



Somerset
NHS Foundation Trust

Somerset NHS Foundation Trust

Quality Report 2023/24

- incorporating the Quality Account

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A report on the quality of the care we offer  
and how we are seeking to improve



# Somerset NHS Foundation Trust



# Quality Report 2023/24 – including the Quality Account

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## PART ONE: STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

Welcome to the annual quality account and report for Somerset NHS Foundation Trust (SFT), for the financial year 2023/24.

This was a particularly important year for us, as it was the first following our merger of legacy Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust. Together, we provide a broad range of services. These are services from the two acute hospitals in Somerset (Yeovil District Hospital (YDH) and Musgrove Park Hospital (MPH) in Taunton), community-based services across the county, services from our 13 community hospitals across Somerset, mental health and learning disability services across the county, and we manage a quarter of the county's GP practices through our subsidiary company, Symphony Healthcare Services.

We created this unique NHS Trust 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.

Our NHS Trust is created on the foundation of our clinical strategy. The five aims of this strategy form our Trust's strategic objectives and are shared by NHS Somerset. They have the prevention of ill health, care and support in local communities, and reducing inequalities, at their core because it is essential that we focus work in communities to support people to remain in good physical and mental health for as long as possible.

These aims are to:

- **Improve the health and wellbeing of our population.** Enable people to live socially connected healthy, independent lives, promote early intervention and prevent avoidable illness.
- **Provide the best care and support to children and adults.** Ensure safe, sustainable, effective, high quality, person-centred support in the most appropriate setting.
- **Strengthen care and support in local communities.** Develop and enhance support in local neighbourhood areas and bring care closer to home.
- **Reduce inequalities.** Value all people alike, target our resources and attention where it is most needed, giving equal priority to physical and mental health.
- **Respond well to complex needs.** Improve outcomes for children and adults with complex needs through personalised, co-ordinated support.

There is very good evidence to show that colleagues who are supported in their roles, supported to develop, engaged in the work of their team and services, and supported to maintain their health and wellbeing, provide better care and services to patients. It is

therefore very important that another one of our Trust's strategic objectives is to support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture.

A lot of work goes into ensuring that we create the right climate for our colleagues and each of our service groups looks very closely at the results of the NHS Staff Survey in their areas to improve their colleagues' experience, spread good practice and implement improvements where needed. This was the first time that we were able to participate in the survey as one organisation. Both legacy Trusts started from good bases with high results, but this year's results surpassed the combined results of the previous year.

During 2023/24, colleagues in different services in different parts of Somerset, have taken strides to implement our clinical strategy. Examples of this include:

- The development of new techniques and ways of working within our acute hospitals to provide more procedures as day cases, which support patients' recovery and free up acute hospital beds, enabling us to reduce waiting lists. Examples of developments this year include colleagues in our gynaecology team performing a laparoscopic and a vaginal hysterectomy as day case procedures for the first time; the introduction of an endoscopic spinal surgical system which means that more patients can leave hospital on the day of their surgery with very little physiotherapy or follow up care required; and becoming the first Trust in England to perform a "closure of ileostomy" as a day case. This development has enabled patients to return home under the care of our Hospital@Home service which monitors our patients closely in the same way they would be observed while in hospital.
- The expansion of community diagnostic centres in Somerset, which will give patients quicker access to the diagnostic tests that inform their treatment. During the year we expanded the Taunton Diagnostic Centre and the Yeovil Diagnostic Centre, adjacent to the hospital, is due to open this winter. This centre will provide outpatient appointments and over 70,000 diagnostic tests including radiology, endoscopy, cardiology and audiology diagnostic tests.
- The launch of a new service that has completely transformed care for those suffering post-menopausal bleeding, which can be a sign of womb cancer. The number of patients being referred to the Trust with these symptoms had increased very significantly, which resulted in long waits for patients to be seen and have the diagnostic tests they need to rule out cancer. In response, we developed the new service enabling people with symptoms to make a self-referral into the service, bypassing their GP. If they meet the criteria, they are booked into a one-stop appointment. Historically patients on a suspected womb cancer pathway would attend 3 appointments taking 63 days on average. With the new service, the patient attends only 1 appointment, on average taking 4 days from self-referral.
- The work of our community rehabilitation service, which gives people the confidence to remain at home without needing a stay in hospital. The multi-disciplinary team looks after patients with long-term conditions, helping people to remain as independent as possible either in their own home, or in a nursing or care home. The team works closely with colleagues at MPH, YDH, our

community hospitals, and adult social care, and focus on what's important to the people they support, with everything they do tailored to each individual patient.

- The work of our homeless and rough sleepers nursing service that also supports people in communities. The team also address health inequalities and respond to complex needs, by helping people who live on the streets, in hostels, in tents and in vans to access support with their physical and mental health.
- Our new children's and young people's access team that supports families to access mental health support and our new maternal mental health service that supports families following the loss of a baby, or a traumatic experience related to pregnancy, birth, or a post-natal experience.

We implemented many developments during 2023/24, but it was once again a challenging year for the NHS with many people needing urgent care. It is vitally important that we address the underlying causes of inequalities and poor mental and physical health in our communities and focus our services and work with health and social care in Somerset to support this.

We work very hard to do our best for patients and this means also acknowledging, reflecting, and taking action when we do not get things right. The Care Quality Commission inspected our maternity services at Musgrove Park Hospital, Yeovil District Hospital and Bridgwater Community Hospital in November 2023 and those reports were published in May 2024. The services at the two acute hospitals were rated as Inadequate overall and the service at Bridgwater Community Hospital was rated as Requires Improvement overall. Following the maternity services inspection, the overall rating for both our acute hospital sites decreased to Requires Improvement.

Those reports illustrate that we have fallen short of the standards we expected to be delivering, and we said sorry to the families that use these services and to our hard-working colleagues. We are committed to improve, so that we provide an excellent service that supports women, birthing people, and families in Somerset and have made significant changes since the inspection in November 2023. I am very grateful for our colleagues who are working very hard to improve our service, and to the Somerset Maternity and Neonatal Voices Partnership who are working with us to ensure that the voices of those who use our services are at the heart of our improvements.

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.

Signed



**PETER LEWIS**  
Chief Executive

## ABOUT US

In April 2020, Somerset Partnership NHS Foundation Trust (SPFT) and Taunton and Somerset NHS Foundation Trust (TST) merged to create the legacy Somerset NHS Foundation Trust, which was the first Trust in mainland England to provide integrated community, mental health, and acute hospital services. Subsequently, on 1 April 2023, the current Somerset NHS Foundation Trust was formed when legacy Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust (YDHFT) merged.

The merger between the legacy Somerset NHS Foundation Trust and YDHFT was in response to the recognition that no individual organisation in Somerset had what it would take to respond to the challenges alone. The merger brought together our skills, knowledge and resources in health together with those of our colleagues in social care, education, housing and the voluntary sector to tackle health inequalities and to enable our communities to thrive.

The journey towards merging both YDHFT and the legacy Somerset NHS Foundation Trust started in May 2020, where both Trusts signed a Memorandum of Understanding (MoU) in which the Trusts committed to work together for the benefit of the Somerset population by aligning the Trusts' strategic goals and operational activities. The Trusts signed the MoU to improve services for patients, but it was not intended to be a permanent position. Moving towards acting as one Trust, but legally being two separate organisations, carries cost and time inefficiencies which were hard to justify in the long-term. There was also a risk of lack of clarity around accountabilities as we continued to integrate and blur some organisational boundaries.

Following directly from this greater collaborative working, the Trust Boards explored options for the future. This included using an agreed selection criteria leading to three shortlisted options. Independent support was sought from Deloitte LLP, resulting in the conclusion that neither a Partnership Board nor a Strategic Group Board model would deliver the sustainable system change that Somerset needs; and that a single leadership team and Board would be the most effective mechanism for realising the significant benefits to be had from closer collaboration. The Trust Boards therefore concluded that formally bringing the two organisations together was the preferred model.

The merger brings together all of Somerset's NHS acute, community, mental health and learning disability services, and around a fifth of primary care into a single NHS Foundation Trust. Our plans were developed closely with our Somerset system partners. The merged Trust is now in a unique position to provide genuinely integrated mental and physical health care, spanning whole patient pathways.

## Purpose and Activities of the Trust

Somerset NHS Foundation Trust provides a wide range of services for the whole of Somerset, as well as parts of North and West Dorset. We work with health and social care partners in Somerset to ensure that we deliver outstanding services that meet the



needs of our population. The Trust's general services are commissioned by the local Integrated Care Boards while specialist services are nationally commissioned.

The Trust provides acute services from Musgrove Park Hospital (MPH) in Taunton, which has around 700 inpatient beds, and Yeovil District Hospital (YDH) in Yeovil, which has around 330 beds. We also operate 13 community hospitals (with over 220 beds), providing inpatient, outpatient and diagnostic services, six Urgent Treatment Centres and one Minor Injuries Unit.

The Community Dental Service provides dental care to a caseload of over 5,700 patients across Somerset and Dorset. In addition, children with high dental needs attend the service for a single course of treatment which often includes inhalation sedation or general anaesthetic. The service has made good progress in reducing waiting times in Dorset and in both counties for adults and children needing general anaesthetic for their dental treatment.

Somerset NHS Foundation Trust's community services are wide-ranging and include district nursing, stroke services, podiatry, physiotherapy, acute home treatment for frailty and respiratory care, and diabetic eye screening. These services are provided in a range of settings including community team facilities, GP surgeries, local clinics, and patients' homes.

Somerset NHS Foundation Trust provides mental health inpatient services and specialist healthcare for adults with learning disabilities from ten mental health wards across four sites. Its community mental health services include Talking Therapies, Early Intervention in Psychosis, a community eating disorder service, and services for patients with autism and personality disorder. The Trust is also an early implementer of the new model of community mental health services called Open Mental Health. The Trust was named Mental Health Trust of the year at the 2021 Health Service Journal awards.

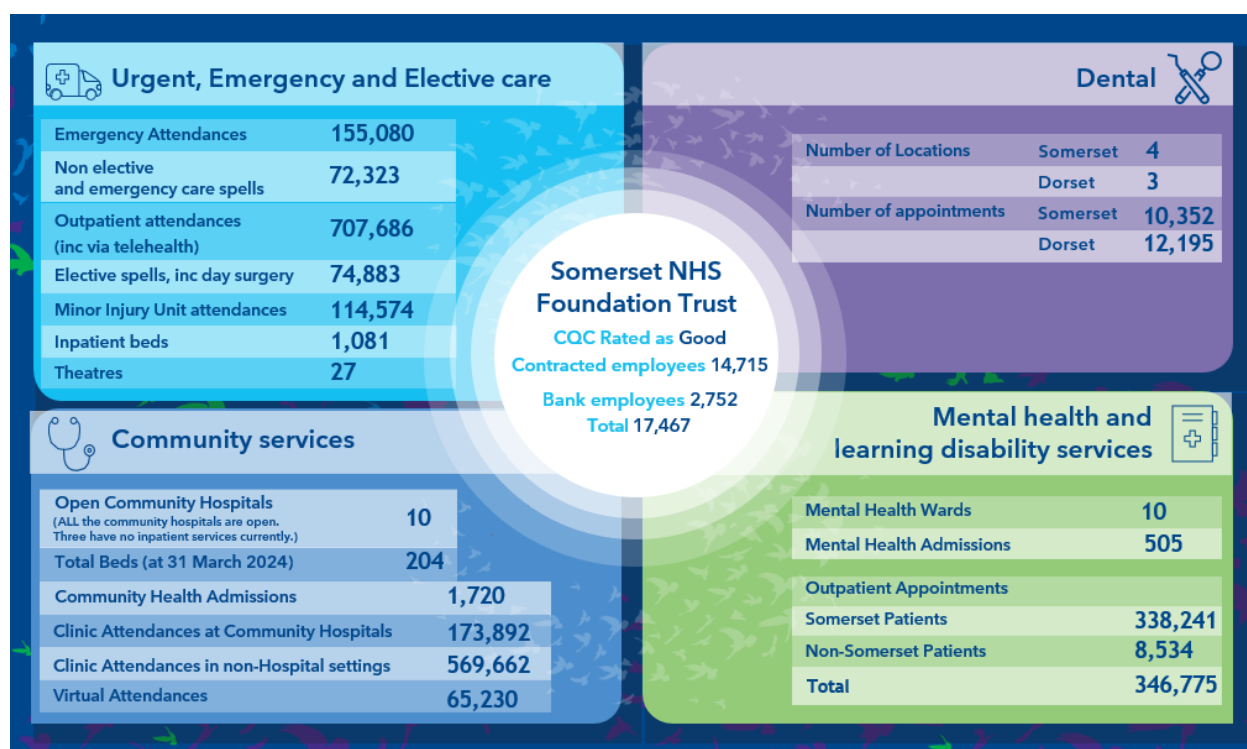
Somerset NHS Foundation Trust cares for some people from neighbouring counties who live close to the county border, including people from across north Somerset, north and west Dorset, Devon, Bristol, Bath & North East Somerset (BANES), Wiltshire, Swindon, and South Gloucestershire.

We are privileged to work with over 15,000 substantive and bank colleagues who deliver or support our patient services. From therapists to nurses, doctors, researchers, scientists, porters, cleaners, kitchen staff, accountants, those who teach the next generation of clinicians and the receptionists who welcome our patients, the contribution of all of our colleagues is invaluable.

## Map of key Somerset Healthcare Sites



## Some key facts about the Trust and our services



## **PART TWO - PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD**

### **UPDATE ON PRIORITIES FOR IMPROVEMENT 2023/24**

In this section we review how Somerset NHS Foundation Trust (SFT) has performed against the key priorities it set itself last year.

For 2023/24, the Trust continued to focus 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. With the advent of merger, the teams from the two legacy organisations have worked together to develop joint working and establish new relationships. The flagship teams have reset priorities for the new Somerset Foundation Trust and wider across the system. Progress over the last year has been variable as teams have worked on competing priorities including integration, ongoing operational pressures, and leadership changes.

#### **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.

### **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 was it important?**

Peri-Operative Services at SFT aim to optimise the health of patients requiring surgery, empowering them as active participants in their health management for positive long-term outcomes. We understand that a patient's fitness directly impacts their recovery post-surgery and recognise the importance of early health assessment to provide timely support.

Whilst Peri-Operative care includes support before, during, and after surgery, this project started with pre-surgical care. The aim is to optimise patients' health and wellbeing at the earliest point in their surgical journey. To achieve this aim, we established 14 workstreams, including diabetes, anaemia, frailty, nutrition, exercise,

smoking, and weight management. Initially, these workstreams were in a test and learn phase. This initiative enabled us to conduct over 60 PDSA (Plan, Do, Study, Act) cycles and monitor approximately 600 patient referrals across the 14 workstreams to decide on the model for implementation.

### **What was achieved during the year?**

In June 2023, with an investment of £320k, the team sought to scale up the early pilots and tests of change. The team was expanded to include clinical and non-clinical roles such as specialist nurses and care coordinators (CC), to facilitate patient-centred care throughout the Peri-Operative journey.

Our Clinical Service Lead successfully applied for the Somerset system peri-operative medicine lead role and was awarded funding to provide consultant leadership to facilitate improvements across the South West.

We partnered with Somerset Public Health Specialists to be selected site for a one-year pilot of the Digital Weight Management Programme. Additionally, we showcased our Diabetes pathway and Care Coordinator pathway to the national network of Getting It Right First Time (GIRFT) Pre-operative assessment (POA) leads.

Our steering group provides strategic direction, ensures alignment with organisational goals and is a safe, communicative forum where workstream leads update their progress and reach out to our stakeholders for advice & guidance. Our stakeholders include colleagues from the acute hospitals, primary care, the Integrated Care Board (ICB), tertiary centres and community representation. Partnerships with our Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations broaden our reach and enhance community engagement, fundamentally allowing a more holistic approach to patient care.

The steering group agreed a primary focus on anaemia, diabetes, and smoking recognising the greatest benefit from optimisation in these areas, however all workstreams remain in train.

**Anaemia:** Our goal was to create a comprehensive service focused on proactive identification and management of anaemia. The introduction of single-dose iron infusions in the community significantly improves patient accessibility to treatment closer to home and efficiency in anaemia treatment. We have developed patient information materials and educational resources for healthcare professionals. The team now collects baseline data and develops treatment plans for surgical patients with anaemia. This data will inform our ongoing efforts to optimise the pathway and improve patient outcomes.

**Diabetes:** The Diabetes Peri-Operative team has worked collaboratively with colleagues in primary care to develop and roll out a pathway which identifies patients requiring diabetes optimisation at the point of referral to secondary care. To date, the pathway has been implemented in 40% of GP practices.

The introduction of Pathpoint at the Musgrove Park Hospital (MPH) site also enables a second point to identify patients with diabetes requiring optimisation prior to surgery. All patients identified via this route are provided with self-management education and either supported by a member of the Peri-Operative team or referred to other diabetes

optimisation services. It is our intention to implement Pathpoint at the Yeovil District Hospital (YDH) site in due course to replicate this picture across the county.

**Smoking cessation:** The aim of this workstream has been to identify patients across all surgical services irrelevant of surgical pathway type (minor, major, day case or in-patient surgery) to support in reducing or quitting smoking prior to surgery and to continue to refrain from using tobacco post-surgery. Surgical advantages are realised within just 8 hours of a patient quitting smoking. Thus, we can enable tangible benefits for patients regardless of the immediacy of their surgery. The Peri-Operative service works in collaboration with the Somerset Stop Smoking service (SmokeFreeLife Somerset) and SFT's Tobacco Reduction Team have agreed an approach to take in conversations around smoking reduction, quitting and referrals onto the service. SmokeFreeLife Somerset report data analytics of patient numbers achieving (or not) milestone quit dates.

**Frailty:** To manage this population effectively and prepare older adults for surgery, a prehabilitation pathway was designed, integrating various therapy programs, dietary adjustments, and medical reviews tailored to individual needs. Identifying frail patients early was a priority, due to the risk of adverse outcomes post-surgery. With the implementation of PathPoint, a digital Pre-Operative Assessment tool in the pre-assessment process, the identification of frail patients significantly improved.

Across two pilot cohorts, following shared decision-making approaches within multi-disciplinary teams (MDT) clinics, 55% of patients chose to come off the elective surgical waiting list, instead opting for alternative support options offered within the community including community rehabilitation team, Age UK, exercise programmes, home aids and social prescribing support.

**Cancer pathways:** SFT Cancer PreHab hub services has been in pilot phases across both acute hospitals since March 2023. They offer prehabilitation services to patients with colorectal, prostate and lung cancer regardless of whether the patient is awaiting surgery or chemotherapy / radiotherapy treatment or systemic anti-cancer treatment. Patients are offered support in optimising three key areas: Exercise, Nutrition, Wellbeing.

**Exercise:** In partnership with Somerset Activity and Sports Partnership (SASP) we have established a dedicated webpage on their site titled 'Fit for Surgery and Beyond,' tailored to support patients awaiting lower limb orthopaedic surgery by providing guidance on enhancing fitness and strength during the waiting period. Patients are referred following consultations with physiotherapists at the Orthopaedic Assessment Service in Somerset (OASIS), where they gain access to exercise tuition and guidance, as well as referrals to exercise programs developed by Age UK and Arthritis UK.

**Nutrition:** The dietetics teams have helped to develop a peri-operative nutrition webinar and have tests of change underway within the frailty pathway.

**Other optimisation workstreams:** Depending on the conversation we can refer patients onto a community health coach, a village agent, a digital or face to face weight management programme, inhouse alcohol reduction service or public health alcohol reduction service, Talking Therapies for support around anxieties, and improving wellbeing service. We also have access to a wide range of Apps within the

NHSE approved ORCHA site.

In October 2023, Simon Bishop, Associate Professor in Organisation Behaviour at Nottingham Business School, reviewed the SFT Peri-Op programme to understand the approach taken and lessons learnt. The final report concluded that SFT Peri-Operative Service coordinated a 'system improvement' approach, with work taking place across a number of workstreams, coordinated through a central perioperative care management team and actively supported by a steering group of senior clinical and administrative staff. The report concluded a collective approach, strong coordination, organisational support, and commitment to improvement methodology, as well as its focus on building relationships across the healthcare system, all contribute to its effectiveness in improving perioperative care. The program addresses complex challenges in healthcare and seeks to provide better care for patients undergoing surgery.

## **QIP 2023/24 – Priority 2 – Last 1,000 days: valuing people's previous time in the last chapter of life**

### ***Why was this important?***

The Last 1,000 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. Its focus includes the needs of relatives and friends during life and after the death of their loved one has occurred. End-of-life care 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, families, and carers, to plan their last chapter of life, and enables colleagues to provide high-quality, compassionate end-of-life care. 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 1,000 Days flagship remains pivotal in the way end-of-life care is viewed countywide, with multi-agency colleagues coming together to do the right thing for patients who are at the end of their life. Whilst this was to a degree in place pre-merger, the official transaction has strengthened this, formalised closer working, and has brought the governance into a single leadership structure. The SFT Last 1,000 days governance structure is well embedded with a single merged steering group, to which three subgroups report: operational; governance; and education. Colleagues across both legacy organisations attend these meetings and the focus and learning from projects is shared across both acute sites and the community. Progress of focused projects has been co-ordinated and monitored via the operational group with several projects/workstreams now fully embedded and converted to business as usual. Examples of work achieved are:

**End-of-Life Homecare:** This project commenced in November 2022 to bring about rapid discharge of end-of-life patients with days to short weeks to live. Previous data showed 29% of patients when identified as end-of-life 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. Between February and December 2023, the project aimed to get patients home within 24 hours when identified as having days or short weeks to live. For those who did achieve their wish to go home, the median time to discharge was one day. Median overall survival for these 94 people from discharge was nine days; only 26 people (29%) survived more than 30 days. Ten people (9.6%) either died on the ward or were not stable enough to discharge. This work has been shortlisted for an HSJ award and publication as an example of stream-lining delivery of end-of-life care countywide. Unfortunately, the project has been scaled back due to a lack of funding of care pathways for patients who are near end-of-life but do not have a primary health related care need. Ongoing conversations with ICB colleagues and the continuing healthcare (CHC) team have led to a recognition that improvements at the Musgrove site need to be made. We are reassured the quality of information at referral is an issue and expect that with specialist involvement the acceptance of CHC fast track funding requests will rise to match that of YDH. This is a key change for the integrated palliative medicine teams and has required a productivity review and 7 day working change which is ongoing.

