



Somerset  
NHS Foundation Trust

# Quality Report 2021/22 – 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 2021/22 – incorporating 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, for the financial year 2021/2022.

This quality account sets out how we performed against the key quality improvements that we set ourselves over the last year. It also provides an opportunity for us to reflect on our achievements and challenges during what has been another extraordinary year for SFT, the NHS and the country as a whole.

Our mission as an integrated mental health, community and acute trust is to deliver outstanding care through a culture of listening, learning and continuous improvement. Our vision is to be an organisation that gets it right for our patients, carers, colleagues and communities through an inclusive culture of partnership, learning and continuous improvement.

The way that we work and our vision for our organisation is underpinned by our values – Outstanding care, Working together, Listening and leading. Our colleagues across all parts of our trust helped to develop these values and we use them in our work every day.

While our aim is to achieve continuous quality improvement across all our services, each year we focus on a number of key issues where we think improved quality would make the most difference to our patients. The full details of how we did this are in this report but there are a number of things that I would like to highlight:

- We were honoured to be named Mental Health Trust of the Year in the prestigious Health Service Journal Awards in November for the work we have done alongside our partners in the third sector and council to develop and deliver Somerset's Open Mental Health approach
- We completed the roll out of the vaccination programme, both doses plus booster, and are now administering a further booster to specific at risk groups. This programme has been highly successful in curbing the virulence of Covid.
- At the same time, we moved forward on our long-term investment programme in new facilities, making substantial progress on our new theatres and critical care block and opening a new dedicated standalone diagnostic centre in Taunton.
- We made further good progress in our proposed merger with Yeovil District Hospital NHS Foundation Trust (YDH). This merger is designed to give properly integrated patient centred care throughout Somerset, minimising the need for patients to be 'handed over' from one organisation to another.

Despite all the above, very major challenges remain including:

- a very large backlog of elective surgery and other care which, while we have made great strides to return to pre-pandemic levels of activity, is still causing distress for many who are waiting for their surgery or treatment;
- a long-term shortage of trained doctors, nurses and other clinical staff throughout the UK which the Covid-19 pandemic has only served to highlight;
- challenges in social care that currently mean up to 25% of our hospital beds are occupied by patients who are medically fit to discharge but who, for various reasons, are unable to find the required support in the community. This has an immediate impact on our ability to address our backlog of care and provide the best care to our patients;
- an increasingly stretched and challenged primary care sector.

The impacts of the pandemic have continued to be felt across the Somerset health and care system and have made it more complex for us to deliver care in the ways that we have in previous years.

At the heart of our response to both the direct and indirect impacts of the pandemic are colleagues working across all of our services and locations throughout the county. Throughout the last year, they have demonstrated incredible resilience, responding to frequent changes to guidance and policy, and adapting processes and working arrangements in order to maintain access to care and treatment.

My appointment, across both YDH and Somerset FT, and the subsequent appointment of a single executive team for the trusts, have been important steps towards bringing our organisations together, which we are aiming to complete in April 2023. You can read more about that and about our overall performance within the Trust's annual report.

Teams from both organisations are already working together to develop and deliver on opportunities to improve the services they provide and to contribute to the completion of the business case later this year.

During 2020/21 we continued to work together with colleagues across the health and care system in Somerset to build our care and support strategy based on our knowledge of our services and the needs of the population. Together we defined our clinical objectives as to:

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

Our quality priorities for 2021/22 build towards achieving these objectives.

As we move towards further integration with our colleagues at YDH, as provider of acute, community, mental health and a significant proportion of primary care services in Somerset, we will be in a position to have a positive impact upon the health of the population and contribute to the development of more sustainable health and care services in the county. We look forward to working closely with colleagues in the new Integrated Care Board to deliver this ambition.

Signed

A handwritten signature in black ink, appearing to read 'Peter Lewis', with a horizontal line underneath.

**PETER LEWIS**  
Chief Executive

## ABOUT US

Somerset NHS Foundation Trust was formed on 1 April 2020 when Somerset Partnership NHS Foundation Trust (SPFT) and Taunton and Somerset NHS Foundation Trust (TST) merged. The transaction was ground-breaking because it created the first Trust in mainland England to provide integrated community, mental health and acute hospital services.

Somerset Partnership and Taunton and Somerset NHS Foundation Trusts established a close working relationship when we formed an alliance in May 2017. In late 2017, we established a joint executive team that oversaw all aspects of both Trusts' operations and worked to a single set of strategic objectives covering hospital, community and mental health services. With services working more closely together than ever before, we made improvements to the care and support our patients and service users receive. However, it became clear that we needed to merge in order to remove the barriers that add unnecessary delay and cost to the care we provide, and to truly integrate community, mental health and hospital services.



The impetus for our merger came from colleagues who saw the improvements that we can make if these services work together differently. Our clinical strategy is built from the ground up, based on the experience of our colleagues and services, and our knowledge of the growing needs of our population.

Somerset NHS Foundation Trust provides a wide range of services for the whole of Somerset, as well as acute services for people in the north, west and centre of the county (population c.350,000) and more specialist services across the county and beyond. 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 provides acute services from Musgrove Park Hospital (MPH) in Taunton, which has around 700 inpatient beds. We also operate 13 community hospitals (with 190 beds), providing inpatient, outpatient and diagnostic services, and seven Minor Injuries Units.

The Community Dental Service provides dental care to a caseload of 6,000 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. During the Covid-19 pandemic the Community Dental Service were also asked to provide urgent dental care for the general population. Urgent care work has continued into 2022 for Somerset and will return to general dental services from May 2022. 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 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.

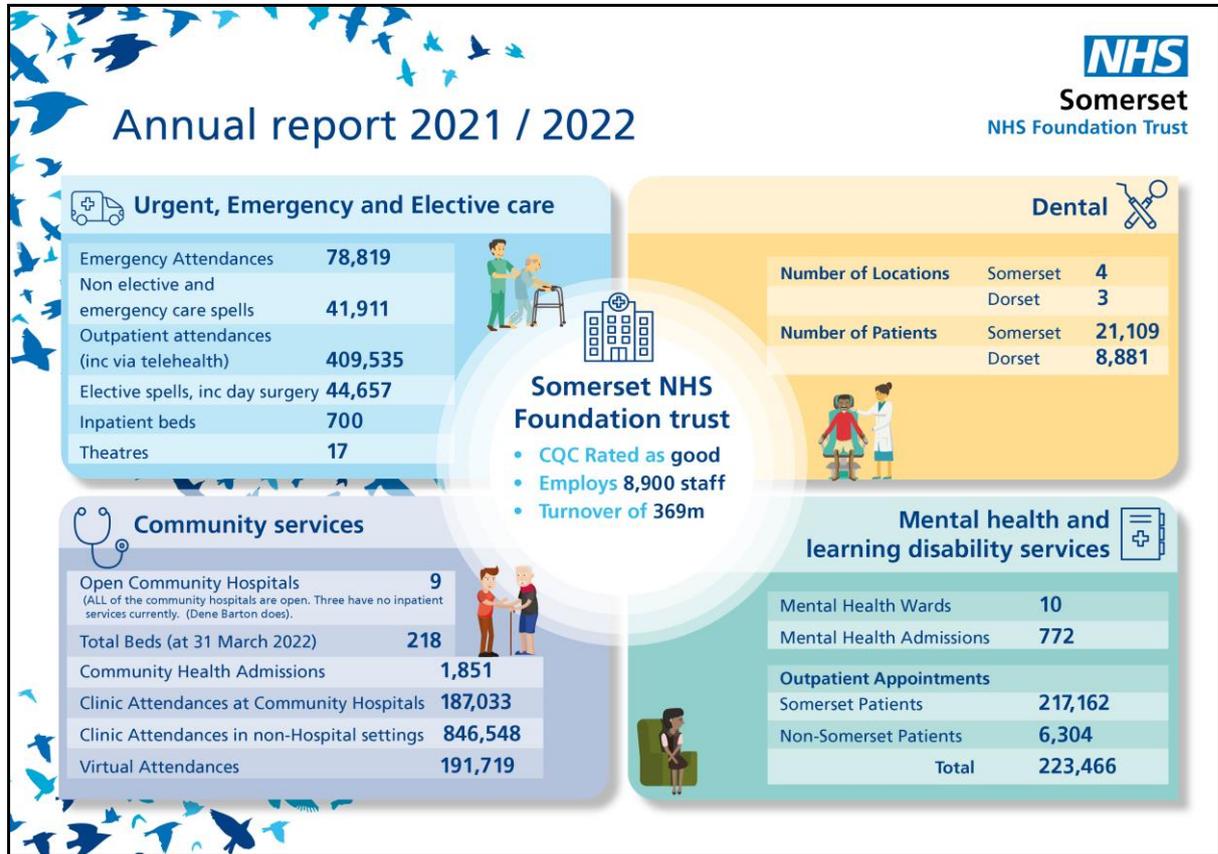
Somerset NHS Foundation Trust cares for some people from neighbouring counties who live close to the county border. In 2021/22, the Trust treated around 17,400 people in total from across north Somerset, Devon, Bristol and Bath & North East Somerset (BANES), Wiltshire, Swindon, and South Gloucestershire.

We are privileged to work with over 9,000 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.

The Trust's general services are commissioned by the local clinical commissioning groups while specialist services are nationally commissioned.

In addition to providing a wide range of patient services, we also contribute to training the next generation of nurses, doctors and therapists and conduct research that will help to advance clinical practice and treatments in the future.

**Some key facts about Somerset NHS Foundation Trust and our services are shown in Figure 1 below:**



The NHS Annual Staff Survey is now aligned to the People Promises, meaning there are nine themes. Seven themes reflect the People Promises, with the additional themes being 'Staff Engagement' and 'Morale'. We scored well across the board in the 2021 Staff Survey, with eight out of the nine themes scoring better than average and the remaining theme being equal to the average. The themes that scored particularly well include the People Promise themes of 'We are compassionate and inclusive', 'We have a voice that counts' and 'Staff Engagement'.

As a foundation trust we benefit from the support of and dedication of our volunteers, our Council of Governors, our Leagues of Friends, Love Musgrove, charities, and partners – and we thank them for their contribution.

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

### **UPDATE ON PRIORITIES FOR IMPROVEMENT 2020/21**

In this section we review how the Trust has performed against the key priorities it set itself last year.

For 2021/22, the Trust focussed on five flagships - the priority programmes for delivering the four clinical strategy aims relating to pathways, neighbourhoods, equity and complexity. There was one flagship for aims 1-3 with aim 4 having one flagship programme for adults and a second for children and young people.

Each flagship has a triumvirate leadership group consisting of a nominated clinical lead, operational director, and a clinical integration team colleague. The flagships were launched at an event with local and system leads in March 2020, just prior to the first lockdown. Whilst the COVID-19 pandemic response delayed progress, particularly of those flagships that weren't already established programmes of work, they all have made progress over the two years since merger.

Here is how the Trust performed in these areas in 2021/22:

#### **QIP 2021/22 - PRIORITY 1 - INDEPENDENT LIVES: HELPING OLDER PEOPLE TO LIVE AS THEY WISH, GIVING THEM TIME TO DO WHAT IS IMPORTANT TO THEM**

##### **Why is it important?**

Somerset has an increasing and higher than average elderly population with 24.5% aged 65 and over<sup>1</sup>. Frailty is a clinically recognised state of increased vulnerability resulting from ageing associated with a decline in the body's physical and psychological reserves. The effects of this vulnerability have been highlighted in the recent COVID-19 pandemic in which older people living with frailty have been greatly affected. This flagship ambition is to ensure quick and accurate identification of those people who are more vulnerable and to provide alternatives to hospital admission that are more responsive and better able to meet the needs of frail patients.

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

The Independent Lives (IL) flagship has been reviewed by the key clinical and operational leads in SFT and YDH and agreed to be continued as a joint venture. The IL flagship strategy group has multidisciplinary input from across both acute and community services as well as wider system representation.

Collaboratively work has continued with other system wide projects that impact on the needs of the frail elderly e.g., dementia and intermediate care.

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<sup>1</sup> <http://www.somersetintelligence.org.uk/population-estimates/>

This year has again been very challenging for the services; however, the teams have continued to deliver improvement to existing services and implement trials of new approaches.

Examples of work achieved to date are:

- The frailty assessment unit (FAU) has been embedded as part of the Trust's services after a successful trial. It provides a Monday to Friday prompt and comprehensive frailty assessment for patients by a specialist multi-disciplinary team (MDT), in an appropriate environment. Patients are assessed and a decision made as to whether they can return home, with or without additional support; require transfer to another unit for rehabilitation as they have no acute medical needs; or if they require a short admission to hospital for further assessment, prior to returning home.
- A patient experience survey was carried out to establish areas for improvement of care on the FAU. Changes to the unit environment and process have been implemented as a result, including the introduction of a patient information leaflet.
- The use of the Clinical Frailty Scale (CFS) has been trialled and used by teams in the emergency department and community teams e.g., rapid response. The aim of this is to identify people who are most likely to benefit from rapid and accurate additional assessment and resources. However, use is not consistent, and will need to be re-visited.
- A tiered training programme for colleagues has been trialled and is now available as an electronic package on OWL, the Trust's training platform. It has been agreed that this will be adopted as the training package for health and social care organisations across the country and the roll-out is being planned.
- The 'neighbourhoods' have continued to develop their relationship with system partners and work collaboratively on improvements to service delivery in relation to the ageing-well priorities. This has included work on falls and urgent crisis response.
- Within the North Sedgemoor footprint, an advanced clinical practitioner in frailty has been employed and has worked alongside primary care to set up services to support the frail elderly population in this locality. This has included identifying those at high risk of admission and working in partnership to set up management plans in response to the persons needs to support their independent living. The sharing of expertise with health and social care colleagues across primary, acute and community has uplifted skills and enabled them to support people at home.
- All planned projects for 2021/22 have started, but in response to the COVID-19 pandemic some have been paused due to the reallocation of staffing, bed resources and the patient flow challenges e.g., the expansion on the provision of rapid access clinics and the roll out of the geriatrician support to the MDT's in primary care.

## **How was it measured, monitored, and reported?**

The Independent Lives flagship programme has been measured at programme and project level and monitored through monthly meetings with directorate managers.

The intention is to use the concept of a person's time as a measure e.g., 'time spent living in usual place of residence' over time in hospital or temporary care facilities. However, this has not been achieved due to an inability to extract the meaningful data from existing reporting systems. However, this work continues to progress as Somerset moves to an Integrated Care System (ICS).

Reporting on the flagship is provided through the Board Assurance Framework.

## **QIP 2021/22 – PRIORITY 2 – STOLEN YEARS: HELPING PEOPLE WITH MENTAL HEALTH CONDITIONS TO LIVE LONGER LIVES.**

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

Improving the physical health of mental health patients continues to be a priority for Somerset Foundation Trust (SFT). The life expectancy of women with a mental health disorder in Somerset is 17.5 years shorter than for women without serious mental illness; for men the difference is 19.7 years<sup>1</sup>. People with SMI (severe mental illness) struggle to live independently, are at greater risk of developing health problems and are less equipped to recognise when and how to respond to worsening health signs. This results in patients with SMI having worse physical health and dying prematurely; the main causes of death being circulatory disease, diabetes and obesity.

SFT set out a shared ambition to provide holistic care for all and to better meet the physical health needs of patients with SMI. It remained crucial that people could access the support they needed during the pandemic. The ethos of 'no wrong door' continues to be the bedrock to ensure that people living with mental health problems get the right support, from the right person at the right time.

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

Against the backdrop of a particularly challenging year, SFT in partnership with other organisations has continued to deliver the full complement of mental health services and maintain high quality care. Building on previous work, our Open Mental Health collaboration between NHS, Local Authority, primary care and Voluntary Community and Social Enterprise (VCSE) partners has continued to embed a culture where clients are introduced rather than 'referred on', referral thresholds are removed and where there is trusted assessment between colleagues. This model is built on the ethos of person first and 'record once, report light' and is aligned with the ambitions of the Long-Term Plan and Community Mental Health Services (CMHS) Framework.

Alongside this, a number of new initiatives have been introduced and developed to support the physical health of patients living with SMI; some examples being:

- Four Physical Health Support Workers (PHSW) were appointed to increase delivery of physical health checks for people with SMI in primary care; one for each of the Open Mental Health localities. These roles and the follow up interventions support the NHS Long Term Plan ambition of 60% of people on an SMI register having a physical health check. The PHSWs identify patients who have historically found it difficult to engage with primary care or who have specific needs and therefore are not able to attend a primary care setting. PHSWs work with these patients, discussing the benefits of having a health check and allaying fears and concerns, supporting them to participate in an annual health check. The PHSWs also work closely with the Open Mental Health teams across the four localities, including VCSE partners, to enable the delivery of holistic physical health assessments and by providing follow up resources and signposting/referral to appropriate interventions.
- In tandem, SMI engagement training has been co-produced and co-delivered by Experts by Experience for staff and volunteers working in primary care. This training covers how to engage with and support patients on the SMI register to access primary care services, as well as staying engaged and working through health improvement plans where needed. Feedback has been positive and colleagues have commented about how useful it is to have an exploratory space to discuss this work and how they can improve their practice.
- The NMP (non-medical prescriber) role has become embedded within SFT; who as part of their role ensure the physical health needs and monitoring of clients open to the mental health service are met. These practitioners work within the Dual Diagnosis team, open mental health and wellbeing clinics.
- ‘Talking Therapies’ – Improving Access to Psychological Therapies (IAPT) continued to work across boundaries by providing mental health support to patients presenting with physical health problems. The service has implemented several digital innovations, such as online booking of first appointments and self-help online support while on waiting lists. This has reduced waiting times for treatment to five weeks for over a year for 60-70% of referrals. It has also reported the highest ‘Recovery’ (ie. positive outcome for patients measured by mood questionnaires at each session) across the country for several months. This has led to media interest and the service has been interviewed in The Economist magazine and live on BBC Radio Somerset. As part of the planned merger with YDH, the service has started to made links to spread the work and learning from supporting the mental health of patients with long-term conditions within SFT physical health settings.
- Mental health and acute colleagues have continued to work collaboratively during COVID-19 to strengthen approaches to the physical health of mental health inpatients and to share good practice. The acute infection-control service and mental health teams have maintained a robust relationship which has significantly contributed to the positive way COVID-19 has been managed on our mental health wards and outpatient sites.

