



Somerset
NHS Foundation Trust

Quality Report

2020/21 – incorporating the Quality Account

Somerset NHS Foundation Trust

Quality Report 2020/21 – incorporating the Quality Account

CONTENTS

| | Page |
|---|------|
| PART 1 STATEMENT ON QUALITY | |
| Foreword from the Chief Executive | 1 |
| About Us | 4 |
| PART 2 PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD | |
| Priorities for Improvement | |
| • Update on Quality Improvement Priorities 2020/21 | 6 |
| • Quality Improvement Priorities 2021/22 | 16 |
| Statements of Assurance from the Board | 26 |
| National Quality Indicators | 27 |
| Information on Participation in Clinical Audits and National Confidential Enquiries | 34 |
| Clinical Research | 55 |
| Care Quality Commission (CQC) Review | 58 |
| Information on Quality of Data | 59 |
| Information Governance | 60 |
| Clinical Coding Error Rate | 61 |
| PART 3 OTHER INFORMATION | |
| Patient Safety | |
| • Learning from Deaths | 62 |
| • Using Technology to Support Learning from Incidents | 64 |
| • Guardians of Safe Working | 65 |
| Patient Experience | |
| • Dietetics – ensuring patients receive adequate and nourishing food | 65 |

| | |
|---|-----|
| • Seeking and learning from feedback | 69 |
| • National Surveys | 72 |
| • Patient and Public Involvement | 73 |
| • Privacy and Dignity | 76 |
| • Learning from Concerns and Complaints | 77 |
| Clinical Effectiveness | |
| • Open Mental Health | 81 |
| • Hospital Standardised Mortality Ratio | 82 |
| • Oversight Framework Targets | 84 |
| • More detailed analysis and explanation of the development and performance during the year | 87 |
| Commissioning for Quality and Innovation Targets | 94 |
| Organ Donation | 95 |
| Staff Engagement | |
| • Staff Surveys | 95 |
| • Human rights and modern slavery | 111 |

PART 4 ANNEXES

| | | |
|---------|---|-----|
| Annex 1 | Stakeholder Feedback | 114 |
| Annex 2 | Statement of Director's Responsibilities in Respect of the Quality Report | 123 |
| Annex 3 | Independent Auditors' Limited Assurance Report to the Council of Governors of Somerset NHS Foundation Trust on the Annual Quality Report - <i>Not applicable this year.</i> | 125 |

QUALITY REPORT 2020/21 – INCORPORATING THE QUALITY ACCOUNT

PART ONE - INTRODUCTION

FOREWORD FROM THE CHIEF EXECUTIVE

The quality of the care we provide at Somerset NHS Foundation Trust (Somerset FT) lies at the heart of our organisation. We share a mission to deliver outstanding care through a culture of listening, learning and continuous improvement and 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. We strive to deliver outstanding care and foster a culture of reflection and continuous improvement.

In our Quality Report we look back at the quality objectives we set last year and assess how we did. 2020/21 was the first year of Somerset FT, an organisation that came together from our legacy trusts, Taunton and Somerset NHS Foundation Trust which ran services from Musgrove Park Hospital in Taunton, and Somerset Partnership NHS Foundation Trust which primarily ran community services, including services in people's own homes and services from community hospitals located across the county, and mental health and learning disability services across Somerset.

We formed Somerset FT in order to integrate community, mental health and learning disability services and acute services where appropriate and join up services and care for patients in our county. The impetus for our merger came from our colleagues across both our legacy trusts who saw the improvements that we can make for our patients if we join up services. Our clinical objectives set out what we aim to achieve by integrating community, mental health and hospital services, namely:

- Provide safe, effective, high quality, person-centred care in the most appropriate setting.
- Deliver care closer to home in neighbourhood areas with an emphasis on self-management and prevention.
- Give equal priority to physical and mental health, and value all people alike.
- Improve outcomes for people with complex conditions through personalised, co-ordinated care.

Every year we aim to improve the quality of care we provide in all our services but each year we focus on a number of key issues where improvements in quality would make the most difference to our patients. We agree how we will measure improvement in these aspects of care with teams, wards and services in order to develop plans to make improvements in these areas at a local level.

In 2020/21 we focussed on five multi-faceted programmes – our flagship programmes - which encapsulate the aims of our clinical strategy. These programmes are complex and incorporate multiple strands of work:

- aimed at supporting older people to live independent lives;
- helping people with mental health conditions to live longer lives, recognising that the life expectancy of both men and women with a mental health disorder in Somerset is considerably lower than those without;
- valuing people's precious time in the last chapter of life by identifying and appropriately supporting 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;
- connecting services and using time well by focussing on what matters to people with complex needs; and
- improving life chances for children by increasing their time in school.