**End-of-life care education syllabus:** This has been developed across SFT post-merger. This ensures colleagues have parity in access to training and development opportunities in end-of-life care. By streamlining the process, the education team hopes to attract greater numbers of staff to end-of-life care education and therefore improve understanding of the Five Priorities for Care for the Dying Person as recommended by Health Education England (HEE). HEE also recommends that staff are supported to not only improve their skills and knowledge in caring for those at the end-of-life, but also their confidence, therefore cross site collaborative simulation opportunities have been key to staff having the opportunity to experience the delivery of such care.

**Universal care plan for last days of life care:** This has been developed for use across both acute sites, which builds upon the importance of communicating the Five Priorities of Care. It will have a complimentary education programme for staff when it is launched. When staff understand how and when to initiate and deliver the care plan, they, their patients and patients' families will benefit from a holistic framework that is underpinned by NICE Quality Standards. The care plan will be trialled on site this summer with the view to a full Trustwide rollout at the end of 2024.

**Somerset Treatment Escalation Plan (STEP):** Since merger and the appointment of a Treatment Escalation Plan Lead, partnerships have been brokered system wide to develop an updated form which will be released in early Summer 2024. This will aim to improve conversations between clinicians and patients and their families and completion of the form. The STEP policy will be updated in a similar timeframe and give updates on who can complete a STEP form, alongside updated Mental Capacity Act information.



There has also been ongoing work around digital access. A pilot of a digital STEP on Somerset Integrated Digital e-Record (SIDeR) is planned for Summer 2024, with a view to future roll out into 2025. This will be supported through the ICB digital group. SIDeR will be the platform where all STEPs will be held and amended, so all clinicians across the county, including South Western Ambulance Service NHS Foundation Trust (SWASFT), can access these forms. SWASFT will be able to use the national records locator service from the SIDeR form to get up to date and trusted resuscitation and escalation data.

We are working together with system partners to update our education to reflect the latest changes in policy and the form. The end-of-life care education team is providing conversation skills workshops available to all staff and working to make the e-learning mandatory for certain staff members.

All the workstreams above are working alongside YDH, MPH, the wider SFT footprint, the ICB, and with other system partners along the way to ensure merged working across the whole county.

**‘Have you thought about’ letter:** This was designed to help signpost 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. This was previously trialled within the lung cancer teams at MPH but is now being rolled out wider across both acute sites for further patient and colleague feedback.

**The National Audit of Care at the End-of-Life (NACEL):** This has been conducted across the county since pre-merger. There is now equity in administrative support for this audit between acute sites because of the merger. Data is now viewed for community hospitals, YDH and MPH to allow deeper dives into variation and is reported at the merged steering group which enables better oversight than pre-merger.

**Learning disability (LD) and transition care:** a pilot of consultant time, for care of people admitted in crisis who have a neurocognitive and physical disability, was supported by the ICB learning disability team. This began with a regional audit of resus decision-making and advance care planning. The audit showed areas for improvement in decision-making, communication and using individualised care approaches. This pilot of consultant time has showed a need for an increased LD team within the hospital, in addition to a coordinated, holistic approach to transitional care across Somerset. This case is being made to the ICB in the summer of 2024 prior to transitional care becoming a CQC area of inspection in 2025.

**Verification of expected death policy:** this policy has been updated with the new medical examiners’ role and changes to coroner’s requirements in mind. Through learning from deaths, and complaints/incident forms, we have changed the policy to better reflect the ‘sooner but still expected’ deaths, to reduce distress for families and system workload. Previously, the coroner, or, out of hours, the police, would need to be coordinating care, but with the new policy we hope to reduce this considerably. It will also help the staff we ask to verify to gain improved fulfilment by taking appropriate steps to verify, rather than feel uncomfortable or distressed by referral to the coroner, just because the old policy did not consider a wide enough, but still safe, scope.



**Joint Motor Neurone Disease (MND) clinic:** the neurology, hospice, palliative care, and allied health teams of the Motor Neurone MDT have collaborated and started a clinic at South Petherton. This has a growing list of attendees that include neurology specialist practitioners and consultants from neurology and palliative care, alongside speech and language, occupational therapy, and hospice community teams. The aim is a personalised 'one stop shop' guided by a person's goals and needs with the professionals fitting the clinic to them. This should improve NICE guidelines compliance, efficiency of patient review and staff morale, as the teams work together and support each other's skillsets. At present, the time spent in clinic is unfunded and for some members it represents additional clinical time. Depending on the success of the clinic, a business case will need to be brought forward to sustain the service.

**End-of-life complaints peer review:** the palliative care consultants receive each complaint that meets the national definition of an end-of-life complaint. They review each complaint, offer constructive support to the investigating teams, and offer a review of the response where helpful. This continues to drive the involvement of the palliative care team in supporting those affected by care that could have been improved and supports Trust learning by feeding back into the end-of-life curriculum.

**Musgrove Park site increased specialist contacts:** following integration, a palliative care nurse consultant is now working across the county. This is having a positive effect on cross-site working and integration with an increased number of patients being seen. This improved productivity has really helped those in the last days of life gain additional support and symptom control on busy wards.

## **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 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 and with nearly 90% of the population growth in this age group. 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. These individuals 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. The 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.

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 (MDTs)), urgent community response, enhanced care in care homes and anticipatory care.

### **What was achieved during the year?**

In this last year the focus has continued to be how services can more effectively manage frailer individuals at home to reduce potentially harmful lengthy hospital stay and to provide services more locally to meet the needs for this vulnerable population.

Progress has been made in the following areas:

**Identification of frailty:** The identification of frailty at the front door is part of the Trust Commissioning for Quality and Innovation (CQUIN) for 2023-4. The year one target for the Trust is to ensure a minimum of 30% of patients aged 65 and over attending the emergency department (ED) or same-day emergency care, receive a clinical frailty score (CFS) assessment and appropriate follow up. This audit looked at the front door services across both acute sites and exceeded the target and achieved 33%. However, the team's ambition is to identify all people and, if needed, to implement a comprehensive geriatric assessment which involves a whole team approach. Work is continuing on training and process e.g. the CFS screening to be a compulsory question on the computer system across the front door. Compliance has improved, not only for front door services, but also for advice and guidance requests and inward referrals, as part of 'Advice First' in which the CFS for over 65's is a compulsory question.

The use of the clinical frailty score for those over 65 has also been rolled out to most of the community teams to ensure a common way of identifying frailty and monitoring deterioration to aid rapid intervention. This will be further embedded to ensure consistency and work is underway to build and support teams in multiple settings to implement the comprehensive geriatric assessment. This work is being supported by an e-learning training programme which has been made mandatory for some teams e.g. discharge to assess team.

**Front door and acute services:** A review is underway to look at the integration of frailty services across both acute hospitals to establish current and future provision in line with national guidance and local population needs. There has been an increased use of nominated consulting rooms at YDH for rapid access appointments to avoid admission. Both acute sites have frailty practitioners/nurses who provide support seven days a week, operating within ED and other acute areas. Work is still ongoing to identify space for an acute frailty unit at YDH in line with the provision at MPH.

**Operational structure:** Since the merger in April 2023 there has been a change in the operational structure with one service manager for all our elderly care services across acute and community services. This is enabling a full review of all pathways and a commitment to looking at how we ensure we have an equitable county offer. This work is still in its infancy and senior clinicians are coming together to work on the key priority pathways. Pathways identified are Parkinson's, orthogeriatrics, management of osteoporosis and front door services. Although data is being inputted into the two different legacy electronic systems, the merger has enabled work on building a single data dashboard for our elderly care services across both acute settings. This will make

it easier to make comparisons, understand where the gaps are, focus improvement work and to understand the impact of any changes implemented.

**Hospital at Home:** Frailty Hospital at Home pathways have continued to grow in workforce and capacity. To date, the whole Hospital at Home service has had 2,034 admissions. The service runs 7 days a week, 12 hours a day. A second community geriatrician has been recruited alongside several associate specialists to enhance the support for patients with frailty across the county. The service is supporting individuals with complex co-morbidities with personalised care at home, that may have previously been in hospital. The next 12 months will see a continued growth in the caseload and an extension of senior clinical support at the weekends to help maximise safety and availability of the service. 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. Work is ongoing to align the urgent care response (UCR) services.

**Neighbourhood and community services:** Below are a few examples of the many projects that are underway in the community:

- There has been an increase in Discharge to Assess (D2A) capacity to support a higher number of patients home sooner ensuring people spend less time within the hospital environment, despite an increase in the complexity and dependency of individuals.
- Development of therapeutic groups in Older Persons Mental Health (OPMH) in the community using a flexible workforce across the neighbourhoods and utilising SFT estate more fully.
- There has been a full review of our community rehabilitation services (CRS) and a series of improvement projects are underway to support people to be more independent in their own homes.
- Mental Health investment monies have expanded the workforce for older people with an increase in clinical psychologists, development of dual diagnosis roles, and peer engagement workers to work with carers. This supports the physical health check clinics for those patients requiring cardiometabolic monitoring due to their prescribed medications.
- The Mendip falls clinics continue to provide a person-centred multidisciplinary approach to falls management and are based in Shepton and Frome. The clinic at West Mendip is still in its' exploratory phase.
- Rural Health Hubs have continued to grow and have secured permanent funding. They are well established at J24 Auction Market, Exmoor Market at Wheddon Cross and Standerwick Market, Frome. There is also a well-established monthly HGV clinic based at J24 working collaboratively with Wincanton Logistics, which has built on the success of the health hub model. Currently, Wheddon Cross is also a pilot site for Somerset's Dermatology pathway. Other services have approached the hubs such as Sexual Health and Pre-hab.
- South Somerset West project – This innovative programme of work is an opportunity to complete end to end pathway reviews to design and transform services across four GP practices, acute and mental health services and two community hospitals for a population of 37,000.

## **QIP 2023/24 – Priority 4 – Stolen years: helping people with mental health conditions to live longer lives.**

### **Why was it important?**

The SFT stolen years programme continues to support people with severe mental illness (SMI) who 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. It is well documented that people living with SMI often have 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?**

In the last year, the merger between SFT and YDH has strengthened the need to bridge the physical health and mental health divide by bringing together both acute hospitals, community, primary care, and mental health colleagues to treat people holistically.

Historically cultural divides between our physical health and mental health colleagues, teams and services resulted in a mismatch of terminology, expectations and silo working. People with SMI are at high risk of experiencing chronic physical conditions whilst similarly, people who live with chronic physical conditions are at risk of developing poor mental health. Therefore, putting the patient at the centre of their care and looking at the whole person will result in better health outcomes, enhance patient and carer satisfaction, and bring about system efficiencies. A new culture is now felt across our merged organisation; within care discussions the language has changed from 'your' patient to 'our' patient.

The shift away from compartmentalising physical and mental ill health will take time, but since merger, several initiatives have been implemented in Year one to drive this agenda. Examples to date are:

**Workshops co-produced with 'Experts by Experience':** Further workshops have been held across Somerset, where Experts by experience shared personal accounts of accessing and receiving physical health care in Somerset. Colleagues were able to ask questions, reflect on improvements and a repository of 'pledges' is underway to showcase the work within physical healthcare settings. These workshops have strengthened emerging collaborative relationships between mental health and physical health colleagues working in both acute hospitals and community teams.

**Expediting elective care:** Patients still wait a long time in many specialities, both to be seen and assessed and to have surgical procedures. SFT is in a unique position to be able to easily identify vulnerable patients who are more likely to deteriorate whilst waiting and to expedite their care. There is good evidence that patients with these characteristics on average live shorter lives, which means they spend a

disproportionately longer part of their life on a waiting list. A project started at MPH in January 2023 to flag and expedite patients with a known learning disability, and/or both a current open mental health referral and living in one of the two most socially deprived areas. It was expanded to include Children Looked After (CLAs) in February 2024. To date, 510 patients waiting for their first routine outpatient appointments have been upgraded so that they are managed as if urgent. Of these: 475 routine patients received 'urgent' appointments on average 7.3 weeks after being flagged, and 147 were seen within a month (versus typically 6 months without intervention). 85 of the patients had learning disabilities and 13 were supported by the LD Liaison team to ensure the best possible outcome at the appointment. This project is still only available to MPH patients as there has been a technical delay in merging the two elective waiting lists so that YDH patients can also be included. It was hoped that this would be in place in Quarter 1 of 2024/2025 but is now set to be expanded by the end of Quarter 2.

**The PLT (Psychiatric Liaison Team):** over the last year, the merger has embedded a collaborative approach to achieving outcomes together with a 'no barriers' approach. There is a shared focus on learning from incidents and complaints, and teams are committed to working together to form joint action plans. Recent reviews by the Royal College of Psychiatrists at both acute sites have commented on the relationships and collaboration between the acute colleagues and PLT staff as being 'exceptional'.

**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.

The Tobacco Reduction Programme has been rolled out across the whole of Somerset Foundation Trust since April 2023. The team provides specialist advice and guidance and facilitates nicotine replacement therapy (prescribed by authorised staff) to all inpatients within Musgrove Park, Yeovil Hospital, and our Mental Health units. There is also an in-house referral system to our community partners for Maternity. In this time, staff have seen and supported more than 2,200 patients in the acute hospitals, with 546 being referred to quit programmes in the community. Of those, over 100 former Somerset in-patients have gone on to quit smoking. In addition, almost 200 mental health patients have engaged with the team, with 14 going on to quit smoking.

In the last year, since merger, the programme has become established and local data requirements have evolved. Working across one organisation has been positive in terms of being able to deliver the tobacco reduction programme countywide. As the programme continues to become embedded, a key project going forward is to implement the Trust smoke free policy in our mental health units, making the whole site at each unit smoke free. Historically this has been difficult to achieve, especially during Covid. It is acknowledged mental health inpatients are often experiencing a crisis and therefore it has been questioned as to whether this is the right time to

implement going smoke free. However, with the support of our experienced team we are now able to take this forward ensuring our patients and colleagues are fully supported.

**Advice and guidance pathway:** During the Covid pandemic our physical and mental health colleagues set up an advice line. It was run by the AMU (Acute Medical Unit) team at MPH to support the mental health inpatient units with managing their patients with physical health presentations. This avoided these patients being transferred to the acute site unnecessarily. Following merger, SFT has built upon this and developed an advice and guidance pathway to support patients when they become physically unwell in mental health 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 developed an advice and guidance pathway for patients who become physically unwell on mental health wards, so they can remain there wherever possible. This pathway went live in June 2023 and brings together colleagues across both acute sites and mental health inpatient wards.

**NHS Somerset Talking Therapies Service** (formally Improving Access to Psychological Therapies): This team continues to work across boundaries by providing mental health support to patients presenting with physical health problems. Patients waiting for an operation or on receipt of a physical health diagnosis may experience anxiety and stress, alongside managing the emotional impact of lifestyle changes due to their health. Building on our first merger, where Talking Therapies colleagues co-located with MPH cardiology clinics to run joint clinics to support this patient group; this has been expanded to YDH. However, due to a lack of clinic space, they have not been able to co-locate to date but receive referrals from the cardiology team. Since April 2024, diabetes clinics have been introduced at the Queensway unit at YDH and the service is supporting patients discharged from the Intensive Care Units in both Yeovil and Musgrove. Conditions such as depression, anxiety, post-traumatic stress disorder (PTSD) and cognitive dysfunction are increasingly recognised among patients who survive an intensive care admission and are described collectively as the 'post-intensive care syndrome'. SFT are running clinics at South Petherton Hospital at three months post discharge to support these patients and improve their quality of life.

Psychological wellbeing practitioners (PWPs) are trained to assess and support people with common mental health problems – mainly anxiety disorders and depression. At MPH, there is a PWP who offers support within the NICU (neonatal intensive care unit) and so to mirror this in the east of the county, YDH now has a PWP in the low dependency unit. The merger has enabled us to see the importance of bringing acute and mental health teams together to best support this patient group.

**Adopting a county wide approach to ECG (electrocardiogram) interpretation:** Previously, ECG interpretation in our mental health clinics did not allow for prompt, safe management of medical interpretation. After considering options, it was agreed ECGs would 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. This has now been fully embedded within clinical practices.

**Co-designed and co-delivered training:** This has become embedded at both acute sites to support physical health colleagues in managing patients with mental ill health presentations. Our recovery partners have helped support the upskilling of nurses, doctors, and specialists with a range of topics such as self-harm and managing challenging behaviour which has been well received across both sites.

**Recruitment opportunities:** These are planned through the creation of rotational nurse posts. Mental health and acute colleagues are working together to offer something different. We are hoping to be able to offer four posts that will attract the new cohort of dual trained nurses, offering the opportunity to work across AMU, A&E, inpatient mental health wards and PLT.

Whilst we have made progress, there is still more to be done. By raising the awareness of mental ill health across our Trust, it has encouraged colleagues to have a more open dialogue to get involved, and to work together to get it right.

## **QIP 2023/24 – 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?**

**High intensity user (HIU) service for Somerset:** With the funding in place, the Somerset high-intensity user service was established in August 2023 with the HIU Lead and HIU Support Manager coming into post. The team monitors people who have attended either of our A&Es in Musgrove Park Hospital (MPH) or Yeovil District Hospital (YDH) more than 10 times in 3 months or complex non-elective admissions (NELs) to help reduce admissions for those medically fit. People are identified through data capture or by services contacting the team directly (A&Es, Psychiatric Liaison Teams, Wards). The team aims to identify and focus on the unmet need for the person thereby reducing the need for A&E attendances and highlighting any health inequalities.

In their first six months, they have created a data analysis tool with support from our information team, that is a live dashboard showing the attendance data across both hospitals.

The HIU team is currently actively working with 48 people, 44 people are on their watching tracker and 7 post service (no longer monitored but can be reactivated if required). They have chaired and co-ordinated 29 HIU MDTs. A total of 65% of the

HIU Caseload have had a Personalised Care Support Plan (PCSP). PCSPs are an essential tool to integrate the persons experience of the services they access so they have one joined up plan covering their health and wellbeing needs. They are critical in improving outcomes and ensuring people have more choice and control. 66% of caseload clients are active with the Ubuntu coaches, offering personalised support to identify and address the client's goals.

Of the clients worked with, the HIU service has measured a 55% reduction of attendances. The National target is 20-40% reduction, so the team is demonstrating fantastic outcomes to date.

The HIU Somerset Steering Group has been re-established, which is jointly chaired by SFT/ICB. Attendees include Avon and Somerset Constabulary, SWAST, PCNs, ICB, Lloyds Pharmacy, VCSFE representation including UBUNTU and Young Somerset, Open Mental Health, and NHSE. To date, the steering group has reviewed the Multi-agency Information Sharing agreement and signed off the terms of reference. The Data Impact Assessment tools are currently being agreed.

**Establishment of a persistent unexplained physical symptoms (PUPS) clinic**

**(adults):** The test clinic evaluation was completed and the model for the service was set out. Unfortunately, due to a key post becoming vacant the work has not progressed. With a new post holder coming into role this year, it is scheduled for action.

**Personalised care approach:** Throughout the year we have actively contributed to the work led by the Somerset ICB personalised care steering group to develop the actions to embed the personalised care model across the ICS. Following the completion of a personalised care audit, which showed we have more progress to make across SFT, we have now established a personalised care improvement group. The primary aim of the group is to enable Personalised Care to become 'everyone's business'. We have already introduced personalised care training onto our learning platform and over the coming months will collaborate with our public voice partners to finalise our improvement plan.

**Proactive care:** All four PCN footprints in South Somerset have a GP led complex care team model. There is also an in-patient team which is currently being reviewed to ensure the model is effective in delivering the best outcomes for patients. Improvements include:

- Working with PCN's (currently South Somerset West (SSW), Yeovil and South Somerset East (SSE)) to utilise Brave AI to identify patients e.g. severely/moderately frail who are likely to experience an acute hospital admission within the next 12 months.
- The teams are linking with Adult Social Care using their waiting list to respond to need in a timelier way. The benefits of integrated working and a co-located workforce have been realised in a highly successful pilot in SSE. Active discussions are taking place with Adult Social Care to role this model out to Yeovil and SSW teams (April 2024).



- Consistency of care for patients, on the basis that people living with complex needs are best supported by those that already know them.
- Personalised care conversation approach to become embedded in all areas of practice which supports the proactive care requirements.
- MDTs completed by complex care teams at both GP surgery huddles (GP practice level) and neighbourhood weekly/biweekly MDTs where multi-disciplines including VCFSE come together to talk through complex cases and agree a shared plan.
- All patients referred to complex care have a comprehensive assessment performed as per proactive care guidelines.
- The Complex Care team is using Foundry data for unplanned care intelligence. There is also an opportunity to improve links with the unplanned neighbourhood services including Urgent Community Response (UCR), Rapid Response and Hospital at Home.
- The in-patient complex care team at YDH links with HIU teams to review multiple admissions and reduce length of stay.
- The teams follow up all Complex Care patients in the community after acute and community hospital admission.

**Dementia and Delirium care:** Dementia Diagnosis rates (DDRs) remain low for Somerset; this is being addressed through our ICB steering group and we are working closely with their digital team as it remains a system issue. We know through regular audits that 25-30% of people diagnosed by SFT services are not coded to GP registers. The DDR for April is 55% against a 66.7% target.

**Delirium screening:** The recent National audit of dementia has identified that MPH is currently an outlier for delirium screening and an action plan is in the process of completion to address this. YDH remains compliant. Improvement on delirium screening will be impacted by service provision within MPH.

The MPH dementia team is currently piloting a 7-day service (since May 2023), this is currently funded until November 2024. There is a business case to make this permanent. Improvement on delirium screening is dependent on its approval and the ability to sustain the current service.

We have developed the system-wide Somerset Dementia Wellbeing model, which aims to provide post diagnostic support to everyone. The model includes a collective of 60 VCFSE agencies who work closely with all our services to ensure support is provided for everyone diagnosed with dementia.

We have developed a Countywide single point of access for Dementia Assessment services, to ensure consistency of pathways and greater efficiency of triage. This service commenced June 2024.

