate if Children and Young People (CYP) can be managed primarily in the community with specialist paediatric advice.

Part 2: Priorities for improvement and statements of assurance from the board

2.1 Quality Improvement Priorities

In this section we set out our priorities for the merged Trust for this year. It has been agreed to continue with the current priorities giving an opportunity to reset and refresh as the new service groups, operational and clinical leads are in place. The flagships will seek out opportunities to work across the wider health and social care system in Somerset.

How they will be measured, monitored and reported.

The flagship projects and programmes will be delivered at team and/or service group level and monitored within the Board Assurance Framework. The flagships have been realigned to better fit with the clinical care and support strategy.

QIP 2023/24 - PRIORITY 1 - POSITIVE STEPS: USING THE TIME WAITING FOR SURGERY TO OPTIMISE PEOPLE'S HEALTH AND WELLBEING BOTH NOW AND FOR THE FUTURE

Why is this important?

Peri-operative care is the comprehensive management of patients before, during and after surgery, from the moment surgery is contemplated right through to recovery and long-term follow-up. It is understood that the fitter a patient is, the better they can cope with surgery enabling a quicker recovery and improved outcomes. It is also known that the earlier our teams understand the health requirements of our patients, the more time there is to support healthy lifestyle change which not only supports improved outcomes from surgery but may avoid the need altogether. Peri-operative care enables better outcomes from surgery such as reduced length of stay, speedier recovery, reduced re-admissions plus better long-term outcomes.

The aims of the peri-operative service are to:

- optimise the health of patients who need surgery.
- turn 'Waiting time' into 'Preparation time' prior to surgery.
- establish patients as partners in their own health management to positively impact their long-term health and wellbeing.

What do we want to achieve?

- To embed new services / pathways for the Peri-operative management of frailty, anaemia, exercise and smoking. To achieve this, the team will further utilise excellent pre-existing services within Public Health and our community partners (Smoke Free Somerset, Turning Point, SASP, HOPE Social Enterprise, Talking Therapies etc).
- Drawing upon the successes of the Peri-Operative Diabetes Pilot pathway, the ambition is to on-board all GP surgeries across Somerset to identify surgical elective patients with diabetes at the point of GP referral, to maximise the best outcome for diabetes optimisation prior to surgery.
- The team will work further with Primary Care network colleagues to understand the role and opportunity of the Health Coaches, to support increased mobility, exercise, emotional wellbeing and weight management for patients prior to surgery.
- Peri-operative assessment clinics will be embedded further upstream from the existing Pre-Operative Assessment Clinics, to assess and work with our patients to identify surgical optimisation

goals. Patients will be regularly contacted by Care Co-ordinators to enable pre-existing conditions to be monitored and pre-surgical goals achieved.

- There will be collaborative working with our Primary and Secondary Care colleagues to understand each of these pathways to develop a service which is synonymous with the aims of the Elective Care Recovery Programme, improved surgical outcomes and patient care.

QIP 2023/24– PRIORITY 2 – LAST 1,000 DAYS: VALUING PEOPLE’S PREVIOUS TIME IN THE LAST CHAPTER OF LIFE

Why is it important?

The last 1000 days flagship ambition is to identify and appropriately support patients to ensure they maximise the time they have, doing what is important to them in a place they want to be. This includes the needs of relatives and friends during life and after the death of their loved one has occurred. End of life care (EOLC) encompasses all stages of care and experience for patients and their families with a life-limiting illness. It is not confined to the last days of life and can be measured many years prior to the death of a person. This flagship supports patients, family and carers to plan their last chapter of life and enables colleagues to provide high quality, compassionate EOLC. It seeks to ensure that those patients who die in hospital have the best care possible and that those patients, who wish to die at home, or elsewhere, are enabled to do so by supportive discharge arrangements which may include partnership working with other agencies and which respects an individual’s choices, values, and beliefs.

What do we want to achieve?

In the year ahead, many of the projects will be continuing with an emphasis on ensuring patients who are identified as EOL with days or short weeks to live will be able to go home promptly which will improve hospital flow:

- The learning from the EOL homecare project which aims to take patients home from hospital within 24 hours, will inform wider rollout across the county. This will be supported by F1 quality improvement work looking at the completion of continuing healthcare fast track (CHCFT) applications to increase the approval rates of applications for funding.
- Review of current discharge pathways with consideration of EOL provision will be undertaken.
- Design of an education prospectus with the wider Somerset End of Life Care Education Network featuring all the courses and content available for all staff across Somerset working with those with life-limiting conditions.
- Following Care Quality Commission (CQC) feedback, a QI project to assess the impact of mandatory EOLC education on care outcomes will be undertaken to consider whether this has a positive impact on the experience of patients and carers.
- The appointment of a Somerset Treatment Escalation Plan (STEP) lead will enable coordinated improvement and monitoring of TEPs in the county.
- A local version of the NACEL audit, which is not running nationally this year, will be undertaken; through a case note review, staff survey and quality survey (bereavement survey).
- The merging of governance structures for the Last 1000 days flagship with one steering group to oversee the subgroups will be conducted: education, governance and operational. Many of the projects within the Last 1000 days flagship will arise from colleagues themselves and/or learning from events which trigger them to work together to improve service provision which will be captured.

QIP 2023/24 - PRIORITY 3 - INDEPENDENT LIVES: HELPING OLDER PEOPLE TO LIVE AS THEY WISH, GIVING THEM TIME TO DO WHAT IS IMPORTANT TO THEM

Why is this important?

Nationally an increasing number of people are at risk of developing frailty. Somerset has a higher than average elderly population with 24.8% aged 65 and over. Frailty is a clinically recognised state of increased vulnerability resulting from ageing; associated with a decline in the body's physical and psychological reserves. A person living with frailty has twice the mortality risk of a fit older person and increasing frailty is associated with substantial increases in healthcare costs. They are more likely to attend emergency departments and experience delayed transfers of care. People living with mild, moderate, or severe frailty could often have their needs best met in settings outside of acute hospital care. This flagship's ambition is to ensure quick and accurate identification of vulnerable people and to provide alternatives to hospital admission that are more responsive and better able to meet the needs of the frail person.

What do we want to achieve?

- The identification of frailty at the front door is now part of the Trust Commissioning for Quality and Innovation (CQUIN) for 2023-4. The Trust will be assessed on its' ability to produce a frailty assessment for over 65-year-olds presenting to ED and initiating an appropriate response for those who are frail using the CFS scale.
- Wider rollout of CFS within countywide teams e.g., hospital at home, CRS, rapid response for those aged 65+. This will ensure a common way of identifying frailty and monitoring deterioration to aid rapid intervention.
- Expansion of the hospital at home service, with the introduction of remote monitoring for frailty patients i.e., clinical observations and subjective patient questionnaires. The results can be viewed remotely by a dedicated team of clinicians and administrators.
- A review to look at the integration of frailty services across the acute hospitals to establish current and future provision in line with national guidance and local population needs.
- Explore further opportunities to roll out community falls and frailty clinic e.g., West Mendip hospital and South Somerset areas.
- Expand links with domiciliary care agencies to enable the agency workers to call the Urgent Community Response team initially for a review rather than the GP and Ambulance service.
- Further roll out of the tiered education programme to the whole Trust and wider community. The intention is to embed this training as a requirement for all relevant Trust colleagues.

Work in collaboration with informatics to ensure that the right data is collected to enable us to review the services.

QIP 2023/24 – PRIORITY 4 – STOLEN YEARS: HELPING PEOPLE WITH MENTAL HEALTH CONDITIONS TO LIVE LONGER LIVES

Why is it important?

People with SMI (severe mental illness) struggle to live independently, are at greater risk of developing health problems and are less equipped to recognise when and how to respond to worsening health signs. People living with severe mental illness (SMI) often live with poor physical health and on average die 15 – 20 years earlier than other people. The main causes of death being circulatory disease, diabetes and obesity. It is estimated two out of three people, with a diagnosis of SMI, die from physical illnesses that can be prevented.

What do we want to achieve?

The stolen years programme remains committed to improving the physical health of patients with SMI. Areas of work planned for the year ahead are:

- Further workshops looking at improving the physical health of patients with mental ill-health across a number of physical health settings, targeting key areas such as diabetes, dietetics and surgery. A repository of 'pledges' will be collated to show where colleagues in physical health settings will have made changes to systems to improve access and care.
- The 'Healthy Living on Clozapine' project which was halted previously due to the pandemic and operational pressures will be restarted. The aim of the project is to support patients to lose weight and increase activity to achieve personalised activity goals.
- Embedding the wellbeing project RiO report within specialist outpatient clinics to increase the timeliness of physical health checks to improve identification of risk factors and offer interventions. The next stages of the project will also look at opportunities for spread where antipsychotic medication is prescribed.
- Adopting a county wide approach to ECG interpretation. Current provision of ECG interpretation does not allow for prompt, safe management of medical interpretation. After considering options, it has been agreed ECGs will be sent externally for interpreting and flagging which will ensure patients are followed up quickly and timely management plans are put in place where appropriate.
- SFT is participating in a randomised controlled trial to investigate the clinical and cost-effectiveness of the DIAMONDS diabetes self-management intervention for people with a severe mental illness. The DIAMONDS intervention involves one-to-one sessions with a trained coach over a six-month period. The coach will provide information and help support healthy lifestyle choices.
- In 2023/24 the Trust's Tobacco Harm Reduction Service will mobilise its High Dependency Service, specifically aimed at supporting mental health discharged patients, and outpatients, with an enhanced harm reduction and smoking cessation offer. In addition to offering Nicotine Replacement Therapy (NRT), patients on the outpatient pilot pathway will be able to access e-cigarettes and up to 16-weeks Specialist Practitioner support.

QIP 2023/24 – PRIORITY 5 – CONNECTING US: USING TIME WELL BY GETTING TOGETHER TO FOCUS ON WHAT MATTERS TO PEOPLE WITH COMPLEX NEEDS

Why is this important?