They are deliberately titled and described from a patient's perspective and express our aim as an organisation to improve the health of the population we serve.

When we planned our new organisation we could not have foreseen that we would work through a global pandemic in our first year as Somerset FT. In these changed and challenging circumstances it was essential for us to work together at speed and to either accelerate or rapidly adapt our plans as a result of the COVID-19 pandemic. You will see that reflected in our assessment of our progress against our quality objectives. While we made significant progress in some areas, others did not progress as quickly as we planned.

There is clearly more to do as we further embed our clinical strategy and drive out its benefits for patients but I would like to pay tribute to all colleagues in our organisation. It is as a result of their focus on our patients and their drive and determination to make a difference that we have made this significant progress while at the same time responding to the Covid-19 pandemic.

Our colleagues are the lifeblood of our organisation and we want to create a culture that enables them to thrive, support them to develop in their roles, perform to the best of their ability and support them to stay physically and emotionally well. While the focus of this quality report is correctly on the quality improvements we made in 2020/21, it would be remiss of me not to pay tribute to colleagues right across our organisation and to acknowledge what a difficult year it has been.

Signed,

A handwritten signature in black ink that reads "Peter Lewis". The signature is written in a cursive style with a horizontal line underneath the name.

Peter Lewis
Chief Executive

ABOUT US

Somerset NHS Foundation Trust (Somerset FT) 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.

SPFT and TST established a close working relationship when they formed an alliance in May 2017. In late 2017, the two trusts 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, improvements were made to the care patients received. However, it became clear that to truly integrate community, mental health and hospital services the proposed merger would remove the barriers that added unnecessary delay and cost to the care the trusts were providing.

The impetus for the merger came from colleagues who saw the improvements that the merged trusts could make if community, mental health and hospital services work together differently. The clinical strategy for the merged trust is built from the ground up, based on the experience of colleagues, services and knowledge of the growing needs of the local population.

Somerset FT provides a wide range of integrated community health, mental health and learning disability 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). In addition, more specialist services across the county and beyond are provided.

The Trust runs four GP practices in the west of the county (total list size c.24,000) and works with health and social care partners in Somerset to ensure that the Trust delivers outstanding services that meet the needs of the Somerset population.

The Trust provides acute services from its main site, Musgrove Park Hospital (MPH) in Taunton, which has around 700 inpatient beds. It also operates 13 community hospitals (with 190 beds), providing inpatient, outpatient and diagnostic services, and seven Minor Injuries Units. The Trust runs four dental access centres in Somerset (which served 4,500 patients in 2019/20) and provides primary care dental services at three sites in Dorset (which served 3,500 patients in 2019/20).

Somerset FT'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 patient's homes.

Somerset FT 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.

Somerset FT cares for some people from neighbouring counties who live close to the county border. In 2019/20, the Trust treated around 3,200 people in total from across North Somerset, Devon, Bristol and Bath and North East Somerset (BANES).

The Trust is privileged to work with over 9,000 colleagues who deliver or support 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 patients, the contribution of all colleagues is invaluable.

Working together the Trust provides services from the cradle to the grave including:

- Services delivered in the patient's own home such as Somerset's Rapid Response Service that cares for patients to support them during a period of crisis and has avoided over 1,000 patients going to hospital in its first year.
- Primary care services from four GP practices.
- A range of services from 13 community hospital including outpatient and diagnostic services, 190 inpatient beds and seven Minor Injuries Units.
- A range of specialist mental health services.
- Specialist healthcare for adults with learning disabilities.
- Community dental health services.
- Regional, specialist and hospital services from Musgrove Park Hospital in Taunton, including medical and surgical care, maternity services and cancer treatment services.

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, the Trust also contributes to training the next generation of nurses, doctors and therapists and conducts research that will help to advance clinical practice and treatments in the future.

The Trust scored above average in eight of the 10 themes for the 2020 NHS Staff Survey and did particularly well on colleague engagement and the quality of immediate managers. The Trust was also among the top 10 trusts in England for the lowest level of minority ethnic staff experiencing discrimination from colleagues/managers.

The Trust was a finalist for Mental Health Trust of the year at the 2020 Health Service Journal awards.