We have established high intensity OPMH care home beds, funded by the Local Authority but heavily supported by our services – Intensive Dementia Support and care home liaison.

We have implemented a Training team – providing training across the organisation and pathway bed providers. 3 WTE band 4s are currently delivering this on a 12-month contract, which will end in September 2024.

**Connecting the Dots:** This was established to improve the working relationships between SFT and primary care by building communication. There are three arms to it, the first a regular monthly meeting where everyone is welcome to come, share ideas and projects, or raise issues that affect primary care and SFT working well together. The second is the introduction of a podcast and the third is a newsletter to share information from SFT with primary care and highlight discussions held at the meeting.

In addition, regular quarterly Teams meeting between PCNs, Peter Lewis (CEO) and Andrea Trill (Medical Director for Integrated and Primary care) have been held over the last year. These were set up as 'temperature check' meetings to share issues that were concerning organisations and were followed up by face-to-face visits with 9 of the 13 PCNs.

More recently, an Interface Working Group has been established, with cross organisational representation to address issues arising at the interface between primary care and SFT. This programme is developing high level principles for working together which will then inform improvement workstreams e.g. onward referrals, following up test results and the quality of referrals coming in from primary care. The programme of work will be grouped into three themes: Understanding how each other works, working more efficiently and developing the processes for working together e.g. in co-designing pathways.

## **QIP 2023/24 – Priority 5 – CREATE – improving life chances for children.**

### **Why was this important?**

Our priority is to highlight and address the key issues facing young people in Somerset impacting on their opportunities for healthy lifestyle, good school attendance and positive social development. Specifically, we aim to add clarity, accessibility, and responsiveness in our pathways for adolescent care, advice and guidance and weight management support. Through ongoing partnership working across community and acute care, there is potential to build on these developments to optimise care in a young person's own community.

### **What was achieved during the year?**

We have supported initiatives in the care of those with learning disabilities, obesity, common childhood medical complaints, and eating disorders. Each project recognising the importance individualised care for children, young people and their families.

We are proud of the work that we have undertaken that has resulted in no admissions of young people due to care breakdown since Nov 2022.

In response to unnecessary admissions and highly expensive unregulated care placements, we have developed a new partnership with the Local Authority and the Shaw Trust known as Homes2Inspire. This partnership brings together health, social care, and education. A series of local residential care homes are now operational and high needs foster placements are coming online. A new Alternative Education Provision which will be co-delivered by the partnership will be opening in September with a second school opening the following year. Many of the young people who would have previously been admitted had nowhere to go; with this innovative new offer, they have somewhere safe to live where their needs are fully met.

**Continued development of eating disorder holistic care:** Nationally, there has been a sustained increase in eating disorder presentations. Following the COVID pandemic, there was a significant spike in young people presenting in highly compromised physical states. Additionally, we do not have a local Tier 4 Specialist Eating Disorder offer. In response, we have developed new ward roles whose focus is the provision of a personalised approach to care. This now includes CAMHS funded band 3 HCAs and Band 7 Nurses. In addition, the Band 6 mental health link roles employed by the wards have become eating disorder nurse specialists. This has led to greater consistency with care planning. We are now in discussions to develop these roles further, to support admission avoidance or shorter stays where discharge is in the best interest of the young person.

**Personalised Care:** innovating use of the Paediatric Admission Unit (PAU) and Wessex House day offer to contribute to bespoke care plans. A number of young people have benefited from a bespoke day offer from Wessex House. Importantly, this has included an offer of psychological support and education from the ward. There has been good success at effecting discharge home with this support. There remains scope for developing this further.

**Investment in Effective Early Intervention – ‘why won’t they eat training’, SPLASH project:** Staff across the system were telling us that they did not feel skilled enough to work with eating disorders or disordered eating. In response, we have delivered a new training known as “Why Won’t They Eat?” This has been offered to all statutory agencies and Homes2Inspire staff. The feedback has been very positive and there is evidence of care staff feeling increasingly confident in supporting young people with eating needs. Additionally, CAMHS and Local Authority staff are better able to identify eating needs earlier, preventing deteriorations. Paediatric nurses who have attended the course have reported feeling much more empathetic to young people with eating needs, including having a greater understanding of the reasons eating disorders can develop and how to adopt a trauma-informed approach.

**Development of LINK LDA (learning disabilities and/or autism team):** A new service – LINK LDA, is delivered by CAMHS in partnership with paediatrics and the voluntary sector. The team was developed to support children and young people with autism and/or learning disabilities. They specifically support those at risk of admission to hospital or a 52-week residential school. An independent evaluation has identified

significant strengths in the offer which includes robust consultation, direct clinical activity, and prevention of admission. For example, we provided direct intervention for a young person with LD admitted to Wessex Ward (from Bristol) who was in distress because he was physically unwell. To prevent an admission to paediatrics, which would have caused further distress, a Link LDA attended the ward and supported the team to complete the necessary investigations on Wessex Ward. This supported an upskilling of the team, whilst also preventing avoidable harm to the young man.

**Child health team joint triage:** partnership working between paediatric secondary care and primary care. Working together we are providing health care plans for children and young people (CYP) at the point of referral. This supports families to feel heard, implement appropriate management arrange investigations, access local third sector support and reduce reattendance for same concerns with primary & acute care providers. The triage team can direct CYP to the right care pathway from referral reducing CYP waits for secondary care outpatient paediatric services. In developing a professional network, we are upskilling patch-based professionals in paediatric care and developing intelligence around local care and support services for CYP. The ICB is supporting the gradual role out of Child Health Team Joint Triage service with support of local primary care services and SFT paediatric service.

**CREATE – improving the inpatient environment for CYP (Musgrove site):** One third of admissions to paediatric wards are CYP with co-existing medical, emotional, and mental health needs. Our environment and workforce have reflected historical needs around younger children with medical issues. Our CREATE team at the children's unit at Musgrove Park Hospital has been making incremental improvements in our ward offer to support adolescents. We recognise that an improved environment is key. This vision is central to our new build project plans (2030) and reflects the recommendations made by Health Services Safety Investigation Body (HSSIB) report in May 2024 calling for improvement and changes in the design of paediatric wards to provide a safe and therapeutic environment for CYP with mental health needs. Recent quality improvements over the last year have included introduction of emotional observation monitoring from presentation and through admission with associated support offer, welcome leaflet for young people and their families, coproduction of videos by young people explaining our ward offer are in progress, collaboration with clinical psychology to work with CYP to support them in understanding choices around their care to help them feel in control and central to decisions, minor updates to ward environment (treatment rooms and relaxed consultation space), pronoun videos to support staff to feel comfortable about talking about preferences with young people, and involvement in the trauma informed care multiagency forum.

**Darzi 2024 project – multiprofessional collaboration to explore school absenteeism in Somerset:** Somerset has one of the highest rates of CYP being absent from primary and secondary school in the UK. Absence is commonly associated with medical, emotional, and mental health needs. The impact on long term health, well-being, participation, attainment, and employment potential are well known. Historically health and education have worked in silos leaving CYP and their families and children feeling unseen and frustrated and care and support poorly co-ordinated. Our 2024 Darzi clinical fellow has explored this 'wicked' problem through widespread stakeholder engagement and has brought together a motivated, invested, and energised group of professionals from commissioners, public health, education,

paediatric medical care, primary care, child and adult mental health team, Connect Somerset and voluntary sector in a working group to explore early intervention pathways for children and young people struggling with school attendance. Our vision is to be able to help young people access the right support at the right time in their communities to maximise their health and school attendance.

## **QUALITY IMPROVEMENT PRIORITIES (QIP) 2024/25**

In this section we set out our priorities for the Trust for this year. Our priorities take into account the work currently underway to develop the Quality Strategy since merger, along with the review and analysis work carried out as part of the implementation of the Patient Safety Incident Response Framework.

As we developed our Quality Strategy, we wanted to engage directly with our Service Groups to establish Quality Priorities, and make sure that not only would the Quality Strategy deliver on the Trust's Corporate Objectives, but also help to deliver the specific priorities of the Service Groups directly caring for patients every day.

We have developed our Quality Priorities at both the strategic/Trustwide levels, and from below via the Service Groups and the patients we directly serve. We have also developed our priorities as a result of developing national guidance.

We asked Service Groups directly to work with colleagues, service users and others to develop the quality priorities. To do this well, we knew that this needed to be a collaborative approach, focusing on the needs and wishes of the people who use our services, and the people who matter to them.

### **How they will be measured, monitored and reported.**

The quality projects and initiatives are a combination of corporate-led Trust-wide programmes and team/service group level, with central support and co-ordination where required. As part of the ongoing work on development of the Quality Strategy, key performance indicators will be developed and, with the quality priorities having been aligned to fit with the overall Trust objectives, overall progress will be monitored within the Board Assurance Framework.

## **QIP 2024/25 - Priority 1 – Personalised Care**

### **Why is this important?**

Personalised Care according to the NHS England long term plan will benefit people by giving them the same choice and control over their mental and physical health that they have come to expect in every other aspect of their life.

A one-size-fits-all health and care system simply cannot meet the increasing complexity of people's needs and expectations.

Personalised care and support planning is a series of facilitated conversations in which the person, or those who know them well, actively participates to explore the management of their health and wellbeing within the context of their whole life and family situation.

Personalised care and support planning is key for people receiving health and social care services. It is an essential tool to integrate the person's experience of all the

services they access so they have one joined-up plan that covers their health and wellbeing needs.

The process recognises the person's skills and strengths, as well as their experiences and the things that matter the most to them. It addresses the things that are not working in the person's life and identifies outcomes or goals and actions to resolve these.

Through ensuring people are active participants and experts in the planning and management of their own health and wellbeing, ensures that the outcomes and solutions have meaning to that person in the context of their whole life and therefore leading to improved changes of successfully supporting them.

The personalised care and support plan is developed following an initial holistic assessment about the person's health and wellbeing needs. There is no set template for what a personalised care and support plan should look like, but it should reflect the following:

- A way of capturing and recording conversations, decisions and agreed outcomes or goals in a way that makes sense to the person
- Should be proportionate, flexible and coordinated and adaptable to a person's health condition, situation and care and support needs
- Should include a description of the person, what matters to them and all the necessary elements that would make the plan achievable and effective.

An internal audit was completed in 2023, the purpose of which was to provide assurance on whether the Trust completes personalised care plans within existing patient documentation. The audit showed areas of good practice but in most areas, it was difficult to demonstrate that people had been given choice and control and actively participated in their treatment plans.

Following the audit, the Trust has established a co-produced personalised care improvement group. This is co-chaired by Healthwatch and has three public/patient partners to ensure we are involving the voice of our population.

### **What do we want to achieve?**

An action plan was developed following the audit report and recommendations which will:

- Collate the results of the survey that was developed to gain awareness of our colleagues understanding of what personalised care is, whether we deliver personalised care, what stops us and what would help us to deliver care in a personalised way.
- Produce a personalised care policy.
- Develop a multi-faceted audit programme that will enable the organisation to gain assurance that personalised care is being delivered.

- Launch a training programme for colleagues

In addition to the corporate actions informed by the internal audit, Service Groups have identified a number of specific actions related to personalised care. These include, but are not limited to:

- Implementing GP and nurse led clinics, supported by tele-derm solutions, to provide a more personalised and responsive dermatology service.
- Piloting a frailty nurse for SDEC at YDH
- Developing pre-surgery optimisation across 14 identified workstreams (anaemia, smoking, diabetes, frailty, nutrition/dietetics, alcohol, weight management, advance care planning, exercise, emotional support, pain management, cancer, health coaches, departmental process) to prevent deconditioning in surgical patients.
- Empowering people living with cancer in care planning and delivery
- 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.
- Prioritising End-of-Life Care planning for last few days of life.
- Supporting 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 children and young people and their families.

## **QIP 2024/25 - Priority 2 – Patient Involvement & Co-Production**

### **Why is this important?**

In 2022, the Health and Care Act introduced significant reforms to the organisation and delivery of health and care services in England. At the heart of the changes was the need to establish a framework that supports collaboration and partnership working across a system to make it easier to deliver joined up care for our patients which is grounded in listening to what really matters to our patients and the public we serve.

As an NHS Foundation Trust we are subject to the triple aim duty which requires us to have regard to all likely effects of our decisions in relation to three areas:

- Health and wellbeing for people including its effects in relation to inequalities.
- Quality of health services for all individuals including the effects of inequalities in relation to the benefits people get from these services.
- The sustainable use of NHS resources.

In addition, Section 242 (Duty to Involve) of the NHS Act defines how, by law, NHS Trusts must ensure that patients and/or the public are involved in certain decisions that affect the planning and delivery of NHS services.



Central to our responsibility to deliver against the triple aim duty, is how we work in partnership with people and communities to truly design and deliver a healthcare service which is meaningful and prioritises and delivers against what matters most to our local community. Working in partnership is delivered through a variety of approaches such as engagement, participation, involvement, consultation and co-production and has a golden thread of listening to, and responding to, feedback. These terms often overlap but also mean different things to different people and occasionally, they have a legal or technical definition.

Our organisational approach to engagement and involvement approach needs to help all colleagues understand that engaging with our communities is not seen as an obstacle to overcome on the way to achieving a pre-determined outcome.

### **What do we want to achieve?**

By working in collaboration with people across our local communities we have an opportunity to better tailor services to meet needs and preferences unique to that community. Working in partnership enables us to design and deliver care more effectively and will help us to prioritise our resources to have the greatest impact and to support senior managers with making informed decisions about any potential service changes. Working in partnership will help us to address health inequalities by understanding local communities needs and to develop solutions **with** them.

Each service group will be working on delivering their own engagement and involvement plan utilising the NHS England resource 'Planning Engagement – a step-by-step guide'. This will enable each service group to shape a plan which is meaningful to the needs of the population they serve, to recognise that each service group is at different stages of their engagement and involvement journey and to enable all colleagues to build confidence with understanding why this is important.

We aspire to embed engagement and involvement and responding to feedback so that it is at the heart of all we do; to hardwire this across the organisation.

This work will underpin the Trust Patient Engagement and Involvement Strategy 2024 – 2027.

## **QIP 2024/25 - Priority 3 – Right Care, Right Bed**

### **Why is this important?**

It is crucial to ensure that patients are cared for in the most appropriate care setting, by staff with the skills to provide this care.

When healthcare services are under pressure due to excessive demand and system issues, including delayed transfers of care, patients can come to harm. In addition, this creates massive increased and avoidable costs for both the NHS and social services, as well as the wider public sector. Much serious avoidable harm to patients, such as

hospital acquired infection and injurious falls, occurs when patients are cared for in the wrong setting.

### **What do we want to achieve?**

Along with embedding the recent acute ward reconfiguration at MPH and YDH and building on the early successes of Hospital at Home, the Trust is focussing on a wide range of initiatives to support care in the right place. This includes system-wide work to address delayed transfers of care along with projects aimed at improving specific patient pathways within specialties.

Service Groups have identified a number of specific actions related to right care, right bed. These include, but are not limited to:

- Embedding the 20 min transfer policy across the sites to further improve the flow out of ED.
- Reducing length of stay by improving pathways, focussing on eight identified strategies.
- Using digital technology to improve dermatology pathways.
- Optimising pre-surgery to prevent deconditioning in surgical patients, with fourteen identified workstreams: Anaemia, Smoking, Diabetes, Frailty, Nutrition/dietetics, Alcohol, Weight management, Advance Care Planning, Exercise, Emotional Support, Pain Management, Cancer, Health Coaches, Departmental Process.
- Further development of Hospital at Home to understand the demand and capacity of for the service, including paediatric pilot.
- Further development of criteria led discharge
- Review of physiotherapy demand and capacity work to minimise inequity in waiting times.
- Reviewing reporting turnaround times for Radiology.
- Development of a 7-day paediatric assessment service

## **QIP 2024/25 - Priority 4 – Colleague Health and Wellbeing**

### **Why is this important?**

Colleague health and wellbeing is central in supporting our colleagues to deliver the best care and support through a compassionate, inclusive, and learning culture. Wellbeing demands a holistic approach, applied in different ways at multiple levels (individual, managerial, team, strategic and organisational). Wellbeing is sometimes positioned as an afterthought when something difficult happens rather than underpinning and contributing to high quality 'business as usual' which everyone must take ownership of.

Basic physical wellbeing needs are not always met successfully across the whole of the organisation (e.g. hydration, toilet breaks, rest breaks etc). Research evidence identifies this leads to reduced cognitive capacity, impacting on decision making, patient care/outcomes and potentially short term and long-term health outcomes for staff. The culture and structure of the team plays a significant role in enabling these behaviours. The tone for the organisation can be set by responsive and attuned support from senior leaders and managers across the organisation, as well as in the way colleagues work together. Ongoing Service Pressures can make releasing colleagues to attend formal wellbeing interventions challenging. There is a risk that interventions may be perceived as not an effective use of resources if colleagues are not enabled to make use of them – there is a difficult balance to strike.

Educating senior managers with regards to best practice, available support and existing protocols may help managers feel more informed and supported thereby enabling them to support teams more effectively.

### **What do we want to achieve?**

A range of preventative strategies and responsive interventions are required at each level of ownership (individual, managerial, team, strategic and organisational) to ensure the organisation nurtures a commonplace culture of wellbeing, and to reduce the frequency and impact of events which significantly challenge the wellbeing of colleagues.

The strategic and organisational focus for 2024/25 is on consolidating the “Care for Our People” Year 1 deliverables of the People Strategy (focussed on violence and aggression, and a just and restorative culture) and moving on to Year 2 deliverables (focussing on stress and burn out). These include:

- Supporting delivery of the Trust’s violence reduction and prevention action plan
- Rolling out training for staff support post incident, linked to ongoing PSIRF implementation work
- Launching the Team Immediate Meet (TIM) tool, a communication tool designed to facilitate a hot debrief following events which cause distress, across inpatient environments
- Implementing a new Occupational Health contract with clearer guidance on health and wellbeing support
- Gathering and reviewing information and key data to identify key priorities for reducing stress and burnout

Service Groups have identified a number of specific actions related to supporting colleagues. These include, but are not limited to:

- Improved facilities for colleague wellbeing
- Protected time for wellbeing interventions
- Focus on flexible working
- Senior leadership drop-ins

- Culture and emotional support

## **QIP 2024/25 - Priority 5 – Patient Safety Incident Response Framework Themes**

### **Why is this important?**

The Patient Safety Incident Response Framework (PSIRF) advocates a coordinated and data-driven response to patient safety incidents. It embeds a response into a broader system of improvement and promotes a significant cultural shift towards systematic patient safety management.

PSIRF supports the creation of much stronger links between incidents and learning and improvement. We aim to work in collaboration with those affected by incidents – colleagues, patients, families, and carers – to improve learning opportunities and subsequent quality improvement work, leading to effective change. This approach will continue to increase transparency and openness amongst our colleagues in reporting incidents and engagement in establishing learning and improvements that follow.

We are committed to learning from incidents and continuously improving the care and services we provide. We recognise and acknowledge the significant impact incidents can have on colleagues, patients, their families, and carers. Patient, family, and colleague engagement and involvement in responding to incidents is crucial to safe delivery of care and service improvement.

PSIRF allows organisations to explore patient safety incidents that are relevant to the organisational context and the populations served. It also supports a proportionate response, enabling a focus on incidents where there are real opportunities for learning and improvement.

Following detailed analysis and stakeholder engagement, the Trust identified a number of safety concerns contributing to incidents across the Trust. Further exploration of these concerns identified some areas where, although there were ongoing safety issues, these were well understood, and work was already underway to address them. However, there were some key themes where further exploration was required and could help identify significant safety improvements.

The three key themes selected by the Trust for further exploration are:

- Recognition, escalation and response to deterioration of patients within maternity, neonates, paediatrics, acute medical admissions, surgical decisions unit and emergency admissions unit.
- Involving people who matter (families, friends, carers and loved ones) in patient care.
- Treatment Escalation Plan (TEP) decision making, documentation and communication issues with patients and families that impact on discharge and transfers across SFT locations.

Details of the work carried out to identify and agree these priorities is included in Section 3 of this document.

### **What do we want to achieve?**

The key aim of reviewing the identified themes is to support the creation local organisational recommendations and actions to feed into new or existing patient safety priorities and improvement programmes. Due to the nature of these themes and the fact that they were chosen because they are not fully understood, although there is a clear plan for review, it is not possible to set out clear improvement goals that will come out of the review.

In line with national guidance, the Trust will conduct out 3-6 learning responses per priority per year. Attempting to do more than this will impede our ability to adopt a systems-based learning approach from thematic analysis and learning from excellence. The outcomes of these learning responses will be thematically analysed and will inform our patient safety improvement planning and work.

## STATEMENTS OF ASSURANCE FROM THE BOARD

In the following section the Trust reports on statements relating to the quality of NHS services provided as stipulated in the regulations.

The content is common to all providers so that the accounts can be compared between organisations. This provides assurance that the SFT Board has reviewed and engaged in national initiatives which link strongly to quality improvement.

The Board has received monthly information on quality indicators as part of the Quality Report, the Finance Report and the Performance Report. In addition, the Board has received reports on patient experience and workforce issues. The Board is satisfied with the assurances it has received.

### Services provided by the Trust

During 2023/24, SFT provided and/or sub-contracted 120 relevant services, including the following:

- Acute services (including emergency services; adult and paediatric care; community hospitals; minor injury units; elective surgical operations; psychiatric liaison).
- Long-term conditions services.
- Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.
- Rehabilitation services.
- Cancer care and radiotherapy.
- Maternity services.
- Community healthcare services (including district nursing; integrated therapy services; health visiting; school health nurses; family planning and sexual health services).
- Accident and emergency treatment.
- Dental services.
- Diagnostic services.
- Community based services for people with a learning disability.
- Community based services for people with mental health needs (including community mental health teams; assertive outreach; early intervention teams; court assessment services; crisis resolution home treatment teams).
- Primary Care Services.

The SFT Board has reviewed all the data available on the quality of care in all 120 of these relevant health services.

The income generated by the NHS services reviewed in 2022/23 represents 100% of the total income generated from the provision of relevant health services by SFT for 2023/25.