A growing number of people are living with complex needs including chronic or long-term health conditions, often with physical and mental health needs as well as social deprivation challenges. It's important that we understand the health of our population and how we can meet their needs through: anticipatory, proactive not reactive care; developing trusted relationships; broadening the membership of the care team and communicating across different specialties and agencies. Developing advanced and personalised models of care is essential to meet the challenge of complex care for our population.

What do we want to achieve?

- **High intensity user service for Somerset:** With the funding in place, the Somerset high-intensity user service will be established. The new post-holders will be tasked with understanding the current service offer in Somerset and what's required for the future, before implementing the right-care model. They will work with the established HIUGs in EDs, the PCN services and the Ubuntu coaches to ensure joined up working for the individuals identified and monitor the impact of the changes made.
- **Establishment of a persistent unexplained physical symptoms (PUPS) clinic (adults):** By the end of June, a full review of the clinic will be completed including cost of the service and benefits analysis. The evaluation will be made available to allow a decision about continuation of the clinic.
- **Personalised care approach:** To play our part in supporting the work of the Somerset ICB personalised care steering group, to develop the actions to embed the personalised care model across the ICS. To support the roll-out of personalised care training and education programme to

colleagues. Help our PCNs and teams to embed proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions, as per the Fuller report recommendations.

- **Proactive care:** the national framework for proactive care is due to be published this year. Once available, leads will review the recommendations and influence as a joint community, mental health and acute Trust to develop proactive care along our pathways. It is anticipated this will build on the one team approach developed in Burnham and the complex care team approach in South Somerset.
- **Dementia and Delirium care:** Somerset currently has a low diagnosis rate (53.8% compared to a national target of 66.7%); the aim going forward will be to improve diagnosis rates and associated care. Building on the work started, it is planned to further recruit to the care home liaison team and expand the benefits already seen.

To ensure good care and prevent deterioration in older patients admitted for an emergency, the plan is to assess for the presence of delirium and if present to follow the Trust delirium guidelines. Results will be evaluated to measure the success with achieving this. Further, it is intended to develop a follow-up specialist clinic for those that have been admitted to our acute settings. All in-patient discharge summaries will clearly document the patients plan and this will be agreed with their carers.

QIP 2023/24 – PRIORITY 5 – FUNCTION FIRST – IMPROVING LIFE CHANCES FOR CHILDREN BY INCREASING THEIR TIME IN SCHOOL

Why is this important?

With the merger of SFT and YDH there has been change within the service group structures. With a new leadership team (service group director, associate medical director, and joint roles from CAMHS across paediatrics) there is a fantastic opportunity to review and reset the flagship, bringing in colleagues with their ideas, creativity and best practice from across the new SFT.

What do we want to achieve during the year?

Our priority is to address the key issues facing young people across Somerset. As such the focus will be to improve the clarity and responsiveness along our pathways caring for adolescents. There is potential to build on developments such as care closer to home through acute home treatment services. This reduces the requirement for hospital admission and improves transitions across different care environments and as young people move into adult services. The plan is to support initiatives in the care of those with learning disabilities, recognising individualised care for this specific group will establish a model to spread personalised care to CYP and their families. First steps will be to relaunch the flagship to encompass the ambitions agreed and to garner support across the service group and beyond.

2.2 Statements of assurance from the board

Service Income

Information on participation in clinical audits and national confidential enquiries

During 22/23 37 national clinical audit programmes and 4 national confidential enquiry studies covered relevant health services that the Trust provides. During that period the Trust participated in 91% of the national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate during 22/23 are shown in table 2.

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during the 21/22, are listed in table 2 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the teams of that audit or enquiry.

The responsibility and ownership for reviewing of the national clinical audit reports published sits within the speciality teams that submitted the data. 40 national clinical audit reports have been published in 22/23. Examples of actions under specific audits are detailed in Table 3.

The reports of 24 local clinical audits were reviewed by the Trust in 22/23. The actions that the Trust intends to take to improve the quality of health provided are detailed in Part 3.

National audit YDH eligible to participate in	YDH participation 22/23	Percentage of required number of cases submitted
Breast and Cosmetic Implant Registry	Yes	Continuous audit of all eligible patients
Case Mix Programme	Yes	Continuous audit of all eligible patients
Child Health Clinical Outcome Review Programme	N/A	No projects during period
Cleft Registry and Audit NETwork Database	No	N/A to our Trust
Elective Surgery: National PROMs Programme	Yes	Continuous audit of all eligible patients
Emergency Medicine QIPs:	Yes	
> Pain in children	Yes	Continuous audit of all eligible patients
> Infection prevention and control	Yes	Continuous audit of all eligible patients
> Consultant sign off	Yes	Continuous audit of all eligible patients
Epilepsy 12 - National Clinical Audit of Seizures and Epilepsies for Children and Young People	Yes	Continuous audit of all eligible patients
Falls and Fragility Fracture Audit Programme:	Yes	
> Fracture Liaison Service Database	Yes	Continuous audit of all eligible patients
> National Audit of Inpatient Falls	Yes	Continuous audit of all eligible patients
> National Hip Fracture Database	Yes	Continuous audit of all eligible patients
Gastro-intestinal Cancer Audit Programme:	Yes	
> National Bowel Cancer Audit	Yes	Continuous audit of all eligible patients

> National Oesophago-gastric Cancer	Yes	Continuous audit of all eligible patients
Inflammatory Bowel Disease Audit	Yes	Continuous audit of all eligible patients
LeDeR - learning from lives and deaths of people with a learning disability and autistic people (previously known as Learning Disability Mortality Review Programme)	Yes	Continuous audit of all eligible patients
Maternal and Newborn Infant Clinical Outcome Review Programme	Yes	Continuous audit of all eligible patients
Medical and Surgical Clinical Outcome Review Programme	Yes	Continuous audit of all eligible patients
> Testicular Torsion	Yes	All selected cases were completed
> Community Acquired Pneumonia	Yes	All selected cases were completed
> Endometriosis	Yes	All selected cases were completed
> Transition for child to adult health services	Yes	All selected cases were completed
Mental Health Clinical Outcome Review Programme	No	N/A to our Trust
Muscle Invasive Bladder Cancer Audit	No	*Not participated (very low numbers)
National Adult Diabetes Audit:	Yes	
> National Diabetes Core Audit	Yes	Continuous audit of all eligible patients
> National Diabetes Foot care Audit	Yes	Continuous audit
> National Diabetes Inpatient Safety Audit	Yes	Continuous audit of all eligible patients
> National Pregnancy in Diabetes Audit	Yes	Continuous audit of all eligible patients
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme:	Yes	
> Adult Asthma Secondary Care	Yes	Continuous audit of all eligible patients
> Chronic Obstructive Pulmonary Disease Secondary Care	Yes	Continuous audit of all eligible patients
> Paediatric Asthma Secondary Care	Yes	Continuous audit of all eligible patients
> Pulmonary Rehabilitation-Organisational and Clinical Audit	No	N/A to our Trust
National Audit of Breast Cancer in Older Patients	Yes	Continuous audit of all eligible patients
National Audit of Cardiac Rehabilitation	Yes	Continuous audit of all eligible patients
National Audit of Cardiovascular Disease Prevention (Primary Care)	No	N/A to our Trust
National Audit of Care at the End of Life	*No	Non-participation formally agreed via governance meetings.
National Audit of Dementia	Yes	80 pts / 100% of sample

National Audit of Pulmonary Hypertension	No	N/A to our Trust
National Bariatric Surgery Registry	No	N/A to our Trust
National Cardiac Arrest Audit	Yes	Continuous audit of all eligible patients
National Cardiac Audit Programme:	Yes	
> National Congenital Heart Disease	No	N/A to our Trust
> Myocardial Ischaemia National Audit Project	Yes	Continuous audit of all eligible patients
> National Adult Cardiac Surgery Audit	No	N/A to our Trust
> National Audit of Cardiac Rhythm Management	Yes	Continuous audit of all eligible patients
> National Audit of Percutaneous Coronary Interventions	No	N/A to our Trust
> National Heart Failure Audit	Yes	Continuous audit of all eligible patients
National Child Mortality Database	Yes	Continuous audit of all eligible patients
National Clinical Audit of Psychosis	No	N/A to our Trust
National Early Inflammatory Arthritis Audit	Yes	Continuous audit of all eligible patients
National Emergency Laparotomy Audit	Yes	Continuous audit of all eligible patients
National Joint Registry	Yes	Continuous audit of all eligible patients
National Lung Cancer Audit	Yes	Continuous audit of all eligible patients
National Maternity and Perinatal Audit	Yes	Continuous audit of all eligible patients
National Neonatal Audit Programme	Yes	Continuous audit of all eligible patients
National Ophthalmology Audit Database	Yes	Continuous audit of all eligible patients
National Paediatric Diabetes Audit	Yes	Continuous audit of all eligible patients
National Perinatal Mortality Review Tool	Yes	Continuous audit of all eligible patients
National Prostate Cancer Audit	Yes	Continuous audit of all eligible patients
National Vascular Registry	No	N/A to our Trust
Neurosurgical National Audit Programme	No	N/A to our Trust
Out-of-Hospital Cardiac Arrest Outcomes	No	N/A to our Trust
Paediatric Intensive Care Audit	No	N/A to our Trust
Perioperative Quality Improvement Programme	No	N/A to our Trust
Prescribing Observatory for Mental Health:	No	
> Improving the quality of valproate prescribing in adult mental health services	No	N/A to our Trust
> The use of melatonin	No	N/A to our Trust
Renal Audits:	No	
> National Acute Kidney Injury Audit	No	N/A to our Trust
> UK Renal Registry Chronic Kidney Disease Audit	No	N/A to our Trust

Respiratory Audits		
> Adult Respiratory Support Audit	*No	Not participated - difficulties in early stages
> Smoking Cessation Audit- Maternity and Mental Health Services	N/A	Postponed by provider
Sentinel Stroke National Audit Programme	Yes	Continuous audit of all eligible patients
Serious Hazards of Transfusion UK National Haemovigilance Scheme	Yes	All incidents reported
Society for Acute Medicine Benchmarking Audit	No	Not participated
The Trauma Audit & Research Network (TARN)	Yes	Continuous audit of all eligible patients
UK Cystic Fibrosis Registry	Yes	Continuous audit of all eligible patients
UK Parkinson's Audit	Yes	100% of sample

Table 1

Information on Participation in Clinical Research

The conduct of clinical research has never been more important to the UK Government, NHS and the Life Sciences industry. The UK is a Global leader in delivering innovative research with medicinal and pharmaceutical products in the top 3 goods exported from the UK. The government is keen to maintain the UK's global ranking and reputation for high quality research. The life science industry in the UK turns over £89 billion annually. Much of this work is conducted in partnership or close collaboration with universities and the NHS.