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

PRIORITIES FOR IMPROVEMENT

Update on Quality Improvement Priorities (QIP) 2020/21

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

Whilst the aim is always to achieve the continuous quality improvement of all services, each year there is a focus on several particularly key issues where improved quality would make the most difference to patients. Ways to measure how the Trust has improved these aspects of care delivery are agreed through consultation with teams, wards and services in order to develop plans to make improvements in these areas at a local level. For 2020/21, the Trust focussed on five flagships, the year's priority programmes for delivering the clinical integration aims relating to pathways, neighbourhoods, equity and complexity.

Here is how the Trust performed in these areas in 2020/21:

QIP 2020/21 - 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 over¹. Frailty is a clinically recognised state of increased

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

vulnerability resulting from ageing and some medical conditions and is associated with a decline in the body's physical and psychological reserves. It is not an inevitable part of ageing though it is more prevalent in the elderly and the evidence shows that 10% of people aged over 65 years have frailty, rising to between 25-50% of those aged over 85.

In the last three years the Trust has seen a 40% increase in older people presenting to the emergency department and of those a higher than average number have been admitted to a hospital bed (78% against a national rate of 63%)². People living with mild, moderate or severe frailty can often have their needs met most appropriately in settings outside acute hospital care. The merger and the creation of neighbourhoods in Somerset offers the opportunity to provide alternatives to hospital admission that are responsive and better able to meet the needs of frail patients.

What was achieved during the year?

All planned projects for 2020/21 have started and in response to the Covid-19 pandemic some have been accelerated or rapidly adapted. Learning from these has improved service provision. However, many of the projects have had to be temporarily paused due to the reallocation of staffing and bed resources during the second wave of the pandemic.

The key achievements are:

- Provision of a five-day specialist frailty service at the front door of the acute hospital. This includes geriatrician support in the emergency department, piloting a rapid turnaround frailty assessment unit which provides a patient-centred multi-disciplinary approach for patients from the initial emergency department triage process.
- The test of the concept of two rapid access clinics per week for people who live at home and develop problems that require a rapid specialist assessment and intervention to prevent admission to hospital.
- Introduction of the use of the Chronic Frailty Scale (CFS) for all patients aged over 65 in the Emergency Department as part of the triage service to identify people who are most likely to benefit from additional assessment and resources rapidly and accurately. This has increased from a zero baseline to an average of 54% over a period of four months which is steadily increasing as training is rolled out.

² NHS Benchmarking data 2018

- The test of the concept to provide specialist support for community hospitals through a virtual meeting with the Advanced Nurse Practitioner and a geriatrician.
- Provision of in-reach specialist support from the geriatricians to the Pyrland mental health unit to ensure whole person care.
- Working in collaboration with primary care to test different methods of providing specialist input to GP surgeries and community services to enable patients to be managed closer to their home, e.g. virtual clinics, email support and an expansion of Consultant Connect phone advisory service.
- Work in collaboration with the National Acute Frailty Network team, as part of a national initiative, to understand patients' and colleagues' experiences better to help us shape services and inform the changes needed.

How it was measured, monitored and reported?

The focus of this flagship is to enable people to spend more healthy time in their own homes supported by the right services. The aim is to develop a measurement based on time in healthcare as a proxy measure - reduced time in healthcare should equate to increased time at home.

The Covid-19 pandemic has accelerated the implementation of many projects and a dashboard of measures has been put in place which includes key measures of time in health care such as length of stay. However, it has been difficult to extract meaningful data for yearly comparisons due to the impact of the pandemic and other projects working to prevent admissions. Individual project level data and patient stories have shown that providing the appropriate clinical intervention earlier has either avoided hospital admissions or reduced length of stay and has resulted in a higher turnover of patients. This means people are being supported to remain at home to receive the treatment they need rather than be admitted to hospital.

This flagship programme is reported through the Primary Care and Neighbourhood Directorate Governance Meeting.

QIP 2020/21 – 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 is a priority for Somerset FT. 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. 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.

By bringing together acute, community and mental health services; SFT, alongside partner organisations, set out a direction of travel to provide holistic care to better meet the physical health needs of patients with SMI.

What was achieved during the year?

Despite the Covid-19 pandemic, SFT transformed mental health services at pace to meet the needs of vulnerable individuals, maintaining service provision and keeping safety and wellbeing at the forefront. After an initial reduction in referrals in April and May 2020, referrals returned to pre-Covid-19 levels throughout the ensuing waves.