### **Progress in implementing the priority clinical standards for 7-day hospital services**

There are 10 national clinical standards for 7-day hospital services. Four of these (Standards 2, 5, 6 and 8) are “priority” standards. At the time of the last audit for national reporting purposes in Spring 2019, the Trust was compliant with Standard 5 (access to diagnostics), Standard 6 (access to interventions) and Standard 8 (frequency of Ongoing Consultant Review).

However, it was not compliant with Standard 2, which records how quickly patients are seen by a consultant after admission, and mandates that 90% of patients must be seen by a consultant within 14 hours. The Trust scored 80% on this measure, which was an improvement on previous scores.

During the COVID-19 pandemic, NHS Improvement/NHS England advised Trusts to de-prioritise 7-day service audits, so there have been none since 2019. However, the Trust has continued to work to improve its 7-day service offer and continues to track progress on 7-day service delivery internally.

We have continued to invest in more sustainable consultant rotas overnight, to make it more likely that a consultant will be able to see a patient quickly when admitted in the evening. We have also continued to invest in digital patient tracking systems which enable us to take pro-active steps where patients are at risk of waiting too long for a consultant review. In the coming year we will continue to invest in improvements, including a focus on weekend discharges and renewed efforts to define suitable local targets which reflect the needs of our patient cohort.

Improvements to 7-day working are led by the Trust’s Medical and Nursing Directors, who ensure that 7-day working is considered at Board level. As a Trust delivering acute, community and mental health services, we have developed targets which ensure the monitoring of 7-day service provision beyond the acute hospital.

We continue to deliver our clinical strategy and the supporting strategies underpinning it. These include our workforce strategy, which we hope will deliver a more stable clinical workforce including more doctors who will enable us to better deliver the 7-day working standards into the future.

## NATIONAL QUALITY INDICATORS

Many of the national indicators, where data for indicators is available, are not appropriately benchmarked for an integrated Trust delivering the range of services provided by SFT. Therefore, this section covers only the relevant national indicators where appropriate data is available and are only benchmarked where appropriate.

### Summary Hospital-Level Mortality Indicator (SHMI)

*Related domain: (1) Preventing people from dying prematurely*

The Summary Hospital-Level Mortality Indicator (SHMI) is a standardised mortality indicator. It expresses actual deaths compared to an expected value. In this case, 'average' is represented by a value of 1.0.

The Trust's overall SHMI over the past years is represented in the table below:

| Reporting Period          | Ratio (Banding)                      | England | Lowest Trust | Highest Trust |
|---------------------------|--------------------------------------|---------|--------------|---------------|
| April 2023 to March 2024  | Data due to be published August 2024 |         |              |               |
| April 2022 to March 2023  | 0.988<br>(as expected)               | 1.0000  | 0.7191       | 1.2074        |
| April 2021 to March 2022  | 1.0329<br>(as expected)              | 1.0000  | 0.6964       | 1.1942        |
| April 2020 to March 2021  | 0.9983<br>(as expected)              | 1.0000  | 0.6908       | 1.2010        |
| April 2019 to March 2020* | 0.9331<br>(as expected)              | 1.0000  | 0.6851       | 1.1997        |

\* Data prior to April 2022 is for Somerset NHS Foundation Trust. Data prior to April 2020 is for Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust which has been combined by NHS digital and published in 2020/21.

*NB: 1.00 is the SHMI average, values lower than 1.00 indicated better than average.*

SFT considers that this data is as described for the following reasons:

- There has been continued focus on initiatives related to safety that have reduced the number of avoidable deaths in a range of specialties.
- Routine review of Healthcare Evaluation Data (HED) by speciality, procedure and diagnosis groups has provided early warning of problems in patient care.
- The model used to predict mortality rates will not fully reflect the changes in services and case mix resulting from the coronavirus pandemic.

SFT intends to take the following actions to improve on this rate, and so the quality of its services:



- by regularly monitoring outcomes through tools such as Healthcare Evaluation Data and the NHS digital SHMI dashboard.
- by identifying where outcomes appear to be deviating. This allows the Trust to investigate and verify the result and provides an early opportunity to make improvements to patient treatment pathways.

### **Percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust**

| Reporting Period         | Somerset FT*                         | England | Lowest Trust | Highest Trust |
|--------------------------|--------------------------------------|---------|--------------|---------------|
| April 2023 to March 2024 | Data due to be published August 2024 |         |              |               |
| April 2022 to March 2023 | 36%                                  | 40%     | 14%          | 66%           |
| April 2021 to March 2022 | 20%                                  | 40%     | 11%          | 66%           |
| April 2020 to March 2021 | 19%                                  | 38%     | 9%           | 63%           |
| April 2019 to March 2021 | 22%                                  | 37%     | 9%           | 58%           |

Data prior to April 2022 is for Somerset NHS Foundation Trust. Data prior to April 2020 is for Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust which has been combined by NHS digital and published in 2020/21.

SFT considers that this data is as described for the following reason:

- The national standard for coding requires the addition of the palliative care code only when a specialist palliative care team have been involved in the patient's episode of care. The SFT palliative care team empowers clinicians of all specialties to deliver high quality end-of-life care. This generalist activity is not reflected in this data. Many people will receive high quality 'palliative care' by generalist teams which will not be coded under the current rules.

SFT intends to take the following actions to improve on this rate, and the quality of its services by:

- monitoring palliative care rates (those seen by the specialist team) at the mortality surveillance group meeting. Those seen should have specialist needs which the ward teams cannot meet.
- Using palliative care activity data to support the validation of palliative care cases for clinical coding.
- continuously auditing the use of the end-of-life care pathway, a generalist tool to improve individualised care in the last days of life for use and quality of use. This is not reflected in the current coding activity.

## Patient Reported Outcome Measures (PROMS)

*Related domain: Domain 3 - Helping people to recover from episodes of ill health or following injury*

PROMs measure a patient's health status or health-related quality of life from their perspective. Typically, this is based on information gathered from a questionnaire that patients complete before and after surgery. The figures in the following tables show the percentages of patients reporting an improvement in their health-related quality of life following four standard surgical procedures, as compared to the national average.

The Trust's overall adjusted average health gain for each procedure group is represented in the table below:

### Primary hip replacement surgery (EQ-5D Index)

| Reporting Period                       | Adjusted average health gain               | England | Lowest Trust | Highest Trust |
|----------------------------------------|--------------------------------------------|---------|--------------|---------------|
| April 2023 to March 2024               | Data has not been published by NHS England |         |              |               |
| April 2022 to March 2023 (Provisional) | *                                          | 0.47    | 0.38         | 0.53          |
| April 2021 to March 2022               | *                                          | 0.46    | 0.37         | 0.53          |
| April 2020 to March 2021               | *                                          | 0.47    | 0.39         | 0.57          |

\*Data suppressed (not enough responses)

### Primary knee replacement surgery (EQ-5D Index)

| Reporting Period                       | Adjusted average health gain               | England | Lowest Trust | Highest Trust |
|----------------------------------------|--------------------------------------------|---------|--------------|---------------|
| April 2023 to March 2024               | Data has not been published by NHS England |         |              |               |
| April 2022 to March 2023 (Provisional) | *                                          | 0.35    | 0.23         | 0.42          |
| April 2021 to March 2022               | *                                          | 0.32    | 0.25         | 0.42          |
| April 2020 to March 2021               | *                                          | 0.32    | 0.18         | 0.40          |

\*Data suppressed (not enough responses)

SFT considers that this data is as described for the following reasons:

- Elective surgery was disrupted in period due to covid pandemic

SFT intends to take the following actions to improve on this rate, and so the quality of its services:

- Improving our participation rate by working with the approved contractor to improving the process of having forms available to issue to patients so that more patients have the opportunity to take part in PROMS.
- Monitor the adjusted average health gain through the Trust's Data Review Meeting and share findings with the clinical and management teams.

### **Patients readmitted to a hospital within 30 days of being discharged**

*Related domain: Domain 3 - Helping people to recover from episodes of ill health or following injury*

Whilst some emergency readmissions following discharge from hospital are an unavoidable consequence of the original treatment, others could potentially be avoided through ensuring the delivery of optimal treatment according to each patient's needs, careful planning, and support for self-care. Because of the complexities in collating data, national and local rates are significantly in arrears. It should also be noted that a readmission is counted for a patient within the 30-day period, even if it is for an entirely different problem, e.g., a discharge following a hip replacement and readmission due to a stroke.

The Trust's readmission rate split by age groups is represented in the tables below:

#### **The percentage of patients readmitted to any hospital in England within 30 days of being discharged from hospital after an emergency admission during the reporting period, aged 0 to 15**

| Reporting Period         | Percentage                                 | England | Lowest Trust | Highest Trust |
|--------------------------|--------------------------------------------|---------|--------------|---------------|
| April 2023 to March 2024 | Data has not been published by NHS England |         |              |               |
| April 2022 to March 2023 | SFT: 14.0<br>YDH: 9.6                      | 12.8    | 3.7          | 302.9         |
| April 2021 to March 2022 | SFT: 11.8<br>YDH: 14.7                     | 12.5    | 3.4          | 49.1          |
| April 2020 to March 2021 | SFT: 12.9<br>YDH: 13.6                     | 11.9    | 5.6          | 34.0          |

#### **The percentage of patients readmitted to any hospital in England within 30 days of being discharged from hospital after an emergency admission during the reporting period, aged 16 or over**

| Reporting Period         | Percentage                                 | England | Lowest Trust | Highest Trust |
|--------------------------|--------------------------------------------|---------|--------------|---------------|
| April 2023 to March 2024 | Data has not been published by NHS England |         |              |               |

|                          |                        |      |     |       |
|--------------------------|------------------------|------|-----|-------|
| April 2022 to March 2023 | SFT: 12.9<br>YDH: 11.5 | 14.4 | 2.5 | 46.8  |
| April 2021 to March 2022 | SFT: 12.3<br>YDH: 12.8 | 14.6 | 2.1 | 110.2 |
| April 2020 to March 2021 | SFT: 13.2<br>YDH: 13.9 | 15.9 | 1.0 | 111.2 |

SFT considers that this data is as described for the following reasons:

- The Trust has introduced enhanced recovery programmes in various specialties, which would indicate that appropriate discharge criteria are being maintained.
- The Trust has a strategy to manage as many cases as possible as 'ambulatory' to minimise overall admission and length of stay.
- The Trust operates an open admission list system for children who have a chronic condition.
- Children with life limiting conditions, such as oncology related disorders and immune compromising disorders, have repeated admissions due to medical management of their condition.

SFT intends to take the following actions to improve on this rate, and so the quality of its services:

- Continuing to monitor readmission rates for various procedures and conditions, as this can provide information about clinical teams in greater detail. This would allow improvements to be directed at the areas that most require them.
- Increased use of ambulatory care and urgent clinics to manage emergency care pathways.
- Working with other health and care providers in Somerset to ensure alternatives to admission are accessed where appropriate.
- Regular assessment of the reasons for admission to ensure that, within specialties and conditions, there are no trends apparent or evidence of readmissions indicating a problem in clinical treatment or processes.

### **Rate of *Clostridioides difficile* infection**

*Related domains (5) Treating and caring for people in a safe environment and protecting them from avoidable harm.*

*Clostridioides difficile* infection (CDI) can cause diarrhoea and sometimes severe inflammation of the bowel. It can occur when the normal bacteria in the gut are disturbed, usually by taking antibiotics. Although not all cases are preventable, the rate of CDI hospital onset cases (those detected three or more days after admission) are an important indicator of improvement in protecting patients from avoidable harm and provide a useful tool for making comparisons between organisations and tracking improvements over time.

| Reporting Period        | Somerset<br>Foundation NHS<br>FT Trust-<br>apportioned CDI<br>rate per 100,000<br>bed days* | National<br>Average<br>(England) | Lowest<br>Trust<br>(Southwest) | Highest<br>Trust<br>(Southwest) |
|-------------------------|---------------------------------------------------------------------------------------------|----------------------------------|--------------------------------|---------------------------------|
| April 2023 – March 2024 | 20.48                                                                                       | 24.5                             | 14.47                          | 60.87                           |
| April 2022 – March 2023 | 14.57<br>(legacy SFT)                                                                       | 23.47                            | 9.91                           | 49.81                           |
|                         | 9.91<br>(legacy YDH)                                                                        |                                  |                                |                                 |
| April 2021 – March 2022 | 15.7<br>(legacy SFT)                                                                        | 22.78                            | 9.32                           | 57.45                           |
|                         | 18.07<br>(legacy YDH)                                                                       |                                  |                                |                                 |

*SFT merged with Yeovil District Hospital in April 2023, therefore data prior to that is presented as the two legacy Trusts.*

SFT considers that this data is as described for the following reasons:

- The case numbers and rates of CDI have increased in the last year which is in line with a regional and national increase. The reasons for the national increase remain unclear.
- When compared to a regional rate, we compare well and are ranked the third lowest Trust for the last year.
- When compared to the national rate we have a slightly lower rate than the national average.
- Despite this we are experiencing year on year increase in case numbers

SFT intends to take the following actions to improve this rate, and so the quality of its services, by:

- Reviewing the risk factors, for Trust apportioned cases to identify themes and new learning, sharing this learning in the organisation and driving further improvements.
- Continuing to send all specimens from Trust apportioned cases for ribotyping to identify links or transmission.
- Continuing to reduce the CDI risk associated with antibiotic treatment through robust antibiotic stewardships and further review of antimicrobial guidance, where appropriate
- Undertaking analysis of the antibiotics used in Trust apportioned cases and match these with ribotyping to identify and trends.

- Continuing to work with the Regional Infection Prevention and Control Team on CDI reduction strategies.
- Prompt isolation of all symptomatic patients as well as previous CDI cases, where there is an increased risk of recurrence.
- Continuing to give scrupulous attention to hand hygiene, decontamination, and cleaning practices.

### **Patient safety incidents reported to the national reporting and learning system (NRLS)**

Most Trusts are now reporting incidents to the new Learn from Patient Safety Events (LfPSE) service and are no longer reporting to the NRLS. As a result, they are showing as reporting no reports in the NRLS monthly data report. Therefore, NHS England has currently paused the publishing of this data while considering future publications in line with the introduction of LfPSE. NHS England plans to start publishing data on patient safety events recorded on LfPSE soon, when all organisations have made the transition from reporting to the NRLS.

### **Patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)**

*Related domain: Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm*

The Trust's overall percentage over the past years is represented in the table below:

| Reporting Period          | Percentage                | England | Lowest Trust | Highest Trust |
|---------------------------|---------------------------|---------|--------------|---------------|
| April 2023 to March 2024  | Data submission suspended |         |              |               |
| April 2022 to March 2023  | Data submission suspended |         |              |               |
| April 2021 to March 2022  | Data submission suspended |         |              |               |
| April 2020 to March 2021* | Data submission suspended |         |              |               |

\*Does not include Acute data for April to June 2020

SFT considers that this data is as described for the following reasons:

- National data submission was suspended to release capacity in providers and commissioners to manage the COVID-19 pandemic. Local data collection was maintained in community and mental health settings, and from July 2020 for acute settings. Although national data submission has been suspended, the Trust has continued to collect the data and act on findings to improve compliance.

- Medical staff receive training as part of the induction programme in the protocol for risk assessment. This applies when patients are admitted as emergencies as well as for planned procedures.
- Different parts of the organisation currently measure compliance with VTE risk assessment on admission in slightly different ways, making an overall Trustwide figure unreliable.

SFT intends to take the following actions to improve on this rate, and so the quality of its services:

- Implement a digital solution in the acute setting so that an electronic version of the VTE risk assessment form is completed in full on admission and that patients are reassessed at 24 hours post admission.
- Using the data from electronic risk assessment forms across all settings to continue to monitor compliance with this requirement and to provide support to teams to deliver this where required.
- Align measurement of VTE risk assessment compliance across the organisation.

## INFORMATION ON PARTICIPATION IN CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES

### National Clinical Audit Participation

During 2023/24, there were 56 national clinical audits and eight national confidential enquiries detailed within the NHSE Quality Accounts list which covered relevant health services that SFT provides. Three national audits were withdrawn by the providers, and one did not commence until June 2024, leaving a total of 52.

During that period, SFT participated in 51/52 (98%) national clinical audits and 8/8 (100%) national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that SFT were eligible to participate in during 2023/24 are as follows:

| National Audit Title                                                                                   | Participated | Status                  |
|--------------------------------------------------------------------------------------------------------|--------------|-------------------------|
| Adult Respiratory Support Audit                                                                        | Yes          | Completed               |
| BAUS Urology: Nephrostomy Audit                                                                        | Yes          | National report awaited |
| Breast and Cosmetic Implant Registry                                                                   | Yes          | Data collecting         |
| Case mix programme - ICNARC                                                                            | Yes          | Data collecting         |
| Elective surgery - PROMS                                                                               | No           | No submissions 23/24    |
| Emergency Medicine: Care of Older People                                                               | Yes          | Data collecting         |
| Emergency Medicine: Mental Health (self-harm)                                                          | Yes          | Data collecting         |
| Epilepsy12 audit                                                                                       | Yes          | Data collecting         |
| Falls and Fragility Fracture Audit Programme: National Audit of Inpatient Falls                        | Yes          | National report awaited |
| Falls and Fragility Fracture Audit Programme: National Hip Fracture Database (NHFD)                    | Yes          | National report awaited |
| Falls and Fragility Fracture Audit Programme: Fracture Liaison Service Database                        | Yes          | National report awaited |
| Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)        | Yes          | Ongoing submission      |
| MBRRACE-UK                                                                                             | Yes          | National report awaited |
| National Adult Diabetes Audit: Core diabetes audit                                                     | Yes          | National report awaited |
| National Adult Diabetes Inpatient Safety Audit                                                         | Yes          | Data collecting         |
| National Diabetes Audit: Diabetes Foot Care audit                                                      | Yes          | Data collecting         |
| National Diabetes Audit: National Pregnancy in diabetes audit (NPID)                                   | Yes          | Data collecting         |
| National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Adult Asthma | Yes          | Data collecting         |
| NACAP: Children and young people                                                                       | Yes          | Data collecting         |
| NACAP: COPD                                                                                            | Yes          | National report awaited |
| National Audit of cardiac rehabilitation (NACR)                                                        | Yes          | Data collecting         |
| National Audit of Dementia                                                                             | Yes          | Data collecting         |
| National Bariatric Surgery Registry (NBSR)                                                             | Yes          | Data collecting         |



| National Audit Title                                                                                                                           | Participated | Status                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------|
| National Audit of Metastatic Breast Cancer                                                                                                     | Yes          | National report awaited                                                                    |
| National Audit of Primary Breast Cancer                                                                                                        | Yes          | National report awaited                                                                    |
| National Cardiac Arrest Audit (NCAA)                                                                                                           | Yes          | National report awaited                                                                    |
| National Cardiac Audit Programme: Myocardial Ischaemia (MINAP)                                                                                 | Yes          | Data collecting                                                                            |
| National Cardiac Audit Programme: National Audit of Cardiac Rhythm Management (CRM)                                                            | Yes          | Data collecting                                                                            |
| National Audit of Percutaneous Coronary Interventions (PCI)                                                                                    | Yes          | Data collecting                                                                            |
| National Cardiac Audit Programme: National Heart Failure Audit (NHFA)                                                                          | Yes          | Data collecting                                                                            |
| National Comparative Audit of blood transfusion: Bedside Transfusion audit                                                                     | Yes          | Data collecting                                                                            |
| National Comparative Audit of blood transfusion: NICE Quality Standard 138                                                                     | Yes          | National report published, local report pending                                            |
| National Clinical Audit of Psychosis (EIP)                                                                                                     | Yes          | Data collecting                                                                            |
| National early inflammatory arthritis audit (NEIAA)                                                                                            | Yes          | National report awaited                                                                    |
| National emergency laparotomy audit (NELA)                                                                                                     | Yes          | Data collecting                                                                            |
| National Gastro-intestinal Cancer Programme: National Bowel Cancer Audit (NBOCA)                                                               | Yes          | National report awaited                                                                    |
| National Gastro-intestinal Cancer Programme: National Oesophageal-gastric cancer audit (NOGCA)                                                 | Yes          | National report awaited                                                                    |
| National joint registry (NJR)                                                                                                                  | Yes          | Data collecting                                                                            |
| National lung cancer audit (NLCA)                                                                                                              | Yes          | Data collecting                                                                            |
| National maternity and perinatal audit (NMPA)                                                                                                  | Yes          | Data collecting                                                                            |
| National neonatal audit programme (NNAP)                                                                                                       | Yes          | Data collecting                                                                            |
| National Ophthalmology Database - cataract                                                                                                     | Yes          | Data collecting                                                                            |
| National Paediatric diabetes audit (NPDA)                                                                                                      | Yes          | Data collecting                                                                            |
| National Prostate cancer audit                                                                                                                 | Yes          | Data collecting                                                                            |
| National Vascular registry (NVR)                                                                                                               | Yes          | National report awaited                                                                    |
| Prescribing Observatory for Mental Health (POMH-UK): Use of medicines with anticholinergic properties in older people's mental health services | Yes          | National report published, local report pending                                            |
| POMH-UK: Monitoring of patients prescribed lithium                                                                                             | Yes          | Completed                                                                                  |
| Sentinel stroke national audit programme (SSNAP)                                                                                               | Yes          | Data collecting                                                                            |
| Serious Hazards of Transfusions: UK national haemovigilance scheme (SHOT)                                                                      | Yes          | Data collecting                                                                            |
| Society for Acute Medicine Benchmarking Audit (SAMBA)                                                                                          | Yes          | Data collecting                                                                            |
| Major Trauma audit - TARN                                                                                                                      | Yes          | National database unavailable, no submissions possible. Data collection locally occurring. |
| UK Cystic fibrosis registry                                                                                                                    | Yes          | Local report pending                                                                       |
| National Obesity Audit                                                                                                                         | N/A          | Withdrawn by provider                                                                      |

| National Audit Title                              | Participated | Status                                |
|---------------------------------------------------|--------------|---------------------------------------|
| Improving Quality in Crohn's and Colitis (IQICC)  | N/A          | Withdrawn by provider                 |
| National audit of Care at the End-of-Life (NACEL) | N/A          | Withdrawn by provider                 |
| British Hernia Society Registry                   | N/A          | Not relevant to this period, new 2024 |

### National audits falling outside the scope of the Trust's services

These projects were included within the NHSE Quality Accounts list but relate to service types other than those the Trust provides, included for completeness:

| National Audit Title                                                                             | Notes                                                                    |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| National Audit of Cardiovascular Disease Prevention                                              | Data extracted direct from all GP records and reported on ICB basis.     |
| National Cardiac Audit Programme: Adult Cardiac Surgery                                          | Not relevant to this Trust                                               |
| National Cardiac Audit Programme: National Congenital Heart Disease (NCHDA)                      | Not relevant to this Trust                                               |
| National Cardiac Audit Programme: National audit of Mitral Valve Leaflet Repairs (MVLRL)         | Not relevant to this Trust                                               |
| National Cardiac Audit Programme: The UK Transcatheter Aortic Valve Implantation (TAVI) Registry | Not relevant to this Trust                                               |
| Cleft Registry and Audit Network (CRANE)                                                         | Not relevant to this Trust                                               |
| National Child Mortality Database (NCMD)                                                         | Not relevant to this Trust – data comes from Child Death Overview Panels |
| National Asthma and COPD Audit Programme (NACAP): Pulmonary Rehabilitation                       | Not relevant to this Trust                                               |
| National audit of pulmonary hypertension (NAPH)                                                  | Musgrove cases are reviewed by one of the 8 participating centres        |
| Out-of-hospital Cardiac Arrest Outcomes (OHCAO) Registry                                         | Not relevant to this Trust                                               |
| Paediatric intensive care audit network (PICAnet)                                                | Do not have a standalone paediatric intensive care unit                  |
| UK Renal Registry National Acute Kidney Injury Programme                                         | Not relevant to this Trust                                               |

### National Confidential Enquiries with active participation during 2023/24:

| Name of Confidential Enquiry                      | Status                 |
|---------------------------------------------------|------------------------|
| NCEPOD: Emergency Paediatric Surgery              | Planning               |
| NCEPOD: Blood Sodium study                        | Planning               |
| NCEPOD: End-of-Life Care                          | Data collecting        |
| NCEPOD: Rehabilitation following critical illness | Data collecting        |
| NCEPOD: Juvenile Idiopathic Arthritis             | Data submitted, closed |
| NCEPOD: Testicular Torsion                        | Data submitted, closed |
| NCEPOD: Community Acquired Pneumonia              | Data submitted, closed |

## THE TRUST'S RESPONSE TO NATIONAL AND LOCAL AUDIT FINDINGS

Action plans are developed for all audits where significant issues are identified, and where the Trust intends to take actions to improve the quality of the healthcare provided.