Research is core business of the NHS, and this is demonstrated by the recent publishing of a series of key strategies. The Health and Care Act (2022) placed new legal duties on Integrated Care Boards around the facilitation and promotion of health research and the use of evidence obtained from research in the delivery and development of health services. Integrated Care Systems have been encouraged to develop a research strategy and strategic development work has commenced in the South West with collaboration across Somerset, Devon and Cornwall along with the Academic Health Science Network. Additionally, implementation of the Chief Nursing Officer for England's strategic plan for research has commenced and Health Education England has published its' research and innovation strategy for Allied Health Professionals. All of this makes a rich background and culture for research and development to thrive.

Information on the use of Commissioning for Quality and Innovation (CQUIN) payment framework

Somerset Integrated Care Board, our principal commissioner of services, sets annual targets under the framework for Commissioning for Quality and Innovation (CQUIN), the aim of which is to improve the quality of services delivered to patients. The achievement of the CQUIN standards generates additional income for the Trust, of up to 1.25%.

In 2022/23 the five CQUIN indicators selected for the contract were:

- CCG1: Staff flu vaccinations
- CCG2: Appropriate antibiotic prescribing for UTI in adults aged 16+
- CCG3: Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions
- CCG6: Anaemia screening and treatment for all patients undergoing major elective surgery
- CCG7: Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service

The financial risk associated with performance of the CQUIN indicators was removed during 2022/23 due the CQUIN income being included in the block contract value.

Information relating to registration with the Care Quality Commission (CQC) and special reviews / investigations

The Trust was registered with the Care Quality Commission (CQC), with no conditions on registrations. This registration has now been merged with Somerset NHS Foundation Trust.

The Trust has not participated in any special reviews or investigations by the CQC during the reporting period. The Care Quality Commission has not taken enforcement action against the Trust during 2022/23.

Information on the quality of data

Secondary Uses Service Data

The Secondary Uses Services (SUS) is the single comprehensive repository for healthcare data in England which enables a range of reporting and analysis to support the NHS in the delivery of healthcare services. SUS is a secure data warehouse that stores this patient level information in line with national standards.

The Trust submitted records during 2022/23 to SUS for inclusion in the Hospital Episode Statistics which are included in the latest published data, see table below.

The percentage of records in the published data which included the patient's valid NHS number was:

- > 99.9% for admitted patient care;
- > 100% for outpatient care; and
- > 99.5% for accident and emergency care.

The percentage of records in the published data which included a valid General Medical Practice code was:

- > 100% for admitted patient care;
- > 99.9% for outpatient care; and
- > 100% for accident and emergency care.

Secondary Uses Service Data

Information Governance Assessment Report / Data Security & Protection Toolkit

The Trust recognises data security and information governance as a high priority and continues to ensure that high standards are met throughout the organisation. The NHS Digital Data Security & Protection Toolkit (DSPT) is an annual self-assessment tool that requires the Trust to provide evidence of compliance with the standards laid down by the National Data Guardian's (NDG) review published in 2016.

Somerset FT Data Security and Protection Toolkit submission for 2022/23 will be completed in June 2023. It is expected that all mandatory evidence items will be reached, with an assessment status of 'standards exceeded'.

In line with the DSPT reporting tool, two incidents were reported to the ICO in 2022/23. Both incidents related to information being shared in error.

All incidents were fully investigated; action plans created where appropriate and additional targeted IG training sessions made available. The ICO was notified, and no further action was required. Data security and information governance breaches were reported and monitored through the Data Security and Protection Group, which, in turn, reports to the Quality and Governance Assurance Committee.

Payment by Results Clinical Coding Audit

The Trust was not subject to a Payment by Results clinical coding audit during by NHS Improvement in 2022/23.

Actions to improve data quality

A series of Clinical Coding audits were undertaken by an NHS Digital Approved Clinical Coding Auditor on behalf of the Trust. This examined the clinical coding accuracy of 200 Finished Consultant Episodes (FCEs) for activity between 1 April 2022 and 31 March 2023.

Spells tested	%of HRG changes	Pre-audit value	Post-audit value	Net change	Net change %
200	6.5%	£467,257	£460,371	-£6,886	1.5%

Clinical coding audits summary of results

The areas reviewed were a random sample covering, but not limited to, the following core specialities: general medicine, general surgery, trauma and orthopaedics, paediatrics, obstetrics, gynaecology and day theatre activity.

The coding accuracy achieved the highest Standards Exceeded Data Security and Protection Toolkit attainment level. Compared to the 2021/22 audit this has highlighted the Trust has maintained the highest Standards Exceeded DSPT attainment level. Of note, the auditor identified that all but 1 error were coder errors indicating that source material, both full paper case notes and electronic patient records, are of good quality and fit for purpose.

Acute Trust	Primary diagnosis correct	Secondary diagnosis correct	Primary procedure correct	Secondary procedure correct
Standards exceeded	>=95%	>=90%	>=95%	>=90%
Standards met	>=90%	>=80%	>=90%	>=80%
Yeovil District Hospital	97%	95%	97%	96%

Summary of coding accuracy

The joint largest sources of error identified from the audit stemmed from the 'Secondary Diagnosis Omitted' and Secondary Diagnosis Not Required' error keys, these accounted for 40 errors each for a total of 80 errors. Despite the Trust achieving the highest Standards Exceeded attainment level these error keys can be indicative of a difficulty in extracting the salient information without straying over into "over coding" incidental or irrelevant conditions.

The error rate resulted in a potential net financial overcharge of £6,886 (1.5%) to the commissioners for the sample audited. This was the result of 13 Healthcare Resource Group (HRG) changes (6.5%) with a gross change totalling £14,100 (3.1%). However, this financial analysis is not a true representation of the financial impact on the trust as the majority of activity is billed as per local agreements rather than National Tariff and the results should not be extrapolated further than the actual sample audited.

The Trust will be taking the following actions to improve data quality:

- > Clinical Coding Audit findings will be fed back to the Clinical Coders both on an individual basis as well as a group session highlighting all sources of coder error with all required post audit training implemented/scheduled in a timely manner as per each audit's action plan.
- > Particular focus will be given to secondary diagnosis assignment training.
- > In line with the YDH Data Quality policy we have identified roles and responsibilities across the hospital to achieve good data quality. To assist in this the YDH Data Quality Steering Group is responsible for monitoring and compliance of coding standards with a particular focus on reporting. It also monitors the Trust Risk Register and reports on the standards of Data Quality, and monitors the implementation of any recommendations from both internal and external authorities in the Trust to the Information Governance Steering Group.
- > Utilise healthcare intelligence from Dr Foster and Summary Hospital Level Mortality Indicator (SHMI) in addition to key external performance frameworks such as the model hospital and more specifically the Data Quality Maturity Index (DQMI) to help both monitor and improve data quality at source.

- > The latest DQMI score for YDH as of January 2023 was 88.6% against the National Average score for the same time period of 74.0%

2.3 Performance against national core set of quality indicators

Since 2012/13 NHS foundation trusts have been required to report performance against a core set of indicators using data made available to the trust by NHS Digital. There is currently a review of the existing Operating Framework Indicators and this has meant that the March 23 publication of these metrics has been delayed and has not subsequently been made available.

The Trust's performance against these indicators is shown below. For each indicator, the Trust is also required to make an assurance statement.

Organisational health indicators

Indicator	Source	Latest date range	21/22 value	20/21 value	Best performance (national)	Worst performance (national)	National average	National target
Staff sickness	NHS Digital	Apr 22 to Mar 23	4.4%	4.2%	0.5%	9.6%	5.1%	3.8%
Staff turnover	Trust	Apr 22 to Mar 23	18.7%	16.4%	8.6%	21.8%	15.0%	15%
NHS staff survey response rate	NHS Digital	Mar 22	49%	57%	68.8%	26.2%	44.5%	-

The Trust considers that this data is as described as this is the latest available on the NHS Digital website and where necessary our internal data intelligence. Trust's response rate for the national staff survey has decreased but the response rate across all Acute Trusts in the last year.

Effective Indicators

Indicator	Source	Latest date range	21/22 value	20/21 value	Best performance (national)	Worst performance (national)	National average	National target
Palliative care coding	NHS Digital	Dec21-Nov22	64.0%	64.0%	64.0%	11.0%	39.5%	-
SHMI	NHS Digital	Dec21-Nov22	0.90	0.95	0.72	1.19	1.00	1.00
PROMS: Hip replacement EQ VAS	NHS Digital	Apr 21 to Mar 22	No data	No data	-	-	69.7%	-
PROMS: Hip replacement EQ 5D index	NHS Digital	Apr 21 to Mar 22	No data	No data	-	-	89.9%	-
PROMS: Hip replacement Oxford Hip Score	NHS Digital	Apr 21 to Mar 22	No data	No data	-	-	97.3%	-
PROMS: Knee replacement EQ VAS	NHS Digital	Apr 21 to Mar 22	No data	No data	-	-	59.3%	-
PROMS: Knee replacement EQ 5D index	NHS Digital	Apr 21 to Mar 22	No data	No data	-	-	82.1%	-
PROMS: Knee replacement Oxford Knee Score	NHS Digital	Apr 21 to Mar 22	No data	No data	-	-	94.6%	-

The Trust considers that this data is as described as this is the latest available on the NHS Digital website. There has been no data for the PROMS programme due to the reduction in the number of elective surgeries during the COVID-19 pandemic and this continues to affect this year's figures with surgery levels and responses below minimum reporting levels. Both SHMI and Palliative Care coding remain consistent with previous years and the Trust continues to perform well in these indicators.