Alongside maintaining operational delivery throughout this challenging landscape, the service achieved several initiatives to support the physical health of patients living with SMI; some examples being:

- ‘Open Mental Health’- an alliance of local voluntary organisations and Somerset FT working in partnership to ensure the residents of Somerset can access the help they need, when they need it. The alliance forms part of a wider ecosystem of mental health and wellbeing support and whose ethos of ‘no wrong door’ is to improve access to specialist mental health support, employment, housing, community activities and exercise and move away from a referral-led process.
- ‘Mindline’, a confidential listening service, was expanded during Covid-19 to provide 24/7 support to all ages in Somerset. It receives around 3,000 calls per month; providing emotional support, but also gives basic information about local services and how to access help.
- ‘Talking Therapies’ – Improving Access to Psychological Therapies (IAPT) adopted virtual platforms with colleagues working flexibly during the first wave of the Covid-19 pandemic. The service is further linking with physical health colleagues to expand its offer to support long-term conditions, building upon earlier work with the heart failure team, including providing support to the peri-operative project which looks to move from waiting lists to preparation lists for patients prior to surgical intervention, and developing and offering more specific interventions and support for perinatal women.
- The Somerset Recovery College adopted online courses and learning programmes during the national lockdowns. During September the College

quickly responded in organising, promoting and recruiting to Covid-19 safe 'in person' courses with a focus on activities in the outdoors. All courses are co-produced between people with expertise in the subject matter and people with lived experience of mental health needs. The ethos of 'personal recovery' underpins all aspects of the College based on the belief that regardless of whether clinical symptoms are present or not, people can have a 'life worth living'. The college now has a 700 strong membership and is growing steadily with an expanding curriculum.

- Patients with SMI tell us the transition from inpatient care back to the home environment feels like a 'cliff edge'. In response, a number of initiatives have been introduced to support this transition period; firstly two 'Step up/down houses' in Wells and Yeovil which provide a safe place for people who are ready to leave a mental health ward but would benefit from extra support before they return home or where appropriate to prevent an admission. 'Next steps workers' have also been employed to work with patients when discharged to work alongside them to make the transition in a safe and supported manner. Another example is four locality based 'Crisis safe places' which run late into the evening where people can access face to face support out of normal hours. These initiatives have resulted in reduced bed occupancy and lower readmission rates.
- Mental health and acute colleagues worked collaboratively during Covid-19 significantly to strengthen approaches to the physical health of mental health inpatients and to share good practice. Examples of this approach are:
 - The advice line from the AMU (Acute Medical Unit) to mental health inpatient units supporting physical health presentations when previously patients would have attended the acute site.
 - The sharing of good practice such as non-contact observations from mental health wards to physical health colleagues, when patients are unable or refuse to have their vital signs taken, which was shortlisted for a Nursing Times award.
 - Upskilling mental health colleagues to undertake additional skills such as suturing meant patients were able to be treated in situ rather than attending physical health appointments, particularly important during the pandemic.
 - The introduction of Covid-19 vaccinations in inpatient facilities and at outpatient appointments ensured vulnerable patients who otherwise may not have attended were vaccinated promptly.

- The acute infection control led service and mental health teams developed a robust relationship which significantly contributed to the positive way Covid-19 was managed on mental health wards and outpatient sites.
- Several innovative projects have commenced to support patients attending mental health services. Examples of these projects are:
 - A 12 month 'de-prescribing pilot' to review efficiency and safety of medication use by providing a specialist led clinic for polypharmacy related medication review to assist de-prescribing for complex mental health conditions.
 - A 'Healthy Living on Clozapine' pilot is supporting six patients to lose weight and increase activity through regular dietetic support and physical health link workers who work with them to achieve personalised activity goals.
 - The 'Wellbeing project' aims to improve the cardio metabolic monitoring of patients using technology.

In recognition of this excellent work, Somerset's mental health services have been shortlisted for three HSJ (Health Service Journal) awards this year; The Value Awards 2021, 'Mental Health Trust of the Year' and 'Innovation of the Year' for the Somerset Emotional Wellbeing Podcast.

How it was measured, monitored and reported?

The focus of the stolen years flagship was to reduce the mortality gap of patients with SMI. The intention was to review the 'years of life lost' over time against known interventions. Whilst this work started, it was stalled due to multiple factors - an inability to extract the meaningful data from multiple uncoordinated IT systems; delays in national reporting, and colleagues rightfully focussing on Covid-19 related data extraction. Therefore, the individual projects set measures and targets which are reported and strengthened using vignettes.

QIP 2020/21 – Priority 3 – Last 1,000 days: valuing people's previous time in the last chapter of life

Why was this important?

The term '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 set the ambition to support patients, family and carers to plan their last chapter of life. Over the last

year, as the Covid-19 pandemic challenged services, never has this been more important. Colleagues who recognise those nearing their last days will need to support those who have lost loved ones, including colleagues, and recognise the impact of grief for all involved. The ambition as a merged Trust was to play a significant part in identifying and appropriately supporting 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.