- A 12-month ‘deprescribing pilot’ reviewed efficiency and safety of medication use, by providing a specialist led clinic for polypharmacy medication review, to assist de-prescribing for complex mental health conditions. These patients were reviewed by consultant psychiatrists who liaised closely with a mental health pharmacist, to support the patients de-prescribing journey; and whom also participated in a virtual weekly support group facilitated by a senior clinician, as well as a recovery partner. The aim of the group was to provide support, ensure common themes and questions are answered and thereby improve patient experience and compliance. This is currently in the evaluation phase.
- The ‘Healthy Living on Clozapine’ pilot was set up to support patients to lose weight and increase activity through regular dietetic support and access to physical health link workers who work with them to achieve personalised activity goals. Due to reduced face to face appointments and staffing shortages within the dietetic service, this was not able to be completed in year. However, the pilot is being re-shaped and is planned to re-commence in 2022.
- The ‘Wellbeing’ project was started to improve the cardio-metabolic monitoring of patients using technology. The project aimed to use electronic data capture to improve cardio-metabolic monitoring in patients who are on anti-psychotic medication and attend the wellbeing clinics for blood tests and medication administration. By using data ‘in real time’, colleagues will identify patients at risk of physical health complications early and ensure they seek appropriate medical /lifestyle related measures to tackle obesity, hypertension and pre-diabetes which contribute to increase mortality as well as morbidity amongst patients with severe mental illness. This has progressed to the test and learn stage and will be progressed in 2022.
- One of the other areas of excellence was the involvement of clients and recovery partners in the development of mental health services, known as co-production of services. This has been a key focus in year, recognising the importance of clients as equal partners in the design and implementation of transformational change. An example being the development of a co-produced ‘Open Mental Health’ standard operating procedure with combination of ‘traditional’ pathways and innovative approaches. By being challenged on the language used and focussing on what people wanted rather than the conventional medical approach enabled a different and exciting service model to be created. This provides significant learning for community and acute physical health services working together with mental health colleagues and will be fostered within the stolen years’ projects in 2022.

In recognition of this excellent work, Somerset’s mental health services were awarded Mental Health Trust of the Year in November 2021 by the Health Service Journal (HSJ). The HSJ panel fed back “the breadth of change across the entire organisation and partnership was palpable and a truly holistic approach shone through”.

## How was it measured, monitored, and reported?

The stolen year's flagship programme has been measured at project level and monitored through monthly meetings with directorate managers. The individual projects set measures and targets which are reported and strengthened by the use of vignettes.

Our intention was to review the 'years of life lost' over time against known interventions, but this has not yet to date been possible due to an inability to extract the meaningful data from multiple uncoordinated IT systems and delays in national reporting. However, this work continues to progress as Somerset moves to an ICS.

Reporting on the flagship is provided through the Board Assurance Framework.

## **QIP 2021/22 – PRIORITY 3 – LAST 1,000 DAYS: VALUING PEOPLE'S PREVIOUS TIME IN THE LAST CHAPTER OF LIFE.**

### Why was this important?

In Somerset approximately 5,000 people die each year. Of these deaths, three quarters are expected, so there is potential to improve the experience of care in the last year and months of life for around 3750 people annually. This number is expected to rise to 9,000 by 2030<sup>2</sup>.

End of life care (EOLC) encompasses all stages of care and experience of life-limiting illness. It is not confined to the last days of life and can be measured many years prior to the death of a person. This flagship supports patients, family and carers to plan their last chapter of life. It ensures colleagues caring for people affected by life shortening illness deliver high quality, compassionate EOLC which respects an individual's choices, values, and beliefs. The last 1000 days flagship ambition is to identify and appropriately support this group of people to ensure they maximise the time they have, doing what is important to them in a place they want to be. This includes the needs of relatives and friends during life and after the death of their loved one has occurred. It will 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.

### What was achieved during the year?

The EOLC structure now includes an EOL governance group which meets regularly with multidisciplinary input from across both acute and community services. This group reports to the EOL steering group with countywide membership. These groups are responsible for recognising and discussing issues which require support. This is then fed to our operational and education groups for actioning with a closed feedback loop via the steering group.

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<sup>2</sup> Somerset.gov.uk data

Other organisations and services have been co-opted to work collaboratively within this flagship programme; this is in recognition of the planned merger with YDH and future ICS development. A key aspect of this is trusted relationships between leaders and staff forged in good EOLC but now used in other areas of ICS development, for example, within community frailty and anticipatory care services.

#### **Examples of work achieved are:**

- The 'Talk About Project' advance care planning (ACP) project across Somerset uses volunteers to help people personalise their care and legacy. The first year of this three-year project is now completed and has enabled learning on how to engage the public with the difficult topic of death, even if it is in the future. People now have an advance care plan, created with support from a volunteer and shared to their EMIS GP record by the SIDeR (Somerset Integrated Digital e-Record) platform. Year two will link into care home environments giving support for the anticipatory care DES (Direct Enhanced Service) arrangements and other specialist services embedding into pathways of the ICS.
- A regular respiratory clinic with palliative care input now runs from West Mendip hospital for patients with motor neuron disease (MND). A respiratory consultant, palliative medical consultant and specialist physiotherapy and nursing colleagues offer a 'one stop' discussion on risks and benefits of ventilation including advance care planning. These conversations have enabled joined up management plans and have helped relationships develop, so when a person reliant on ventilation desires to refuse/withdraw it, with inevitable death, the support required is already in place. Fully supported withdrawal of ventilation has been successfully carried out in line with the patients' wishes in a variety of settings, including their home, on ITU, in community wards and hospice units.
- Somerset appointed a Bereavement Care ICS Workforce Strategy Co-ordinator, whose role has prompted the local bereavement network (a mix of formal and volunteer/charity providers) to join the national bereavement alliance. It has delivered on a Human Resources (HR) policy and standard operating procedure (SOP) for our ICS on how we care for those bereaved colleagues, in an individualised and supportive way.
- In February 2022, the Somerset End of Life Care and Bereavement Support website went live. This collaborative effort across organisations countywide brings together all the resources, information and education needed to help care and support the people of Somerset living with life-limiting conditions.
- Digitalisation of EOLC documents has been another focus to provide support for colleagues who need to complete and maintain contemporaneous patient records. Examples are: verification of expected death form on RiO, Somerset Treatment Escalation Plan (STEP) and ACP forms on SIDeR. The STEP is a plan of care which healthcare colleagues complete in collaboration with patients, families regarding their medical care in the event they become

more unwell. A working group is also updating this form which will be completed in summer 2022.

- The Medical Examiner (ME) role was rolled out countywide during 2021. Medical Examiners (ME) and Medical Examiner Officers are part of a national scheme to provide much-needed support for bereaved families and to improve patient safety. Their role includes speaking to the doctor who treated the patient on their final illness, reviewing the medical records, agreeing the proposed cause of death and discussing the cause of death with the next of kin/informant. There has been collaboration of the ME office and clinical colleagues to improve submission of data through the upload of the Summary of Care form onto RiO and recording ME feedback on the EOL dashboard to facilitate learning.
- In 2021, the largest national audit of care at end of life (NACEL), which included SFT's unique submission across acute, community and mental health care was completed. This had previously been paused due to COVID-19. The findings from this audit will inform an approach to improving communication, planning for life as it changes and the provision of best possible care during and after death. The need for the infrastructure and guidance the AMBER (Assessment; Management; Best practice; Engagement; Recovery uncertain) care bundle offers is a key recommendation for next year.
- A review of the EOLC complaints process and responses was undertaken. The team engaged with the Patient Advice and Liaison Service (PALS) and complaints teams across the county to improve multiagency complaint response timing, tone and content, where EOLC was a theme.

### **How it was measured, monitored and reported?**

Each project has taken an appropriate development approach using quality improvement methodology to achieve the identified benefits. The flagship has a driver diagram and detailed action plan updated weekly for each work stream. This shows the progression and strategic fit of the work streams to improve the last 1000 days and bereavement. An EOL dashboard has been under development in year which will be embedded in 2022/23 and which will look to include Yeovil District Hospital as we progress towards the planned merger.

Care in the last days of life is also reported in the annual National Care at the End of Life (NACEL) audit which was reinstated in 2021, having been paused in 2020 due to the COVID-19 pandemic.

Reporting on the flagship is provided through the Board Assurance Framework.

### **QIP 2021/22 – PRIORITY 4 – CONNECTING US: USING TIME WELL BY GETTING TOGETHER TO FOCUS ON WHAT MATTERS TO PEOPLE WITH COMPLEX NEEDS**

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

The Connecting Us flagship was established in 2019 to address the needs of patients who often have higher than expected involvement with healthcare services and those whose care requires the involvement of many health services. Feedback from these patients and colleagues working with them, describe an opportunity to better identify and meet their needs and offer better coordination of their care. With the changes in service provision during the COVID-19 pandemic there was a significant impact on those initial and year two plans and project teams have needed to adapt to a changing care environment. This was particularly for projects that were designed to have face to face contact to build relationships and trust with patients/clients.

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

- **Ubuntu Project:** This partnership project between the Trust and the Community council for Somerset (CCS) remained focused on supporting what is important to the individual, whilst developing self-activation and a reduced dependency on health services. The project team are using an improvement approach with a strong focus on measurement and learning. The funding grant secured from the CCG in 2021 was extended until April 2023 through a business case which demonstrated the reduction in healthcare use achieved to date.

The project identifies people from both emergency departments in both acute Trusts in Somerset through the Emergency Department High Intensity User Group (see below) and through this year have extended the project to test receiving direct referrals from primary care. The team have also worked with clients referred via the CCG who were being escalated by 111 and ambulance services due to their multiple and inappropriate use of those services.

The Ubuntu project works with individuals to understand why they use services in the way they do and through developing trusted relationships, explore alternatives to using the healthcare services. During COVID-19, due to restrictions in home visits, the workers had to test different methods of interaction to gain clients trust and the project team were able to measure the impact of altering our approaches, to make recommendations for the future service model. The project team have now bid for substantive funding, as part of supporting a wider piece of work with the CCG, to create a 'high-intensity' user service for Somerset.

- **Alternatives to a telephone helpline:** The clinical nurse specialists initiated a quality improvement project to test alternatives to a telephone helpline. The rheumatology nurses agreed to be the first team, launching their project in July 2021. They have been through several cycles of testing different ideas. Some changes have been successful and become business as usual, others have required adaptation or discontinuing based on outcomes. This is all significant learning that will be used once at the spread phase.
- **Emergency Department High Intensity User Group (EDHIG):** With leadership from the psychiatric liaison team, the EDHIG is now an established multi-agency care planning and coordination group. The group

regularly reviews identified patients, putting in place client agreed and held care plans. They have seen significant reductions in the inappropriate attendances at the emergency department for patients reviewed by the group.

- Long-term care pathways: action initiated for the multiple sclerosis (MS) pathway was disrupted last year, with colleagues involved temporarily supporting the response to the pandemic. In the past few months though, progress has been gained by the team, with the number of clinics being increased, dedicated time for home visits and a move from a reactive response to proactive offer. The team are currently testing a one-stop shop for patients at first diagnosis and evaluating the impact on improving the coordination and experience for patients and colleagues.

## **QIP 2021/22 – PRIORITY 5 – FUNCTION FIRST – IMPROVING LIFE CHANCES FOR CHILDREN BY INCREASING THEIR TIME IN SCHOOL**

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

Children with complex needs including those with persistent physical symptoms (where no organic cause can be found) risk over-investigation and treatment, frequent medical appointments, multiple emergency department attendances and prolonged hospital stays. They are often functionally impaired, with schooling and home life negatively affected. Sadly, this frequently continues into adulthood drastically reducing their life chances. The health care experience for children, young people and their families in this group is often poor. They describe feeling as if they are not being listened to or helped. They report concern over a lack of coordination of their care, often leading to multiple appointments with no resolution of their issues.

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

- Trailblazers programme: This year saw continued roll-out of the mental health support teams 'Trailblazers' programme across Somerset. The support teams aim to improve the access to emotional and mental health support to children and young people within school settings. These services are for young people with low to moderate level needs, for example anxiety, phobias, behavioural issues and low mood, with 120 schools now supported.

The decision for which schools should be served by the teams was based on deprivation indices, prevalence of referrals into CAMHS and schools that were linked to pupil referral units. Tier 2 + services were also put into place to provide support to those schools not covered by the Mental Health Support Teams.

Feedback by those young people accessing the service and referrers has been positive. Somerset is being viewed as a huge success by NHSE/I, and a recent visit by the National Team resulted in high praise for the work that has been done and the vision of the service. As a result, SFT staff have recently show-cased the service provided at a national conference.

- Neurodevelopmental pathway: A neurodevelopmental pathway was co-produced with children, young people and parents/carers, and implemented last year. This pathway is critical as part of the overarching emotional health and wellbeing offer to meet the needs of children and young people. It facilitates timely triage and assessment of children and young people presenting with possible autism and attention deficit hyperactivity disorder (ADHD).
- Direct referrals from therapies to paediatricians: As a direct result of the unblocking of historical pathway referrals, therapy colleagues completed a project to establish direct referrals to paediatricians for children and young people that need a consultant assessment. This avoids the time delay and associated stress for the young person and their family, in referring via the GP and onto the paediatrician. Whilst this may appear simple to achieve, changing referral routes needs to be carefully managed due to funding streams and critically, to ensure GPs stay informed of the care plan.
- Persistent unexplained symptoms (PUPS): This improvement project team brings together a paediatrician, psychologist, dietician and therapists. Together they have selected specific children to test a multi-disciplinary assessment process and measure the impact compared to the current single professional assessment route. The holistic approach has produced excellent outcomes to date and the team have developed a model for future service provision.
- Families Hub: Community paediatric services are now co-located for the Taunton area at a site in Taunton. This has facilitated closer working and improved communication between professionals, both within the Trust and across organisations. This has a consequential benefit for the children, young people and their families experience of care.

### **How was it measured, monitored and reported?**

Each project has been developed using quality improvement methodology to achieve the identified benefits. The flagships triumvirate requests monthly reporting from project leads, although when colleagues were supporting the COVID-19 response, this was less frequent for affected projects. Both flagships have an overarching driver diagram and action plan. The action plan summaries each project and current status within the flagship programme.

Reporting on the flagship is provided through the Board Assurance Framework.

### **PRIORITIES FOR IMPROVEMENT 2022/23**

With the move toward establishing an integrated care system (ICS) and the proposed merger with Yeovil District Hospital (YDH), it was important to refresh the SFT clinical strategy with further input from partners. The joint Clinical Care and Support strategy has been agreed across the system with five aims. Whilst the existing flagships were agreed to continue as the Trusts' priorities for 2022/23, it was proposed in light of the new population health aim, that a sixth flagship

should be added. The priority of work identified was 'peri-operative care' and the programme of work will be developed over this year.

## **QIP 2022/23 - PRIORITY 1 - INDEPENDENT LIVES: HELPING OLDER PEOPLE TO LIVE AS THEY WISH, GIVING THEM TIME TO DO WHAT IS IMPORTANT TO THEM**

### **Why is it important?**

Nationally an increasing number of people are at risk of developing frailty. Somerset has a higher than average elderly population with 24.5% aged 65 and over<sup>3</sup>. 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. They are more likely to attend emergency departments and experience delayed transfers of care. People living with mild, moderate, or severe frailty could often have their needs met best in settings outside of acute hospital care. Severe frailty often brings over four times the costs of non-frailty.

This flagship's ambition is to ensure quick and accurate identification of those people who are more vulnerable and to provide alternatives to hospital admission that are more responsive and better able to meet the needs of the frail person.

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

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

Many of the projects implemented in 2021/22 will continue to be developed; these include:

- Further roll out of the tiered education programme to the whole Trust and wider community.
- Consistent use of the clinical frailty score across the front door services and implement a staged roll out for community teams / services.
- Further expansion of our community specialist workforce to embed a frailty practitioner in each of the four Somerset neighbourhoods to work alongside community and consultant colleagues.

In addition, other areas of focus for 2022/23 include:

- Integration of frailty services across the two acute Trusts to ensure equity of provision. This will include the scoping of the feasibility of a seven-day working operating model for the frailty assessment units.

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<sup>3</sup> <http://www.somersetintelligence.org.uk/population-estimates/>

- To work with system partners to continue to develop new models to deliver the aging well priorities e.g., falls and urgent crisis response service, virtual frailty ward and the wider front door diversion work.
- LARCH (Listening and Responding to Care Homes) is now within the neighbourhood directorate, and this will enable us to look at how we support the wider work.
- To review the data gaps and to look at relationship with the population health data and the relationship with other programmes e.g., ageing well board.
- To reducing duplication of assessments and develop a trusted assessment approach.
- To work with the community rehabilitation teams in their ambitions for resetting of the service to have a preventative and reablement focus to improve outcomes for the frail elderly.
- The Somerset system project will roll out a frailty hospital at home and respiratory hospital at home model. This will involve the provision of a seven day safe alternative to hospital. This will be through a community-based acute health and care delivery integrated model, linking in with core community services, primary care networks and care of the elderly services.

#### **Examples of action being taken:**

- The flagship strategy group membership includes multiple organisational and professional membership and representation in recognition of the system-wide approach needed.
- This flagship is working in close collaboration with the intermediate care services who are delivering the admission, prevention and early discharge services.
- Working in collaboration with informatics to ensure that the right data is collected to enable us to review the service.
- Scoping what is needed for the seven-day front door services.
- Linking with the community rehabilitation service to improve the provision of services at home and the ambition for the community hospital transformation.
- Working with our digital teams to understand how we improve our communication, reduce duplication and develop a trusted assessment approach.

#### **How will it be measured, monitored and reported?**

The flagship has a driver diagram which details the projects that make up the programme of work. Each project will have its own set of measures. However, the flagship overarching measures include:

- Increased number of people living independently at home
  - reducing secondary care episodes including attendance at the emergency department for non-acute reasons
  - early identification by use of the CFS.
- More time to do what matters
  - reduce numbers of inpatient episodes for those over 75 years old

The programme of work is reported to the flagship steering group which reports to several Trust operational and governance groups e.g., Primary Care and Neighbourhood Quality and Governance Committee. The mechanism of exception reporting needs to reflect the strategic boards set up across the wider Integrated Care System. A summary will continue to be reported through the Board Assurance Framework.

## **QIP 2022/23 – PRIORITY 2 – STOLEN YEARS: HELPING PEOPLE WITH MENTAL HEALTH CONDITIONS TO LIVE LONGER LIVES.**

### **Why is it important?**

In Somerset, the life expectancy of women with a mental health disorder is 17.5 years shorter than for women without serious mental illness; for men the difference is 19.7 years<sup>1</sup>. People with SMI (severe mental illness) struggle to live independently, are at greater risk of developing health problems and are less equipped to recognise when and how to respond to worsening health signs. This results in patients with SMI having worse physical health and dying prematurely; the main causes of death being circulatory disease, diabetes and obesity.

Building on the great work done since merger, the stolen years flagship aims to further reduce historical boundaries between physical and mental health provision. Whilst work has started, there is still much to be done to ensure people accessing services are treated holistically. Service users who are experts by experience tell us our systems and services work in silos and do not communicate. Furthermore, patients with chronic mental health presentation historically report stigma, are therefore reluctant to seek treatments and do not receive the highest standard of care.

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

- To ensure physical health services in Somerset respond to learning from Experts by Experience. Using co-production methodology, peer partners will have a voice and be key to shaping physical health services in Somerset. An initial focus group with an executive sponsor has been arranged, which will ask peer partners what their experience of accessing physical health services has been, which will be ‘themed’ and used to shape future projects.