Caring indicators

Indicator	Source	Latest date range	21/22 value	20/21 value	Best performance (national)	Worst performance (national)	National average	National target
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MSA breaches	NHS Digital	Apr22-Mar23	0.0	0.0	0.0	0.4	0.0	-
Complaints rate	Trust	Apr22-Mar23	0.68	0.49	-	-	-	-
Staff: friends and family test	NHS Digital	Feb-23	6.40	-	-	-	6.60	-
Maternity: friends and family test	Trust	Apr22-Feb23	100.0%	100.0%	100.0%	64.0%	91.8%	-
Inpatients and day cases: friends and family test	Trust	Feb-23	95.0%	98.4%	100.0%	77.0%	94.0%	-
Emergency Department: friends and family test	Trust	Feb-23	93.0%	98.3%	100.0%	49.0%	80.0%	-

The Trust considers that this data is as described as this is the latest available on the NHS Digital (HSCIC) website and where necessary our internal data intelligence. All caring indicators are in line with expectations.

Safe indicators

Indicator	Source	Latest date range	21/22 value	20/21 value	Best performance (national)	Worst performance (national)	National average	National target
VTE risk assessment	NHS Digital	Apr22-Mar23	83.3%	95.8%	-	-	-	95.0%
Percentage of Patient Safety Alerts (PSA) completed within the required timeframe	NHS Digital	Apr22-Feb23	-	-	-	-	-	-
Never events	NHS Digital	Apr22-Mar23	3	2	0	10	-	-
Emergency C-section rates	Trust	Apr22-Mar23	31.6%	32.9%	7.1%	38.7%	37.7%	-
Rate of C.diff infection per 100,000 bed days	NHS Digital	Apr22-Mar23	9	12	-	-	-	-
MRSA bacteraemias	NHS Digital	Apr22-Mar23	83.3%	95.8%	-	-	-	95.0%
Rate per 1000 bed days: patient safety incidents	Trust	Apr 22 to Mar 23	52.7	54.3	-	-	-	-
Percentage of patient safety incidents that resulted in severe harm or death	Trust	Apr 22 to Mar 23	0.180%	0.120%	-	-	-	-

The Trust considers that this data is as described as this is the latest available on the NHS Digital (HSCIC) website and where necessary our internal data intelligence. The Trust intends to take the following actions to improve the following indicators, and so the quality of its services:

The maternity team undertake a review of every non-elective caesarean section to assess the clinical appropriateness of the decision making; and also recognise that an emergency caesarean section is always done in the best interests of mother and baby. The appropriateness of this target is an area of both national and local discussion.

Risk assessment framework indicators

Indicator	Source	Latest date range	20/21 value	19/20 value	Best performance (national)	Worst performance (national)	National average	National target
C.diff meeting the C.diff objective (all)	NHS Digital	Apr22-Feb23	9	12	-	-	-	-
Certification against compliance with requirements regarding access to health care for people with a learning disability	Trust Board Declaration	Apr22-Mar23	Compliant	Compliant	-	-	-	-
62 day wait for first treatment from urgent GP referral: all cancers	CWT return	Apr22-Feb23	65.8%	81.0%	100.0%	33.3%	75.9%	85.0%

62 day wait for first treatment from consultant screening service referral: all cancers	CWT return	Apr22-Feb23	61.6%	71.4%	100.0%	20.0%	64.5%	90.0%
31 day wait from diagnosis to first treatment: all cancers	CWT return	Apr22-Feb23	91.3%	95.1%	100.0%	52.6%	93.7%	96.0%
31 day wait for second or subsequent treatment: surgery	CWT return	Apr22-Feb23	84.7%	92.4%	100.0%	48.1%	84.3%	94.0%
31 day wait for second or subsequent treatment: anti-cancer drug	CWT return	Apr22-Feb23	97.8%	99.1%	100.0%	85.7%	99.0%	98.0%
Two week wait from referral to date first seen: all cancers	CWT return	Apr22-Feb23	58.4%	84.8%	100.0%	41.7%	80.7%	93.0%
Two week wait from referrals to date first seen: breast symptoms	CWT return	Apr22-Feb23	95.6%	91.4%	99.7%	4.0%	54.8%	93.0%
18 week maximum wait from point of referral to treatment (incomplete pathways)	NHSI return	Apr22-Feb23	67.9%	65.6%	100.0%	0.6%	65.7%	92.0%
Maximum 6 week wait for diagnostic procedures	NHSI return	Apr22-Feb23	70.2%	80.7%	100.0%	32.1%	74.6%	99.0%
Maximum waiting time of 4 hours in A&E from arrival to admission, transfer or discharge	NHSI return	Apr22-Mar23	73.0%	88.1%	100.0%	57.0%	68.3%	95.0%

The Trust considers that this data is as described as this is the latest available. All waiting times performances continue to be a challenge due to the post-Covid pandemic backlog and increased levels of activity in primary care and emergency departments, resulting in more admissions to hospital. The organisation is working collaboratively with system partners to address challenges in both bedded, and workforce, capacity which has and continues to impact on the Trust's ability to discharge patients in a timely way.

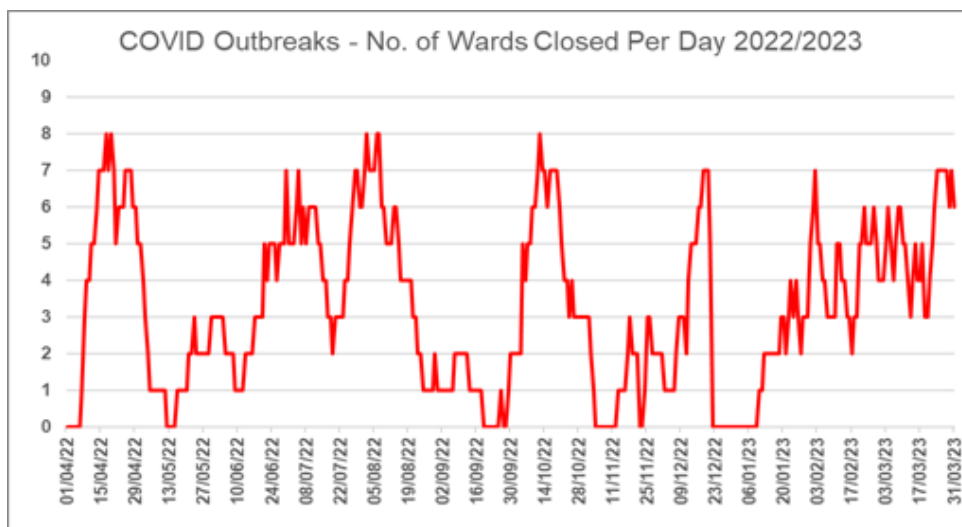
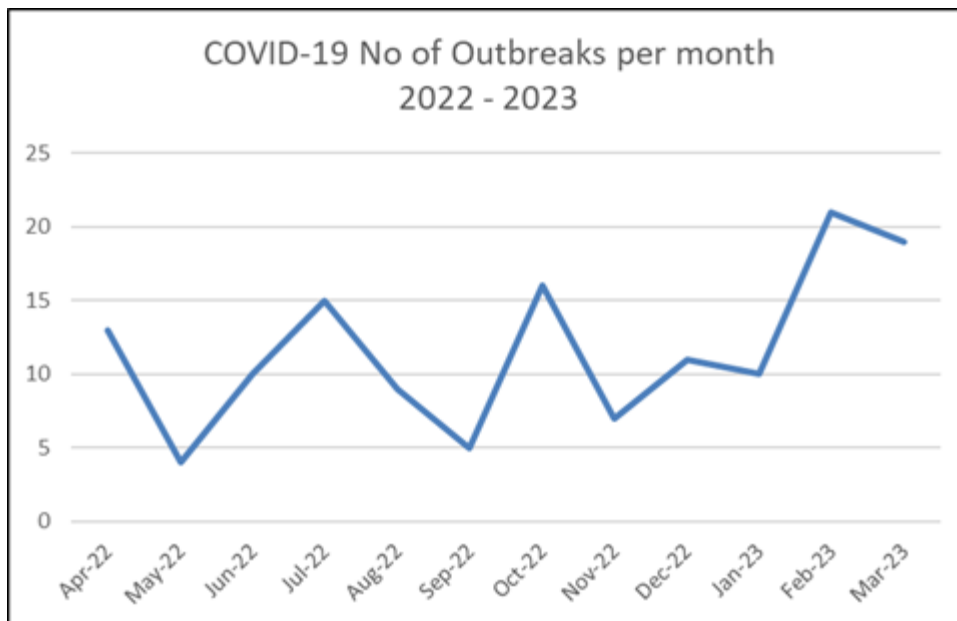
Part 3: Other information

3.1 Patient Safety

• INFECTION PREVENTION AND CONTROL DURING COVID-19

Coronavirus disease (COVID-19) is caused by SARS-CoV-2, a newly emergent coronavirus first identified in December 2019. Cases are apportioned to trusts depending on the timeframe between first positive specimen and admission date:

- **Community** onset, positive specimen date ≥ 2 days after admission or hospital attendance (CO)
- Hospital-onset **Indeterminate** healthcare-associated, positive specimen date 3-7 days after admission (HOIHA)
- Hospital-onset **Probable** healthcare-associated, positive specimen date 8-14 days after admission (HOPHA)
- Hospital-onset **Definite** healthcare-associated, positive specimen date 15 days or more after hospital admission (HODHA)



Outbreaks were managed in line with the Trust Management of COVID-19, Standard Operating Procedure. Key controls included isolation of all confirmed cases either in side-rooms or cohorted in bays and closing affected areas to new admissions. A total of 990 patients were affected, restrictions were in place for a total of 1,315 days with 1,253 bed days lost. By 21 December an unprecedented decision was taken to stop closing inpatient wards due to COVID-19 outbreaks. At this point, every effort was made to isolate confirmed COVID cases, but it became impossible to achieve due to the extreme pressure the Trust and the NHS was under at this period of the winter. As pressures eased by the end of January the usual management of outbreaks was reinstated.