### NATIONAL CLINICAL AUDIT

The reports of 43 national clinical audits were reviewed by the provider in 2023/24:

- 1 from 2019/2020
- 16 from 2021/2022
- 1 from 2023/24
- 7 from 2020/2021
- 18 from 2022/2023

Twenty-five of these completed audits identified actions to improve the quality of healthcare provided and the following 20 are examples of the changes planned (some of these 20 are multiple rounds of the same project):

#### British Thoracic Society (BTS) - Adult Respiratory Support Audit

The aim of the BTS audit programme is to drive improvements in the quality of care and services provided for patients with respiratory conditions across the UK.

Actions include:

- Explore with the Emergency Department (ED) team reasons as to why there is a delay to non-invasive ventilation (NIV) initiation
- Medical Specialty Registrars (SpRs) and Critical Care Outreach Team to be made aware of need for NIV within 1 hour by teaching sessions and reminders
- Departmental move of Respiratory Support Unit (RSU) to sit within respiratory footprint reducing time taken for NIV

#### Dementia Audit (NAD) Round 5

NAD is a clinical audit programme commissioned by the Healthcare Quality Improvement Partnership on behalf of NHS England and the Welsh Government looking at the quality of care received by people with dementia in general hospitals.

Actions include:

- Add delirium screening tool to admission area clerking paperwork, monthly audit
- Teaching session to medics and nursing staff of screening and how to manage positive scores
- Specialist team to contact relative on initial assessment, ensuring team contact details are provided

- Carer questionnaire to be included in weekly key performance indicators (KPI) data collection across both YDH and MPH
- Consult Patient Experience Team on how to improve communication
- Teaching on use of the Abbey Pain Scale
- Tier 1 dementia training to be made mandatory at YDH (as per ex-SFT staff)
- Increase provision of Tier 2 dementia training

### **Epilepsy12 audit round 3 and 4 2020/21 – 2021/22**

Epilepsy12 is a national audit with the aim of helping epilepsy services, and those who commission health services, to measure and improve the quality of care for children and young people (CYP) with seizures and epilepsies.

Actions include:

- Ongoing monitoring for children meeting the Children's Epilepsy Surgery Service (CESS) or tertiary care referral criteria by peer review of complex cases
- Contact Adult Neurology Service to explore support for complex epilepsy transition to adult care
- Broader departmental service development work for CYP with medically unexplained symptoms, to provide early assessment and psychological support

### **MITRE: Muscle Invasive Bladder Cancer Snapshot Audit – British Association of Urological Surgeons (BAUS):**

The aim of MITRE is to collect data on the management and outcomes of patients with muscle invasive bladder cancer at transurethral resection of bladder and to determine variations in pathways and treatments received in the UK, including receipt of neo adjuvant chemotherapy and timings to treatment.

Actions include:

- Review of patients who experienced a delay to surgery
- Carry out reaudit of the Muscle Invasive Bladder Cancer (MIBC) pathway after 12 months

### **Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE-UK): 2021 births**

The scope of MBRRACE:

- Surveillance and confidential enquiries of all maternal deaths
- Topic specific serious maternal morbidity
- Surveillance of all late fetal losses, stillbirths and neonatal deaths
- Aspects of stillbirth and infant death or serious infant morbidity

Actions include:

- Reduce number of still birth cause of death recorded as 'unknown' or 'missing' by focussing on the quality of coding
- Cross check electronic record system (BadgerNet) to ensure all deaths continue to be reported including late fetal loss
- Carry out an SFT local mortality review for 2022 deaths

### **National Clinical Audit of Psychosis – EIP**

This audit provides national benchmarking across all Early Intervention in Psychosis (EIP) teams in England and Wales and forms the fifth round of this audit.

Actions include improving current provision for children and young people by:

- Ongoing quarterly monitoring of all domains
- Development of county-wide At-Risk Mental State (ARMS) provision
- Identification of Physical Health (PH) Leads, with PH as regular agenda item on spoke meetings, and bi-monthly meetings on review and monitor progress

### **National Early Inflammatory Arthritis Audit (NEIAA) Yr5**

NEIAA is a programme of work that aims to improve the quality of care for people living with inflammatory arthritis, collecting information on all newly diagnosed patients over the age of 16 referred into specialist rheumatology departments in England and Wales.

Actions include:

- Review recruitment issues, explore possibility of dedicated audit staff to support submission
- Implement a single point of triage across Somerset
- Set up an appropriate early inflammatory arthritis care pathway

### **National Fracture Liaison Service Database (NFLS)**

The purpose of a fracture liaison service is to reduce recurrent hip and other fractures by ensuring delivery of effective secondary prevention. This annual report describes the secondary fracture prevention received by patients 50 years and older in England and Wales

Actions include:

- Return to face-to-face appointments, but retain telephone appointments during this period
- Review the pathway into falls prevention services – strength and balance within 16 weeks of the fracture occurring

### **National Heart Failure Audit (NHFA)**

NHFA deals with a specific and crucial phase in the trajectory of patients with heart failure. It reports on the characteristics of patients requiring admission to hospital with heart failure (HF) and describes their in-hospital investigation, treatment, access to specialist care.

Actions include:

- Reduce number of patients referred to Consultant follow up by increasing Consultant Nurse Specialist follow up where appropriate
- Define specific exclusions for patients that are not suitable for cardiac rehabilitation

### **National Maternity and Perinatal Audit (NMPA) 2020/21 and 2021/22 rounds**

The NMPA is a large-scale audit of the NHS maternity services across England, Scotland and Wales. The audit aims to evaluate a range of care processes and outcomes to identify good practice and areas for improvement in the care of women and babies.

Actions include:

- Local audit of Induction of Labour (IOL) at both acute sites to understand rationale for IOL as this is higher than the national average

### **National Vascular Registry (NVR) 2020/21, 2021/22, and 2022/23**

The NVR Annual Report provides information on activity and outcomes from interventions in patients with vascular disease. It allows us to compare our local unit-level data with national data.

Actions include:

- Abdominal Aortic Aneurysm (AAA) patient pathways to be tracked in fortnightly meetings, and further investigation around ways to reduce delay in elective AAA pathway
- Angioplasty: reminder to staff of importance of inputting data into NVR in a timely fashion
- Review of Carotid pathway
- Vascular Department to review case selection when considering surgery for high-risk carotid patients, including not to perform carotid endarterectomies in asymptomatic patients until their stroke risk is <3%
- Chronic limb threatening ischaemia (CLTI): ensure completeness of data entry – consideration for provision of admin support for this task

### **POMH-UK Monitoring of patients on Lithium**

Lithium is used for the prophylaxis and treatment of mania, hypomania and depression in bipolar disorder, and in the prophylaxis and treatment of recurrent unipolar depression. It is also used as concomitant therapy with antidepressant medication in patients who have had an incomplete response to treatment for acute bipolar

depression and to augment other antidepressants in patients with treatment-resistant depression

Actions include:

- Inclusion of Lithium monitoring in Mental Health Wellbeing Clinic Standard Operating Procedure, and lithium statement on Dialog+
- Offer Lithium App to patients at initiation, Wellbeing Clinics and annual reviews
- Include Lithium monitoring on Post Graduate Medical Education (PGME) and Non-medical Practitioners (NMP) teaching sessions

### **POMH - Prescribing Valproate**

Valproate is an effective and evidence-based treatment for a range of indications; the risks associated with treatment need to be carefully managed to prevent patient harm and major congenital abnormalities for children born to women taking valproate during pregnancy.

Actions include:

- Pregnancy Prevention Programme (PPP) assessments to be reviewed by the pharmacist for completeness
- Annual risk acknowledgment form completion to be included alongside existing valproate PGME and NMP training sessions
- Prescribing guidance, off label considerations and need for pre-initiation checks to be included in induction booklet for junior doctors
- Somerset wide review of valproate patients as per Medicines and Healthcare products Regulatory Agency (MHRA), including all off label prescribing

### **Seeking Excellence in End-of-life care (SEECare) (Acute and Community Hospital Inpatients)**

The aim of SEECare is to understand areas of particular excellence or need while also demonstrating which structures of support hospital palliative care teams offer correlate with differing levels of unmet needs.

Actions include:

- Provision of ward-based End-of-Life care training using simulation training (SIM)
- Development of educational resources
- Countywide review of care plans

### **Sentinel Stroke National Audit Programme (SSNAP)**

SSNAP is a major national quality improvement programme, measuring how well stroke care is being delivered in inpatient and community settings in England, Wales and Northern Ireland.

Actions include:

#### Community Stroke Rehab Units (SRU):

- Review provision of speech and language provision in SRU
- Review of longer stay patients to identify contributing factors

#### MPH:

- Review dashboard to ensure real time data is available
- Review patients who received thrombolysis out of hours
- Review data being captured for swallow screening to determine reasons for current scores

#### YDH:

- Medically fit for discharge patients to be discharged more swiftly
- Training for local and rotational staff for thrombolysis
- Encourage attendance to the Stroke multi-disciplinary team (MDT) meetings by appropriate staff
- Investigate key indicator result for Malnutrition Universal Screening Tool (MUST) score to dietitian

#### **UK Parkinson's audit**

The overall aim of the UK Parkinson's Audit is to provide timely information to clinicians, commissioners, funders, members of the Parkinson's community, and the public on how well Parkinson's care is being delivered so it can be used as a tool to improve the quality of care.

Actions include:

#### Speech and Language:

- Referrer to be copied into patient care plans
- Patients on/off phases to be documented in patient record
- 'Communication assessment' and 'interventions' templates to be devised

#### Occupational Therapists (OT's):

- To receive training in techniques that maintain and initiate movement
- To address cognitive, mental wellbeing and carer strain where appropriate
- Training to highlight importance of advice and information to carers

#### Physiotherapists:

- Use of outcome measures and goal setting to be covered in clinical supervision
- Develop a set of outcome measures
- Promote use of discharge reports

#### Care of the Elderly and Neurology:

- QI project to improve consideration of bone health



- Patient pathway data to be reviewed and managed at MDT
- Enrol in Quality Improvement (QI) training with PD UK around therapy induction

## **LOCAL CLINICAL AUDIT**

The reports of 129 local clinical audits were reviewed by the provider in 2023/24. Action plans are developed for all audits where significant issues are identified, and where the Trust intends to take actions to improve the quality of the healthcare provided.

Of the 129 local clinical audits reviewed, 118 required action plans, and the following 20 are examples of projects conducted by clinical teams across the Trust and the changes proposed because of them:

### **Care Homes: Listening and Responding to Care Homes (LARCH) - Discharges to Pathway beds in care homes**

The audit was carried out following a critical incident discussed at a Discharge Improvement Group (DIG) meeting which involved an inappropriate Somerset Treatment Escalation Plan (STEP) form being sent on discharge with a resident to a care home.

Actions included:

- Monthly discharge training to specifically include discharges to care homes
- Flow Manager to report every 'poor discharge incident', and present at DIG
- Improve communication between care home and SFT staff to provide collaborative approach.
- Review policy to establish if terminology could be clarified
- Share audit results amongst all stakeholder groups and leaders

### **Community Urgent Care/Minor Injury Unit (MIU): Wound Assessment and Documentation**

The aim of this re-audit was to ensure and improve correct assessment of wounds, for patients to receive appropriate treatment and choice of dressing. Also, recognition of early intervention if required. Compare against previous year results.

Actions included:

- Devise Standing Operating Procedure (SOP) for MIU, taking advice from Tissue Viability Team and Emergency Department (ED)
- Add to team folder, on notice board and twice weekly huddle
- Include in clinical supervision
- Move pain score documentation to the front of MIU notes to prompt consideration and completion

## **Learning Disabilities (LD): Advance Care Planning (ACP) for people with LD**

The aim of this audit was to understand and improve advance care planning, development of Treatment Escalation Plans (TEP) and Cardiopulmonary resuscitation (CPR) decision making for people with LD. Also to contribute to the overall regional position.

Actions included:

- Piloting advance care planning clinic, and make case for funding for an additional post in the End-of-Life care education team to provide ongoing support to staff
- Develop criteria for when the LD Liaison team would be involved in review of TEP/ACP
- Engage with digitalisation of TEP/ACP

## **Mental Health: Capacity Assessment for proposing informal admission to mental health ward**

The aim of this audit was to review practice against issues identified in the NHSE independent investigation following an incident in 2020.

Actions included:

- Development of an 'Informal Admission' SOP
- Ward managers to review a sample of records for 6 months
- Development of a patient leaflet to be made available at the point of admission
- Add provision of information leaflet and assessment of capacity to admission checklist
- Capacity assessment to be updated and aligned with the new Trust Mental Capacity Assessment (MCA) form
- Good practice example to be prepared and circulated

## **Mental Health: Mental Health Act (MHA) Assessment Outcome Recording**

This audit arose from the death of a patient following a Mental Health Act assessment where it was agreed not to detain.

Actions included:

- Convene working group to investigate process and procedures and develop a MHA Assessment SOP
- Develop templates to record information provided on referral, outcomes of MHA assessments, onward referrals, and proposed treatment plans.

## **Mental Health: Prescribing and Monitoring of antipsychotic medication in an older adult inpatient psychiatric ward**

The audit was designed to compare the current practice in the Older People's Mental Health ward with NICE guidelines for the prescription and monitoring of antipsychotic medications.

Actions included:

- Improve involvement of patient in choice of medication, by ensuring thorough discussions at ward rounds
- Commence routine morning Capillary Blood Glucose (CBG) monitoring to effectively manage metabolic risks
- Procurement of waist circumference measurement tapes
- Utilise Glasgow Antipsychotic Side-effect Scale (GASS)
- Provide readily accessible generic information about diet to patients
- Integrate eating and exercise components into patient care plans

### **Mental Health: Physical Health Checks in older people (Mendip)**

The aim of this audit was to ensure that all patients who are prescribed antipsychotic medication in the community receive physical health checks in line with local Shared Care Guidelines (informed by NICE).

Actions included:

- Implement a physical health monitoring focus group
- Make case for funding for additional equipment to be based in all localities, and for additional Assistant Practitioner for physical health checks
- Quarterly spot checks to monitor provision of information to patients, electrocardiogram (ECG) carried out at required points, use of standardised side effect monitoring tool, and questions about lifestyle, drug and alcohol use are being asked.

### **Occupational Therapy (OT): Early Intervention**

The aim of this audit was to establish and improve meeting delivery timescales, to enable patients to receive appropriate therapy in preparation for leaving hospital.

Actions included:

- Create written specification for service delivery and provide education on timescales for interventions via discussion in 1:1 supervision, new nurse induction and local ward training
- Provide guidance on how to deliver OT process in acute setting with regards to caseload management
- Review of supervision process to incorporate regular case review

### **Ophthalmology: Wet age-related macular degeneration (AMD) referrals**

The aim of this audit was to assess the average and range of waiting times of wet AMD Referral to Treatment pathway.

Actions included:

- Registrars to redirect all neovascular AMD (nAMD) on Maxims to one of the Retinal Consultants
- Increase access to Rapid Access Macular (RAM) clinic slots by: increasing number of slots, increase staffing cover, providing alternative if clinic day cancelled, booking directly to Macular Treatment Clinic (MTC) if RAM full
- All Fast Track Virtual Macular Clinic reviews to be requested within 1 week
- Requests for new nAMD cases to be seen in MTC must happen within 1 week

### **Oral and Maxillofacial Dept: Trigeminal Nerve Injury**

Trigeminal nerve injury is a potential complication of lower wisdom teeth extractions. The aim of this audit was to assess compliance with protocol and its effectiveness.

Actions included:

- Investigate potential for having separate codes for lower and upper wisdom teeth
- Increase availability of the assessment proforma
- Standardisation of consent forms, including all risks and benefits of oral surgery procedures
- Update protocol

### **Parkinson's (acute Inpatient): Missed/delayed administration of Parkinson's medication**

The aim of this audit was to establish whether patients with Parkinson's receive their medication on time; delays can lead to serious health implications.

Actions include:

- Implement 'Get it on time' resources from Parkinson's UK
- Design and deliver bi-monthly snack box training
- Poster campaign

### **Pharmacy: Antimicrobial Prescribing at MPH and YDH**

The aim of this audit was to establish the quantity and quality of prescribing antimicrobials, which are a life-saving intervention used in every speciality. They are not however, without significant issues for the patient and the population.

Actions included:

- Design and implement a continuous audit tool to enable focused intervention for improvement

- Audit Sepsis of Unknown Origin (SUO) prescriptions to ascertain if this indication is an area where practice could be improved

### **Podiatry: Records re-audit**

The aim of this audit was to ascertain whether the Podiatry Service is meeting the Trust's and the Royal College of Podiatry's record keeping standards.

Actions included:

- Share approved abbreviations with team members, work with IT to add this to the electronic patient record
- Place into care processes the need to reassess within 12 months, investigate possibility of automated flag within electronic system.
- Provide further support (clinical supervision and CPD sessions) to embed need for detailed and clear treatment plans
- Alert team members of need to complete ulcer template, and record ulcer sizes at all times.

### **Radiotherapy: Use of the Assessment of Late Effects of Radio Therapy – Bowel (ALERT-B) tool for patients with late effects of pelvic radiotherapy**

The ALERT-B tool is a validated tool for patients with consequences of cancer treatment. The aim of this audit was to ensure the team are using the tool consistently (including across the region) and to evaluate its effectiveness.

Actions include:

- Evaluate pathway to identify if tool can be completed at a more effective point
- Analyse wider referral data to investigate onward referrals being made in response to ALERT-B answers

### **Safeguarding adults: Process and Quality of Referrals**

The aim of this audit was to ensure the referral forms were fully completed and provide sufficient information relating to the concern raised. This will reduce delays in the referral triage process and improve efficiency.

Actions included:

- Develop referral checklist and add to Safeguarding Adult policy
- Safeguarding Advisory Service (SAS) to work with staff to better utilise the Multi-Agency Risk Management (MARM) process, to enable a more proactive and protective approach to safeguard the adult

### **Safeguarding children: Parenting Observation Forms**

The aim of this audit was to determine and improve the completion rates of the parenting observation forms, introduced because of a Child Safeguarding Practice Review in 2021.

Actions included:

- Escalation of concerns to midwife to be included in clinical supervision
- Accurate completion of forms to be discussed in hospital midwife supervision sessions
- Scanning of forms to BadgerNet (patient record) to be added to Maternity Safeguarding Standard Operating Procedure (SOP)

### **Tissue Viability: Negative Pressure Wound Therapy (NPWT)**

The aim of this audit was to ensure that NPWT is being delivered in an effective and safe manner across the whole Trust, and to improve adherence where required.

Actions included:

- All areas to review tools/care plan templates to ensure documentation of verbal consent and treatment aims
- Complete weekly evaluations, either by the Tissue Viability Nurse or via District Nurses
- Develop/review existing dressing change forms to ensure avoidance of retained product

### **Trustwide: Clinical Supervision**

The aim of this audit was to establish provision of good quality clinical supervision for all registered and non-registered staff

Actions included:

- Update Introduction to Clinical Supervision workshops to reflect issues raised in this audit (e.g. frequency, need for a contract, improve provision)
- Add definitions and options on the clinical supervision tab on LEAP (Trust electronic system for learning and development)
- Distribute copies of contract to all Clinical Supervisors
- Quarterly Service Group feedback on colleagues who have completed Trust Clinical Supervision training

### **Trustwide: Record Keeping Quality**

Following merger, and acknowledgement of many different recording systems, this audit was designed to focus on the extent to which the whole patient record provides a basis for safe and effective multidisciplinary care for the patient, across the Trust.