- To improve the physical health checks for patients with SMI presenting to SFT mental health services. The NCAP (National Audit of Psychosis) 2021 spotlight audit results identified areas for improvement which will be a focus for 2022. As part of this audit, where monitoring indicated a need for intervention, there will be an emphasis of ensuring service users will be offered the appropriate support or signposting for their physical health presentation.
- Smoking is the largest avoidable cause of premature death, with more than 40% of adults with SMI smoking. The Trust's Tobacco Harm Reduction Service supports those with severe mental health conditions and/or learning disabilities, as well as acute hospital inpatients and maternity services and staff to stop smoking or to reduce the amount they smoke. It is also the lead on developing smoke free sites within the Trust, promoting the smoke free message across the grounds and providing training to staff on tobacco harm reduction / smoking cessation. In 2022, SFT is appointing a Tobacco Reduction Programme manager to lead on this work which will contribute to a reduction in health inequalities.

### **How will it be measured, monitored and reported?**

The stolen year's flagship programme will continue to be measured at project level and monitored through monthly meetings with directorate managers. The individual projects set measures and targets which will be reported and strengthened by the use of vignettes. A summary will continue to be reported through the Board Assurance Framework.

## **QIP 2022/23– PRIORITY 3 – LAST 1,000 DAYS: VALUING PEOPLE'S PREVIOUS TIME IN THE LAST CHAPTER OF LIFE.**

### **Why is it important?**

In Somerset, approximately 5,000 people die each year. Of these deaths, three quarters are expected, so there is potential to improve the experience of care in the last year and months of life for around 3750 people annually. This number is expected to rise to 9,000 by 2030<sup>4</sup>.

End of life care (EOLC) encompasses all stages of care and experience of life-limiting illness. It is not confined to the last days of life and can be measured many years prior to the death of a person. This flagship supports patients, family and carers to plan their last chapter of life. It ensures colleagues caring for people affected by life shortening illness deliver high quality, compassionate EOLC which respects an individual's choices, values, and beliefs. The last 1000 days flagship ambition is to identify and appropriately support this group of people to ensure they maximise the time they have, doing what is important to them in a place they want to be. This includes the needs of relatives and friends during life and after the death of their loved one has occurred. It will ensure that those patients who die in hospital have the best care possible and that those patients, who wish to die at

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<sup>4</sup> Somerset.gov.uk data

home, or elsewhere, are enabled to do so by supportive discharge arrangements which may include partnership working with other agencies.

### What do we want to achieve?

A number of projects implemented in 2021/22 will continue to be developed; these include the expansion and rollout of the Talk About project into its' second of three years. Year two will link into care home environments giving support for the anticipatory care DES (Direct Enhanced Service) arrangements and other specialist services embedding into pathways of the ICS. Also completion and sign off of an amended STEP form will be undertaken which provides the opportunity for patients and healthcare colleagues to come to an agreement on an overall plan of care; it gives guidance on what treatments someone would / would not want if their condition deteriorates.

In addition, other areas of focus for 2022/23 include:

- Continuing healthcare fast track (CHCFT) funding is a matter of great debate nationally and locally. This project is looking at improving CHCFT applications to enable people to be supported in the right environment for them. The funding of care in the last weeks of life has seen changes and even if granted the social care crisis may mean a much-wanted home death is elusive to people and their loved ones. Once it is thought of, many are likely in the last three weeks of life. Following a period of data analysis, colleagues are now mapping pathways across SFT, Yeovil District hospital, community services and the hospice; this will inform the future focus of work in this area for 2022.
- Non-cancer supportive and palliative care: Those with a non-cancer life limiting illness get a poorer offer of support and can have higher unmet symptom needs than those with cancer. Examples of projects in scope are a respiratory joint clinic for those with interstitial lung disease. Another project has coordinated a 12-month investment in a GP with a special interest to improve the supportive approaches in heart failure patients. This will include a test of home diuresis to help people be more comfortable at home and avoid admission.
- Supportive care: the Enhanced Supportive care team has been developed into a truly multidisciplinary team with medical, physiotherapy, occupational therapy and psychological practice available to those with the most severe of cancers and no possible cure. In the future, this will roll-out to support the onco-geriatric model which is being designed to help people get the best outcomes from anticancer therapy even when cure will not be possible. When a person has no further or does not want oncological intervention, this team will ensure initial out or inpatient support is efficient, holistic and cost effective before excellent continuity into community hospice based care.
- The national audit of care at end of life (NACEL) findings in 2021 included our unique submission across acute, community and mental health care. The plan of improvement across the Trust, and in conjunction with YDH colleagues, will take an educational and facilitative approach to improving communication, planning for life as it changes and the provision of best

possible care during and after death. Our need for the infrastructure and guidance of the AMBER (Assessment; Management; Best practice; Engagement; Recovery uncertain) care bundle offers, is a key part of our recommendations for 2022/23.

### **How will it be measured, monitored and reported?**

Each project has taken an appropriate development approach using quality improvement methodology to identify and achieve the identified benefits. The flagship has a driver diagram and detailed action plan updated weekly for each work stream. This shows the detailed progression and strategic fit of the work streams to improve the last 1000 days and bereavement. The EOL dashboard will become embedded and which will look to include Yeovil District Hospital as we progress towards the planned merger.

Care in the last days of life is also reported in the annual National Care at the End of Life (NACEL) audit and the key recommendations.

This is summarised and reported via the Board Assurance Framework.

### **QIP 2021/22 – PRIORITY 4 – CONNECTING US: USING TIME WELL BY GETTING TOGETHER TO FOCUS ON WHAT MATTERS TO PEOPLE WITH COMPLEX NEEDS**

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

Improving the care for those people with complex needs is recognised at both a national and local level. Whilst progress has been made over the past two years, with interruptions to original plans due to the necessity to respond to the COVID-19 pandemic, there is a requirement for continued focus and drive to deliver further improvements.

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

- To further test a personalised care approach to better meet the needs of people who had a higher-than-expected use of healthcare services. This would include measuring the impact on individuals experience and on-going use of services, to understand the effectiveness of changes made.
- To further test approaches to coordinate the care offer across services and agencies and evaluate if the changes enabled an improved experience for people and increased efficiencies in care pathways.

#### **Examples of action being taken:**

- Ubuntu Project: This partnership project between the Trust and the Community council for Somerset (CCS) is focused on supporting what is important to the individual, whilst developing self-activation and a reduced dependency on health services. The project team aims to establish the final model of service offer, accepting referrals from both SFT and YDH Emergency Department high-intensity user groups, primary care and other partners. Sustainable funding for the Ubuntu service within CCS has been

requested as part of the development of a High-Intensity service for Somerset. If successful, the project team will support the transition from an improvement project to the final substantive service.

- Alternatives to a telephone helpline: The clinical nurse specialists initiated a quality improvement project to test alternatives to a telephone helpline. The rheumatology nurses will move to the spread phase of their improvement project and share learning with the other teams to initiate changes.
- Long-term care pathways: action initiated for the multiple sclerosis (MS) pathway will continue with evaluation of the one-stop shop for patients at first diagnosis. The plan is for review of the neurological pathway over this year.
- Establishment of a persistent unexplained physical symptoms clinic: An improvement project has been initiated to establish a clinic led by a consultant psychiatrist, to accept referrals for individuals referred into acute services who appear to have unexplained and persistent symptoms. This will link closely with the Emergency Department high-intensity user group.

#### **How will it be measured, monitored and reported?**

Each project within the flagship is supported to collect measures to demonstrate learning and outcomes using improvement methodology. This is reported into a regular triumvirate meeting. This is summarised and reported via the Board Assurance Framework.

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

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

Children with complex needs, including those with persistent physical symptoms where no organic cause can be found, risk over-investigation and treatment. This includes frequent medical appointments; multiple emergency department attendances and prolonged hospital stays. They are often functionally impaired, with schooling and home life negatively affected. Sadly, this frequently continues into adulthood drastically reducing life chances. It is important to remain focused on this issue and further develop the work initiated in the past two years, particularly in light of delays due to the response required for COVID-19 pandemic.

#### **What do we want to achieve during the year?**

- Trailblazers programme: This programme will move towards 'business as usual' with the aim that the commissioning will move to the CCG once transferred from NHSE/I.
- Persistent unexplained symptoms (PUPS): This improvement project will seek to move from testing to implementation based on the beneficial outcomes measured during the test phase.

- Out-patients service strategy: Following COVID-19 restoration, the team have ambitions to develop an out-patients service strategy that has a clearer focus on care closer to home and educational settings and away from hospital settings. This builds on work already completed to test this change in model.
- Allergy testing one-stop shop: it has been identified that the allergy service requires improvement to meet the needs of children and young people with allergies. The aim is to establish an improvement project to address this issue.
- Eating Disorders: Whilst much progress has been made in Somerset in improving the eating disorders offer to children and young people, it is recognised that further improvement can be achieved. The aspect of transitions to adult services is under review with further improvements expected over the coming year.

#### **How will it be measured, monitored and reported?**

This flagship uses 'time in healthcare' as a proxy measure for this flagship, i.e. reduced time in healthcare should equate to increased time in education. Outcomes from individual projects within the programme are collected and shared with the triumvirate leads, this is summarised for the flagship and reported through the Board Assurance Framework.

## 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 Somerset FT 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.

The Board has discussed the priorities for 2021/22 and has agreed those described above.

### Services provided by the Trust

During 2021/22 Somerset FT 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 Somerset FT 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 2020/21 represents 100% of the total income generated from the provision of relevant health services by Somerset FT for 2021/22.

### **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 have to 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.

We have a 7 Day services working group, led by the trust’s Medical Director, which has developed some internal standards which better reflect the specific needs of our trust and its patient group. This means, for example, that we have expanded our monitoring of 7-day service provision beyond the acute hospital.

The Trust will provide regular assurance to the Board on progress against all 10 clinical standards, in accordance with the guidance from NHS England. We expect further guidance changes in the coming year as the NHS recovers from Covid 19 and will continue to develop 7-day standards in line with both internal priorities and new national standards.

## NATIONAL QUALITY INDICATORS

Due to the Covid-19 pandemic, many of the national indicators have not been updated for 2021/22. In addition, where data for indicators are available, they are not appropriately benchmarked for an integrated Trust delivering the range of services provided by Somerset FT. Therefore, this section covers only the relevant national indicators where appropriate data is available and is 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 2021 to March 2022      | Data due to be published August 2022 |         |              |               |
| November 2020 to October 2021 | 0.9692<br>(as expected)              | 1.0000  | 0.7193       | 1.1860        |
| 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 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.*

The Somerset FT 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.

The Somerset FT 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 2021 to March 2022      | Data due to be published August 2022 |         |              |               |
| November 2020 to October 2021 | 20%                                  | 39%     | 11%          | 64%           |
| April 2020 to March 2021      | 19%                                  | 38%     | 9%           | 63%           |
| April 2019 to March 2021      | 22%                                  | 37%     | 9%           | 58%           |

\*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.

The Somerset FT 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 Somerset FT 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.

The Somerset FT 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)**

*(2021/22 finalised data due August 2022)*

| Reporting Period         | Adjusted average health gain     | England | Lowest Trust | Highest Trust |
|--------------------------|----------------------------------|---------|--------------|---------------|
| April 2021 to March 2022 | Provisional data due August 2022 |         |              |               |
| April 2020 to March 2021 | *                                | 0.47    | 0.39         | 0.57          |

\*Data suppressed (not enough responses)

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

*(2021/22 finalised data due August 2022)*

| Reporting Period         | Adjusted average health gain     | England | Lowest Trust | Highest Trust |
|--------------------------|----------------------------------|---------|--------------|---------------|
| April 2021 to March 2022 | Provisional data due August 2022 |         |              |               |
| April 2020 to March 2021 | *                                | 0.32    | 0.18         | 0.40          |

\*Data suppressed (not enough responses)

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

- Elective surgery was disrupted in period due to covid pandemic

Somerset FT 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.
- Monitoring the adjusted average health gain through the Trust Data Outlier Review Meeting and sharing 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 ages group 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 2021 to March 2022 | Data due January 2023 |         |              |               |
| April 2020 to March 2021 | 12.8                  | 11.9    | 2.8          | 64.4          |

#### **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 2021 to March 2022 | Data due January 2023 |         |              |               |
| April 2020 to March 2021 | 13.2                  | 15.9    | 1.1          | 112.9         |

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

- The percentage for patients aged 16 or over is significantly lower than the national average at the 99.8% level. This is thought to be due to the

combination of services and settings offered by the Trust which is different to most Trusts being compared against.

- 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.

Somerset FT 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 specialities and conditions, there are no trends apparent or evidence of readmissions indicating a problem in clinical treatment or processes.

## Responsiveness to the personal needs of patients

### (INPATIENT OVERALL PATIENT EXPERIENCE SCORE)\*

*Related domain (4) Ensuring that people have a positive experience of care. Patient experience is a key measure of the quality of care.*

| Reporting Period | Score | England | Lowest Trust | Highest Trust |
|------------------|-------|---------|--------------|---------------|
| 2020/21          | 79.4  | 77.1    | 71.7         | 87.0          |

Data Source: NHS Outcomes Framework – Indicator 4.2 Responsiveness to inpatients' personal needs

*\*The data in this table are relevant to acute trusts only. As of the 2020-21 survey, changes have been made to the wording of the 21 questions, as well as the corresponding scoring regime, which underpin the indicator. As a result, 2020-21 results are not comparable with those of previous years.*

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

- The Trust scores consistently better than the national average due to the emphasis placed on listening to and learning from patient feedback.
- A focus on improvement, with patient experience a key part of that work.

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

- Continued focus on increasing the response rates to the surveys.
- Continuing to ensure the visibility of the results at directorate and board level on a monthly basis.
- Building on work already initiated to make learning from patient experience a key part of how the Trust learns and drives improvement.

### Rate of Clostridium difficile infection

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

*Clostridium 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 Foundation NHS FT Trust-apportioned CDI rate per 100,000 bed days* | National Average (England) | Lowest Trust | Highest Trust |
|-------------------------|-----------------------------------------------------------------------------|----------------------------|--------------|---------------|
| April 2021 – March 2022 | 15.7                                                                        | 22.78                      | 9.32         | 57.45         |
| April 2020 – March 2021 | 10.94                                                                       | 14.72                      | 8.29         | 35.15         |
| April 2019 – March 2020 | 6.89                                                                        | 15.5                       | 0.0          | 64.6          |
| April 2018 – March 2019 | 9.0                                                                         | 13.6                       | 0.9          | 90            |
| April 2017 – March 2018 | 11.85                                                                       | 13.7                       | 0.0          | 92.75         |

*\*The data in this table are relevant to acute trusts only. As information is only available from before April 2020, the data presented is from Taunton and Somerset Foundation Trust (which merged with Somerset Partnership NHS Foundation Trust in April 2020 to form Somerset NHS Foundation Trust).*

Somerset FT 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
- When compared to a regional rate, we compare well and are ranked the second lowest trust for the last year.
- When compared to the national rate we have a lower rate than the national average.
- Despite this we are experiencing higher case numbers and rates than the previous four years

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

- Continuing to investigate all hospital onset cases to identify learning, sharing this learning in the organisation and driving further improvements. Also, by investigating community onset cases where the case is detected within two days of admission and where the patient has been an inpatient within the previous 28 days.
- Continuing to reduce the CDI risk associated with antibiotic treatment through robust antibiotic stewardships and further review of antimicrobial guidance, where appropriate.
- 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.
- To consider the impact of Covid-19 and the use of broad-spectrum antibiotics within the context of an increase in CDI risk of infection

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

The National Reporting and Learning System (NRLS) collects and collates information from the incident databases of health service providers to provide thematic reviews and share wider learning about patient safety through a system of safety alerts sent to every organisation.

The Trust's safeguard incident software has an automatic process for uploading its incidents to the National Learning and Reporting System (NRLS). Since the merger of Somerset Partnership and Taunton and Somerset NHS Foundation Trusts, incidents reported to the NRLS are:

| Reporting Period    | Number of Incidents Reported | Rate per 1,000 Bed Days |                           |              |               |
|---------------------|------------------------------|-------------------------|---------------------------|--------------|---------------|
|                     |                              | Somerset FT             | Median for Similar Trusts | Lowest Trust | Highest Trust |
| Apr 2020 – Mar 2021 | 14,843                       | 58.0                    | 54.4                      | 27.2         | 118.7         |

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

- The Trust actively encourages reporting of incidents to enable learning to be obtained.
- The Trust has been involved in a range of work-streams led by its in-house improvement network to improve specific aspects of patient safety and to reduce incidents.
- The Trust has continually reviewed and improved its systems for reviewing and uploading incidents to the NRLS to ensure that they meet the data quality requirements, resulting in a higher proportion of incidents being successfully uploaded to the NRLS.
- The Trust has introduced a new incident reporting system across the merged organisation to simplify the process and provide access to a wider range of useful data for learning at all levels across the organisation.

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

- Further extending the use of “Excellence reporting” to enable the Trust to learn from when things go really well in addition to learning from when things do not go so well.
- Working with Radar, the incident reporting system provider, to implement the new Patient Safety Incident Management Systems (PSIMS).

### **Number of Patient Safety Incidents that Resulted in Severe Harm or Death**

The NHS National Patient Safety Agency (NPSA) provided the following definitions for severe harm or death:

- Severe – Any unexpected or unintended incident which caused permanent or long-term harm to one or more persons.
- Death – Any unexpected or unintended incident which caused the death of one or more persons.

Since the merger of Somerset Partnership and Taunton and Somerset NHS Foundation Trusts, severe harm and death incidents reported to the NRLS are:

| Reporting Period    | Number of Severe Harm / Death Incidents Reported | % of Total Incidents |                            |              |               |
|---------------------|--------------------------------------------------|----------------------|----------------------------|--------------|---------------|
|                     |                                                  | Somerset FT          | Average for Similar Trusts | Lowest Trust | Highest Trust |
| Apr 2020 – Mar 2021 | 208                                              | 1.4%                 | 0.4%                       | 0%           | 2.8%          |

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

- Some data for the period was provided via legacy systems from the predecessor trusts. The Trust has introduced a new incident system from July 2020.
- Although Somerset FT is benchmarked against acute (non-specialist) organisations, its services include mental health provision, which always has a much higher percentage of severe harm and death incidents reported.

Somerset FT has taken the following actions to improve this rate, and so the quality of its services, by:

- Introducing a range of work-streams to improve specific aspects of patient safety and to reduce incidents.
- Improvements made in the quality and general approach to action planning to learn from incidents; including processes for measurement and audit to ensure learning is embedded.
- Encouraging reporting of incidents and near misses and greater consistency in the rating of incidents.

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

*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 2021 to March 2022  | 90.3%      | Data submission suspended |              |               |
| April 2020 to March 2021* | 91.7%      | Data submission suspended |              |               |

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

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

- National data submission were 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.
- 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.
- These data represent those patients with a risk assessment in place on admission. It does not account for cases where the risk assessment form is not fully completed or inaccurate.

Somerset FT 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.

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

### National Clinical Audit Participation

During 2021/22, there were 50 national clinical audits and five national confidential enquiries detailed within the NHSE Quality Accounts list which covered relevant health services that Somerset FT provides.