Whilst the Trust was responding to the COVID-19 pandemic, it was still concentrating on other infection control priorities. It is a mandatory requirement for English NHS Acute Trusts to report Methicillin Resistant *Staphylococcus aureus* (MRSA), Methicillin Sensitive *Staphylococcus aureus* (MSSA), *Escherichia coli* (E.coli), *Klebsiella*, *Pseudomonas aeruginosa* bloodstream infections and *Clostridioides difficile* Infections (CDI) to the Department of Health via the HCAI Data Capture System, hosted by UK Health Security Agency. Case numbers of these infections are increasing nationally, and the reasons are not currently clear.

Traditionally, those infections that are Trust apportioned have been investigated using a recognised national process known as post infection review. This process was introduced during the mid-2000s in

response to high levels of MRSA bloodstream infections in the UK. In partnership with other strategies this was successful in driving down case numbers of this infection. As a result, this method has gradually spread to include other infections. However, over the last few years, this process has become more time consuming and is no longer proving effective in terms of infection reduction. Similar themes are identified and despite actions, overall case numbers are not reducing.

In August 2022, it was agreed to stop post infection reviews as there was no longer a national mandate to undertake them. The process was replaced locally with a shortened, targeted review. This aims to identify the source (where possible) and collect wider information that led to the infection. Rather than focusing on every infection, this information is thematically analysed to inform improvements. Although this process is still new several key themes have been identified:

- Previous colonisation with MSSA and presence of a peripheral vascular cannula (PVC) are strongly linked to the development of a *Staphylococcus aureus* (MRSA or MSSA) bloodstream infection.
- The presence of a urinary catheter is strongly associated with gram-negative bloodstream infections, in particular *E. coli*.

Relevant improvements have been commenced during the period of this report which include:

- MSSA screening, decolonisation and MSSA suppression in critical care which has significantly reduced their MSSA bloodstream infections
- A change to the skin cleansing product used prior to the insertion of a PVC has been implemented in all inpatient areas. Whilst it is early days since the change, signs of improvement are being seen.
- Trustwide improvement project on urinary catheter has commenced. This project is focussing on insertion, ongoing care and timely removal when no longer required. It is too early in the project to attribute success.

There is still significant progress to be made but the new process has allowed a change in focus away from the investigation to improvement.

Details of our response to *Clostridioides difficile* infection are included within the national indicator section.

3.2 Clinical effectiveness

Clinical audit

Clinical audit is a quality improvement and assurance tool, when carried out in accordance with best practice it:

- > improves the quality of care and patient outcomes;
- > provides assurance of compliance with standards; and
- > identifies and minimises risk, waste and inefficiencies.

All clinical audit activity in YDH must be carried out with an explicit intention to improve, or assure, quality of care delivery. The Clinical Governance Team support all local and national clinical audit activity. Clinical audit activity is overseen by the Clinical Outcomes Committee. The tables below outline the recommendations and any action taken as a result of a selection of the local clinical audits undertaken during the reporting period.

National clinical audit

The following details the learning and outcomes from a selection of the national clinical audits during the reporting period.

NACAP COPD 2022

Audit Aim: The National Asthma and COPD (chronic obstructive pulmonary disease) Audit Programme (NACAP) is a collection of projects created with patients and designed to support improvements in the quality of care, services and outcomes for people with asthma and COPD. It includes collecting information from hospitals across England, Scotland and Wales to show which parts of asthma and COPD care are good and which parts could be better.

Report findings:

On review of publicly available data from the National Asthma and COPD Audit (NACAP), our Trust were consistently underperforming on some important metrics of Asthma and COPD care, NACAP wrote to us and wanted to understand the reasons for this. Specifically, the standard of care is for patients with asthma or COPD to be reviewed by a respiratory healthcare professional within 24 hours of admission and to receive a discharge bundle of interventions, which have been shown to improve their long-term care and prevent readmissions.

Compliance with both of these elements in more than 60% of patients for COPD and more than 50% for asthma leads to eligibility for the Best Practice Tariff or Aligned Payment and Incentive. Our recent records for Yeovil Hospital showed around 50% of our COPD patients have a specialist respiratory review within 24 hours and around 90% of our COPD patients receive a care bundle on discharge. For asthma, the figures have not been submitted.

The reason there were issues with review within 24 hours were due to us having a lot of patients who were staying down in ED for longer. We are not alerted to these patients until the day after or when they have been referred on the wards. We also had a lot of staff sickness and staff change over during this period. This will now be helped by the guidelines changing; we now have a 48-hour window to see COPD patients from time of admission.

Regarding the care bundle for COPD patients, we found a few that did not have the correct pieces signed, which would have caused a short fall in the data. Again, we had some patients we were unable to see, due to being admitted on the weekend or Friday evening and being discharged before Monday. This has been discussed and actioned now the team are back up to being fully staffed, this might enable us to cover Saturday shifts mitigate this.

We also found some patients were added onto the audit that were not appropriate, this has since been rectified going forward.

The Trauma Audit & Research Network 2022/23

Audit Aim: The Severn Major Trauma ODN was set up between 2010 and 2012 and launched in April 2012 along with over 20 other trauma networks in England. The purpose of the Networks was to improve the outcomes from major trauma. A number of national reports had demonstrated that outcomes could be improved and had made recommendations about how this could be achieved. The structure, function and service specification for the networks were based on successful systems elsewhere and the pilot networks in the UK.

Report findings: YDH is the best performing Trauma unit in the Severn Trauma Network.

There are no actions required for data quality/data completeness as per continues above national average Key Performance Indicators and engagement with the Severn Major Trauma Network via review of quarterly dashboard as well as Injury Severity Score >15 validation and discussion at Clinical Advisory Group meeting.

YDH data accreditation (quality) has been above national average >95% and YDH data completeness at 100% for consecutive years up to mid-2022.

However, due to multifactor delays caused in receiving Trauma monthly list from information department between Aug, Sep and Oct 2022, Data reliability index page 8 report should be viewed with caution in March 2023 report, likelihood as per above delays and await response from TARN analyst. These issues are now rectified, and backlog submissions are now completed.

Areas for improvement:

Based on March/April 2023 reporting YDH is at great position in comparison to Somerset participating Trauma Units, no new SMART action plan is needed. YDH key performance indicators are above national targets, in line with NICE recommendations and standards. However, if Trauma mortality (Rate of Survivals) trending outside the normal lower limits (-2SD) values (i.e. - 3 SD from the mean (negative) then mortality auditing is recommended.

Local clinical audits

The following details the learning and outcomes from a selection of the local clinical audits during the reporting period.

Technical patient safety solutions for medicines reconciliation on admission of adults to hospital

Aim:	Conclusion:
<ul style="list-style-type: none">> To measure current practice in medicines reconciliation on admission of adults to inpatient settings as part of a continuous improvement programme. The NPSA released an alert in 2007 (Technical patient safety solutions for medicines reconciliation on admission of adults to hospital - NICE/NPSA/2007/PSG001) which lead to the Trust putting a policy in place to ensure all patients admitted to an acute adult ward received a full medicines reconciliation within 24 hours of admission. There is already a monthly rolling audit undertaken by the Trust to monitor the adherence to this and this audit is to establish the conformance in more detail and to identify the causes of the results.	<ul style="list-style-type: none">> The sources of information, Identification and Resolution of Discrepancies and documentation of Medicines Reconciliation at Admission standards are currently being met.> The compliance to the standard of carrying out medicines reconciliation within 24 hours of admission did not reach the target compliance of 100% due to a number of patients taking non-conventional routes through the hospital to become inpatients (for example, through CDUP and FAU escalation bays). <p>Recommendations:</p> <ul style="list-style-type: none">> A discussion whether the target compliance should be adjusted as it is not always feasible to reach 100%.> Educate all pharmacy and medical staff the importance of documentation.

- > To re-audit once recommendations have been put in place.

Neuromuscular monitoring

Aim:

- > To re-evaluate the compliance of Anaesthesia Doctors with documentation of use of nerve stimulator during anaesthesia and in reversing the Neuromuscular blocking agents.
- > To re-evaluate the documentation of the reverse medication agent used in reverse and its dose

Conclusion:

- > Compliance with documentation of the use of NMB monitors improved from 63.89% to 78.9%. (15% increase)
- > Compliance With Documentation of Reversing agent in notes improved from 58.33% to 73.6% (15.2% increase)

Recommendations:

- > After arrival of new Quantitative neuromuscular monitors, teaching and training on these monitors to be arranged
- 1- Adding the guide of use of Quantitative neuromuscular monitors to the card/poster before attaching it to the anaesthesia machine.
- > Reaudit after 6 months

EPAC (Early Pregnancy Assessment Clinic) review of Beta-Human Chorionic Gonadotrophin (BHCG) when more than two are performed.

- > Aim: To assess if more than two BHCGs have been agreed by consultant as per EPAC guideline.

Conclusion:

- > In the one year snap shot, EPAC are not following the guideline.
- > 34% of clinical decisions to perform more than two BHCGs were not consultant decision.

Recommendations:

- > Encourage EPAC nurses to challenge and remind.
- > To Incident report if more than two BHCGs are performed without consultant input. This will raise timely discussion and learning for clinician involved.

Summary Hospital-level Mortality Indicator (SHMI)

The number of deaths in hospital is captured through the Summary Hospital-level Mortality Indicator (SHMI). This reports mortality at trust level using a standard and transparent methodology which is published quarterly as a National Statistic by NHS Digital.

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated. Data includes hospital deaths and those occurring 30 days after discharge. Our latest published SHMI covering 12 months December 2021 to January 2022 is 89.7, with 100 being the expected norm.