Actions included:

- Review of data entry points within clinical systems to ensure they are adequate to evidence all patient care given
- Develop an overarching Record Keeping Guideline/top tips document, including reference to acronyms and abbreviations

- Develop a SOP relating to the uploading and checking of patient information

### **Vascular Department: Peripheral Arterial Disease (PAD) Quality Improvement Framework (QIF) time to treatment pathway**

PADQIF provides guidelines for the management of patients with Chronic Limb Threatening Ischaemia (CLTI). The aim of this audit is to establish time from referral to treatment and to put in place actions to expedite this pathway.

Actions include:

- Creation of hot slots in clinics to expedite initial duplex imaging in new patients with CLTI
- Education amongst managerial and clerical staff to enhance awareness of urgent clinic slots for patients referred with CLTI

## CLINICAL RESEARCH

### Introduction

The UK has a vibrant and growing life science industry which turns over £94.2 billion annually. Clinical research is a high national priority and is a hugely important part of the life sciences industry and the UK economy. Levels of commercial research have declined since Covid and in response the UK government commissioned a review, led by Lord O' Shaughnessy, to investigate the challenges that face commercial clinical trials within the UK. Following the review all recommendations on how to improve the environment for running clinical trials in the UK are being taken forward. All NHS research sites are requested to do what they can to deliver commercial research to support improvements in health and wealth of the nation, to double commercial research activity in the next two years, and double again by 2027.

There is a focus on ensuring processes are efficient and safe, legislation governs many of these processes. In early 2023, the Medicines and Healthcare products Regulatory Agency (MHRA) announced results of a public consultation on proposals to amend the clinical trials of human medicines legislation. The MHRA aims to enable a thriving clinical research environment in the UK and support the UK vision for the future of clinical research delivery in Saving and Improving Lives: The Future of UK Clinical Research Delivery (2021).

These proposals lay out recommendations to improve the life sciences and research ecosystem, removing bureaucracy to support efficient and effective clinical trials delivery, fostering growth and wider access to research for the population of the UK.

As a site, we must also look to our processes, ensuring that we have efficient and streamlined approach to study setup and delivery, utilising quality improvement and grasping opportunities to develop and broaden the work. Merger has been a focus over the past 12 months, we continue to work on harmonising processes and ensuring equal access to all research opportunities in services for Somerset, whilst expanding our commercial portfolio and further developing our strategic partnerships.

### Commercial collaborations

Dr Tim Jobson, consultant gastroenterologist, has continued to develop his project to improve early identification of patients with declining liver health. The Trust was awarded an NIHR invention for innovation (i4i) grant of circa £1.5m in 2019/20 to undertake the project, which is a collaboration between the Trust and commercial partners. The project has developed clinician guided case finding software that has been successful in identifying patients who have developed undiagnosed liver disease allowing them to be offered the chance to commence treatment at an earlier stage than before, prior to symptoms becoming evident. Dr Jobson has now collaborated further to take forward research in wider populations and is also exploring whether the same technology can be used in other diseases to bring earlier diagnosis for patients at risk of developing potentially serious illness. An Innovate UK grant of £1m has been awarded, the grant is held, and the project is sponsored by Sano Genetics, and work will be in collaboration with the Trust to deliver the project.



A number of Trust clinicians have been approached to become UK-wide chief investigators for new commercially sponsored projects, Dr Oliver Miles for Haematology projects and Dr Saiqa Spensley for a commercially sponsored drug trial in Oncology. The Trust will act as Lead R&D Department for the projects.

The Trust continues to work with TrinetX, a commercial data warehouse that provides anonymised data to approved research partners across a global network of healthcare organizations and life sciences companies driving real-world research to accelerate the development of new therapies.

The Trust continues to be a prime site collaborative partner with IQVIA and a partner in the Investigator **N**etworks, **S**ite **P**artnerships and **I**nfrastructure for **R**esearch **E**xcellence (INSPIRE) program alongside Pfizer.

### **Academic grants**

The Trust has several academic, grant supported, studies in various stages of progression.

Miss Jo Morrison, Consultant Gynaecological Oncologist, submitted a successful grant application in relation to post-natal cervical screening. The first stage of this project explored acceptability of cervical screening and self-sampling in postnatal women at six-week postnatal check, this project has now closed, and results are awaited. The second stage is investigating the acceptability and accuracy of cervical screening and self-sampling in women at six-weeks postnatal, this project has received ethical approval and will open in SFT, and multiple other centres across England in the next few months.

The Love Musgrove Charity supported development of a local project led by Ana-Maria Toth, a Clinical Nurse Researcher based at Musgrove Park Hospital. The project involves investigating the use of hypnotherapy in relation to post-operative pain relief. The project has now closed, and the data is being analysed.

The Trust merger has expanded opportunities to work across county and collaborate with its local health community partners. Work on merging the YDH and pre-merger SFT research teams continues. The Trust and Symphony Healthcare Services have worked collaboratively on several projects and will continue to identify projects where we can work collaboratively.

The Trust continues to work as a partner organisation of the Biomedical Research Centre (BRC) led by the University of Exeter and Royal Devon University Hospital to improve diagnosis, treatment and care, in the South West and across the world. Dr Marianne Hollyman, Upper GI Consultant Surgeon, is a BRC Senior Fellow, this provides funded time and resources through the BRC to develop academic research projects.

The Trust continues to support and promote non-medical research careers and clinical academic roles. These aim to support nurses and allied healthcare professionals as Principal Investigators (PIs), Associate PIs and will develop Chief Investigators of the future.

In November 2022, the first Chief Nurse Research Fellowship (CNRF) scheme was launched. The annual scheme, funded by the NIHR, offers successful applicants the

opportunity of having one day paid per fortnight to undertake clinical academic career development, to gain an understanding and experience of clinical research delivery and the opportunity to develop a service-based quality improvement or audit project as a basis for future research.

In year one 15 fellowships were awarded, and 12 were successfully completed. Since then, many continue to be research interested or research active, some have been successful in having posters accepted at conferences, both in the UK and internationally. The second CNRF cohort 2023 is currently underway with 4 fellowships awarded.

### **Quality improvement**

The research department is required to conduct an annual Patient Research Experience Survey, the results of which for 2023/24 were positive with no action plans required.

During the year staff have utilised Bronze Quality Improvement training and have contributed to numerous quality improvement projects with particular focus on merger and initiatives across all research sectors.

### **Research Patient, Public Involvement and Engagement (PPIE)**

Last year our PPIE facilitator aimed to tackle research equity through engaging with the local council's diversity group, and mental health partners group, to help identify research barriers, seek solutions, and increase research accessibility and awareness.

This year, our research team has been an active and collaborative partner in the Somerset Research Engagement Network (REN) project, funded by the NIHR, hosted by the ICB with all ICS partners. The project aimed to work in partnership with the voluntary, community, faith and social enterprise (VCFSE) organisations, to engage under-represented groups and communities, such as under-served groups with protected characteristic as well as inclusion health groups, to improve participation in NHS research. Spark Somerset was funded to undertake the community facing activities and utilised their research connectors to do the outreach work with their communities. The Trust along with collaborators contributed to the development of the questions and was active in providing the baseline data about current research recruitment for Somerset. The project is now complete, and the outcome report is pending. The networking opportunities and relationships established during the REN project will now enable the PPIE agenda to progress more effectively and sustainably.

The SFT research team also shared their research exhibition and presented at a recent Spark Somerset '**Research in Somerset: learning and networking event**' for people to 'Learn the importance of research within the VCFSE sector and how we can increase involvement within our communities.' A number of the research connectors in attendance plan to join our Somerset wide PPIE group which will enhance the coverage and increase involvement and engagement activities in the research pathway, from ideas generation, study design and delivery, through to results dissemination. To maintain this momentum, provide support for the lay Somerset wide PPIE research steering group, it will be necessary to recruit into the current vacant PPIE facilitator role. To date we have internal staff engaged and interested and the NIHR has funded a place on the PPIE summer school at Exeter University.

## **Funding and activity**

In 2023/24, the Trust was allocated £2,297,010 to support research staffing and infrastructure via the NIHR Clinical Research Network: South West Peninsula, with a further £111,188 directly from the Department of Health & Social Care. Revenue from the conduct of research of £854,404 has been invoiced for as at 31/03/2024. This revenue represents a significant increase on previous years and reflects the successful delivery of a growing proportion of commercial portfolio research.

The number of staff, carers and patients receiving relevant health services, provided or sub-contracted by SFT, who were recruited in 2023/24 to participate in research approved by a research ethics committee was 3,579 (in 241 studies).

## CARE QUALITY COMMISSION (CQC)

Somerset NHS Foundation Trust maternity services were inspected by the CQC between 20 and 21 November 2023 and the report published on 10 May 2024.

This was a short notice announced inspection as part of the CQC's national maternity inspection programme which aimed to give an up-to-date view of hospital maternity care across the country. The maternity services at Yeovil District Hospital, Musgrove Park Hospital and the Mary Stanley midwife-led unit at Bridgwater Community Hospital were inspected as part of this visit.

The reports indicated that we have fallen short of the standards we expected to be delivering and we apologise to the families who use these services and to our hard-working colleagues.

Whilst there was evidence of good and outstanding practice within the three units, there were a number of areas of significant improvement identified. In January 2024, following the inspection, the CQC issued the Trust with a Section 29a Warning Notice. This outlined a conclusion that the quality of health care provided by the Trust for maternity services requires significant improvement due to the following:

- The service at Musgrove Park Hospital does not operate clear triage processes to ensure the safety of women, birthing people, and babies.
- Somerset NHS Foundation Trust does not have an effective program of regular audits to ensure that the safety and quality of maternity services are monitored, and processes to learning from incidents are not effective.
- Leaders at Somerset NHS Foundation Trust do not operate effective systems and processes to improve the quality of the maternity service, nor do they maintain clear oversight of maternity services to keep women, birthing people, and babies safe.
- Improvement to systems is needed to ensure that policies and procedures are in place to provide staff with relevant guidance.

### CQC Ratings

As a consequence of these inspections, the overall rating for Musgrove Park Hospital maternity services has decreased from Good to Inadequate. The rating for how well-led it is has decreased from Good to Inadequate. How safe it is has decreased from Requires Improvement to Inadequate. This was a focused inspection, and the areas of effective, caring and responsive retain their previous ratings of Good. Following the maternity services inspection, the overall rating for the Musgrove Park Hospital as a service location has also decreased from Good to Requires Improvement.

Yeovil District Hospital maternity services have been rated as Inadequate overall, as well as for being safe and well-led and the overall rating as a service location has also decreased from Good to Requires Improvement.

It was the first time Bridgwater Community Hospital's Mary Stanley Birth Centre, a midwife-led unit, has been rated. The maternity service has been rated as Requires Improvement overall, and for being safe and well-led.

## **Response to Inspections**

The Trust has taken immediate action following the inspections and an action plan outlining the relevant steps and actions to be completed to address the findings is monitored through a newly formed Maternity and Neonatal Action Group. This group is jointly chaired by the Chief Nurse and Chief Operating Officer. It supports and monitors progress against the high-level action plan that includes the following areas:

- Governance oversight
- Clinical pathways and processes
- People issues relating to CQC
- Estates issues
- Equipment issues
- Governance process review and development

We have strengthened our processes to provide ongoing review of quality, performance and governance including developed a strong audit and policy programme to drive continual improvements in our services. All guidance and policies that were highlighted have been reviewed and updated and we have increased scrutiny and governance around our policy processes ensuring these are available to all colleagues. We have also reviewed and mapped all mandatory training, strengthened our oversight, and significantly improved our compliance.

At Musgrove Park Hospital's maternity unit, we have put in place a new evidence-based, standardised triage process to risk assess and prioritise care based on clinical need and reconfigured the ward to facilitate safe and effective clinical oversight of our service users. In addition, we immediately sourced additional emergency equipment at Musgrove Park and Yeovil District Hospital.

The CQC report for Musgrove Park's maternity service particularly highlights issues that are as a result of the poor condition of the building. There are plans to replace this as part of the national New Hospitals Programme but we have already made improvements specifically around safety and security.

The inspectors noted an open culture, good engagement with local communities to make improvements and plan services, good team working, and that colleagues felt valued and supported.

The Trust met with the CQC in May 2024 where the Trust provided detailed summaries of the improvements made in response to the Section 29a Warning Notice and the ongoing plans to continue to develop, embed and sustain those improvements. At this meeting it was recognised that the Trust had made significant changes since the inspection and would continue to do so and were confident that

these gave a good foundation on which to build and to move forward. Following assessment, the CQC confirmed it was satisfied that the actions described manage the risks identified within maternity services.

We anticipate that follow up inspections will take place within maternity services at Musgrove Park Hospital, Yeovil District Hospital and the Mary Stanley midwife-led unit during 2024/25. We will continue to work with the CQC to address all of the points identified in the full inspection reports.

## INFORMATION ON QUALITY OF DATA

SFT recognises the important role of data quality in providing confidence in the accuracy of information used to inform decisions relating to service improvement. Data quality indicators relating to the timeliness and accuracy of coding are routinely reported to the Trust's Finance and Audit Committees. Additional measures which permit the regular monitoring of data quality include:

- the use of the NHS number
- the clinical coding completion rate
- the use of GP medical practice
- the Information Quality and Records Management score.

SFT submitted records during 2023/24 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics, which are included in the latest published data. The percentage of records in published data with valid NHS numbers and GP practitioner code were as follows:

| Indicator                                                                          | Accident & Emergency care | Admitted Patient Care | Outpatient Care |
|------------------------------------------------------------------------------------|---------------------------|-----------------------|-----------------|
| Number of records which included the patient's valid NHS Number                    |                           |                       |                 |
| % of valid NHS Numbers sent to SUS                                                 | 99.6                      | 99.9                  | 100.0           |
| Number of records which included the patient's valid General Medical Practice Code |                           |                       |                 |
| % of valid GP Practice Codes sent to SUS                                           | 100.0                     | 100.0                 | 100.0           |

There are high levels of data completeness in key monitored metrics that are submitted to SUS.

The SFT data quality maturity index (DQMI) score for the submitted data in 2023/24 was 94.6% compared to a national average of 90.4%.

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

- Extending current data quality dashboard reporting on data quality issues.
- Monitor compliance with data quality policy.
- Progression through an extensive data cleansing and migration programme to prepare for the procurement of the Trust's replacement EHR system.
- Continue to develop the patient master index work within the warehouse to help identify duplicate records within the systems.

## INFORMATION GOVERNANCE

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.

SFT's Data Security and Protection Toolkit submission for 2023/24 was completed in June 2024 where all mandatory evidence items were reached, with an assessment status of 'standards exceeded'.

In line with the DSPT reporting tool, seven incidents were reported to the ICO in 2023/24. Three incidents related to information being shared in error; three incidents related to members of staff accessing records inappropriately; one related to information not being held securely.

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. One incident has been reported to the Police, their investigation is still in progress. 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

## CLINICAL CODING ERROR RATE

Clinical coding is the process whereby the medical terminology in a patient's medical record is translated into standardised classification codes. These codes are used to provide the data for various local and national indicators, and therefore the accuracy of the clinical coding is paramount in ensuring the integrity of this information.

The clinical coding audit for Data Security Standard 1 Data Quality purposes was performed internally on a sample of records across a wide range of specialties within both the acute sites (MPH & YDH). Whilst the Trust met the DSPT Standards Met attainment level for 3 of 4 coding fields it did not reach this level for primary diagnosis accuracy which as a whole means the Trust did not achieve the DSPT Standards Met attainment level.

| Percentage achieved<br>2023/24 |     | DSPT Standard 1 Mandatory Target |
|--------------------------------|-----|----------------------------------|
| Primary Diagnosis              | 87% | 90%                              |
| Secondary Diagnosis            | 91% | 80%                              |
| Primary Procedure              | 92% | 90%                              |
| Secondary Procedure            | 91% | 80%                              |

These figures are representative of challenging circumstances within the department, with significant staff turnover resulting in a trainee heavy department in addition to absorbing ~10,000 additional admissions across 2023/24.



Reassuringly, the department did evidence a higher attainment level in all other coding fields compared to the previous 2022/23 audit, bringing the accuracy level above 90% in each of these areas.

Considering the challenges facing the coding team the Trust authorised additional recruitment into the team, with three WTE coding positions being appointed into. However, without a full EHR it wasn't possible to offer fully remote working to entice qualified coders into the department and as such the team elected to train and develop our own junior coders. The Trust has also created a development role for a Senior Coder to provide additional support to the training requirements of the department by means of supporting this coder to become an NHSE accredited Clinical Coding Trainer.

The Trust's existing NHSE accredited Clinical Coding Trainer provides both the mandatory and supplementary training within the Clinical Coding team to develop the coders' skills and knowledge with a view to maintaining and improving the quality of coded data produced by the team.

To this end the Trust supported three candidates to sit and pass the National Clinical Coding qualification (the gold standard of Clinical Coding) in March 2024.

In addition to formal audit, the NHS England accredited Clinical Coding Auditors have carried out several smaller audits based on the same methodology and percentage targets throughout the year. They also perform regular validation on the quality of the coded data to ensure further assurance of the quality of the data.

## **PART THREE - OTHER INFORMATION**

Part three of the Quality Account provides an overview of the Trust's achievements and progress within quality indicators that have been selected by the Board in consultation with stakeholders, including CQUINs. The data reviewed covers the three dimensions of quality – patient safety, clinical effectiveness and patient experience. This demonstrates that the Trust has provided high quality of care, but with room for further improvement as highlighted below.

In addition, part three also includes further information on a number of key work-streams that the Trust is currently focussing on to improve quality and a review of performance against national targets and regulatory requirements.

### **PATIENT SAFETY**

#### **PATIENT SAFETY AND QUALITY IMPROVEMENT ROADSHOW**

Teams across the Trust are working on quality improvement projects that aim to improve patient safety across our sites. The teams gave everyone the opportunity to see what they had been up to in a roadshow that tied in with World Patient Safety Day, sharing some of the latest patient safety and improvement work from across our acute, community, and mental health services.

Linking in with World Patient Safety Day, colleagues from the Governance Support, Quality Improvement and Patient Safety Teams, supported by our Patient Safety Partners, developed and delivered a roadshow to showcase some of the latest patient safety and improvement work from across our acute, community, and mental health services.

Teams and services taking part included:

- Clinical skills
- Dementia and delirium
- Deteriorating patients
- Digital
- Discharge
- End of life
- Falls and deconditioning
- Freedom to Speak Up and how to raise concerns
- Governance
- Hospital at Home
- Infection control
- Learning disabilities
- Library
- *Little Hospital of Horrors* – interactive learning
- Maternity
- Medical devices

- Mental Health
- Never Events
- National Safety Standards for Invasive Procedures
- NG Tubes
- Patient experience and Patient Advice and Liaison Service
- Paediatrics
- Pharmacy
- Point of Care Testing
- Pressure ulcers
- Quality improvement
- Resus
- Speech and Language Therapy.

Along with a variety of stands and other information, there was simulation (a simulated patient bedside scenario with a catalogue of errors) and interactive learning.

Hundreds of colleagues attended the roadshow at Yeovil District Hospital and Musgrove Park Hospital. There was a real buzz in the room, lots of interaction and useful conversations with clinical, patient safety, governance, and quality improvement colleagues, supported by patient safety partner volunteers.

Feedback from colleagues was sought, with 96% saying they felt it was a good use of time, 92% saying that it was good for networking and 96% saying they would recommend it to a colleague.

Work is already underway to deliver another roadshow in 2024/25, with an aim to build on the success of the event but improve access for colleagues based on our other sites and in the community.

## **PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK – IDENTIFICATION OF LOCAL PRIORITIES**

As part of the implementation of the new patient safety incident response framework (PSIRF), organisations were required to identify local priorities based on an understanding of their incident profile. As locally defined priorities, PSIRF enables organisations to focus on those areas for improvement by undertaking several patient safety incident investigations (PSIIs) for each priority. This allows application of a systems-based approach to learning from these incidents exploring multiple interacting contributory factors. The outcomes of the PSIIs can then be thematically analysed to inform our patient safety improvement planning and work. Within SFT, the safety improvement plans and workstreams will be overseen by Patient Safety Board.

The work to describe the patient safety incident profile at SFT was undertaken between June and November 2023 and was conducted by the Quality & Safety Analysts and PSIRF implementation teams within the Governance Support Team, in conjunction with a wide range of stakeholders including medical directors, safety teams and topic specialists.

Over a three-year period almost 100,000 incidents were reported by colleagues at SFT and its legacy organisations. During this time, incidents were reported using two separate incident management systems, Radar and Ulysses, which collected data in different ways.

An extract of the details from each incident across both systems were taken and combined into a minimum incident dataset that included where and when the incident happened, what the impact of the incident was and how the reporter categorised the incident. The categories from each system were mapped to standardised groups aligning to the existing governance framework topics or other specialist subjects. The standardised groups and topics were considered, and a number of areas were selected for review. This was based on the triangulation of the volume of incidents occurring across the Trust and their relevance, for example those groups that include patient safety incidents, but also alongside the views of senior leaders and other stakeholders across the organisation. The selected groups accounted for approximately 75% of incidents reported within SFT.

Information has been collected and synthesised from a wide variety of sources, including wide stakeholder engagement with key people across the organisation. This information gathering and data analysis exercise enabled the Trust to identify a list of eleven broad patient safety themes across the organisation:

- Deteriorating patient (including sepsis)
- End-of-life and treatment escalation planning
- Medical devices (including extravasation)
- Medication management
- Pressure ulcers & tissue viability
- Slips, trips & falls
- Suicide, self-harm and ligatures
- Transfer of care (including discharge)
- Violence and aggression
- Communication (including with people who matter) and documentation
- Treatment and care

For each priority area, an initial analysis of incident data was undertaken to describe the number of incidents reported, how this changed over time, where in the organisation they occurred and what level of harm resulted. It also included topic specific data that was captured on both incident systems. This initial analysis was shared with subject matter experts knowledgeable about each priority area, followed up with a conversation to gain insight into the common types of incidents, current areas of concern, the level of understanding of system factors in relation to these areas, and any existing quality improvement work being undertaken.

Following each conversation, additional analytical work was undertaken to further describe the specific areas that are potentially for patient safety incident investigation.

These are subsets of the wider topic that would benefit from a thorough understanding of the system factors that results in these incidents and could benefit from targeted improvement work.