During that period Somerset FT participated in 46/50 (92%) national clinical audits and 5/5 (100%) national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Somerset FT were eligible to participate in during 2021/22 are as follows:

| National Audit Title                                                                            | Participated | Status                    |
|-------------------------------------------------------------------------------------------------|--------------|---------------------------|
| Case mix programme - ICNARC                                                                     | Yes          | National report awaited   |
| Elective surgery - PROMS                                                                        | Yes          | Low participation rates   |
| Emergency Medicine: Pain in Children                                                            | Yes          | Data collecting           |
| Epilepsy12 audit                                                                                | Yes          | Data collecting           |
| Falls and Fragility Fracture Audit Programme: National Audit of Inpatient Falls                 | Yes          | Continual data collection |
| Falls and Fragility Fracture Audit Programme: National Hip Fracture Database (NHFD)             | Yes          | Continual data collection |
| Falls and Fragility Fracture Audit Programme: Fracture Liaison Service Database                 | Yes          | National report awaited   |
| Inflammatory Bowel Disease (IBD) registry                                                       | Yes          | National report awaited   |
| Learning from lives and deaths of people with a learning disability and autistic people (LeDeR) | Yes          | Ongoing submission        |
| Management of the Lower Ureter in Nephroureterectomy                                            | Yes          | National report awaited   |
| MBRRACE-UK                                                                                      | Yes          | Continual data collection |
| National Asthma and COPD Audit Programme (NACAP): Adult Asthma                                  | Yes          | Continual data collection |
| National Asthma and COPD Audit Programme (NACAP): Children and young people                     | Yes          | Continual data collection |
| National Asthma and COPD Audit Programme (NACAP): COPD                                          | Yes          | Continual data collection |
| National audit of breast cancer in older people (NABCOP)                                        | Yes          | Data collecting           |
| National Audit of Care at the end of life (NACEL)                                               | Yes          | National report awaited   |
| National Cardiac Arrest Audit (NCAA)                                                            | Yes          | Continual data collection |
| National Cardiac Audit Programme: Adult Percutaneous Coronary Interventions                     | Yes          | Continual data collection |
| National Cardiac Audit Programme: Myocardial Ischaemia (MINAP)                                  | Yes          | Continual data collection |

| National Audit Title                                                                               | Participated | Status                                                       |
|----------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------|
| National Cardiac Audit Programme: National Heart Failure audit                                     | Yes          | Continual data collection                                    |
| 2021 Audit of Blood Transfusion against NICE Guidelines                                            | Yes          | Completed.<br>Local briefing pending                         |
| National Audit of Dementia (spotlight audit for Memory Assessment Services)                        | Yes          | National report awaited                                      |
| National Cardiac Audit Programme: National Audit of Cardiac Rhythm Management (CRM)                | Yes          | Continual data collection                                    |
| National Clinical Audit of Psychosis (EIP)                                                         | Yes          | National report awaited                                      |
| National Diabetes Audit: Core diabetes audit                                                       | Yes          | National report awaited                                      |
| National Diabetes Inpatient Audit: (NADIA)                                                         | Yes          | Data collecting                                              |
| National Diabetes Audit: Diabetes Foot Care audit                                                  | Yes          | Continual data collection                                    |
| National Diabetes Audit: National Pregnancy in diabetes audit (NPID)                               | Yes          | Continual data collection                                    |
| National early inflammatory arthritis audit (NEIAA)                                                | Yes          | Data collecting                                              |
| National emergency laparotomy audit (NELA)                                                         | Yes          | Continual data collection                                    |
| National Gastro-intestinal Cancer Programme: National Oesophageal-gastric cancer audit (NOGCA)     | Yes          | National report awaited                                      |
| National Gastro-intestinal Cancer Programme: National Bowel Cancer Audit (NBOCA)                   | Yes          | National report awaited                                      |
| National joint registry                                                                            | Yes          | Data collecting                                              |
| National lung cancer audit (NLCA)                                                                  | Yes          | Completed.<br>Local briefing pending                         |
| National maternity and perinatal audit (NMPA)                                                      | Yes          | Data collecting                                              |
| National neonatal audit programme (NNAP)                                                           | Yes          | Data collecting                                              |
| National paediatric diabetes audit (NPDA)                                                          | Yes          | Continual data collection                                    |
| National Prostate cancer audit                                                                     | Yes          | Data collecting                                              |
| National Vascular registry                                                                         | Yes          | Data collecting                                              |
| Prescribing Observatory for Mental Health: Prescribing for Depression in adult MH services         | Yes          | National report awaited                                      |
| Prescribing Observatory for Mental Health: Alcohol detoxification in adult mental health inpatient | Yes          | Completed                                                    |
| Society for Acute Medicine Benchmarking Audit (SAMBA)                                              | Yes          | Completed                                                    |
| Sentinel stroke national audit programme (SSNAP)                                                   | Yes          | National report awaited                                      |
| Serious Hazards of Transfusions: UK national haemovigilance scheme (SHOT)                          | Yes          | Continual data collection                                    |
| Major Trauma audit - TARN                                                                          | Yes          | Continual data collection                                    |
| UK Cystic fibrosis registry                                                                        | Yes          | Data collecting                                              |
| BTS - National Pleural Procedures Organisational Audit                                             | No           | Supported at Directorate level in view of pandemic pressures |
| BTS - National Smoking Cessation Audit                                                             | No           |                                                              |
| BTS - National Outpatient Management of Pulmonary Embolism                                         | No           |                                                              |

| National Audit Title                            | Participated | Status                                       |
|-------------------------------------------------|--------------|----------------------------------------------|
| National audit of cardiac rehabilitation (NACR) | No           | Resource issues, plan to participate 2022/23 |

### 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                         | Not relevant to this Trust (primary care)                                                                                 |
| 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                                                                                                |
| 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 eight participating centres (Royal Brompton and Harefield NHS Foundation Trust) |
| Neurosurgical national audit programme                                      | Not a neurosurgical centre                                                                                                |
| 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 2021/22:

| Name of Confidential Enquiry                                            | Status                  |
|-------------------------------------------------------------------------|-------------------------|
| NCEPOD: Transition from child to adult health services                  | Data collecting         |
| NCEPOD: Crohn's Disease                                                 | Data collecting         |
| NCEPOD: Epilepsy study                                                  | National report awaited |
| NCEPOD: Physical Health in Mental Health Hospitals                      | National report awaited |
| NCEPOD: Community Acquired Pneumonia (started 11/04/2022 for 2021 data) | Planning                |

## 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 35 national clinical audits were reviewed by the provider in 2021/22:

- 5 from 2018/2019
- 13 from 2019/2020
- 15 from 2020/2021
- 2 from 2021/2022

Eighteen of these completed audits identified actions to improve the quality of healthcare provided, with 17 being included on the NHSE Quality Accounts list:

#### **Society for Acute Medicine's Benchmarking Audit (SAMBA)**

SAMBA provides a snapshot of the care provided for acutely unwell medical patients in the UK over a 24-hour period on Thursday 17<sup>th</sup> June 2021.

Actions include:

- Implementation of additional medical in-reach into Emergency Department (ED)
- Early Warning Score to be completed within 30 minutes of patient arrival into ED (by dedicated member of staff)

#### **Prescribing Observatory for Mental Health: The use of Clozapine**

Clozapine is a very effective treatment for schizophrenia and some other Serious Mental Illness (SMI) indications but has potential life-threatening side effects leading to a more stringent approach to prescribing, monitoring and side-effect management compared to other antipsychotics.

Actions include:

- Electronic patient record to be developed to produce reports and prompts to aid physical health monitoring
- Development of a Trust-specific standard to clearly define the term "general physical examination"
- Medicines Management Team to follow up where off label prescribing has been identified and to ensure standards are followed

#### **Inflammatory Bowel Disease (IBD) registry**

The audit captures data about patients with IBD who are starting biologic treatment, specifically adherence to guidelines set out by NICE and the British

Society of Gastroenterology. The report noted issues with data completeness for the Trust.

Actions include:

- Improving data submission: Investigate switching to IBD Registry software and investigate alternative options to improve if this is not possible
- Improve consent: Admin support priority to gain consent from patients already on biologic therapy, and for new starters for data transfer to the national registry

### **Mental Health - National Clinical Audit of Psychosis (NCAP) – Early Intervention for Psychosis Round 3**

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

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

- Joint training events between Children and Adolescent Mental Health Services (CAMHS) and EIP
- Shadowing Community Mental Health Services and Enhanced Outreach Team colleagues to understand service model including CAMHS Urgent Care

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

This programme is based upon patients arriving at hospital (or having stroke onset as an inpatient) and patients who were discharged from inpatient care during the same period.

Actions include:

#### **Acute:**

- Improved timeliness of CT angiograms
- Develop and initiate data sheet for calls, time of admission and time of administration of thrombolysis
- Implement regular reviews of door to needle times

#### **Stroke Rehabilitation Units:**

- Records to be locked and transferred within 14 days of discharge of patient
- Ensure correct recording of clinical outcomes
- Investigate cause of reduction in provision of health and social care plans

### **National cardiac arrest audit (NCAA)**

The NCAA is the national, clinical, comparative audit for in-hospital cardiac arrest. The purpose is to promote local performance management through the provision of timely, validated comparative data.

Actions include:

- Monitoring quality of information gathered by Switchboard operators
- Improve current Resus Reporting Form so it is easier to use

### **Myocardial Ischaemia National Audit Project (MINAP)**

MINAP reports on the care provided by hospitals and Ambulance Trusts to patients who are hospitalised with an acute coronary syndrome (including heart attack).

Actions include:

- Local audit of drugs that are made available
- Create and publish new protocol on acute coronary syndrome (ACS) pre-discharge care
- Regular meeting/process with Southwest Ambulance Service Trust to work on a plan to reduce the time between ambulance call and treatment at hospital

### **BTS Non-invasive ventilation (NIV)**

Acute NIV can be a lifesaving treatment for selected patients and delivers air through a sealed mask that can be placed over the mouth, nose, or the whole face.

This audit did not include data from patients with COVID-19 as the audit period was 01/02/2019-31/03/2019.

Actions include:

- Introduction of a dedicated 4-bedded Respiratory Support Unit at Musgrove Park Hospital.

### **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. It also deals with discharge planning and the follow-up which they are offered.

Actions include:

- Recruitment of additional sonographers
- Use of community diagnostic hub to relieve pressure on Musgrove Park Hospital echocardiography department

- Promotion of heart failure nurse service to increase referrals of patients for review
- Review of referral pathway for outpatient heart failure specialist nurse follow-up
- Development of inpatient acute heart failure pathway/protocol

### **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 in 2019.

Actions include:

- Adherence to bone therapy improvement by contacting patients 3 months after their fracture for a follow-up
- Engage with the Clinical Commissioning Group and Ageing Well Programme to improve strength and balance services in the future

### **National Diabetes Inpatient Audit (NaDIA)**

NaDIA measures on one day the quality of diabetes care provided to all people with diabetes while they are admitted to hospital whatever the cause and aims to support quality improvement.

Actions include:

- Further reduce medication errors by targeting patients with diabetes on admission, and using the digital electronic prescribing and diabetes tools
- Further reduce hypoglycaemic episodes by reinstating NaDIA Harms meetings with MDT, and daily review of reports on inpatients with blood glucose <4mmol/l

### **National Oesophago-gastric cancer audit (NOGCA) 2019 AND 2020 combined**

NOGCA was established to evaluate the quality of care received by patients with oesophago-gastric (OG) cancer in England and Wales.

Actions include:

- Liaise with pathology department to improve capture of High Grade Dysplasia (HGD) first diagnosis data
- Review of HGD first treatment surveillance data capture as this is no longer supported within Somerset Cancer Register (SCR)
- Locally audit OG cancer rates in local population
- Explore how emergency admissions are recorded on SCR – incorrect coding discovered

### **National Paediatric Asthma audit**

This is a continuous clinical audit, which captures the process and clinical outcomes of treatment in children and young people (aged 1–18 years) who have been admitted to hospital paediatric services in England, Scotland, and Wales with asthma attacks.

Actions include:

- Improve discharge process by trial of Asthma Pack which includes BTS discharge bundle
- Investigate use of Paediatric Fractional Exhaled Nitric Oxide (FeNO) devices to improve diagnosis

### **Epilepsy12 audit round 3**

This clinical audit describes the care of children and young people in England and Wales who had a first paediatric assessment for a 'paroxysmal episode' (or episodes). Epilepsy12 follows patients for twelve months of care following their first assessment.

Actions include:

- Reduce time from referral to first assessment to 4 weeks, by increasing staffing levels, uplift epilepsy specialist nursing time, use of Waiting List Initiative clinics where necessary
- Reduce time from secondary referral to review in tertiary neurology clinic to 8 weeks – local audit to identify and improve pathway issues

### **RCEM - Care of Children in emergency departments**

Emergency Departments (EDs) play an important role in safeguarding infants, children, and adolescents.

Whilst there are many potential safeguarding areas, this quality improvement programme focusses on three key areas for EDs; injuries in non-mobile infants aged 12 months and under, patients under 18 who abscond or leave the ED without being seen, and appropriate assessment of psychosocial risk in 12 to 17 year-olds.

Actions include:

- Senior review of notes for children who leave without being seen
- Introduction of a policy and SOP for children who leave without being seen
- Psychosocial risk assessments to be completed on adolescents – investigate use of a specific questionnaire at triage and for assessment

### **National Lung Cancer Audit (NLCA)**

NLCA uses data provided by Public Health England (PHE), the Welsh Cancer Network, and lung cancer teams in Jersey and Guernsey to provide a summary of

key findings, national averages and geographical variance across an agreed list of lung cancer service performance indicators and patient outcomes.

Actions include:

- Case note review of patients who did not receive a pathological diagnosis to understand the reasons for this
- Utilise NLCA toolkit to improve pathological confirmation rates
- Utilise NLCA tool to review and select patients for surgery in non-small cell lung cancer

## **LOCAL CLINICAL AUDIT**

The reports of 75 local clinical audits were reviewed by the provider in 2021/22. 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 75 local clinical audits reviewed, 64 required action plans, and the following are examples of projects conducted by clinical teams across the Trust and the changes proposed as a result of them:

### **Somerset-Wide Integrated Sexual Health Service (SWISH) – Management of Gonorrhoea Infections**

Throughout the pandemic, SWISH has continued to provide a high quality sexual health service and patients with a positive GC result have seen no change in the service that is provided, being able to access treatment across all clinic sites, receiving appropriate advice, additional services and follow up.

Actions include:

- Increase uptake in test of cure (TOC): adapt text messages to alert the importance of completing TOC; trial phoning patient if TOC not completed; at point of treatment give patient a self-testing kit to post back for TOC
- Update follow-up template on the electronic patient record to show information has been offered, and accepted or declined
- Clinical training session to be used to emphasise/encourage:
  - cultures to be completed on GC contacts as well as +ve patients
  - all patients to have full screen, giving rationale, and offer of home test kit

### **Children and Adolescent Mental Health Service (CAMHS): Care Planning and Risk Re-audit**

This audit has been running on a quarterly basis since January 2020, with the latest being reported on in July 2021.

Gradual improvement has been demonstrated, particularly with personalised care planning and placing the patient/families/carers at the centre of that planning. Risk assessments were generally compliant and of a good standard.

Actions include:

- Ensuring care plans and risk screens are updated alongside each other
- Reviewing length of time care plans are updated
- Work with Clinical System Change team to adapt RiO to enable recording of when a care plan has been shared

### **Maxillofacial, restorative dentistry and orthodontics: Radiology Re-audit**

Aim: To investigate if correct investigation was prescribed, justification and grade noted. Investigate the current compliance with the set standards for good practice and improve performance.

Improvements demonstrated since the last audit, but there are still areas to work on:

Actions include:

- Grading of radiographs: ensure radiographic request forms are being completed fully and scanned into EPRO
- Radiography request forms: use the same form between all departments for consistency

### **Podiatry Records Audit**

Aim: To ascertain whether the Podiatry Service is meeting the Trusts' record keeping standards within the Records Management Policy and the Royal College of Podiatry's Patient Record Keeping Standards.

This audit (November 2021) followed a mini audit that was carried out in June 2021. All areas worked on from the June audit have demonstrated improvements in November. Further improvements to be made.

Actions include:

- List of abbreviations to be made available to all staff
- Locum pathway to be updated
- Gaining consent – consent box to be ticked on initial assessment – to be monitored via clinical supervision
- Any issues with combined assessments to be monitored during clinical supervision

### **Acute Medical Wards: Peripheral Venous Canula (PVC) Care**

A prospective spot auditing of admitted patients on medical wards in May 2021.

Actions include:

- Training and education – a high number of new starters within the past 9 months, impact of COVID has possibly affected induction training:

- Implementation of a Cannula Teaching board
- On-the-ward bitesize training by Clinical Skills Facilitators
- Roll out of annual clinical audit with quarterly data collection

### **Use of rating scales for depression on Pyrland Ward (old age psychiatry)**

Aim: to highlight the need for a more systematic use of rating scales in our practice for the purpose of a more objective clinical decision making. The audit revealed minimal use of these scales.

Actions include:

- Raise awareness with clinical leads/ward staff/doctors/senior doctors of the importance of using rating scales for any patient with admission for depression/following a suicide attempt
- Print PHQ-9 rating scales to enable easy access
- Display instructions of where to upload onto RiO, and where to enter date for follow-up

### **Re-audit use of Cancer Research UK (CRUK) consent forms for systemic anticancer treatment (SACT) in Oncology**

Aim: to monitor compliance of the use of the CRUK form to consent for SACT, and to ensure that all applicable fields are being completed. Good compliance overall, areas for further improvement noted.

Actions include:

- Lead chemotherapy clinician to discuss with colleagues and circulate audit
- Discuss with Beacon Day Unit nurses the need to complete confirmation to consent on consent form when patient attends first dose
- Education regarding amendments to IT systems to confirm if consent form was accepted

### **Maternity: Annual Audit of 3rd and 4th degree tears**

Aim: to compare standards of deliveries where 3<sup>rd</sup> and 4<sup>th</sup> degree tears have occurred. Any predisposing factors which may be a risk of tearing is recorded. All women who sustain a 3<sup>rd</sup>/4<sup>th</sup> degree tear are entered into the audit.

The audit has demonstrated a high level of compliance in 6 of the 9 standards.

Actions include:

- Review of all 4<sup>th</sup> degree tears at multidisciplinary team risk meeting
- Improve follow-up care and provide all women with leaflets and information
- Contact women postnatally at six weeks to provide support and information
- Implement double signing for swabs and instruments to further improve theatre documentation.

### **Integrated Rehabilitation Teams (IRT): Audit of new style Therapy Assessment Form**

A new form created based on team feedback, which joined together documentation to be shared between the 3 Services: Rapid Response, Discharge to Assess and the IRT Team with the aim to prevent duplication and allow continuous documentation in that patient journey.

This audit demonstrated that the new Therapy Assessment form is not always being fully completed. Further work required to understand why this is happening.