Hospital Standardised Mortality Rate (HSMR)

The trust uses Dr Foster to support analytical review of outcomes data. This includes reporting of the Hospital Standardised Mortality Ratio (HSMR), which reviews a set number of indicators to inform understanding of quality and improvements in clinical care.

The HSMR complements the SHMI by: focussing on deaths while in the care of the hospital, using more sophisticated risk models for individual diagnoses and providing more timely information than the SHMI.

Taken together, the HSMR and SHMI provide a powerful insight into hospital mortality. HSMR data is based on summary indicators using strict definitions which encompass a basket of 56 diagnosis groups, (made up of high-volume procedures and conditions) that account for around 85% of in-hospital deaths. The SHMI includes all diagnosis groups accounting for 100% of deaths.

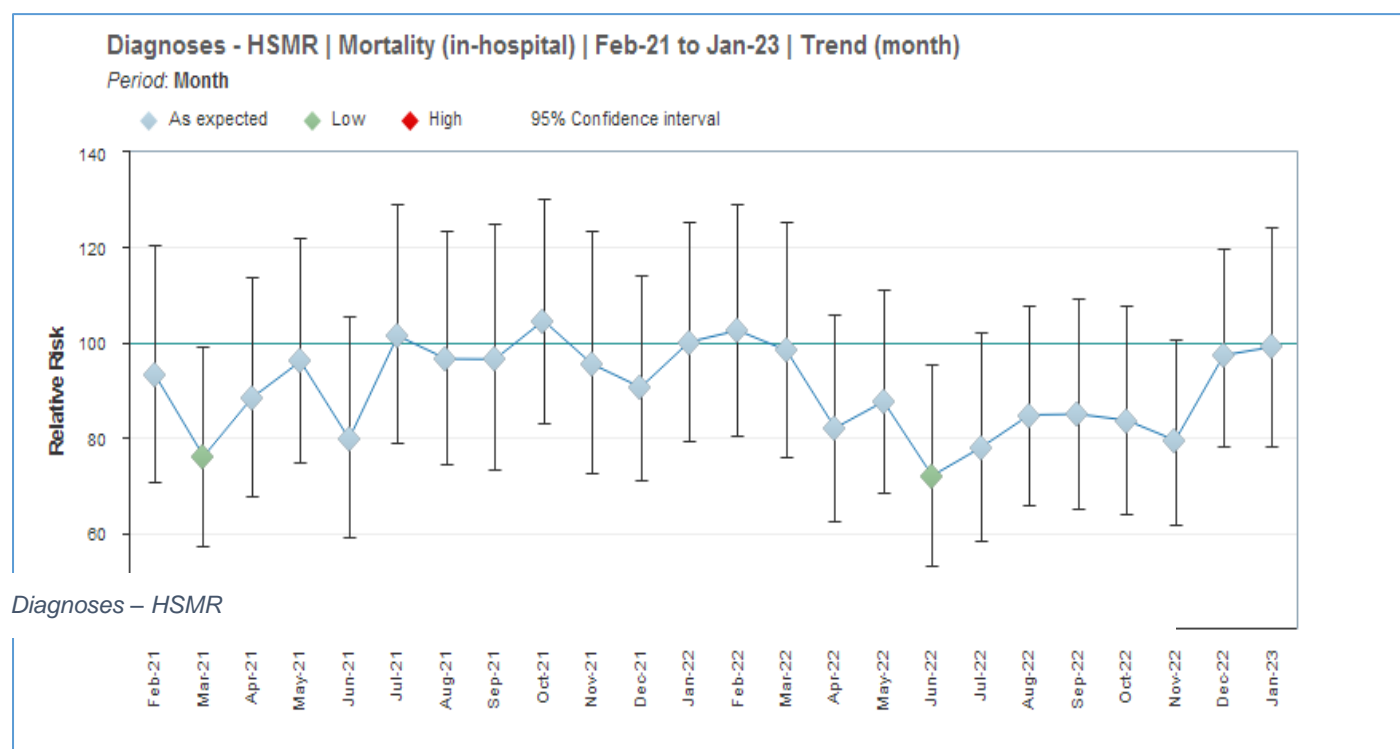
Other key differences in methodology include: HSMR is adjusted for more factors than the SHMI, most significantly patients receiving palliative care being excluded from the HSMR calculations. A further difference is seen in the fact that SHMI data includes post-discharge deaths, up to 30 days after discharge while the HSMR focuses on in-hospital deaths. The SHMI attributes a death to the last spell within an acute non-specialist trust, whereas the HSMR attributes a death across a continuous in-patient spell.

Both the HSMR and SHMI are reported with a significant data time lag allowing for analysis.

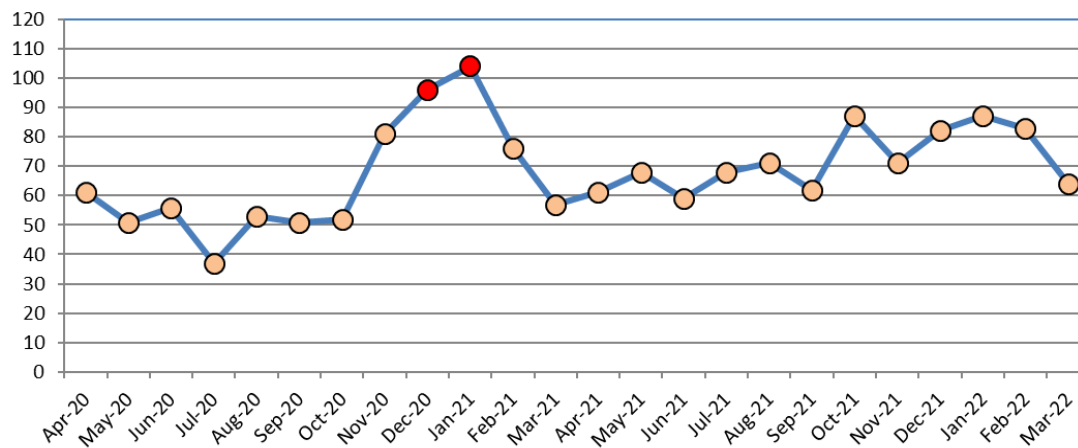
The trust HSMR is reported at 87.2, rolling year as at Jan 2023, which is a positive outcome and statistically lower than anticipated. This favourable position has been ratified and monitored throughout the year and it is believed to be due to a combination of factors including the good practice of identification and management of patients at the end of life and efficient coding of existing patient comorbidities.

HSMR is calculated based on the relative risk, the ratio of the observed negative outcomes to the expected number of negative outcomes, multiplied by 100. The national average, benchmark figure is always 100, hence figures below 100 represent performance better than the benchmark.

The chart below shows the HSMR trend over the last 2 years.



Number of Inpatient Deaths



Inpatient deaths 2021/22

• **KEEPING CHILDREN WITH MENTAL HEALTH NEEDS SAFE ON OUR PAEDIATRIC WARDS**

A recent report from the Healthcare Safety Investigation Branch (HSIB), focussing on 18 general paediatric wards in England, found that the majority had unsafe care environments to care for young people exhibiting high risk behaviours attributed to a mental or emotional health crisis. It has called for immediate action to be taken by ICBs and NHS organisations to facilitate a system-wide response to reduce the safety and wellbeing risks associated with children and young people with high-risk behaviours on their wards.

As an integrated Trust covering acute and mental health services, Somerset FT was in a unique position to address this issue and had already implemented a number of improvements in our paediatric wards at Musgrove Park Hospital, as well as Yeovil District Hospital, and in the community, supported by our Child and Adolescent Mental Health Services (CAMHS) teams.

These include:

- Wrap around care provided by colleagues recruited, trained, and supervised by the Community Eating Disorders (CED) team, but working within the acute paediatric team to provide continuity of care, education, and care to this specific patient group. This has received positive feedback from both patients and colleagues worked well and relieved exposure to nursing staff that were feeling stressed and demoralised by the work being requested.
- Implementing bespoke “Positive Behaviour Management” educational courses, that include de-escalation and safe holding training for use with CAMHS and CED patients, for all our colleagues in acute paediatric wards at MPH and YDH.
- Prioritising supporting young people to share their views and experiences. We do this through anonymous feedback services such as 'care opinion' and weekly face to face engagement sessions led by a ward based youth worker. On admission, or ideally before, we look to create individualised and collaborative care plans with our young people and members of our integrated care team.
- CAMHS liaison practitioners operate across both paediatric sites in Somerset. We operate a fully integrated eating disorder service spanning community and acute settings. A ward based RMN guides the inpatient management for young people admitted with an eating disorder alongside the specialist consultant, a specialist paediatric nurse and trained Health Care Assistant.
- Liaison with Children’s Social Care (CSC) regarding complex and potentially violent patients, those who may have no safe place to reside, including the provision of two places of safety houses

available in Somerset offering therapeutic education avoiding prolonged stays in the hospital environment. There is planning in place for a further 6 houses.

- Where hospital admission is not deemed to be therapeutic, we aim to avoid through regular high intensity user group meetings (HIUG) between paediatrics, CAMHS liaison and the Emergency Department, where bespoke plans are designed to be implemented. Alternative provisions are actively sought when deemed more appropriate through effective joined up systems including social care, mental health and therapeutic educational settings, such as those established by the unique project 'Homes and Horizons'. This project's success rests on an innovative ten-year partnership between Somerset county council, Homes2Inspire and NHS Somerset and will provide 10 homes in Somerset offering high needs foster care for the most vulnerable.
- Where severe mental health illness prevents a safe discharge home, we are working collaboratively with the provider collaborative and our local tier 4 GAU Wessex House to ensure safe and effective shared care arrangements when needed, specifically for those under the mental health act who require physical healthcare alongside mental healthcare in our "blended care" model.
- We are in the process of creating sanctuary spaces on our wards and our Emergency Departments, away from the "hustle and bustle" and highly stimulating sensory environment, to aid with de-escalation in a crisis. We have secured all entrances and exits, and risk assess the environment on a regular basis. It does however remain a challenging environment to work with at times due to historical design and layout.
- Within the community we have refined and built on the **Children and Young People's Neurodevelopmental Partnership (CYPNP)**, creating a single point of access, triage, and educational packages to schools.
- We have secure links with liaison psychiatry and are establishing synergistic relationships with our colleagues in Wessex House (tier 4 General Adolescent Unit) to ensure safe and effective shared care arrangements when needed, specifically for those under a mental health act. There has been opportunity for our staff nurses to shadow nurses in Wessex House and vice versa. We support regular opportunity for reflective practice for all. Training includes online "we can talk" modules, experiential learning and situational SIMs. Rolling medical teaching schedules cover aspects of mental health.