A detailed summary of this work was shared with key stakeholders, both internal and external, in advance of a planning session to choose the Trust's priorities. Following detailed discussions at this session, the final three priorities were chosen by consensus as:

- Deteriorating patient (including sepsis)
- Treatment escalation planning
- People who matter

These priorities will form the focus of patient safety incident investigations at SFT for the next 12-18 months, after which the exercise will be repeated to identify new priorities.

## **FALLS REDUCTION ON ELIOT WARD**

When an elderly or frail patient experiences a fall, it can have devastating consequences that they may never fully recover from.

It is not possible to prevent every fall, but there are measures that can be put in place to reduce the chances of it happening. Significant improvement work is happening across the Trust, supported by a Falls Lead within the Patient Safety Team and a co-ordinating Falls Group, alongside numerous local initiatives.

One such local initiative has seen Eliot Ward celebrate having zero falls that caused an injury over a whole 12-month period. This is thanks to a falls improvement project that began in 2022 after a number of elderly patients experienced a fall with injury on the ward during the year before.

There are different levels of falls on hospital wards, from those resulting in no injury whatsoever, to a potentially debilitating fracture or head injury that may mean the patient needs emergency surgery.

In addition to having zero falls with injury over 12 months, the Eliot ward team has also reduced the number of falls without injury from around 15-20 to fewer than five.

Vicki Burgess, Eliot's ward sister highlighted that one of the ways that they achieved this was by extending so-called 'bay nursing', where there is always have at least one healthcare assistant or nurse with a bay of patients at one time – day or night. It is a "tag team" approach and means colleagues are able to spot a patient who looks unsteady on their feet, so they can give them the support they need to get about on the ward, such as if they need the toilet. Bay nursing is now very much business as usual on the ward, and the benefit has been a huge reduction in patient falls.

Quite a lot of falls tend to happen at night, so another action was to change the structure of colleagues' break times and undertake a programme of colleague education to reinforce the importance of someone being in the bay at all times.

In addition, patients at high risk of falling are always highlighted during the safety briefing in the morning, and the catch up between each shift, to reinforce our knowledge of our patients so we can be more alert. If a particular bay is identified as a potential hotspot on the day, additional colleagues can be deployed there.

Other colleagues were involved in group training days, where consultants talked about the certain medications, or changes in blood pressure to look out for, that could mean a patient is more likely to fall.

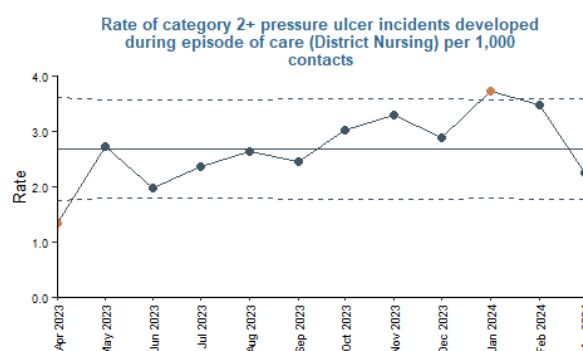
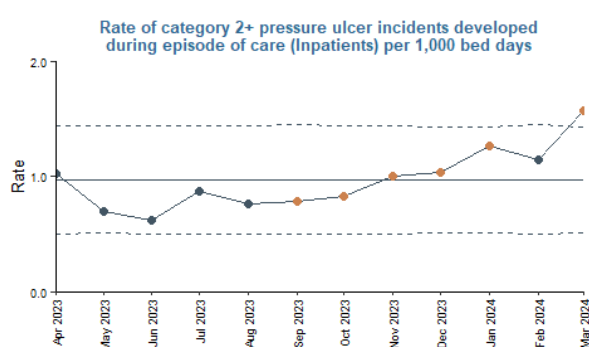
Mel Smith, a staff nurse on Eliot ward, also played a lead role in the falls improvement project.

“The work we’ve done to reduce falls has been reassuring for relatives, as although it’s not possible for one-to-one nursing, they’re happier in the knowledge that we’ll always have a colleague based within their loved one’s bay,” she says.

“We know it’s impossible to prevent all falls as we do want our patients to be up, dressed and mobilised when in hospital to give them a better chance of recovering. As a nurse it’s natural to feel guilty if a patient under our care has fallen, but if we can do everything we can to prevent this from happening then we are doing our best for patients. For example, even if we’re behind a curtain attending to another patient, it’s still possible to sense if another patient is trying to get up and about but is likely to struggle with their mobility.”

“On Eliot ward we predominantly care for elderly patients, many of whom are likely to have dementia or other cognitive issues, so they’re at a much greater risk of falling. Therefore, even if we witness a fall that can be a good thing, as we’re more likely to know the severity and can deal with it appropriately. So now, even if both nurses in the bay need to go somewhere, they’ll tell the doctor, physiotherapist, or other colleague, so they can provide cover for a short time – we’re all part of the team.”

## PRESSURE ULCERS



There had been a notable increase in pressure ulcer incidents across all services, with a sustained increase during inpatient of episode of care.

As part of recent mergers across Somerset, the Tissue Viability Service has bought the 3 legacy teams (Musgrove, Community and YDH) together as one team, with work ongoing to integrate all aspects of the service and share best practice. There is an

updated integrated pressure ulcer policy in place, although this is being reviewed in line with recent national guidance (see below).

Data is reviewed at the Pressure Ulcer steering Group (PUSG) to identify and consider trends or themes. Weekly oversight reports are now shared for review and monitoring, but further work is underway to improve the quality of data.

New “Pressure Ulcer Prevention and Management” e-learning is available and is now mandated for clinical colleagues. Key basics are also included within the Chief Nurse core skills programme developed to address the quality of basic care.

A Pressure Ulcer Prevention Project, focused on inpatient areas, commenced in October 2023, with CPD funding for 12 months. This includes ward area visits, staff knowledge questionnaires, documentation audits and staff education activity. Feedback is provided locally, and then globally at PUSG and with the Service Groups monthly. Wards will be revisited, and further knowledge questionnaires and audits will be completed. This data will feed into a Trust-wide specialty audit; and will assist with policy monitoring and assurance in the interim, whilst a robust data set is developed.

Tissue Viability Team’s response to the National Wound Care Strategy Programme’s Pressure Ulcer Recommendations (published October 2023) includes:

- Trust-wide approach to “every contact counts” to be adopted
- Pressure Ulcer Policy to be updated to ensure language in line with recommendations
- Review pressure ulcer training to ensure it covers all recommendations
- Develop Pressure Ulcer Policy assurance reporting with GST
- Discuss proposal for unstageable and deep tissue injury reporting and monitor at PU Steering Group
- Review of care plan documents and processes/pathways.

## **PATIENT EXPERIENCE**

### **ESTHER CAFES**

Our patient engagement team recently relaunched its Esther cafes. These are one-hour sessions in which patients, their carers, and clinical colleagues meet to discuss how we can all improve patient care.

#### **What’s an Esther cafe?**

Originating from Sweden, Esther cafes were created following the case study of a real patient – Esther – who experienced delays in diagnosis and treatment. The Swedish health system used Esther’s patient journey as a way of identifying how they could make outcomes better for the ‘Esthers’ in the health system.

Each one-hour café session features a story or case study told by an 'Esther', and patients, carers, relatives, and healthcare professionals work together to answer one question: "What's best for Esther?"

Before the pandemic, our patient engagement team organised Esther cafes quarterly, and has recently relaunched them, with the first session recently taking place at Yeovil Hospital.

"At the start of each session, the patient and/or their carer will share their experience, identifying what could have been done better and to share best practices," explains Krystle Pardon, our head of patient engagement and involvement.

"After that, colleagues are encouraged to ask questions to understand what could have contributed to a better patient and carer experience. The sessions are open to anyone involved in patient care, apart from those directly involved in the care of the person sharing their experience."

### **What are the benefits?**

The sessions are a unique opportunity to hear feedback from a patients' personal experience, enabling colleagues to reflect and learn from those experiences, and put improvements in place for the future 'Esthers' coming into our care.

"Feedback is largely positive, from both the patients and carers who join us as our 'Esther', as well as the colleagues that attend," Krystle continues. "One particular session resulted in a group of colleagues identifying that they could change how they interact with families and carers when a loved one is nearing the end of their life, ensuring the conversation is personal and respectful of their individual wishes."

For patients and carers, the Esther cafes provide a chance to engage and respond with how they have experienced care being given – and they are often pleased to be able to contribute to future improvements.

The patient engagement team is developing a rolling programme across the whole organisation and is working in collaboration with the service groups to ensure we hear a breadth of stories.

## **ENGAGING WITH OUR LOCAL COMMUNITIES**

The Patient Engagement and Involvement Team has been liaising with local businesses including Leonardos and Screwfix, to attend their places of work with the pop-up health and wellbeing hub. We share information about long term conditions, offer advice and signposting, and gather demographic information about our local population to help us develop processes, systems and services that best meet the needs of the public we serve.

The businesses are displaying our health and wellbeing leaflets in their occupational health waiting rooms, which gives people the opportunity to reach out for assistance which may help prevent a GP appointment and see that they receive the help and support they need in a timelier way. As this is a new initiative, it is important that we



review this intervention and seek feedback from the people who are being offered this service, to help us develop and deliver to the required needs of our business community.

## **MELANOMA SUPPORT GROUP**

Being told the news that you have cancer can be scary, unfamiliar and create feelings of anxiety and stress. It can be a lonely place if you don't have a direct network of support or access to the advice you're looking for, especially from those who've been through a similar experience.

Unique to our trust in Somerset, our dedicated team of cancer support workers has created a support lifeline for patients who've been diagnosed with melanoma - a type of skin cancer that is usually caused by overexposure to UV light, from the sun or in sunbeds.

Set up in March 2023, the melanoma support group provides patients with a place to meet to share openly, receive advice and get help in understanding how to manage their diagnosis.

The group was formed when a patient, who had skin cancer at the time, decided she wanted to help create a support network for patients just like them after she had moved down to Somerset and had their first appointment at Musgrove. She found out a group didn't currently exist and decided she wanted to help set one up, having previously helped organise one in her hometown of Milton Keynes.

The skin cancer team had always had it on their agenda to create such a group, however time and resources had always been a barrier. With the help of a few more patients who were keen to get involved, the skin cancer team created a series of questionnaires and feedback forms to see what patients might want to see from a support group, and it evolved from there.

Macmillan Cancer Support offered funding to the team to invest in venue hire, refreshments, and advertising of the group to local communities and patients.

Although the group remains relatively small, the team is aiming to continue promoting it, with the help of patients, with the eventual goal being to create a patient-led initiative, with the support workers providing aid when booking guest speakers or assisting with venue changes.

Claire Lloyd and Zoe Evans, cancer support workers within our skin cancer team, lead the melanoma support group and aim to provide a holistic approach to patient guidance and care.

"I've been part of the skin cancer team for five years and it wasn't something I'd done before joining the Trust, although I'd been in supportive roles in the past," says Claire. "The role is amazing and it's so nice to join such a support-driven team who really want to help provide aid to patients at such a difficult time in their lives."

The melanoma support group creates a safe space where patients can share their experiences and listen to guests who can help aid in the patients' mental and physical wellbeing. The group has welcomed representatives from craft therapy groups, as well as SASP (Somerset Activity & Sports Partnership) and the HOPE counselling service. "Patients tell us the value of the group is getting to talk to people who are going through the same thing as them," continues Claire.

Zoe adds: "It's a safe place to share, with no expectation to talk about their diagnosis. "As much as family and friends can empathise with patients, they haven't themselves been through the same experiences as the people in the room when they're at the group."

Our cancer support team is vital in providing advice to patients that have any worries or concerns about anything that's going on in their life. Often the diagnosis of cancer sends patients into a state of emotional overwhelm and patients will begin to worry about the impact on their personal lives too.

The cancer support workers use what's called a holistic needs assessment to determine what practical things may become a problem for patients and how the team can look to provide a support network for the individual.

"It feels like a privilege to be involved in supporting patients in this way," adds Claire. "It's nice to join a patient at this stage in their life and be able to have an impact on their wellbeing. We often get told by the patients, or other members of the team, that just having a conversation with us makes the world of difference.

"And the melanoma support group helps extend this wider too, by providing specialist support to patients as opposed to them seeking help from a generalised group. Skin cancer has such a misconception as being a non-serious cancer. Most people think you just cut it out and carry on with your life, but it can be very serious, and patients deserve to be looked after throughout that experience."

Not only does the cancer support team focus on advice, guidance, and practical help, they also provide tools and support for patients' mental health and wellbeing.

"The impact a diagnosis has on our skin cancer patients emotionally is huge," says Zoe. "If they're struggling with their mental health, it can have an impact on their treatment.

"Having our support and the backing of their peers within the group means they're heard, and their feelings are valued. Sometimes all that someone needs is to be listened to."

## **CLINICAL EFFECTIVENESS**

### **DEVELOPING A CLINICAL PATHWAY FOR MANAGING SLEEP DISORDERS**

Since 2005, the Prescribing Observatory for Mental Health (POMH-UK) has been conducting audit-based quality improvement programmes (QIPS) addressing various aspects of prescribing practice in mental health services. As a Trust (initially Somerset

Partnership and latterly Somerset NHS Foundation Trust) we have been actively involved in all their projects from the beginning and together have built an excellent working relationship.

The local findings from the POMH audit into the use of melatonin for sleep disorders raised three issues:

- There was no agreed Trust-wide formulary for melatonin products leading to several products being used and varying costs
- There are several entry points to secondary care where sleep issues are part of the referral, and a variable offer of sleep advice. A need to develop a clear 'stepped care sleep pathway' for secondary care or Tier 3 CAMHS was identified
- Melatonin is available for secondary care prescribing only in the local health economy. Consideration needed to be given to moving to a Shared Care model across the system.

A local melatonin formulary has been agreed. Clinicians from community paediatrics and CAMHS, pharmacists and service managers have worked constructively together to agree a formulary and develop a stepped-care clinical pathway. A co-design approach has been taken that included parents/carers. Although considerable progress has been made, this has been a complex piece of work and there are details that still need to be agreed/finalised. Major enabling factors were a team of champions (psychiatry, paediatrics, governance, pharmacy) who used their network of connections to generate a supportive infrastructure to deliver the plan.

Once formulary choice has been embedded and the stepped care sleep pathway implemented, the plan is to work with the ICB on a shared-care agreement for continuing prescription for melatonin.

The Trust was approached by POMH-UK to share their experiences and learning from a selection of QIPS. After workshops, discussions and piloting, the final questionnaires were distributed to all mental health organisations for completion during October 2023.

Where notable examples were given, Trusts were invited to provide a more in-depth case study to be included in the final report. SFT was invited to provide a case study into the work undertaken and learning as a result from the Use of Melatonin QIP, with the final report which was published in April 2024.

## **FIRST RESPONSE SERVICE**

The Somerset First Response Service was launched in March 2023 following an increase in the number of people needing support from our adult mental health services.

First Response Service is a 24-hour telephone service, available 365 days a year to patients, carers, professionals and anyone else concerned that a person may be in a mental health crisis.

Laura Hopkins, operational service manager for our countywide home treatment service, First Response Service, and urgent care hub, explains: “The vision and values of our First Response Service were co-produced with our experts by experience, ensuring that patients get a personalised, non-judgemental, and compassionate response. We know how difficult it is for people to reach out in their darkest moments, and we want individuals to feel safe to talk to us and know that their voice will be heard.

“Most people who sadly take their own life tend not to have reached out to mental health services, and we want to encourage people to call, knowing that we are available and accessible for all. We will listen, and together we’ll find a way forward.”

The First Response Service works closely with Somerset’s Mindline 24/7, which provides a 24-hour mental health telephone support line for people of all ages in emotional and mental distress.

It takes over 1,000 calls a week, supporting individuals with a wide range of difficulties. This could be those who may be distressed, depressed or anxious, are contemplating harming themselves, or those who may need support with managing distressing hallucinations and delusions.

Caroline Cordy manages the team in the eastern part of Somerset, with Carolyn Broom heading up the western part of Somerset team.

“Our new first response team was set up following a 30% increase in the number of calls from people needing help with their mental health over the last few years,” says Caroline. This led to our home treatment team colleagues spending more time answering calls than going out to support patients – which in turn meant patients weren’t getting help in a timely enough manner. By taking this call handling role off our home treatment team colleagues, it means they can spend more quality time with patients when they experience a mental health crisis, without the worry of needing to get back to the office to cover the phone lines. Colleagues tend to rotate between the first response and home treatment services too.”

Our home treatment team tends to take calls from people are feeling distressed and upset, often needing support as they feel in a situation where they have nowhere to turn.

Caroline continues: “We also accept calls from our GP and ambulance service colleagues, as well as the police and other professionals, if they feel the person needs a follow-up with our team.

“It’s really important that we get to know patients’ families and carers too, so they are able to access us for advice and support too – this could include a carers’ assessment.

The First Response Service provides support 24-hours a day and are happy to talk to people or signpost them to a service that will meet their needs. It is an important part of our home treatment team and is very much designed to improve access to urgent mental health services and reduce the number of people needing to attend our emergency departments, which aren’t best placed to provide mental health support.

## PROSTATE CANCER DIAGNOSIS

A groundbreaking way of supporting doctors to diagnose prostate cancer using the latest artificial intelligence (AI) technology has launched in Somerset.

The Trust has joined forces with Cambridge-based technology company, Lucida Medical, as the first NHS trust in the UK to introduce its AI tool, called Pi, to work alongside teams of radiologists.

With support from charities Macmillan Cancer Support and Prostate Cancer Research, the Pi tool is being introduced at both Yeovil District and Musgrove Park hospitals to assist radiologists in detecting clinically significant prostate cancer, using an AI technique that looks at a prostate MRI scan.

Macmillan estimates that there are more than 500,000 men living with prostate cancer in the UK. It's the most common cancer in men, and 1 in 8 men will be diagnosed in their lifetime. Prostate cancer is particularly dangerous when found at stages 3 or 4, and more than 12,000 deaths occur in the UK each year.

Dr Paul Burn, one of the Trust's consultant radiologists, explains how the Trust came to be involved in this innovative project.

"This all started when we participated in a multi-centre national trial, called 'PAIR-1', that assessed the effectiveness of Pi," he says.

"We then trialled a version of Pi at our Trust, and we compared its results to radiologists' reports in over 700 patients, to check that it would work for our purpose. The way it works is really simple – within a few minutes of the patient having their MRI scan, the Pi tool displays a number that gives a probability of cancer on the scan. It also shows the exact location of any tumours in the prostate by adding a colour overlay to the scan images. The software is located securely on a server within the hospital, so no patient data leaves the Trust.

"Using it, we expect to help relieve pressure within our hospital, by enabling patients to go through the diagnostic pathway more rapidly and reducing diagnostic waiting times. It will also support our clinical departments that have smaller numbers of MRI reporters to manage their workload. We know that we have to be very careful with the way we use AI, and it's absolutely not intended to replace a human being in any way – instead it's simply helping to speed up the workflow and potentially aiding our radiologists in providing a more accurate diagnosis."

"In many ways we're using it as a 'reporting buddy', so it'll help with prioritising patients based on clinical need and telling us which patients we should report on first because they have a higher probability of cancer. Pi also measures the volume of the prostate gland for us, a repetitive job that is time-consuming for radiologists to do manually. Patients with prostate cancer have a complicated diagnostic pathway, needing an MRI and a biopsy and it is often challenging to complete all the steps within the national 28-day Faster Diagnosis Standard."

“Our aim is that by using this AI software, we will be able to speed up the process and enable us to prioritise those with cancer. It’ll also free up our radiologists to report on additional patients every day and may in future allow us to book the patient in for a biopsy more quickly.”

Dr Anthony Cunliffe, National Lead Medical Adviser at Macmillan Cancer Support, said: “Our investment in Lucida Medical and its pioneering AI platform, Pi, is the latest venture as part of our Innovation Impact Investment Portfolio. Pi has the potential to transform how we diagnose and monitor patients with prostate cancer, so we’re thrilled to see this software being put to use in Musgrove Park and Yeovil District.”

Oliver Kemp, CEO at Prostate Cancer Research (PCR), said: “We’re passionate about bringing the best diagnostics and treatments into clinical use to benefit prostate cancer patients. We are delighted that Lucida Medical has reached this tremendous milestone following PCR’s investment in the company and its revolutionary Pi technology.”

## **COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN) TARGETS**

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 2023/24 the five CQUIN indicators selected for the contract were across Acute, Community and Mental Health Services and included the following programmes:

- Supporting patients to drink, eat and mobilise after surgery
- Identification and response to frailty in emergency departments
- Routine outcome monitoring in community mental health services
- Reducing the need for the use of restrictive practices in adult and older adult inpatient settings
- Assessment, diagnosis and treatment of lower leg wounds

The financial risk associated with performance of the CQUIN indicators was removed during 2023/24 due the CQUIN income being included in the block contract value.

## **ORGAN DONATION**

The Trust continues to implement national and regional best practice and remains compliant with NICE guidance (CG 135).

An outstanding 100% of patients meeting the referral criteria were referred to the organ donation service. Twenty-four families have been approached to explore organ donation with 100% of these approaches being collaborative with the Specialist Nurse for Organ Donation.

The consent rate for organ donation within the Trust is above the national average. As a result, the Trust continues to perform well in terms of organ donation with a total of 15 transplants enabled over the year.

Key work for 2024/25 will be to continue to ensure all suitable patients are offered the option of organ donation at the end of their life and ensuring maximal adherence to national guidance on donor identification and referral. Tissue donation is another focus for the organ and tissue donation committee, and we will work toward all suitable patients having this offered as an option at the end-of-life. The organ donation committee hopes to see a clinical lead for organ donation appointed to the YDH site and working to ensure best practice continues to be followed across the Trust.

## STAFF ENGAGEMENT

Our aim is to ensure our colleagues are informed, engaged, that they feel connected to their team, their service, site, and the Trust, and that their hard work is recognised.

Our shared values of Kindness, Respect and Teamwork govern how we behave and interact with colleagues, patients, their families and carers. These values were developed from extensive engagement with colleagues from both our legacy trusts before we merged, and they were launched on 1 April 2024. They are front and centre in our communications with our colleagues and in the visual elements of our communications.