Actions include:

- Discussion with IRTs to investigate why the form is not being fully used
- Deliver training including Goal Attainment Scaling (GAS) goals
- Use Management Supervision to ensure all staff are aware of the form and individually address any reasons for non-compliance which are followed-up in subsequent supervision

### **Trauma and Orthopaedics: Assessing documentation of neurovascular status in ED before and after fracture manipulation**

Aim: to ensure that all patients have evidence of neurovascular assessment before and after fracture manipulation, as this a key piece of evidence to carry out a successful triage to the fracture clinic.

2 rounds: June 21 – Aug 21, and November 21 – February 22. Improvement demonstrated between each audit round.

Actions include:

- Add documentation of neurovascular status to ED team safety briefing

### **Learning Disabilities: Re-audit of the use of antipsychotics for behaviour that challenges in patients with LD**

Antipsychotics should not be used as first line treatment for challenging behaviour. Although small numbers, this re-audit demonstrated improvements in all 3 standards audited, with improvements in the way key information is now recorded. Prescribers are not resorting to psychotropic prescribing prior to trying psychological therapies and other interventions.

Actions include:

- All psychiatrists to ensure a written Behavioural Support Plan (BSP) is written prior to prescribing
- All psychiatrists to review patients within 3-4 weeks of antipsychotic initiation

### **End of Life: Last Days of Life (LDL) Care Plans in the Community**

Aim: to assess the extent to which the LDL care plan is being engaged with, and how LDL care is given across the community teams.

The audit demonstrated examples of good quality care but also identified where the LDL is not being used to facilitate holistic assessment.

Actions include:

- LDL assessment tool to be easily embedded into the electronic patient record so it becomes an obvious pathway for staff to follow, facilitating improved recording of conversations with patient and family
- Production of new LDL leaflet, and clearer signposting via the Somerset End of Life Care website
- Introduction of cross-county education to ensure consistent syringe driver management

### **Minor Injury Unit (MIU): Safeguarding Children and Domestic Abuse Patients within MIU**

Safeguarding and domestic abuse must be considered and recorded in patients attending community urgent care/MIU.

This audit demonstrated that staff record the relationship of the person accompanying the child but missed the opportunity to record their full name. Improvement is required around professional curiosity, and actions include:

- Re-formatting MIU documentation, moving safeguarding flowchart and vulnerable adult checklist to the front page
- Encourage staff to broaden their outlook around safeguarding to include domestic abuse, and to access training which is available on the intranet
- Raise awareness during safeguarding supervision

### **Mental Health: Smoking cessation and Nicotine Replacement Therapy (NRT) for Psychiatric Inpatients at Wellsprings site**

Mental health patients have a much higher smoking rate compared to the general population. Aim: to determine if patients were being offered smoking cessation advice/NRT by the inpatient medical team.

Two cycles of the audit were undertaken during this year, demonstrating a significant increase in the number of patients being offered NRT.

Actions included:

- Adding a prompt in the multidisciplinary proforma around smoking cessation
- Placing smoking cessation leaflets on the ward
- Signposting patients to Smoke Free Life Somerset

### **Gastroenterology: Inflammatory Bowel Disease (IBD)– biological therapies**

A local audit to review all KPIs within the registry including initial screening, post induction reviews and 12-month reviews.

Although available cases for the audit were small, 4 of the 5 standards achieved 100%, despite this being during the pandemic period.

Actions include:

- Checklist to be devised to address key areas to be developed for patients before starting biologics
- Clinic pathway document to be devised to enable patients to be reviewed in IBD clinic

Audit actions link to wider work to appoint an IBD Consultant, and Gastroenterology pharmacist

### **Audiology: Cochlear Implant (CI) Criteria and Referral (Paediatrics)**

Patients with hearing loss are fitted with hearing aids, but sometimes hearing levels are so severe hearing aids do not provide adequate benefit and CIs could provide better outcomes. Where appropriate, patients should be provided with up to date and relevant information to allow shared decision-making with regards to CI assessment referrals.

The audit demonstrated that the majority of patients (and patients) who are eligible for CI assessment are appropriately informed and offered this.

Actions include:

- Training within the department on CI referral criteria, counselling and referral making
- Introduction of prompts asking if the patient met the CI criteria

### **Musculoskeletal (MSK) Physiotherapy Service: Record Keeping**

MSK conduct regular documentation audits, the last one being in 2020. MSK have now moved from paper-based notes to using an electronic patient record. Overall, this audit demonstrates that compliance with Trust standards is good and has improved since 2020. However, there are areas that require improvement.

Actions include:

- Recap of Shared Decision Making (SDM) and communication training for all staff
- Ensure staff are aware how to record SDM on the electronic patient record
- Discuss Trust Abbreviation document in team meetings to ensure everyone is familiar with it
- Pelvic Health team not using Objective assessment form – discuss with team lead to explore if a specific assessment form should be created

### **Safeguarding Service: Use of Neonatal Body Map Stickers**

The use of body map stickers commenced in September 2020 following a serious incident. It allows a practitioner to easily record and date the position any type of any birth mark/bruise/blemish. This should be completed prior to discharge from hospital.

This audit demonstrates that the use of these stickers has not yet become part of embedded routine practice.

Actions include:

- Completion of body map stickers to be added to the postnatal discharge guideline
- Instructions around the implementation of the stickers to be added to the Ward Area Safety Notices which are read out at each change of shift, plus a reminder to be sent to each individual
- Ward Managers to carry out quarterly spot audits until they are ensured that the stickers are being completed

## CLINICAL RESEARCH

The importance of undertaking health research has never been more clearly demonstrated than during the global pandemic when the disease characteristics were studied, effective treatments established and vaccines developed and deployed successfully to combat the disease and its transmission. Additionally, COVID 19 research conducted by Intensive Care National Audit and Research Centre (ICNARC) demonstrated that patients with COVID 19 cared for in ICU at Musgrove Park Hospital had some of the best outcomes in the country as demonstrated by published standardised mortality ratios, which is largely due to all eligible patients being included in clinical trials.

For the department of Clinical Research, like many other clinical services, the Financial Year 2021/22 was dominated by COVID restrictions and the requirement to regroup and restart services and projects that had been side lined whilst staff were deployed to support COVID research. Managed recovery was implemented and led on behalf of research sponsors by the National Institute for Health and Care Research (NIHR). The National team identified priority studies that sites were required to prioritise re-opening wherever possible. As a result of this activity, 34 managed recovery studies were reviewed and at the end of 2021/22 eight projects remain adversely affected by COVID.

### **Commercial collaborations**

Dr Saiqa Spensley, Dr Petra Jankowska and Dr Julie Walther have been approached to become UK wide chief investigators for new commercially sponsored drug trials in Oncology. The Trust has also been selected as Lead R&D Department for a new commercial project in Chronic Obstructive Pulmonary Disease (COPD) with Dr Dinesh Shrikrishna.

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 was subject to a short delay due to Dr Jobson being required to support inpatient ward activity in the latter part of 2021 but it is hoped that the project will complete successfully within the anticipated timescale.

The Trust works with TrinetX, a commercial data warehouse that makes anonymised data available to approved research partners. Use of the platform continues, and in 2021/22 the Trust received 27 trial connect requests via the platform, 17 were declined, three accepted and seven pending further review or information.

The Trust is also embarking on a further collaboration with Sensyne which will enable researchers to make use of the Trust's data assets to support the conduct of research.

The Trust continues to be a prime site collaborative partner with IQVIA and is now also a partner in the Investigator Networks, Site Partnerships and Infrastructure for

Research Excellence (INSPIRE) program alongside Pfizer. To qualify to be part of the programme the Trust is required:

- To run trial programmes to the highest standards and to timeline.
- To ensure dedicated, high quality staff and resources for conducting clinical trials.
- To ensure a positive experience for those patients participating in trials.
- To have expertise in the key disease areas that Pfizer is researching in its medicines pipeline.

The Trust works in partnership with Rutherford Diagnostics, and together in 2021/22 successfully opened a state of the art diagnostic centre which will likely lead to extensive diagnostic research opportunities for years to come.

### **Academic grants**

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

Miss Jo Morrison submitted a phase one bid in March 2022 for the NIHR Evidence Synthesis Group to form a group based at the Trust. The outcome is awaited. The Trust sponsors a study for which Dr Isy Douek, Consultant Endocrinologist, is Chief Investigator. This collaborative project with University of Plymouth aims to investigate nutritional and fertility outcomes in women of reproductive age before and after metabolic (weight loss) surgery. The £15,985 grant was awarded to University of Plymouth by the British Dietetic Society. The project paused during the pandemic and is due to complete in May 2022.

Respiratory clinician, Dr Justin Pepperell, was lead applicant in a study collaborating with the University of Oxford for patients with mild to moderate sleep apnoea. Dr Pepperell was awarded a grant of £317,184 by the NIHR Research for Patient Benefit Programme to set up and run the trial. Somerset FT recruited well to the project but due to the pandemic Dr Pepperell and other key staff were called to front line duties, so the project was paused for several months. As a result of this delay, an application for a costed extension to the grant was submitted to the NIHR but this was declined as the collaborators costs were deemed to be too high, therefore the project unfortunately had to terminate prior to completion.

The Trust continues to collaborate with its local health community partners and work in support of the merger with Yeovil District Hospital NHS Foundation Trust is well underway.

The Trust is also growing closer links with the University of Exeter to support the development of earlier translational and medical technologies for the benefit of patients, the public and health care system.

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.

With the acute hospital site planning and development well underway, plans for a research hub with dedicated physical space will attract more medical students with attendant academic posts to develop vibrancy, inquisitiveness and which it is anticipated will further embed research in the fabric of the organisation.

### **Quality improvement**

The research department is required to conduct an annual Patient Research Experience Survey the results of which for 2021/22 were positive with no action plans required.

### **Funding and activity**

In 2021/22, the Trust was allocated £1,495,502 to support research staffing and infrastructure via the NIHR Clinical Research Network: South West Peninsula, with a further £102,865 directly from the Department of Health. Revenue from the conduct of research of £358,231.60 has been invoiced for, as at 12/05/2022. This revenue represents a significant reduction compared to pre-pandemic years. Nonetheless, it is indicative of the portfolio with a much higher proportion of academic studies than commercial studies with 10.4% of studies being commercially funded in 2021/22.

The number of staff, carers and patients receiving relevant health services, provided or sub-contracted by Somerset FT, who were recruited in 2021/22 to participate in research approved by a research ethics committee was 3,374 (in 137 studies). Although 16.9% of recruitment was to COVID related studies, 17.2% of recruitment was to Cancer studies and 17.3% of recruitment, was attributable to mental health research.

## **CARE QUALITY COMMISSION (CQC)**

Somerset FT is required to register with the Care Quality Commission and its current registration status is unconditional.

The Care Quality Commission did not carry out any inspections at the Trust during 2021/22.

Somerset FT has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

The Trust maintained an overall rating of 'good' following the merger of Taunton and Somerset and Somerset Partnership NHS Foundation Trusts. The Care Quality Commission has not taken enforcement action against Somerset FT during 2020/21.

A full copy of the current reports and ratings from CQC can be found on the Trust's website at [www.somersetft.nhs.uk](http://www.somersetft.nhs.uk) and on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### **Care Quality Commission Mental Health Act Assessment**

During 2021/22, the CQC restarted their regular Mental Health Act Assessment visits to minimise the risk during the Covid-19 pandemic. No significant concerns were identified during these visits. The Trust monitors its compliance through its Mental Health Act Committee.

## INFORMATION ON QUALITY OF DATA

Somerset FT 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.

Somerset FT submitted records during 2021/22 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 received from EPR                                           | 99.7                      | 96.5                  | 99.3            |
| % of valid NHS Numbers sent to SUS                                                 | 99.7                      | 99.3                  | 99.9            |
| Number of records which included the patient's valid General Medical Practice Code |                           |                       |                 |
| % of valid GP Practice Codes received from EPR                                     | 100.0                     | 99.7                  | 99.7            |
| % of valid GP Practice Codes sent to SUS                                           | 100.0                     | 100.0                 | 99.8            |

There has been an improvement across the board in the completeness of data submitted to SUS with a high correlation in most areas between the data contained within the core Electronic Patient Record (EPR).

The Somerset FT data quality maturity index (DQMI) score for the submitted data in 2021/22 was 93.7% compared to a national average of 80.0%.

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.
- Extend the use of spine mini services through the Trust's integration engine to improve completeness of data.
- Continue to develop the patient master index work within the warehouse to help identify duplicate records within the systems.

Somerset FT was not subject to the Payment by Results clinical coding audit during 2021/22 by the Audit Commission.

## 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.

Somerset FT Data Security and Protection Toolkit submission for 2021/22 will be completed in June 2022. It is expected that all mandatory evidence items will be reached, with an assessment status of 'standards exceeded'.

In line with the DSPT reporting tool, five incidents were reported to the ICO in 2022/22. Two incidents related to information being shared in error; three incidents related to members of staff accessing records inappropriately.

All incidents were fully investigated; action plans created where appropriate and additional targeted IG training sessions made available. The ICO was notified, and no further action was required. Data security and information governance breaches were reported and monitored through the Data Security and Protection Group, which, in turn, reports to The Quality and Governance 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 the acute and community services. The results for this again showed good overall figures, exceeding the mandatory target set by the Data Security Standard 1 Data Quality in all areas.

|                     | <b>Percentage achieved<br/>2021/22</b> | <b>DSPT Standard 1<br/>Mandatory Target</b> |
|---------------------|----------------------------------------|---------------------------------------------|
| Primary Diagnosis   | 93%                                    | 90%                                         |
| Secondary Diagnosis | 89%                                    | 80%                                         |
| Primary Procedure   | 93%                                    | 90%                                         |
| Secondary Procedure | 86%                                    | 80%                                         |

The figures demonstrated above are a reflection of the coders' understanding of the importance of coding all conditions which affect the care of the patient and all procedures performed. The better these figures are the more accurately the data reflects the complexity of the care delivered by the Trust.

In addition to this formal audit, the NHS Digital accredited Clinical Coding Auditors have carried out several smaller audits based on the same methodology and percentage targets throughout the year. They also continually perform validation on the quality of the coded data on a monthly basis, thereby ensuring further assurance of the quality of the data.

The Trust's NHS Digital accredited Clinical Coding Trainer continues to provide 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 the coding.

The recommendations from the 2020/21 Data Security Standard 1 Data Quality audits for Taunton and Somerset and Somerset Partnership NHS Foundation Trusts have been reviewed and have been actioned.

## 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.

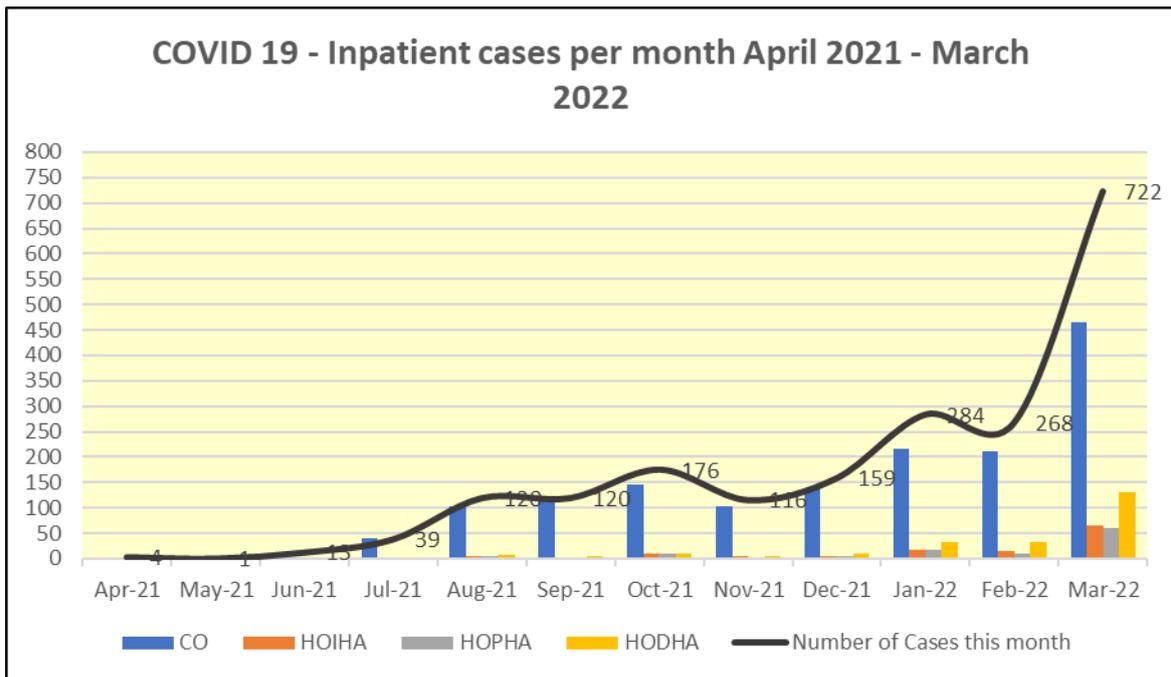
### PATIENT SAFETY

#### • INFECTION PREVENTION AND CONTROL DURING COVID-19

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

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

Between April 2021 and March 2022 there were 1,489 inpatients with PCR confirmed Covid-19, an increase on the previous year where there were 1,153. The majority were community cases (68%) however, the portion of Trust attributable increased this year to 23% compared the 16% last financial year. During the first quarter of the year the levels of Covid-19 in the Somerset population remained low (less than 20 cases per 100,000 population). This was reflected in low inpatient cases. As the community prevalence rose through the year this resulted in an increase in inpatient cases, culminating in 722 inpatient cases during March 2022.



The main feature of Covid-19 during 2021-2022 was the emergence of new variants of the virus. All viruses naturally mutate over time, usually the changes are small and have little impact on the virus. However, some changes have a more significant effect either on the transmissibility or on the severity of disease. During the period April to November the dominant variant in the UK was Delta but by mid-December this had changed to Omicron. A similar trend was seen in the Trust and by the final quarter of the year, omicron was the dominant variant. Omicron had a higher transmission rate than Delta and therefore more inpatient cases were seen during this period of the year resulting in over 700 inpatient cases during March 2022. Despite a higher transmissibility, Omicron has not caused the same severity of disease of other variants that dominated earlier in the pandemic. Therefore, the impact of Covid-19 on critical care has been significantly less.

### Outbreaks of Covid-19

Between April 2021 and March 2022 there were 51 inpatient ward closures due to Covid-19 outbreaks, the bulk of which occurred in the last quarter of the year. In addition, there were three outbreaks confined to ward staff groups, the most notable of which was an Omicron outbreak in December, which were some of the first cases of Omicron in Somerset. Majority of the outbreaks occurred in March 2022 where 28 outbreaks were declared.

An outbreak of Covid-19 is defined as 2 or more epidemiologically linked cases within a 14-day period, where the second case (or subsequent cases) either:

- Meets the definition for a probable or definite healthcare associated case
- Is a presumptive case where symptom onset was on day 8 or later after admission

Outbreaks were managed by closing the affected ward to new admissions. In the acute site confirmed cases were transferred to side rooms on the designated

Covid-19 ward however, by February 2022, capacity in the Trust was under such pressure it became necessary to create two cohort wards for Covid-19 confirmed cases. Both wards were de-escalated in April 2022. In the Community or Mental Health sites, cases were isolated in a side room within the affected area. Remaining exposed patients on the ward were monitored for symptoms and swabbed for Covid-19 regularly. Enhanced cleaning was in place which included further high-risk touch point / horizontal surface cleaning in addition to the usual daily clean.