There is still further work to do to meet the needs of this specific population, including further improvements to the environment and the potential for in-reach services from the GAU. We are exploring the opportunities for service improvement, and we will be working with the provider collaborative to identify new models of care.

• MATERNITY SERVICES

In the year from 2022/2023, the maternity services in Somerset have continued a positive journey of integration and development across many areas, including culture, governance, workforce wellbeing, training, and clinical pathways. This has been recognised with regional achievement awards for System leadership co-production and working, women's public health improvements and implementation of National Bereavement Care Pathways. There are three specific areas of quality work which are transforming ways of working and improving safety.

Better Births in 2016, identified the need for enhanced digital maternity services to improve safety with single patient records throughout the maternity pathway and for service users to have access to their digital records through a patient portal. The challenges to achieve this level of digital availability in Somerset, where the two acute trusts use different electronic health records has been overcome, to achieve a single maternity record across Somerset, accessible by service users, and staff, which went live in February 2023.

In Somerset, both Musgrove Park Hospital and Yeovil District Hospital have previously signed a commitment to the UNICEF Baby Friendly Initiative. This is a global initiative which builds upon interlinking evidence-based standards for maternity, neonatal and paediatric services, designed to provide parents with the best possible care to build a close and loving relationship with their baby and to feed their baby in

ways which will support optimum health and development. In this last year, there have been four successful assessments across the organisation, in both the neonatal and maternity services, with the maternity service at Taunton achieving reaccreditation of Gold sustainability for another three years. This is an incredible achievement and is evidence of the high level of Trust commitment towards these standards, acknowledging the positive impact on future health and wellbeing of both mothers and babies and supporting the initiative with staff, patients and visitors to our services. The success of this will underpin the next steps for the neonatal and maternity systems on both sites to continue their accreditation journey and reach the ambition of becoming a Gold Sustainable County with achievement across all domains, to include health visiting.

Nationally equity and inclusion are high on the health agenda with black mothers' disproportionality in danger during pregnancy and the first year after birth, with black mothers four times more likely to die and twice as likely to have a stillbirth. Recognising the disparity that exists in Somerset, with disadvantaged groups, vulnerabilities, and social deprivation, two midwives at Yeovil developed 'Implicit Bias' training. This training explores culture and attitude with an emphasis on the language used and social 'norms'. This training has been so successful it is being rolled out across the southwest region, with other areas expressing interest, including universities. The team has won an HSJ award for safety improvements in maternity care and were shortlisted at the RCM awards for inclusion working. As a result of this training, the Southwest Academic Health Science Network have funded black mother and baby mannequins for every maternity unit in the region. Train the trainer sessions have now taken place regionally to ensure ongoing roll out of this great work.

3.3 Patient experience

Patient engagement

- **TOM'S STORY**

Tom was due to come into hospital for a routine operation requiring general anaesthesia. Tom has learning difficulties so his mum helps him with sign language and understanding and was able to speak with the Learning Disabilities and Autism Liaison Practitioner who arranged for Tom to visit the day surgery unit before the day of the procedure. Tom would have been incredibly anxious to arrive in an unfamiliar environment, meeting people for the first time and may not have coped to have general anaesthesia in an unsettling environment. By arranging a pre-visit to the day surgery unit and the recovery room, Tom was able to visualise and ask questions about what would happen on the day. Tom's mum also took photographs to build Tom a social story that he could look over at home before the day of the procedure. When the operation day arrived, Tom was very comfortable to have the procedure as he had a full understanding of what was going to happen, that had been delivered in a way to meet his individual needs.

Tom and his mum were very keen for their experience to be shared to aid learning, so they kindly agreed to be filmed for us to use as part of the Chief Nursing Officer training box set of short videos, that the trust is producing. Tom's story will be shared to educate staff regarding communication, to demonstrate that all patients have discrete requirements that we must consider delivering the best patient experience.

In addition, we have continued to use Tom's story within the Trustwide improving accessibility working group as an example of how we can adapt a typical approach to accessing healthcare into one which is personalised and meets an individual's own needs.

- **WORKING COLLABORATIVELY AND COMPASSIONATELY WITH A PATIENT FOLLOWING A CONCERN RAISED**

The Patient Advice and Liaison Service (PALS) were contacted by a patient who was seeking help. The patient, Mrs S, described that she had recently been through a very traumatic surgical procedure at the hospital and in her correspondence with PALS, she was able to describe the very profound impact that her experience had had on her. Not only did Mrs S have several questions about her experience, but she also

needed to have further surgical intervention and she was highly anxious about this, to the point that she was unable to consent to the much-needed surgical procedure.

PALS worked swiftly and collaboratively with the clinical teams and Mrs S, gathered a response, and went above and beyond to work with the day surgery team to support Mrs S with her further surgery. Reasonable adjustments were made to enable Mrs S to wait in another area due her trauma response to her first procedure. The surgical team were made aware that Mrs S was highly anxious about coming back into hospital and they were empathetic and understanding, doing all they could to enable Mrs S to have a positive experience.

After the procedure, Mrs S came back into hospital with her husband and they both met with the PALS advisor who had worked so diligently to support them. Mrs S gave a thank you card to the PALS advisor, the surgeon and the anaesthetist for their wonderful care and empathy and said she had no worries about coming back in a years' time for her next procedure.

This case study has also been used as part of the service review of our PALS and complaints team to ensure that we continue to put our patients and their loved ones at the centre of all we do and to compassionately and collaboratively engage with those who have been affected by their experiences of our services.

Annex A: Statement from Council of Governors

Having reviewed the whole Quality Account for 2022/23 it is clear to me that the massive commitment to our integrated trust is an opportunity to improve performance across the many and varied indicators and comparisons

The Trust performs well in all aspects compared with national averages but in every case, there are better performances that we can strive to emulate.

Every interaction I have had with Trust activities this year has demonstrated the effects of outstanding leadership and unswerving commitment to make best possible provision for our Somerset population. In partnership with the Public Health and Social Services we can deliver a unique comprehensive service to our ageing demographic.

Dr Paull Robathan
Lead Governor

24/08/2023

Annex B: Statement from the Somerset ICB



Our Ref: SM/sp
08 August 2022

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Tel: 01935 384000

somicb.enquiries@nhs.net

Phil Brice
Director of Corporate Services
Somerset NHS Foundation Trust

Sent via email : Phil.Brice@SomersetFT.nhs.uk

Dear Phil

Yeovil District Hospital NHS Foundation Trust (YDH) Quality Account for 2022-23

NHS Somerset (ICB) welcome the opportunity to review and comment on the Yeovil District Hospital NHS Foundation Trust (YDH) Quality Account for 2022/ 2023. In so far as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the ICB via contractual monitoring, quality monitoring and involved assurance and is presented in the format required by NHSE/I presentation guidance. The ICB recognises that 2022/2023 has continued to be a difficult year due to the workforce pressures, operational pressures and the continued recovery of services following the COVID-19 Pandemic. The ICB would like to thank colleagues at YDH for their continued contribution to supporting the wider health and social care system during this last year. It is the view of the ICB that the Quality Account reflects YDH's on-going commitment to quality improvement and addressing key improvement objectives in a focused and innovative way, utilising Quality Improvement methodology, and clearly aligning to the Trusts Vision and Strategy.

Achievement of some priorities during 2022/23 have continued to be affected by operational, workforce and COVID-19 recovery pressures, YDH has however been able to make achievements against all of their identified priorities for 2022/23 including:

Priority 1: Using the time waiting for surgery to optimise people's health and wellbeing both now and for the future it is great to see that this programme which recognises the importance of peri-operative care, the comprehensive management of patients before, during and after surgery is aiming to enable better outcomes from surgery including to reduce length of stay, speedier recovery, reduction of re-admissions plus better long-term outcomes.

While this priority is in its early stages with work to be done it is encouraging to see that a core team has been established working on 14 workstreams with leads identified for each. It is also encouraging to see that c. 55+ tests of change have been undertaken to date.

Priority 2: Helping older people to live as they wish, giving them time to do what is important to them. This programme of work recognises that Somerset has a higher than average elderly population with 24.8% aged 65 and over. The ambition of this work is commendable in aiming to ensure quick and accurate identification of vulnerable people and to provide alternatives to hospital admission that are more responsive and better able to meet the needs of the frail person. It is great to see that in the last year there

has been a determined focus on how services can more effectively manage frailer individuals at home to reduce potentially harmful lengthy hospital stays.

It is commendable that Frailty and Respiratory Hospital at Home pathways commenced in late 2022 have supported 452 patients saving in excess of 3000 acute bed days in Somerset. It is also great to hear that the preparation for the merger between YDH and SFT has enabled Hospital at Home to integrate arrangements to support the service and provide consistent cover across Somerset.

It is also good to hear that Frailty Advanced Clinical Practitioners (ACP's) have been employed across ED and community services in Somerset.

Priority 3: Helping people with mental health conditions to live longer lives. It was great to see the progress made in this stolen years flagship programme which pledged to co-produce projects with 'Experts by Experience'. The two main areas of focus identified were the uptake and quality of physical health checks for patients with Serious Mental Illness and growing collaborative relationships between mental health and physical health colleagues, to improve care for patients with mental ill-health when accessing physical health services.

It is also great to see the improvement in teams working together to develop advice and guidance for patients who become physically unwell on mental health wards, so they can remain in the same environment wherever possible. The outcome of this work is planned to go live across both EDs and mental health wards from Summer 2023, I look forward to following through the impact.