At the start of April 2023, as part of the merger of our legacy trusts, we launched trust-wide internal communications channels aimed at all colleagues right across our new organisation, providing a regular drumbeat that keeps colleagues up to date about the Trust's work. These include a weekly online newsletter, new intranet cover page, three-weekly online briefings with the Chief Executive and colleague emails or announcements to support large Trustwide announcements.

The Senior Leadership Forum is held once a quarter and brings together senior leaders and the executive team on a regular basis throughout the year to discuss, debate and agree an approach to quality, performance, operational, financial, and other issues. The Operational Leadership Team meets once a month and brings our senior leaders together.

Each service group, and professional network such as our senior nurse and medical leadership, hold regular meetings at all levels across our service groups and services. Our aim is to ensure that teams are connected, work well together, understand how they contribute to the Trust's work, and that team members are well supported.

This financial year we also launched our recognition framework across our new merged trust, taking the best elements from both our legacy trust's frameworks. This framework provides opportunities for thanks and recognition of excellent work with thank you cards for teams to use; "everyday champions" which say well done when a colleague or team has done something above and beyond; our "star of the month" which enables teams to submit a nomination to be judged against others; and our annual awards process - the OSCAs (Our Somerset Colleague Awards). We also recognise long service and retirement.

Our colleagues have been through an enormous amount of organisational change – the majority of our workforce has worked through two organisational mergers in three years – and we have worked through a pandemic. Many of our clinical teams are still going through change processes.

We were therefore particularly interested in our NHS Staff Survey 2023 results to see overall how supported our colleagues feel, the teams that need more support, and the areas where we do not score as well as we would like. Just over 53% of colleagues completed the survey, providing us invaluable insight into our colleagues' experiences



of working at our newly formed organisation. Both our legacy trusts started from good bases with high results, but this year's results have surpassed even the combined results of from 2022. When compared against our comparative trusts, we were amongst the highest scoring trusts for morale and colleague engagement.

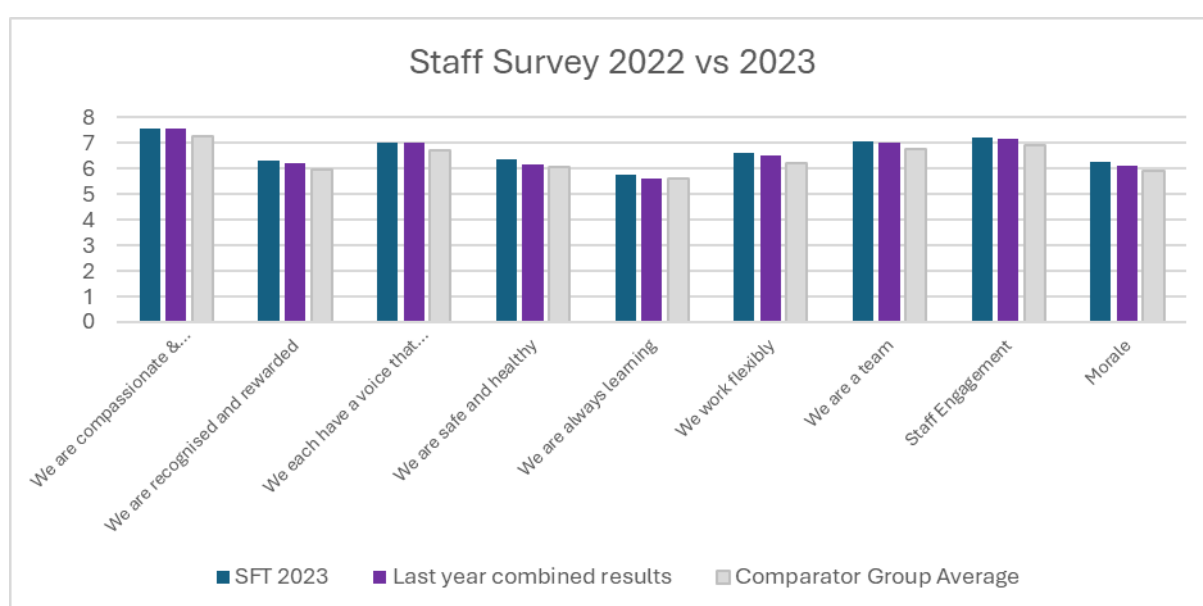
Despite these good overall scores, we know that we are not getting it right for every colleague and our plans for 2024/5 include:

- Building and embedding a 'just and restorative culture' with focus groups for colleagues taking place in April
- Focusing on violence and aggression prevention through training and communications campaigns
- Providing heatmaps with demographic data for service groups.
- Continuing the work in engaging and collaborating with our Colleague networks.

## Staff Survey

The 2023 NHS Staff Survey was completed during October and November 2023 with a 53% response rate. This year was the third year that the staff survey was aligned to the themes of the NHS people promise and our first year as a newly merged Trust. Our results can be seen in the table below and include responses from Simply Serve Limited.

The table below highlights the overwhelmingly positive feedback from our people and in every theme the Trust scored higher than the benchmark group average. We are really encouraged that our results have remained so positive despite so many challenges, however the promise of 'we each have a voice that counts' fell slightly compared to the 2022 survey.



The strongest themes for the Trust in 2023 remain the People Promises of:

- We are compassionate and inclusive

- Staff engagement

The element of “we are always learning”, which is made up of the element of appraisals and development, is our lowest ranked and has made a slight improvement on last year's results (5.60 to 5.75). This was on the back of a significant improvement from the 2021 result in 2022.

In last year's report, the people promises of ‘we are safe and healthy’ and ‘morale’ were noted to have significantly lower scores than the 2021 survey. These promises have both increased in score in the 2023 survey.

The staff survey for 2023 was the third to be aligned to the national themes of the people promise, retaining staff engagement and morale themes from staff surveys before 2021. The comparator data against the previous years are shown in the following table:

| People Promise Theme               | 2023      |                          | 2022            |                          | 2021      |           |                          |
|------------------------------------|-----------|--------------------------|-----------------|--------------------------|-----------|-----------|--------------------------|
|                                    | SFT Score | Benchmarking Group Score | SFT & YDH Score | Benchmarking Group Score | SFT Score | YDH Score | Benchmarking Group Score |
| We are compassionate and inclusive | 7.54      | 7.24                     | 7.54            | 7.2                      | 7.5       | 7.7       | 7.1                      |
| We are recognised and rewarded     | 6.32      | 5.94                     | 6.22            | 5.7                      | 6.2       | 6.5       | 5.8                      |
| We each have a voice that counts   | 7.00      | 6.70                     | 7.03            | 6.6                      | 7.0       | 7.2       | 6.6                      |
| We are safe and healthy            | 6.34      | 6.06                     | 6.17            | 5.9                      | 6.1       | 6.4       | 5.9                      |
| We are always learning             | 5.75      | 5.61                     | 5.60            | 5.3                      | 5.2       | 5.6       | 5.2                      |
| We work flexibly                   | 6.59      | 6.20                     | 6.51            | 6.0                      | 6.4       | 6.7       | 5.9                      |
| We are a team                      | 7.04      | 6.75                     | 7.00            | 6.6                      | 6.9       | 7.1       | 6.5                      |
| Staff engagement                   | 7.49      | 6.91                     | 7.15            | 6.8                      | 7.2       | 7.3       | 6.8                      |
| Morale                             | 6.25      | 5.91                     | 6.10            | 5.7                      | 6.1       | 6.4       | 5.7                      |

Score: 0 = low 10 = high

Benchmarking data for previous years is shown below.

| Staff Survey Theme                | 2020      |           |                 | 2019      |              |           |                 |
|-----------------------------------|-----------|-----------|-----------------|-----------|--------------|-----------|-----------------|
|                                   | SFT Score | YDH Score | Benchmark Group | TST Score | SomPar Score | YDH Score | Benchmark Group |
| Equality, diversity and inclusion | 9.3       | 9.2       | 9.1             | 9.3       | 9.4          | 9.3       | 9.0             |
| Health and wellbeing              | 6.5       | 6.9       | 6.1             | 6.3       | 6.3          | 6.7       | 5.9             |

| Staff Survey Theme          | 2020      |           |                 | 2019      |              |           |                 |
|-----------------------------|-----------|-----------|-----------------|-----------|--------------|-----------|-----------------|
|                             | SFT Score | YDH Score | Benchmark Group | TST Score | SomPar Score | YDH Score | Benchmark Group |
| Immediate managers          | 7.2       | 7.2       | 6.8             | 7.1       | 7.2          | 7.4       | 6.8             |
| Morale                      | 6.6       | 6.6       | 6.2             | 6.6       | 6.4          | 6.6       | 6.1             |
| Quality of appraisals       | n/a       | n/a       | n/a             | 5.7       | 5.0          | 5.9       | 5.6             |
| Quality of care             | 7.5       | 7.7       | 7.5             | 7.6       | 7.3          | 7.7       | 7.5             |
| Safe environment – B&H      | 8.2       | 8.4       | 8.1             | 8.3       | 8.1          | 8.3       | 7.9             |
| Safe environment – violence | 9.5       | 9.3       | 9.5             | 9.4       | 9.5          | 9.4       | 9.4             |
| Safety culture              | 7.0       | 7.0       | 6.8             | 7.0       | 6.8          | 7.0       | 6.7             |
| Staff engagement            | 7.3       | 7.4       | 7.0             | 7.4       | 7.2          | 7.4       | 7.0             |
| Team working                | 6.8       | 6.7       | 6.5             | n/a       | 6.9          | 7.0       | n/a             |

Score: 0 = low 10 = high

## Future

The People Strategy, released in 2023, provides a clear direction for the people priorities within the Trust and as part of the first year, nine workstream groups were created to drive the initial work forward. The groups are:

1. Violence and aggression
2. Just and restorative culture
3. Digital
4. Leadership capability
5. Engagement
6. Retention
7. Recruitment
8. Future workforce models
9. Strategic workforce planning

The result of the 2023 Staff Survey will support the measures of work within the People Strategy as well as providing an opportunity to reflect if any plans need to be recalibrated. Reassuringly, the areas being highlighted are already under focus.

Appraisals remain an area of focus into 2024 and work continues to ensure that the quality of the conversation as well as numbers completed are a priority.

We note that whilst our staff survey scores are encouraging, there are still colleagues within our organisation that do not have as positive an experience as others do. Work that has already been started, but will continue to develop includes:

- aligning the work of people services and network leads, with monthly meetings that are joining up crucial relationships between networks leads and Heads of Service within People Services.

- arrangements for co-design and co-delivery of training between the organisational development team and network members.
- Inclusion colleagues embedding themselves within the HR Advisory and organisational development teams to help create a thread of inclusion throughout the support that is provided to leaders, managers and colleagues.

Freedom to Speak up remains strong as a Trust score however, we recognise improvements can be made and survey data informs us that some colleagues feel less able to speak up than others, more notably colleagues aged 51 and over, and colleagues reporting a disability or long-term condition. Further work to understand the barriers to enable improvements in the service are underway and one of the key actions taken is for the Freedom to Speak Up Guardians to work alongside the networks, becoming a member of the group and attend regular meetings that take place. This work will be incorporated into the engagement workstream that is part of further work emanating from the People Strategy. This is looking to provide a listening roadmap to ensure that feedback loops are completed, and the second year of this deliverable will look to operationalise this.

## **Future Priorities and Targets**

The People Strategy 2023 – 2028 is designed around 5 commitments; care for our people, develop our people, compassionate and inclusive leadership, retain and attract talent and learning and transforming. Each commitment has several high-level ambitions which describe the commitment in more detail and is aligned to one or more elements of the NHS People Promise. The purpose of the strategy is to set out the framework for achieving corporate objective 6, Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture. The ambitions within the People Strategy support the core focus of improving retention and is supported by the Trust values, Respect, Kindness and Teamwork.

In the first year of the strategy the focus was on nine key deliverables, spanning reducing violence and aggression towards our colleagues, implementing a just and restorative culture for our people polices, creating a People Digital strategy, understand leadership capability and developing plans to support leaders to create an environment where colleagues thrive, development of a listening roadmap, improving talent management, moving to skills based inclusive recruitment practices, developing a resource strategy and improving approaches to workforce planning. It was an ambitious year one, with many of the workstreams continuing into year two of the strategy. In addition to embedding the year one focus, the second year of the strategy will focus on:

- How we ensure healthy working lives for our colleagues where we prioritise their physical and mental health equally, where we create roles where are colleagues thrive and through this support the population of Somerset to life healthy lives.
- Developing packages of support for leaders to ensure they are compassionate, overtly respect and value equity, quality, diversity and inclusion through engaging and empowering their teams.

- How we drive improvement through ensuring decision making is underpinned by evidence and where the research strategy is central to all we do, attracting and retaining colleagues.

## APPENDICES

### APPENDIX 1: STATEMENT FROM STAKEHOLDERS – SOMERSET INTEGRATED CARE BOARD (ICB)



Our Ref: SM/QA2324

12 September 2024

Wynford House  
Lufton Way  
Lufton  
Yeovil  
Somerset  
BA22 8HR

Tel: 01935 384000  
somicb.enquiries@nhs.net

Dear Peter

#### QUALITY ACCOUNT 2023-24

NHS Somerset Integrated Care Board (ICB) welcomes the opportunity to review and comment on the Somerset NHS Foundation Trust (SFT) Quality Account for 2023/2024 a year which saw the merger between Yeovil District Hospital and SFT complete.

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 presentation guidance.

The ICB recognises that 2023/2024 has continued to be a difficult year due to the operational pressures and the continued recovery of services following the COVID-19 Pandemic. The ICB would like to thank colleagues at SFT 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 SFT'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 2023/24 have been affected by operational and recovery pressures, SFT has however been able to make achievements against all of their identified priorities for 2023/24 including:

#### **Priority 1: Using the time waiting for surgery to optimise people's health and wellbeing both now and for the future**

This programme recognises the importance of peri-operative care, the comprehensive management of patients before, during and after surgery and is aiming to enable

better outcomes from surgery including to reduce length of stay, speedier recovery, reduced re-admissions plus better long-term outcomes. It is encouraging to see, amongst many **other achievements**, that the expansion of the team and partnership with Public Health has led to improvement in healthy weight discussions and therefore management and a successful diabetes pathway which has been rolled out to 40% of Somerset GP practices.

**Priority 2: Last 1,000 days: valuing people's precious time in the last chapter of life**

This programme of work aims 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 encouraging to see that the merger has strengthened the coming together of multi-agency colleagues around end-of-life care. While there have been many achievements it is noted that there is still work to do around discharge at end-of-life and staff training. It is commendable that a joint Motor Neurone Disease clinic has been established providing a personalised "one stop shop" which puts the right professionals in the right place to meet the individuals need.

**Priority 3: Helping older people to live as they wish, giving them time to do what is important to them**

This programme of work aims 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 their needs. It is encouraging to see the improvements made in the identification of frailty at the front door with the Trust achieving 33% against a target of 30%, there is obviously much to do to improve on this percentage, but it is good to see that the use of the clinical frailty identification tool has also been rolled out to community teams. The report lists multiple projects being undertaken by neighbourhood and community services teams and we look forward to seeing the outcomes of the projects over the next year.

**Priority 4: Helping people with mental health conditions to live longer lives.**

It is encouraging to see the continued progress made in this stolen years flagship programme which pledged to co-produce projects with 'Experts by Experience'. The merger has been identified as strengthening the bringing together of physical health and mental health services. There is good evidence in the report of the dedication to co-production and tackling health inequality, including a project to expedite elective care treatment for specifically identified patient cohorts. It was also really encouraging to see that a recent review by the Royal College of Psychiatrists had identified the relationship and collaboration between acute colleagues and the Psychiatric Liaison Team as exceptional.

**Priority 5: Using time well by getting together to focus on what matters to people with complex needs.**

The focus of this priority on meeting the needs of this population required a switch to anticipatory not reactive care, time to develop trusting relationships, broadening the membership of the care team and communicating across different specialties and agencies. There have been recognisable improvements in the support for those

identified as high-intensity users through the establishment of the Somerset High Intensity Users Service which was initiated in August 2023. The early impact of this service is evident with a 55% reduction in ED attendance for those clients picked up by the service.

Whilst it is recognised there is still a lot of work to do in Somerset to improve the diagnosis and care of those with dementia there are early signs of improvement, this must remain a priority.

### **Priority 6: Improving life chances for children**

The focus of this priority is to highlight and address the key issues facing young people in Somerset with a specific focus on the accessibility and responsiveness of pathways for adolescent care, advice and guidance and healthy weight management support. It is encouraging to see the work undertaken around the holistic care of those children and young people with an eating disorder developing new roles providing greater consistency to care planning.

NHS Somerset supports SFT's identified continued Quality Priorities for 2024/2025. 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.

NHS Somerset welcomes continued engagement and focus on improvements in, but not restricted to:

1. Personalised care
2. Patient involvement and co-production
3. Right care, right bed
4. Colleague health and wellbeing
5. Patient Safety Incident Response themes

NHS Somerset also supports the trust identified areas of continued improvement focus which include, but is not restricted to:

1. Continued focus on implementing the priority clinical standards for 7-day hospital services
2. The continuous auditing of the use of end-of-life care pathways
3. Improving participation in the collection of Patient Reported Outcome Measures
4. The continued monitoring of readmission rates
5. The increased use of ambulatory care and urgent clinics to manage emergency care pathways
6. Reducing the rate of Clostridium Difficile infection



7. Reducing the number of Patient Safety Incidents that resulted in severe harm or death
8. Increasing the number of admitted patients who were risk assessed for venous thromboembolism.
9. The improvement of maternity services

We look forward to seeing progress with quality priorities and areas of quality improvement identified in this Quality Account.

NHS Somerset are committed to sustaining strong working relationships with SFT, and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care System further develops in 2024/25s.

With kindest regards,

A handwritten signature in black ink, reading 'Shelagh Meldrum'.

**Shelagh Meldrum**

**Chief Nursing Officer and Director of Operations**

## APPENDIX 2: STATEMENT FROM STAKEHOLDERS – SOMERSET COUNCIL – OVERSIGHT AND SCRUTINY COMMITTEE

**Somerset Council**  
County Hall, Taunton  
Somerset, TA1 4DY



19 September 2024

Dear Steve,

The Chair and Vice Chair of the Somerset Scrutiny for Adults and Health Committee have had sight of the Somerset FT Quality Accounts 2023/2024.

The Somerset Scrutiny for Policies Adults and Health Committee has the overview function on Adults and Health. The Chair of the Committee has seen the report and welcomes the commitment to continuous improvement. The Committee has regular reports from the Foundation Trust and gives views, suggestions and comments on all aspect of the Trusts performance throughout the year.

The report makes clear the areas of progress and acknowledges the areas that need further improvement.

One area of particular concern for the Committee is the lack of progress on Data Sharing between Primary Care and local hospitals as this appears to be a regular cause for concern.

The Somerset Scrutiny for Policies Adults and Health Committee looks forward to further opportunities to help shape the best services possible for Somerset residents.

Yours sincerely,

*Signed by email*

Cllr Gill Slocombe (Chair) Somerset Scrutiny for Policies, Adults & Health Committee

## APPENDIX 3: STATEMENT FROM STAKEHOLDERS – HEALTHWATCH



### **Healthwatch Somerset's Response to Somerset NHS Foundation Trust's Quality Account Statement 2023-2024**

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 appreciate the opportunity to provide feedback on Somerset NHS Foundation Trust's (SFT) quality account for 2023/24.

We are encouraged by the progress made in implementing the clinical strategy, particularly in areas that directly impact our communities, such as reducing waiting times. Innovations like day surgeries in the gynaecology department and the Hospital at Home initiative are promising steps toward further improvements. However, we would have welcomed more measurable goals, especially regarding waiting times.

The reported reduction in high-intensity service users is a significant achievement, and we extend our congratulations on the impressive 55% decrease in attendances.

We acknowledge that the Care Quality Commission inspection was likely a challenging period for the Trust. The reports highlighted that service delivery did not meet the expected standards, but we are reassured by the Trust's apology to the affected families and staff, as well as their commitment to improvement. It is encouraging to see that substantial changes have been made since the November 2023 inspection, and we are pleased that the Somerset Maternity and Neonatal Voices Partnership is collaborating with the Trust to ensure that patient voices are central to these improvements.

We also commend the 'Last 1000 Days' initiative, which focuses on supporting patients in a way that allows them to make the most of their time, doing what matters most to them, in places that are meaningful.

In summary, we believe the quality account reflects the high-quality care provided by SFT and their ongoing efforts to improve. We look forward to maintaining our strong relationship with the Trust and collaborating on several of the Quality Improvement Priorities for 2024/25, particularly in the areas of Patient Involvement, Co-Production, and PSIRF, as we host the Patient Safety Partners on behalf of NHS Somerset ICB.

**Gill Keniston-Goble**  
**Manager - Healthwatch Somerset**

## **APPENDIX 4: STATEMENT FROM STAKEHOLDERS – SFT GOVERNORS**

### **Quality Accounts**

On behalf of the Governors, we are delighted to accept these Quality Accounts.

The work undertaken by the Trust, during the first year of the merger, has enabled the people of Somerset to receive a wide range of integrated services across the county, working across health, social services and the voluntary sector.

Collaborative working has enabled innovative projects to be developed, all improving the health and well-being of our population.

Mental health continues to be a high priority, and it is evident from the accounts the Trust is an exemplar in the country for their services to our mental health patients.

The governors would like to thank the executive team for their outstanding work over the last year and hope the next year will continue to improve the services for the population of Somerset.

**KATE BUTLER  
LEAD GOVERNOR**

**PAULL ROBATHAN  
LEAD GOVERNOR**

**5 September 2024**

## **APPENDIX 5: 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 of the following:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2023/24 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 2023 to March 2024
  - Papers relating to quality reported to the Board April 2023 to March 2024
  - Feedback from the commissioners dated 13/09/2024
  - Feedback from Local Authority Overview and Scrutiny Committee dated 19/09/2024
  - Feedback from local Healthwatch organisations dated 18/09/2024
  - Feedback from governors dated 05/09/2024
- The Quality Report presents a balanced picture of Somerset NHS 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.



03/09/2024

Date..... Chairman

**COLIN DRUMMOND**



03/09/2024

Date..... Chief Executive

**PETER LEWIS**