### **Other Healthcare Associated Infections (HCAI)**

It is a mandatory requirement for English NHS Acute Trusts to report Methicillin Resistant *Staphylococcus aureus* (MRSA), Methicillin Sensitive *Staphylococcus aureus* (MSSA), *Escherichia coli* (E.coli), *Klebsiella*, *Pseudomonas aeruginosa* bloodstream infections and *Clostridioides difficile* Infections (CDI) to the Department of Health via the HCAI Data Capture System, hosted by UK Health Security Agency.

Over the period of this report there has been an increase in the case numbers for some of these HCAs which has exceeded the thresholds set by NHS England. Most notably the case numbers of both MRSA and MSSA have risen both nationally, regionally and in the Trust. The reason for this increase is not known. Consideration is being given to the potential impact of Covid-19 although a clear link has not been identified.

There has also been a significant increase in CDI case numbers in the Trust, a trend also noted nationally and regionally. Again, the reason for this increase is not clear. In the previous year there was an increase in use of broad-spectrum antibiotics at the beginning of the Covid-19 pandemic. As greater knowledge about the virus was gained, antibiotic usage returned to normal levels and yet the case numbers of CDI have continued to rise. A Southwest collaborative has been set up to gather more detailed information on the CDI cases to try to establish any risk factors or trends not previously identified in order to gain a better understanding of the changing pattern of CDI.

Whilst the reasons for the overall increase in HCAI cases nationally, regionally and in the Trust is not clear, it is surmised that Covid-19 is a factor.

- **DETERIORATING PATIENTS**

2021 -2022 has again been a challenging year within the NHS for both our patients and staff.

Timely recognition of a deteriorating patient is important and any delay in starting appropriate treatments may have a negative impact on patient outcomes.

The Acute Illness Management course (AIMs) teaches registered nurses within the acute site the importance of early recognition of deterioration and teaches a systematic approach to assessment and escalation. Due to Covid-19 restrictions class sizes had to be reduced to meet social distancing criteria. To counterbalance this the course was run twice a month. This year to meet demand the course has

increased to three times per month and reaching more staff than ever. We recognised that our community hospitals have seen an increase in sick patients so in July we will start to run AIMs specifically for community hospital nurses.

This month the Deteriorating Patient link group met for the first time in over two years. Study days will take place four times per year, and we encourage participation from all areas across Somerset FT. On our first study day we learnt more about sepsis and heard from a patient's family of their experience of sepsis at Musgrove Park Hospital. We had Barney Kyle, anaesthetist and topic lead for sepsis talk about the long-term effects sepsis. Andrew Thompson our deteriorating patient topic lead talked about the challenges of deteriorating patients in busy environments. A highlight was to see different staff across the organisation sharing experiences and discussing the challenges they face.

A National Early Warning Signs (NEWS) audit takes place across the Trust every Thursday and has been particularly challenging during Covid-19. In July 2021 the audit transitioned from paper to digital (another challenge). The results have been variable however, during the busy and often chaotic times on the wards, the sisters have tried to do their bit to support this. Results have been variable but the past three weeks have seen a positive improvement which can only mean better outcomes for our patients.

- **MATERNITY**

NHS Resolution are now in year four of the Maternity Incentive Scheme (MIS). This is a National Quality Assurance Program for maternity services which measures safety against ten quality standards. These are evidence-based standards, that when implemented and embedded in practice, improve safety outcomes for mothers, babies and support a positive safety culture throughout the multidisciplinary workforce.

Somerset Foundation Trust has achieved all ten safety standards for the first three years and is on trajectory to achieve this again in year four.

With the maternity services under high levels of scrutiny following the release of the Ockenden Report and with anticipated further reports from systematic failures in care from Nottingham University Hospital and East Kent University Hospitals, achieving on all safety standards remains a high priority for SFT.

- **Safety Action 6: Saving Babies Lives v2**

There is a National Maternity Safety Ambition to halve the rate of stillbirths and neonatal and brain injuries that occur during or soon after birth by 2025. Saving Babies' Lives is a 'care bundle' action plan with five elements to support Trust implementing pathways of care, enhanced pregnancy surveillance, improved public health education and support to achieve this ambition.

An evaluation of the care bundle highlighted that to help achieve this National ambition there was an urgent need to reduce the national rate of preterm births in addition to improving the outcome for those babies who are born preterm. The

PERIPrem project (Perinatal Excellence to Reduce Injury in Premature Birth) was launched in April 2020 to support babies' being born in optimal condition with optimal care in the early neonatal period to reduce brain injury.

SFT were early adopters of the PERIPrem project and were trained and supported by the regional PERIPrem team prior to the launch the project in April 2020. There were 11 elements of care which required the maternity team to undertake a full review of the baseline requirements. There were new treatments which needed to be implemented and new considerations of how clinical care needed to be changed, for example, delayed cord clamping, thermo-regulation, and early breast milk. Those mentioned were big changes for staff who were accustomed to taking preterm babies immediately to the neonatal team in the room for ongoing management and not being 'allowed' to feed preterm babies so quickly after birth. Other changes included medication management for both 'mum to be' and newborn baby.

Table 1 shows the great improvement in compliance with the PERIPrem passport over the last 2 years. Some months there are very low numbers of preterm births which affect the % compliance reporting. However, benchmarking across the regional network, SFT have higher compliance in 7 of the 10 elements, falling lower at year end in the 3 elements noted as lower in Table 1.

| PERIPREM DATA SUMMARY - 2021/22 Year End                                                                        |                 |                                       |         |         |                      |                                                      |
|-----------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------|---------|---------|----------------------|------------------------------------------------------|
| For greater detail on any of the PeriPrem measures please click on the relevant icon                            |                 |                                       |         |         |                      |                                                      |
| Taunton                                                                                                         | PeriPrem Target | Percentage Meeting PeriPrem Criteria: |         |         | Change from Baseline | SELECT UNIT:<br><input type="text" value="Taunton"/> |
|                                                                                                                 |                 | Baseline 2019/20                      | 2020/21 | 2021/22 |                      |                                                      |
|  Birth in the right place*   | 85%             | 78%                                   | 69%     | 80%     | ↑ 3%                 |                                                      |
|  Antenatal Steroids          | 90%             | 86%                                   | 91%     | 90%     | ↑ 4%                 |                                                      |
|  Magnesium Sulphate          | 90%             | 82%                                   | 84%     | 100%    | ↑ 18%                |                                                      |
|  Intrapartum Antibiotics     | 90%             | 28%                                   | 33%     | 4%      | ↓ -24%               |                                                      |
|  Delayed Cord Clamping       | 85%             | 53%                                   | 65%     | 75%     | ↑ 22%                |                                                      |
|  Thermoregulation            | 90%             | 71%                                   | 63%     | 77%     | ↑ 6%                 |                                                      |
|  Early Breast Milk           | 85%             | 84%                                   | 87%     | 83%     | ↓ -1%                |                                                      |
|  Caffeine Therapy            | 85%             | 68%                                   | 82%     | 93%     | ↑ 26%                |                                                      |
|  Probiotics                  | 85%             | 77%                                   | 56%     | 90%     | ↑ 13%                |                                                      |
|  Prophylactic Hydrocortisone | 85%             | 0%                                    | 38%     | 0%      | 0%                   |                                                      |



Working in Partnership with:



Table 1 Data analysis

SFT are fourth in the country for high performing with Delayed Cord Clamping.

The use of PERIPrem locally continues to be monitored and reported monthly through MatNeo governance. Longer term clinical outcomes will be reported as the project continues. SFT have noted a 50% reduction in the overall incidence of brain injury:

2019/20 - 9 cases

2021/22 - 4 cases

This is five less families who have the lifelong impact of looking after a child with brain injury.

Although the PERIPrem project was designed as a set of clinical interventions, the safety benefits through improved team working and collaboration cannot be underestimated.

Families have been empowered to design, innovate, educate, and share their journey and experience, being active participants in the care treatment of their newborn baby from labour through to the neonatal period. Review of patient feedback has been much more positive with this level of informed decision making and involvement, even though the Pandemic with the challenges of visiting and parental access to the Neonatal unit.

The multidisciplinary team working has also improved with the sharing of knowledge and working to the same best practice protocol, supporting the reduction of unwarranted variation in treatment pathways. As part of this project, there is ongoing assessment of psychological safety and teamworking. All areas of this assessment have shown a marked improvement in all areas.

The PERIPrem Project, has shown what can be done to optimise perinatal care with a structured collaborative QI approach not only across neonatology, maternity and obstetrics but also putting parent empowerment at the heart of this project.

The PERIPrem champions have been fully committed to this project and continue to collaborate and educate to ensure this is fully embedded into practice as staff change and come new into the service.

- **Safety Action 7: Working with Maternity Voices Partnership**

The Maternity Voices Partnership (MVP) are the champions to ensure and support the voices of women, birthing people, and their families in the development of maternity services in England.

### **MVP Vision**

To improve the experiences of maternity for women, birthing people, and their families, through multi-disciplinary collaboration and co-production that brings service users' voices to the centre of planning and strategy.

## **MVP Purpose**

To champion the voices of women, birthing people and their families, in the development of maternity services in Somerset.

## **MVP Approach**

People's views come first – especially those who do not often have a voice because they have not been asked or included. We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference for you.

The MVP operate following five principles, with number 5 being:

- Pursue continuous quality improvement in local maternity services with a particular focus on closing inequality gaps.

Working with the MVP through the last year has been integral to maintaining a safe and effective maternity service. The last two years of working through the Pandemic, being able to evidence safe care for the Maternity Incentive Scheme and meeting the seven 'IEA's of Ockenden have been well supported by the MVP. They have provided a great conduit for timely communication about service pressures and user needs, ensuring voices are heard and actions are taken.

The MVP have supported the coproduction of frequently asked questions, ensuring appropriate, timely response in non-medical language. They have raised awareness and challenge to working assumptions and driving service change in response to the user voice. Examples of this service coproduction over the last year are:

- A purpose-developed sonography suite where couples can safely attend together, a positive move from a previously challenged footprint and where couples could be seen together throughout the pandemic.
- Maternal Mental Health Service. With the value of the lived experience the MVP have recruited eight volunteer service user representatives with diverse experience to support and coproduce the new Somerset Maternal Mental Health Service. They have been involved with design and implementation from day one. They have participated in working groups and focus groups; reviewed forms and literature; sat on the interview panel for each of the new roles (peer supporters, administration, psychologist and midwife); and they will continue to support us to review and evaluate the service as it gets up and running.
- Improving pregnancy and baby loss care in Somerset, by ensuring the service user voice is driving changes in Somerset as part of the National Bereavement Care Pathway project.
- Health Pregnancy Project. The MVP have worked closely with the public health midwife to develop communications to support healthy pregnancy and reduce smoking.

- Reinstating partner pre-covid visiting and partner presence
- Improving support for Black, Asian and minority ethnic families, coproducing operational policy and creating leaflets with Somerset Local Maternity & Neonatal System (SLMNS). These leaflets are easy to read with specific information about where to go for help (Image 1). These leaflets were translated into 20 different languages and given to all Black, Asian and other ethnic minority women being looked after in Somerset as well as wider sharing within the MVP networks.



Image 1 – MVP poster in English

The MVP are invited to all levels of our Governance reporting from floor to board and are an active part of our monthly safety walkabouts within maternity. More recently they have been included in interview panels for the maternity services.

Our MVP relationships are critical to our service with a co-production action plan for future working in development. Priority agenda items for this will include:

- Personalise Care Plans for women – develop format and support roll out
- Digital Project – user engagement with new maternity digital project
- Merger – supporting the integration of Somerset Maternity Services and alignment of services
- **Safety Action 9: Floor to Board Safety**

This safety action looks at elements which demonstrate that there are robust processes in place to provide assurance to the Board on maternity and neonatal safety and quality issues. One aspect of this is evidence of engagement sessions with staff being undertaken by a member of the Board and evidence of progress with actioning named concerns from staff workarounds being visible to both maternity and neonatal staff and reflects action and progress made on identified concerns raised by staff and service users.

The safety walkabouts open to all staff but must include a Board member and Maternity Safety Champions. This includes obstetric, neonatal and maternity safety champions. During the height of the pandemic the walkabout continued, with a limited number of people. They are now relaunched with a wide invitation to attend, including MVP, staff side representation, clinical and non-clinical colleagues.

The walkabout has quality measures which are assessed on each visit:

- CQC equipment and safety checks, Information governance, security, locked doors and cupboards
- Ward boards e.g. In date, correct information, safe staffing sharing for public etc
- General cleanliness and tidiness of area
- Staff 'Fit for Work' – Adherence to uniform policy

Focused staff questioning which will be based upon:

- Recent reports, findings from PALS /complaints
- General wellbeing
- Freedom to speak
- Feedback from previous walkabout and assessment of improvement

A number of service users will also be talked to about any care concerns or plaudits throughout their pregnancy.

A poster is created following each safety walkabout which is then shared with staff via email and placed in public ward areas. An example of these posters can be seen in image 2.

Staff give positive feedback and are appreciative of seeing the executive team. They report that they feel safe to speak up and would always report any issues of concern.

This psychological safety has been observed on the safety walkabouts with staff taking the time out to fully engage in conversations, and often thanking those present for listening to them.

Service user feedback can be acted upon in real time and further work is planned with the MVP to improve the quality and richness of real time feedback. Friends and family is not well used and provides very limited information.



## May 2022 Safety Walkabout

by Nicky Van Eerde, Hayley Peters, Mair Davies, Lisa Chaplin, Alex Priest, Sallyann King, Laura Kie



You said...

- Areas for staff to rest are important to feel valued and to provide good care
- Maintaining Civility between teams is important– it's good challenge these behaviors and please remember to be kind to each being kind to each other

We saw...

- Good adherence to uniform policy
- Busy wards with staff working hard for families
- Good compliance with equipment checks

To action/update...

- Further information to come on Wellbeing support, both financial and emotional
- Remember to check your emergency boxes
- Use the 'I am clean stickers'

Feedback on the future of mask wearing...

- Everyone keen to stop wearing masks and to gain some normality.
- Difficulties constantly challenging visitors and asking to wear masks.
- Wearing of masks are challenging regarding communication
- Concerns arounds babies' development as masks have been a constant for some and all they have known

Feedback given to Chief Nurse and further information will come from IP&C

Next walkabout 8<sup>th</sup> June



outstanding care  
listening and leading  
working together

*Image 2 Example of feedback following safety walkabout*

## PATIENT EXPERIENCE

### • FAMILY LIAISON SERVICE

In response to the Covid-19 pandemic, a dedicated Family Liaison Team (FLT) was established to maintain regular communication between patients in hospital and their loved ones at home.

FLT at times have been the open line of communication for relatives, holding lengthy conversations and aiming to achieve the best outcome for all involved and preventing complaints from happening. The Patient Advice and Liaison have been able to filter telephone messages, and emails to the FLT to enable immediate contact with families where communication has been difficult. Per month the team can expect to deal with between 2,000-3,000 enquiries.

We have continued to hear from our patients and relatives of the frustrations and worry when not being able to reach wards by telephone and the FLT have been

able to facilitate with keeping lines of communication open by visiting wards regularly and relaying vital information to patients loved ones to offer reassurance. Facilitated conversations are also held with communication bookings for relatives to the wards and flexed to booking visiting slots.

The team actively continue to offer vital support to ward staff and relatives to keep the channels of communication open. The areas of priority have been the emergency admissions unit, however, the team have been adaptable in their approach to meet the demands for ward areas where increased pressures are identified.

Feedback from one relative who wrote to us:

*“.....I am so grateful to the team in Family Liaison I did not know where my Mum was, I was unable to get anybody to answer my telephone calls. I was so worried. My Mum was unable to reach me too, and this caused her incredibly, unnecessary worry. I was eventually provided with the number to Family Liaison and they immediate were able to let me know where Mum was as an inpatient, and they assured me they would explore further. I was called back within half an hour, with an update on mum’s plans. I was so grateful, thank you FLT.....”*

## • **VETERAN AWARE AND THE ARMED FORCES FAMILY SUPPORT**

The Trust has been working with voluntary organisations and partners to deliver new ways of supporting the armed forces community. As a partner in the network, Somerset NHS Foundation Trust has combined to agree the 9 commitments to the armed forces community



1. Working in Partnership to commission safe, high quality care for serving personnel and their families.
2. Supporting families, carers, children and young people in the Armed Forces community
3. Helping the transition from the Armed Forces to civilian life.
4. Identifying and supporting Armed Forces veterans
5. Improving veterans’ and their families’ mental health
6. Supporting veterans in the criminal justice system.
7. Identifying and addressing inequalities in access to healthcare.
8. Using data and technology to improve services
9. Driving research and innovation in Armed Forces healthcare

As part of these commitments Somerset NHS Foundation Trust has retained its Veteran aware status, which has been accredited for the next three years. To further enhance the offer to the veteran population who require our intervention as

a healthcare provider the Trust has developed further support for the veteran population through support from the Defence Medical Welfare Service. This service is available to assist and signpost patients to the right support for this unique population.

An ongoing programme of work to recognise the armed forces community, and in particular the veteran community, is ongoing, to better enable the staff within the Trust to understand how to support this group of patients who use our services. A veteran is recognised as anyone who has served at least 1 day in Her Majesty’s Armed Forces. We are encouraging any member of the armed forces community who use our services to make themselves known as a member of the armed forces family, so that we can register it within our systems.

To compliment this work, Somerset NHS Foundation Trust is also applying for the MOD Gold Employer Recognition status as an employer of veterans, serving regular and reserve personnel and their families.

- **SOMERSET MEDICAL EXAMINER SERVICE**

Nationally, the Medical Examiner Service (MES) aims to introduce a level of independent review of the cause of death by the attending Medical Examiner, improving the quality and accuracy of the medical certificate of cause of death (MCCD) and thereby informing the national data on mortality and patient safety. It will increase transparency and offer the bereaved the opportunity to raise concerns, providing new levels of scrutiny to help deter criminal activity and poor practice. [Health and Care Bill: medical examiners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/health-and-care-bill-medical-examiners)

Acute Trusts in England were tasked to set up medical examiner offices to initially focus on hospital deaths. Somerset Foundation Trust (SFT) have had an established MES since September 2020 covering the Acute Hospital deaths. This extended to include all deaths occurring in any hospital inpatient areas within SFT in June 2021. Any concerns regarding care identified by the ME or raised by family, are escalated to the team who cared for the patient via the Trusts Learning from Deaths team. Currently all ME Offices are tasked with reviewing as many cases as possible however the expectation will be that once the ME Bill is passed through Legislation (estimated to be around August 2022), 100% of all deaths, not under HM Coroner for Somerset jurisdiction, will be reviewed by an ME. The numbers of deaths for SFT and the percentage scrutinised for 2021-2022 is seen below:

|                                                                                      |                                                                    |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>Number of deaths within SFT 2021-22</b>                                           | 1516 – including 126 from Community or Psychiatric inpatient areas |
| <b>Percentage of deaths reviewed by a Medical Examiner</b>                           | 97%                                                                |
| <b>Number of cases referred to Learning from Deaths due to concerns being raised</b> | 107                                                                |

The MES is now being extended to include all non-coronial deaths in the community. Working alongside Yeovil District Hospital MES, implementation will take place incrementally to allow time for capacity and processes to be put in place. Once fully rolled out, the number of deaths reviewed by SFT MES and YDH MES will increase by approximately 3,700.