It was encouraging to also hear about the support offered to mental health inpatients when identified as end of life. Palliative care and bereavement colleagues provided support and training to staff so they could care for patients in familiar surroundings rather than moving to the acute trust.

Priority 4: Valuing people's precious time in the last chapter of life. This last 1000 days flagship is ambitious in its aim to identify and appropriately support patients to ensure they maximise the time they have, doing what is important to them in a place they want to be. It is very encouraging that this also included the needs of relatives and friends during life and after the death of their loved one has occurred.

It is very commendable to see the improvements through the Somerset EOL Homecare pilot which commenced in November 2022 to bring about rapid discharge of EOL patients. The improvement noted from February 2023 with 68% of people getting home same day or next demonstrated the progress that has been made. This pilot was undertaken at SFT and it is imperative that once the pathways are refined that this work is rolled out to YDH and community settings.

It is really positive to hear that a project that seeks to put the patient and carer voice at the heart of the EOLC education delivered in Somerset is now in place. The production of two short films, one about care after death, one about Treatment Escalation Plans (TEP) has been achieved.

Priority 5: Using time well by getting together to focus on what matters to people with complex needs. It is good to see recognition that in Somerset we have a growing number of people are living with complex needs including chronic or long-term health conditions, often with physical and mental health needs as well as social deprivation challenges. Understanding that the needs of this population requires anticipatory not reactive care, time to develop trusting relationships, broadening the membership of the care team and improved communication across different specialties and agencies is so important.

There have been recognisable Improvements in the support for those identified as high-intensity service users through the Ubuntu Project, supporting high-intensity users referred with a focus on what is important to the individual, whilst developing self-activation and a subsequent reduction in health service use should be commended.

Priority 6: Improving life chances for children by increasing their time in school. It is really encouraging to see that an outpatient focussed programme of work has commenced which includes ongoing senior doctor triage of referrals to ensure the right children are safely being seen in the right clinics. There has also been a focus on prospective clinical and managerial monitoring of referrals and capacity to ensure waiting lists are well managed and capacity is maintained for urgent referrals. It is also commendable to hear that there is a focus on utilising non-acute sites (community hospitals and schools) for clinics where possible to ensure there are opportunities for care closer to home.

It is great to hear that a Darzi fellowship pilot project has commenced to provide joint primary/secondary care triage of referrals in West Somerset. This important project will evaluate if Children and Young People (CYP) can be managed primarily in the community with specialist paediatric advice and I look forward to seeing the outcome of this pilot.

The ICB supports YDH's (and now merged SFT's) identified continued Quality Priorities for 2023/2024. It is recognised that several of the priorities described in this Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on reducing inequalities.

The ICB also welcomes continued engagement and focus on improvements in, but not restricted to:

1. Progress in implementing the priority clinical standards for 7-day hospital services.
2. Improving the collection of Patient Reported Outcome Measures (PROMS)
3. Better understanding the requirement for emergency c-section
4. Increasing patient safety incidents reporting to the national reporting and learning system (in 2023 the Learning from Patient Safety Event national reporting system)
5. Reducing the number of Patient Safety Incidents that Resulted in Severe Harm or Death
6. Increasing the number of patients admitted to hospital who were risk assessed for venous thromboembolism
7. Paediatric ward environment

We look forward to seeing progress with quality priorities identified in this Quality Account in conjunction with the continued transition to PSIRF and the formulation of the organisations Patient Safety Incident Response Plans (PSIRPs).

NHS Somerset ICB are committed to sustaining strong working relationships with YDH (and wider SFT) colleagues, and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care System further develops in 2023/24.

With kindest regards,



Shelagh Meldrum
Chief Nursing Officer & Chief Operating Officer
NHS Somerset ICB

Copy to:

Peter Lewis, CEO, Somerset NHS Foundation Trust
Hayley Peters, Chief Nurse, Somerset NHS Foundation Trust
Dan Meron, Chief Medical Officer, Somerset NHS Foundation Trust

Annex C: Statement from Dorset ICB



PRIVATE AND CONFIDENTIAL

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06 September 2023

Email: Debbie.Simmons@nhsdorset.nhs.uk

Dear Hayley,

Re: Quality Account 2022/23

Thank you for asking NHS Dorset to review and comment on your Quality Account for 2022/2023. Please find below the ICB statement for inclusion in the final document:

NHS Dorset welcomes the opportunity to provide this statement on Yeovil Hospital's Quality Account. We have reviewed the information presented within the Account and can confirm that the report is an accurate reflection of information we have received during the year as part of monitoring discussions during 2022/2023. As for many providers 2022/2023 was a challenging year for the trust with increased numbers of patients attending the Emergency Department but progress was made in reducing the backlog, which had accumulated due to the Covid-19 pandemic, of patients waiting over 52 weeks for treatment. Progress has been noted against all of the 2022/2023 priorities.

Significant work was also undertaken in preparation for the merger with Somerset NHS Foundation Trust which happened on 1 April 2023. The merger with Somerset NHS Foundation Trust will improve the care for patients ensuring everyone has consistent access to high quality services and puts the trust in a unique position to provide community, mental health and learning disability services throughout Somerset and into Dorset, along with acute services from both Yeovil Hospital and Musgrove Park Hospital, and 13 community hospitals.

In 2023/2024 the merged trust will continue with the current priorities to give an opportunity to reset and refresh as new service groups and operational/ clinical leads come into place. These priorities are;

- Positive steps: using the time people are waiting for surgery to optimise people's health and wellbeing.
- Last 1,000 days: valuing people's previous time in the last Chapter of life.
- Independent lives: helping older people to live as they wish, giving them time to do what is important to them.
- Stolen years: helping people with mental health conditions to live longer lives.
- Connecting us: using time well by getting together to focus on what matters to people with complex needs.
- Function first – improving life chances for children by increasing their time in school.

The ICB will continue to work with the Trust over the coming year to ensure all six quality priorities are supported as well as the reporting requirements of the NHS Contract. The ICB also remains committed to supporting the Trust in building upon collaborative working with all health and social care partners within the Dorset Integrated Care System.

Please do not hesitate to contact me if you require any further information.

Yours sincerely,

Debbie Simmons
Chief Nursing Officer

Annex D: Statement from Healthwatch



Healthwatch Somerset's Response to Yeovil District Hospital Trust's Quality Account Statement 2022-2023

Healthwatch Somerset exists to promote the voice of patients and the wider public with respect to health and social care services. We work with the health and care system to ensure that patients and the wider community are appropriately involved in providing feedback.

We welcome the opportunity to comment on the Yeovil District Hospital (YDH) Trust quality account for 2022/23. The work being done to merge Somerset Foundation Trust (SFT) and YDH seems to be working well with the different teams continuing to come together under the joint management arrangements put in place in 2021/22.

May we start by commending the presentation of the reports this year, we particularly like the 'Our Year' page at the start of the Yeovil Quality Account and the patient stories, but we do wonder if it is worth adding a table of abbreviations to support members of the public, unfamiliar with NHS jargon, who may read the document.

We were very pleased to read that YDH has received £15m to improve facilities to service the people of South Somerset in the short term.

We note and commend the establishment of a PUPS (persistent unexplained physical symptoms) clinic and look forward to reading about its progress in future SFT quality accounts.

We also noted the ongoing work to support people at risk of developing frailty and the expansion of the hospital at home service.

We commend the priority around improving life chances for children by addressing the key issues that they face. We hope to be able to contribute to this work through sharing our report '**Reaching out:** Looking at mental health support for young people in Somerset'

We note the challenges around the Operating Framework Indicators metrics.

Finally, we are very pleased with the work that is being undertaken and already achieved, within the maternity and neonatal services across the Trusts. We would like to send our congratulations to the teams on achieving both reaccreditation of the Gold sustainability standard for another three years and the HSJ award for safety improvements in maternity care.

We look forward to maintaining the good working relationship that we have with YDH staff, now within SFT, while working as a stakeholder on the ICB to ensure the experiences of patients, their families and unpaid carers are heard and taken seriously.

A handwritten signature in blue ink that reads 'Gill'.

Gillian Keniston-Goble
Manager

Annex E: Statement from Scrutiny Committee

Somerset Council

County Hall, Taunton
Somerset, TA1 4DY



Phil Brice
Director of Corporate Services
Somerset NHS Foundations Trust

Please ask for: Jennie Murphy

Email: Jennie.Murphy@Somerset.gov.uk

Direct Dial: 01823 357686

Date: 20 September 2023

Dear Phil,

YDH Quality Account 2022/23

Thank you for sharing with the Scrutiny Policies for Adults and Health Committee your draft report on Quality Accounts 2022/23 for comment.

The report has been shared with the 13 members of the Committee and they have all had the opportunity to consider and review it. It is clear that the year has been a challenging one for the Yeovil District Hospital but significant steps have been made to provide innovative solutions to those challenges.

The Committee has no specific comments to make on the draft report.

The Committee would like to add its thanks to the staff and volunteers of Yeovil District Hospital and the NHS Foundation Trust and for the open and frank way the Trust have worked with the Committee over the last year. The Committee look forward to continuing this constructive dialogue in the forthcoming year.

Yours sincerely,

Jennie Murphy
Scrutiny Manager

www.somerset.gov.uk

Annex F: Statement of Directors' Responsibilities in respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements), and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2022/23 and supporting guidance.
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2022 to March 2023
 - Papers relating to quality reported to the Board April 2022 to March 2023
 - Feedback from the commissioners dated 05/09/2023 and 06/09/2023
 - Feedback from Local Authority Overview and Scrutiny Committee dated 20/09/2023
 - Feedback from local Healthwatch organisations dated 15/09/2023
 - Feedback from governors dated 24/08/2023
- The Quality Report presents a balanced picture of Yeovil District Hospital Foundation Trust's performance over the period covered.
- The performance information reported in the Quality Report is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review, and
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations), as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Report.

By order of the Board.



05/09/2023

Date..... Chairman

COLIN DRUMMOND



05/09/2023

Date.....Chief Executive

PETER LEWIS