SFT Lead Bereavement and Medical Examiner Officer, Helen Gilliland, is leading this work locally and is developing a process which ensures that what we are asking of GPs is appropriate, acceptable and meets the terms which will be set out in the legislation. As previously mentioned, the ME process provides an opportunity to learn from deaths and improve patient safety by identifying clinical governance concerns and raising within the appropriate forums. A referral pathway for raising such concerns is being established to ensure that the correct individual/agency is informed appropriately. Community deaths rarely involve single providers; therefore this process is being developed with support from across both community, primary and secondary care providers.

Mendip PCN will be participating as the early adopter of the process, and we will be using their input and feedback to ensure it works as best it can for GPs and their patients. Before continuing the roll out to the remaining PCNs across Somerset over the following two months in time for the statutory legislation.

## **CLINICAL EFFECTIVENESS**

- **COVID CLINICAL DECISION-MAKING**

The Clinical Leadership Group (CLG) was established in March 2020 as a group where Covid-19 related clinical decisions and recommendations can be made by senior clinical leaders. The group is chaired jointly by the Chief Nurse and the Chief Medical Officer, with a core membership comprised of the Trust's medical and nursing Leadership Teams, supported by the Governance Team. Other colleagues with particular expertise attend as required, depending on the agenda, for example the Head of Infection Prevention and Control has been a regular attendee of CLG meetings.

CLG provides a rapid clinical decision-making capability that was particularly important during the early phase of the pandemic. Outputs from CLG are summarised and submitted to the next Incident Management Group meeting, meaning that new policy or guidance can be assessed, approved and adopted in less than 24 hours. This enables the Trust to adopt best practice and guidance emerging from NHSE and PHE and respond in near real time to emerging situations that required senior clinical oversight. During the two months following the formation of CLG in 2020, 87 agenda items were tabled.

CLG provides an additional clinical decision-making pathway that complements established governance processes. CLG is utilised where existing governance arrangements are unable to respond quickly enough. As the Trust's response to the pandemic has matured the frequency of CLG meetings has reduced from daily, to twice weekly and then to weekly. Weekly CLG meetings continue to be

scheduled but the group only meets when required. CLG can also consider agenda items out of committee.

- **DISTRICT NURSING**

The District Nursing (DN) service serves a defined geographical population within a Primary Care Network and Neighbourhood. It is a nurse-led service providing highly skilled assessment and care to adults and young people at home including Residential Homes throughout the 24/7 period.

The DN teams understand the needs of their local community and are recognised for their unique contribution to the priorities of the NHS Long term Plan in the transformation of community services to build capacity to deliver more integrated care at home, support more people in the community for longer and improve hospital discharge.

Working within an Integrated model and a 'one team' approach underpins the ethos of District Nursing. The value of District Nursing is keeping people at home where they want to be. This is achieved through building relationships with the patient, family and carer and promoting coping and independence.

The DN Teams can help to achieve the 5 clinical strategy aims outlined below as they fit within the values and beliefs that inspired district nursing from the beginning.

#### 5 Clinical Strategy Aims:

- Population health - enable people to live healthy independent lives, to prevent the onset of avoidable illness and support active self-management
- Pathways - ensure safe, sustainable, effective, high quality, person-centred support in the most appropriate setting
- Neighbourhoods - provide support in neighbourhood areas with an emphasis on self-management and prevention
- Equity - value all people alike, address inequalities and give equal priority to physical and mental health
- Complexity - improve outcomes for people through personalised, co-ordinated support.

Each team has a team leader who provides clinical leadership of regulated and unregulated staff, and caseload management including management of patient safety and risk of not only the patient but also their families and carers.

To ensure quality, clinical effectiveness and safety the DN teams work closely with the specialist teams to ensure that care meets relevant National and local guidelines and is evidenced based. The DN team actively report incidents and participate in clinical supervision sessions to ensure supportive learning.

A monthly best practice group is held for the DN leads to meet and discuss practice across the county. The group also discuss the National Community Nursing Plan workstreams which the Service is actively participating in, for example, the community safe staffing tool, delegation of Insulin to support workers and the Community Nursing Practitioners Network. The best practice group also acts as a forum for clinical supervision.

The DN service has set up a Community of Practice group. The group of team members from any band across Somerset have come together to listen to change ideas to improve practice and staff wellbeing. Their current projects include a Buddy system to provide support and share experience in different topics, Induction programmes, Caseload profiling, Daily Safety Briefings and Restorative Clinical Supervision.

The DN service has been proactively engaging in the Professional Nurse Advocate programme and has a number of PNAs in the Service.

To ensure continued capability in District Nursing the service is actively reviewing workforce capacity to meet demand and workforce skill mix and associated education. A three-year business case has been written to capture the investment needed to support transformation

Progress has been made from the Year One Business case to establish a fourth DN night team and night hub and funding to support full seven day working in North Sedgemoor. Year Two business case will be linked to the Frailty Hospital at Home workstream. The DNs are best placed to support this workstream as they have the capabilities.

Workforce planning, development and career progression are key to developing and maintaining capability, confidence, and capacity in the DN service. To date the DN service has increased clinical leadership posts, invested in Specialist Practitioners, Advanced Clinical Practitioners, and upskilling support workers.

To support transformation the DN Service is currently piloting Total Mobile (RiO mobilise). Using this technology will give the practitioner more information at the point of care and support completing of assessments and care planning with the patient and families.

There are currently 4 risk assessments on the Directorate risk register for DN:

Insulin Administration: score 12

Lapses in care as appointments are not forward planned in RiO: score 12

DN capacity/demand: score 16

Pressure Ulcers: score 16

These risks and the controls are actively monitored with the DN and specialist teams.

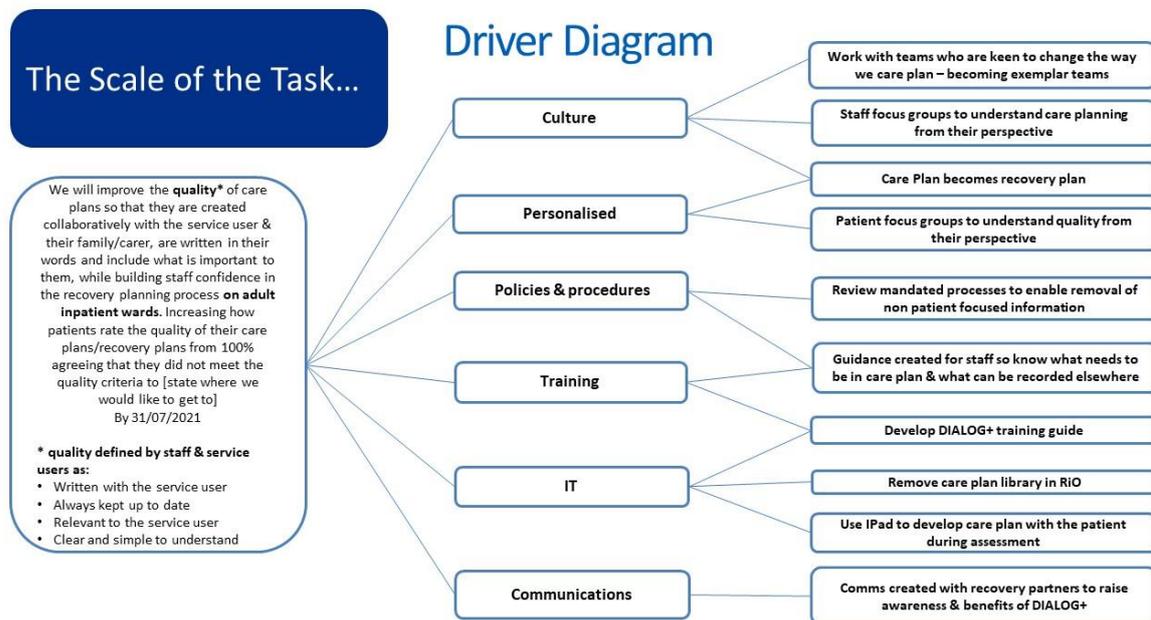
- **CARE PLANNING CHANGE TO DIALOG+**

Following the publication of the 2019 Implementation Framework for Community Mental Health Services (CMHS) and the subsequent NHSEI position statement regarding care planning published in 2021; Somerset Foundation Trust has been working to implement a new model of delivery for care planning across all Mental Health (MH) services. This model aims to replace the Care Planning Approach (CPA) with personalised and collaborative care plans that identify a key worker who will be the staff member delivering the primary intervention(s). At times, the key worker may wish to access the wider multi-disciplinary team (MDT). This paper outlines the position in relation to rolling out this new approach and will include:

- The context for the change improvement work undertaken
- A summary of the operating model
- Risks identified and mitigating actions.
- A process for review and development.

**The context for the change improvement work undertaken.**

Initially a Quality Improvement (QI) project group (with Expert by Experience working with Experts by Learning) identified the overarching goals and drivers.



Before proceeding a scope of alternative ways of collaborative working and recording were reviewed; and the group agreed the need to undertake some Plan, Do, Study, Review (PDSA) cycles to explore and learn from the implementation of the Dialog+ (D+) These were undertaken in community and inpatient settings and the feedback indicated the wish to proceed with Dialog+ as the primary method of ensuring that care plans were holistic, collaborative, responsive, of high quality and safe.

Whilst working through the drivers / enablers the group agreed to proceed in two phases: phase one roll out across all community mental health services (primary, secondary, and specialist services – involving both SFT and VCSE colleagues), and phase two roll across inpatient wards and Home Treatment Teams.

### **A summary of the Operating Model**

Phase one (starting date 1 April 2022) – all patients to be offered an appropriate intervention by the Local Leadership Group; the person delivering this primary intervention becomes the “Keyworker”. This key worker will be the main point of contact for the service user and their carers / families. If there is a need to change the key worker, or any differences regarding who this person should be, for this to be discussed in the local leadership group.

All service users to have a jointly developed D+ which can be updated by all involved in the person’s care (SFT and VCSE) based on the needs of the service user; and that D+ would be available on a read only basis to GPs and colleagues across the health and care system.

The key here (in order that we do not reproduce CPA) is the identification of jointly agreed goals and meaningful interventions aligned to these goals. A further key point is that all involved with the service user are able to update and review goals relevant to their delivery.

During phase 1 (community teams only) inpatient and home treatment colleagues will continue to use the care planning module and aligned care plan templates, there will be a clear banner at the top of the care planning module to indicate where D+ can be found. Inpatient and urgent care colleagues will update D+ where they exist and commence D+ as appropriate.

### **Risks Identified and mitigating actions.**

**People** – if staff are not engaged and / or fully understand these changes then practice may not change and / or their will be gaps in understanding about risk assessment and safety plans. Mitigating actions include:

- Change workshops undertaken across all teams
- Clinical and Operational managers involved in care planning QI group
- Staff newsletter cascade
- FAQ cascade
- Development of training available on learning and development site
- Bespoke training sessions
- Weekly catch-up calls during delivery.

**Policies and Standard Operating Procedures (SOPs)** – if policies and SOPs are not updated to reflect the changes, staff will be working outside of policy; and there will be an aligned impact on approaches to serious incidents, audits and performance reporting.

- Collation of policies and SOPs that mention CPA and Care Co-ordinator
- Review and update policies and SOP; including audit, reporting standards and performance indicators
- Agree amendments via governance processes.
- Agree “go live” date in line with phase 1.

**Clinical Risk Assessment and Management (including record keeping)** – if changes are not integrated with risk assessment and management, then patient risks may not be fully assessed, addressed and recorded.

- Update risk assessment and management training to ensure that it is in line with changes
- FAQ document
- Communication and engagement (as outlined above)
- Redesign of clinical records (RiO) to ensure they are aligned with changes (eg. removal of care co-ordinator, care plan templates etc.)

**Knowledge and Skills** – if staff do not have the knowledge and skills to deliver meaningful interventions, then they will not be in a position to deliver high quality, safe and evidenced interventions, impacting patient experience and staff wellbeing.

- Updating of all job adverts, job descriptions and person specifications in line with changes
- Roll out of training in the provision of meaningful interventions
- Update clinical supervision requirements to ensure that appropriate supervision is provided (over and above minimum standard laid out in policy)
- Roll out of tool kit for key workers (based on the above)

**Patient and Carer Experience** – if patients do not experience a joined-up MDT approach, then poor co-ordination of interventions may lead to a negative patient experience. If patients move across “traditional” service offers there may be a need to consider a change of key worker which could lead to poor patient experience.

- Sign up to local leadership meetings (interfaced with VCSE colleagues) to ensure that where possible care is experienced as open, and seamless – with warm introductions in place as indicated.
- Co-production of approach
- Co-produce evaluation of new approach.

## COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN) TARGETS

Somerset FT's income in 2020/21 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation framework.

## ORGAN DONATION

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

The Trust has continued to support organ donation during 2021/20 despite the challenges posed by COVID 19. An outstanding 100% of patients meeting the referral criteria had discussions with the organ donation service. Eleven families have been approached to explore organ donation with 100% of these approaches being collaborative with the Specialist Nurse for Organ Donation. This means there were no missed opportunities to explore Organ Donation and national best practise was always followed.

The overall consent rate for organ donation within the Trust is 90% this is above the national average. As a result, the Trust continues to perform well in terms of organ donation with a total of sixteen transplants enabled over the year.

Key work for 2022/23 will be to continue to ensure all suitable patients are offered the option of organ donation at the end of their life, ensuring maximal adherence to national guidance on donor identification and referral as well as continuing to focus on minimising the time taken for the donation process. The donation committee at MPH will work towards having a unified committee for the whole trust following the merger as well as planning a donor memorial for the new intensive care unit.

## STAFF ENGAGEMENT

### Staff survey

The 2021 NHS Staff survey was completed between September and December 2021 with a 45% response rate which is a 4% decrease from the 2020 survey and 1% lower than the average for the comparator group nationally.

2021 has seen changes to the staff survey with the alignment of the themes in the survey to the 7 people promises set out in the NHS People Plan. In 2021 there are 9 themes in total, 7 aligned to the People promises and Staff Engagement and Morale as the two additional themes.

Overall, the 2021 Staff Survey results were positive with 8 of the 9 themes scoring better than the national average and 1 theme being in line with the national average. This can be seen in the table below.

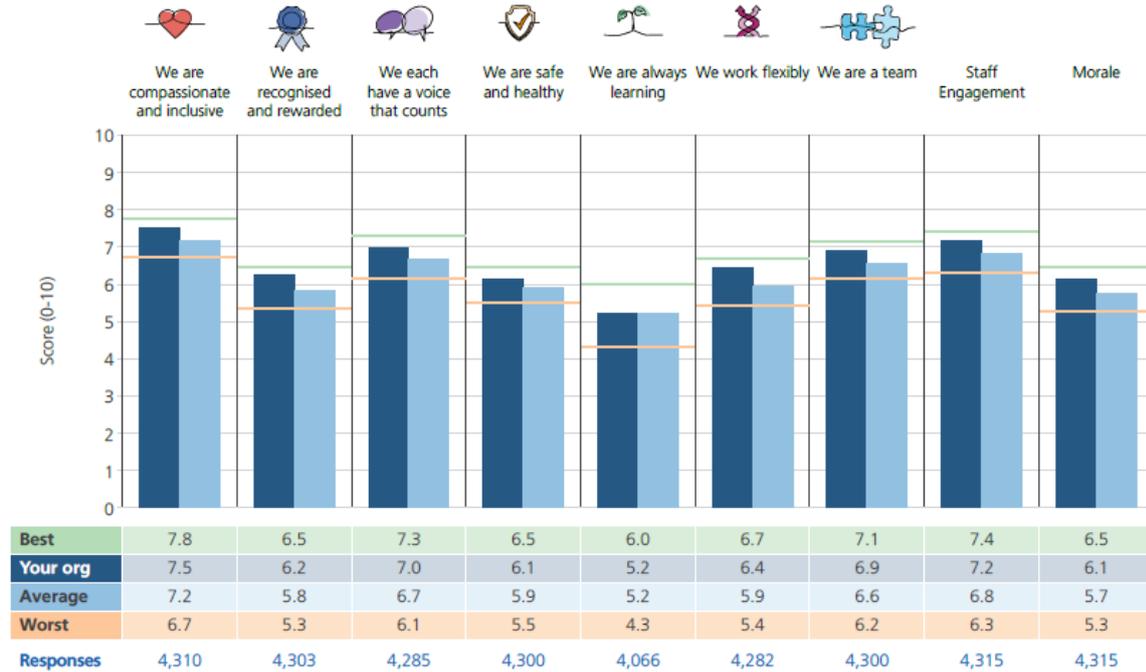


Chair: Paul von der Heyde | Chief Executive: Jonathan Higman



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[www.nhssomerset.nhs.uk](http://www.nhssomerset.nhs.uk)



The strongest themes for the Trust as well as nationally are the People Promise of, we are Compassionate and Inclusive, made up from 17 questions in the Staff Survey of which 10 are new questions for 2021 and in all 17 questions the Trust scores better than the national average. The other theme that is strong for the Trust is Staff Engagement, this is made up of 9 questions that are categorised by Motivation, Involvement and Advocacy and again in all 9 of these questions the Trust scores above the national average.

The areas of focus arising from the 2021 NHS Staff Survey are:

- Appraisals** - This is an area of focus both in terms of number completed and value added for colleagues. Trust wide there is a programme of work in place to continue to build on the work started in late 2019 to improve the value and quality of conversations for colleagues during the appraisal process. The first phase was the introduction of Career Conversations, this was introduced in 2020 just before the pandemic and work around this had stalled. Career Conversations supported a move toward individual ownership of the conversation and a conversation about career development, whether that be in the current role in terms of stretch or further progression. Training has been provided both in terms of using the documentation and having the conversation. By introducing this conversation in place of the appraisal, enables the work to continue and lead into Talent Management as having reports that can help leaders identify the teams progression potential, enables the development of local succession plans and in turn feeds into Trust wide plans and Talent management programmes. The focus on this has now recommenced and will also be supported by the People Promise Manager, appointed to SFT due to SFT being an exemplar site. The work in this space has identified that Talent Management is a key focus and there is now a plan to review the Career Conversation work and develop this further to support Talent Management. Alongside this development there will also be an independent audit commencing in June 2022, specifically around appraisals that will also support the work to improve the quality and value add moving forward.

- **Violence and Aggression** - The aim is to reduce is Violence and Aggression toward colleagues from patients/service users, colleagues and managers. This piece of work started in March with a leadership conversation taking place where Directorate managers came together to present to a wider leadership team feedback from their areas around this topic. This information is now being used to inform a Trust wide strategy.
- **From a Directorate perspective** - as well as feeding into the Trust wide actions, leaders have been supported in the development of areas of focus following the directorate breakdown of the NHS Staff Survey and these will be addressed at the local level.

Future priorities for the Trust are the development of a new People Strategy as SFT and YDH come together. The feedback received in the 2021 NHS Staff Survey will form the baseline from which we will build on and this will be alongside other data available such as the recommendations from the Cultural Maturity audits and the National Quarterly People Pulse data.

Work is underway to develop Colleague Experience Metrics supporting the tracking of progress of initiatives implemented to support colleagues within the Trust. At a local level the People Services teams will work alongside leaders to develop their own people plans aligned to the Trust People Strategy and the Values and Vision of the Trust.

Another key focus around colleague feedback for 2022 is the programme of activity for the Engagement Champions. Each month the champions come together in a forum where they can share their thoughts and views around how things are feeling within the local areas. This provides a forum for these individuals to hear direct from members of the Executive Team as well as the opportunity to share and learn from others across the Trust. The feedback from these events will also be used to inform future work.

## **Overall staff engagement**

The work on colleague wellbeing has continued to be a strong focus in 2021. This year the focus has been on embedding a lot of what was put in place for 2020 and to continue to work alongside all colleagues to ensure they get the appropriate support to deliver the patient care required in these continued challenging times.

In addition to the colleague's support line set up in 2020 the service now offers interventions including Compassion Circles, Thinking Pitstops and React 90 training. These interventions are in line with the stepped care model approach developed at the beginning of 2020.

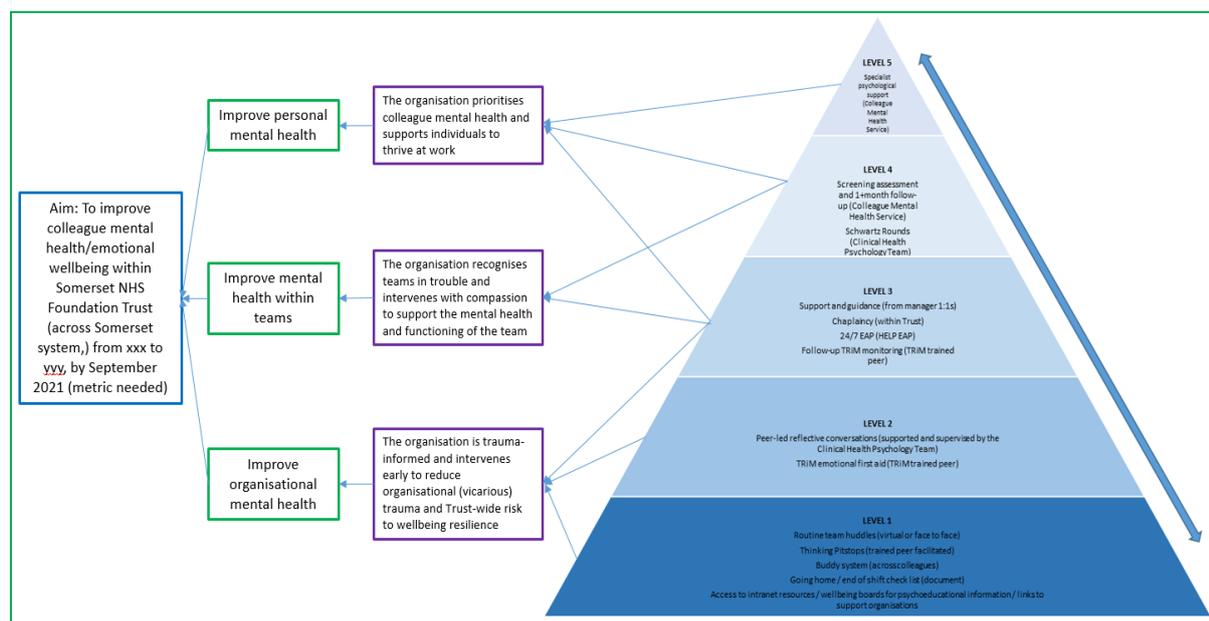
Compassion Circles – these are aimed at teams and enable teams to come together in a safe space with a facilitator who listens and helps them reflect, process, and make sense of what is happening.

Thinking Pitstops – aimed at individuals providing a facilitated space to take a short time out to stop and reflect.

REACT 90 Training – Training provided for managers to develop active listening skills to enable them to identify, engage with and support people in their teams who may be struggling with their mental health.

In 2021 the Colleague Support Service telephone line expanded beyond the Trust and is now available to all colleagues in Somerset working in a Health and Social care role.

## Stepped Care Model for SFT



In addition to the focus on colleague wellbeing other work has taken place including: The Leadership and OD team have developed offerings including:

**Bite-size coaching** - Quick sessions made available for colleagues to receive some quick coaching to help them with specific issues they may have.

**Peer to peer facilitated sessions** – An opportunity for colleagues to book a session with a facilitator and share with peers some concerns they may have and seek other perspectives to help.

**Difficult Conversations sessions** – A forum where managers can bring a challenging conversation they have had or may need to have and seek support from others about how they may go about this.

**Resolution workshops** – support for teams if they have found some challenges within the team and need some help in dealing with these before they get out of hand.

These are some of the interventions that have been offered alongside the wellbeing offers.

Communication and sharing information with colleagues continue to be key in 2021 and the Trust have continued to use several channels to ensure that colleagues are kept informed about what is happening. This has been achieved using the channels below:

**Staff News** - This a weekly news bulletin that is sent electronically to all colleagues within SFT to inform them of things that are taking place in the landscape of the NHS and the impact of this on SFT and this comes through the message from the Chief Executive which is the front page of the Staff News. This bulletin also enables colleagues to send in

and celebrate successes from across the Trust as well as inform colleagues about what the Trust is doing to meet our values of outstanding care and listening and leading through the getting it right sections.

**Winter Briefing** – This is sent out weekly with the purpose to inform colleagues of the operational status of the Trust and also inform colleagues about the support available and to remind them what is available and how to access the support.

**Live Virtual Team Brief** – This takes place every 3 weeks and is an opportunity to share information from the executive team as well as hear stories from other teams within the trust of successes. This forum also provides an opportunity for colleagues to ask questions.

Senior Managers continue to meet regularly with Executive Team members to discuss financial, performance, operational and other issues of importance at Senior Management Operational Team Meeting.

The Somerset Operational Partnership meeting takes place monthly which is a forum where Trade Union colleagues and Senior Managers from SFT meet.

## APPENDICES

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



15 July 2022

Phil Brice  
Director of Corporate Services  
Somerset NHS Foundation Trust

Wynford House  
Lufton Way  
Lufton  
Yeovil  
Somerset  
BA22 8HR

Tel: 01935 384000

[somicb.enquiries@nhs.net](mailto:somicb.enquiries@nhs.net)

Dear Phil

#### **Somerset NHS Foundation Trust Quality Account 2021/22**

Thank you for sharing the final draft of your Quality Account 2021/22 for the Trust. Please find below the statement of Somerset Integrated Care Board (ICB) for inclusion in your Accounts.

The Quality Account has been shared with key members across the ICB and this response is on behalf of the ICB.

#### **NHS Somerset Integrated Care Board statement for inclusion in the Somerset NHS Foundation Trust (SFT) Quality Account**

##### **A Quality Improvement Approach**

NHS Somerset Integrated Care Board is the lead commissioner of health services from the Trust. We welcome the opportunity to provide this statement and comment on your Quality Account 2021/22.

Firstly, it was good to see the strong quality improvement focus for the five priorities for the Trust and these system wide issues will be carried forward across both NHS Trusts in 2022/23:

- Independent Lives – older people
- Stolen Years – helping people with mental health issues to live longer
- Last 1,000 days
- Connecting us – people with complex needs
- Function First – improving the lives of children in school

It was really encouraging to see the initiatives that have been embedded within the trust with regards to enabling our ageing population in Somerset to maintain their independence through the establishment of the Frailty Assessment Unit and avoid emergency admission to hospital, where this is appropriate.

### **Supporting People with Mental Health Needs**

With regard your Quality Improvement Priority 2, the Open Mental Health Framework (its ethos of 'no wrong door'; partnership working to include the voluntary sector). This great work provides a diverse offer to our population and has been recognised nationally by SFT being awarded Mental Health Trust of the Year in November 2021 by the Health Service Journal (HSJ). Other good examples are mentioned under priority 2 and we wanted to commend the Trust on your co-production work and involvement of people with lived experience (including the Recovery College and the Peer Support Workers).

Your future focus on physical health is positive (p.18 To ensure physical health services in Somerset respond to learning from Experts by Experience. Using co-production methodology, peer partners will have a voice and be key to shaping physical health services in Somerset) as well as the PHSMI checks. We would like to see an additional focus on the physical health of patients on Mental Health wards (this is a theme which has been highlighted through the Safe and Wellbeing Reviews). It would also be good to see a continued focus on engagement and communication with positive involvement of families and carers.

We are also keen to learn more about the work the Trust is doing around suicide prevention and the community mental health services survey (i.e. the patient experience of contact).

### **Last 1,000 Days**

We felt it important to give a specific mention regarding the launch of the Somerset End of Life Care and Bereavement Support website which went live in February 2022, as this is a superb resource. This collaborative effort brings together all the resources, information and education needed to help care and support the people of Somerset living with life-limiting conditions.

Good to see the mention of the digitalisation of End-of-Life documents, with a specific focus on the Somerset Treatment Escalation Plans. This important (including the quality and completeness of its completion) will need a continued focus during 2022/23.

### **People with a Learning Disability**

Whilst there is reference to Learning from Death Review (LeDeR) in the audit section there is very little reference to work done with and for people with LD and / or autism. We understand that SFT has taken part in the LD Improvement Standards exercise and would be good to see these findings reflected in your Quality Account in 2022/23.

### **Infection, Prevention and Control (IPC)**

The ICB works closely with the Trusts IPC team and will continue to do so during 2022/23 as we address those areas where Somerset is an outlier and there are opportunities for prevention and improvement.

## **Safeguarding**

We noted the lack of information regarding safeguarding practice within the quality Account. The Trust have made significant contributions to the Somerset safeguarding agenda and it would have been good to see some of this work evidenced within the Quality Account.

## **Maternity**

It was good to read of the positive improvements in PERIPrem passport, the commitment of the champions with collaborative learning and reduction in the overall incidence of brain injury.

As an ICB, we are keen to see reflected in the report SFT's participation in the 2021 Maternity National Survey, which is commissioned by Care Quality Commission. In comparison with other Trusts, SFT performed 'Better than expected' in 11 areas and 'Somewhat better than expected' in 6 areas. 300 people were invited to take part, of which 186 returned a completed questionnaire, giving a response rate of 63% (average Trust response rate 53%) both the performance and response rate is positive for SFT.

## **Continuing Healthcare and Fast Track (CHC FT)**

We noted the difficulties encountered regarding Continuing healthcare fast track (CHCFT) assessment and funding process.

During the pandemic 'Discharge to Assess' (D2A) funding was granted and now original funding streams have returned. Individuals were not discharged on fast track funding but rather D2A funding. CHC FT has its own set criteria and must be followed and applied to all end of life patients to avoid inequalities across our Somerset system and cause issues such as funding being withdrawn and increased complaints further down the line. As a health and care system we are keen to work together to identify any service or funding gaps for people who are palliative but do not meet the fast track criteria. If there is a gap in provision for a person to die in their chosen environment, we are keen to have a separate system wide conversation on this important issue.

## **COVID-19 Pandemic**

The Trust should be commended for the continued provision of safe and effective services during Wave 3 of the Covid pandemic, which saw heightened levels of pressure on acute hospital well along with staff sickness. As a CCG, now an ICB, we valued working closely with the Trust to develop system wide pathways to enable to flow of patients to return to their care home in a safe and timely way during the height of the wave 3 covid pandemic.

As we enter 2022/23, our priorities are focussed on the restoration of planned care services but to also ensure our patients remain safe and well whilst they wait for their planned treatment. As a Somerset system, we acknowledge the great work that is taking place in perioperative care to ensure patients are as fit and well for surgery as they can be. We also recognise the impact that waiting for treatment can have on patients' lives, their families, and their livelihood. It is for this reason, we are taking into consideration and any underlying health inequalities for those who are waiting for treatment.

The Quality Account demonstrates a high level of commitment to quality in the broadest sense and we support the positive approach taken by the Trust and look forward to 2022/23 where we work together as an Integrated Care System on our collective quality priorities.

Yours sincerely

A handwritten signature in black ink, reading "Shelagh Meldrum". The signature is written in a cursive style with a period at the end.

**Shelagh Meldrum**  
**Chief Nursing Officer**  
**NHS Somerset Integrated Care Board**

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

Somerset Scrutiny for Policies Adults and Health Committee  
Democratic Services Team  
County Hall  
Taunton  
Somerset  
TA1 4DY



[JAJackson@somerset.gov.uk](mailto:JAJackson@somerset.gov.uk)

14 July 2022

Phil Brice

Director of Corporate Services

Dear Phil,

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

I have shared this with the Committee, and we have made some comments on the detail as well as raising some areas where we believe the close working relationship with the Committee can add real value.

These comments are on the very long document you shared and it is not possible to highlight each one in a letter. I do trust that they add to the report and look forward to seeing the final version with the Chief Executive's Foreword.

PP by email by Jamie Jackson

Scrutiny Manager

CLlr Rosemary Woods

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 2021-2022

Healthwatch Somerset welcomes the opportunity to comment on the Somerset NHS Foundation Trust's quality account for 2021/22. 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 and that this feedback is taken seriously.

It is important to acknowledge that it has been another challenging period for the health and care sector. Somerset NHS Foundation Trust has continued to deliver services in the second year of the Covid-19 pandemic and the ongoing long term commitment of its staff must be commended. Throughout, the Trust has remained in good communication with Healthwatch Somerset and our joint working relationship continues to be strong.

We note that the Trust has continued to progress last year's priorities and that aspects of joint working with Yeovil District Hospital NHS Foundation Trust are considered in the report. The intention to develop a sixth priority during 2022, peri-operative care, is applauded and considered entirely appropriate given the establishment of the Integrated Health Board/System (ICB/ICS) or 'NHS Somerset' this July.

We also note that although SFT performs well when compared to regional and national performance, CDI figures are on the rise. It is right that the Trust has emphasised the need to tackle this issue in a robust manner.

Healthwatch Somerset is pleased to see that the Trust's holistic approach to mental health service provision and the innovation of linking education and children's health led to the Trust being recognised as Mental Health Trust of the Year by the Health Service Journal. We particularly look forward to seeing the review of 'years of life lost' progress under the NHS Somerset system.

Health inequalities are a current focus of Healthwatch Somerset work and the full involvement of SFT with the county wide collaboration on End of Life Care is to be commended. SFT appears to be fully engaged with work that augers well for patient benefit early in the life of the ICS.

It is also pleasing to see that the Independent Lives proposals continue to develop despite some unwanted constraints imposed by pandemic measures. This is another area of county wide collaboration that gives us confidence that the work conducted by SFT during the year is providing benefits.

However, although carers are mentioned at various times in the report, there is no direct reference to the current joint SFT/YDH initiative creating a Carers Charter that will operate throughout Somerset. This is a good example of how better integrated health care should operate in the future and it would be good to see it emphasised in the Quality Account.

Last year Healthwatch Somerset worked with the District Nursing team to understand the experiences of their patients; highlighting that the service is highly valued by patients and their carers. It is pleasing to see that that a 3 year business case with a number of interesting and transformational features has been developed and is being implemented with recognition of specific Healthwatch findings.

The SFT Quality Account Report for 2021/22 is comprehensive and appropriately records the collaborative and expansive nature of its work towards the provision of a single multi role Foundation Trust within the ICS. We look forward to maintaining the good working relationship that we have with SFT while working as a stakeholder on the ICB to ensure the experiences of patients, their families and unpaid carers are heard and taken seriously.

**Healthwatch**  
**4 July 2022**

## APPENDIX 4: STATEMENT FROM STAKEHOLDERS – SFT GOVERNORS

Nobody can doubt 2022 has been a year of challenges for the Trust. Despite the continued Covid-19 pandemic and its associated difficulties, the Trust has produced an excellent set of quality accounts.

The report demonstrates a Trust which has achieved the priorities which were laid out in the 2021/22 Quality Account. Despite the Covid-19 pandemic it is good to note that there is a continuation of the work on these priorities carried on from last year. These priorities are addressing some of the issues that the hospital faces in a practical way and contributes to the quality of care that patients receive.

The Governors particularly wanted to note the following on the priorities:

- *Priority 1 - Independent Lives* - There is now a programme of discharge to assess where Tier 3 beds in care homes are used for rehabilitation of patients so they can return home with support if required. This is particularly important with an increase in frailty amongst the population as it reduces the time spent in healthcare and allows them more time to live their lives.
- *Priority 2 - Stolen Years* - This is targeted at patients with mental health issues. Partnership with local voluntary organisations, such as MIND, supports patients to gain confidence and improve the quality of their lives. A review of the drugs patients are on is helping to combat some of the side effects, such as weight gain.

The merger with TST April 2020 has clearly benefitted the services the Trust is responsible for across the county. It is improving the care provided for the people of Somerset and showing a culture which is inclusive and innovative, thus enabling projects to proceed at pace during the year, as demonstrated by the accounts.

There has been an increase in patients attending A&E on a regular basis. The reasons for this are being explored and the support for these patients is being given by the Neighbourhood teams.

Obviously, some targets have not been met, or have had to be set aside completely, but the fact that the Trust is not on its knees, and that staff are still coming to work and doing great things is testament to the strong sense of loyalty that exists in the Trust. Whilst governors have received a few gripes from locals about waiting times or having to travel further for some appointments, when the reality of the situation and the impact of the pandemic has been explained, people understand and are supportive.

The vast majority of residents in the Trust's area have great faith in the Trust and its staff. One only has to examine the number of letters of support, posters, gifts (both monetary and "in kind") and the responses of the local press, radio and television, to realise that when the chips are down everyone backs the NHS and trust the Trust to deliver.

The Trust should be proud of what it has achieved, which has not always come across in the report.

*Ian Hawkins, Lead Governor*  
*Kate Butler, Deputy Lead Governor*

15/08/2022

## **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 that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2021/22 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 2021 to March 2022
  - Papers relating to quality reported to the Board April 2021 to March 2022
  - Feedback from the commissioners dated 15/07/2022
  - Feedback from governors dated 15/08/2022
  - Feedback from Local Authority Overview and Scrutiny Committee dated 14/07/2022
  - Feedback from local Healthwatch organisations dated 04/07/2022
  - The 2022 national staff survey report dated 11/03/2022
- 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.



01/09/2022

Date..... Chairman

**COLIN DRUMMOND**



01/09/2022

Date..... Chief Executive

**PETER LEWIS**