What was achieved during the year?

Alongside the generalist Covid-19 pandemic response this project has moved on at pace, achieving the 2020/21 reported areas of focus. The governance structure for End of Life Care (EOLC) is now fully merged at Somerset FT and supported by two non-executive directors. This has overseen a number of key developments within the last 1,000 days flagship which contains seven programmes and in excess of 50 planned projects and work streams. Examples of work achieved to date are:

- An education strategy delivering county-wide integrated education to improve end of life care by all and for all has been fully worked up and agreed by the Somerset CCG (Clinical Commissioning Group) End of Life Programme Board. During the Covid-19 pandemic response, colleagues worked collaboratively across the system and at pace to deliver appropriate training. Examples are the roll out of online verification of expected death training to other healthcare professionals such as AHPs (Allied Health Professionals) and syringe driver training.
- The 'Talk About Project' advance care planning project across Somerset harnesses the social power of volunteers to help people personalise their care and legacy. This three-year project launched in April 2021 will help people think about and discuss 'what's important to them' when it comes to the end of life. In the first year, the focus for the service will be on Taunton, West Somerset and surrounding areas and will be rolled out across the county in years two and three.
- Digitisation of the STEP (Somerset Treatment Escalation Plan) form and advance care planning document for the county is the first steps toward truly integrated electronic patient records. The STEP is a plan of care which healthcare colleagues complete in collaboration with patients and their families regarding their medical care in the event they become more unwell.
- Learning to live with the loss of a loved one is one of the most painful experiences a person can encounter. In support, SFT has recently introduced a bereavement survey to capture feedback and learning from families regarding the EOL care provided by the Trust. This will become

further embedded in year two. In addition, a county-wide group for bereavement has started to work on a Somerset strategy, involving charities, health, social and public sectors and has the support of the ICS (Integrated Care System) wellbeing group for its workforce aspects.

- Planning Dying Matters week focused on involving the public in feedback on the Trust's services and also listened to staff and their needs for support during the pandemic, and into the future, when affected by death professionally or personally.
- Somerset FT is becoming a truly compassionate organisation with respect to its approach to the deaths of those it cares for and those it employs.

How it was 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 the strategic fit of the work streams to improve the last 1,000 days and bereavement. Care in the last days of life is also reported in the annual National Care at the End of Life (NACEL) audit which was paused for this year due to the Covid-19 pandemic.

QIP 2020/21 – 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 as it was recognised that resolving service provision for those with complex needs is a problem, but one well worth focused attention. There is regular use of the statistic that 5% of patients cost 50% of the health budget and recognition that these patients will often have complex needs with multiple services involved in their care. This group of people advise that their care is often uncoordinated and inefficient, with appointments that just hand them on to another specialty and the provision does not meet their needs. The plan was to test different ways of working to meet the needs of this group, with attendant benefits in efficiency and use of resources.

What was achieved during the year?

This year proved to be a challenge for many of the changed ideas set out for testing under this flagship, as colleagues were moved to different roles and service provision as part of the Covid-19 pandemic response. Despite these challenges, there were nonetheless some opportunities to adapt ideas to enable tests of change.

Examples of action taken

- *Neighbourhood Developments*: the implementation of multi-agency, multi-disciplinary teams within the primary care networks. At these team meetings, there is the opportunity for reviewing people with complex need to agree a joint plan and ensure co-ordination of care.
- *Ubuntu Project*: This partnership project between the Trust and the Community Council for Somerset (CCS) started the year working with GP's to identify frequent service users where they felt health services were not meeting the individual's needs. The project team focused on supporting what is important to the individual, whilst developing self-activation and a reduced dependency on health services. Initial outcomes were being collected when the Covid-19 pandemic response was initiated, which resulted in the need to redirect CCS personnel. When the project was restarted later in the year, it was agreed to switch the focus to receiving clients from the high intensity user group based in both Musgrove Park hospital and Yeovil hospital. A funding grant was secured from the CCG, which has now been extended to April 2022.
- *Care Coordination Project*: The clinical nurse specialists accelerated this project during the year. Through testing a different care planning approach, it was concluded that care planning needed to start in the neighbourhoods. This would enable the clinical nurse specialists to contribute to plans and ensure the patient, with their GP team, held the overview. This excellent learning contributed to wider understanding of how best to coordinate the care of those with the most complex needs.
- *Emergency Department High Intensity User Group*: With leadership from the psychiatric liaison team, the high intensity user group has been reviewed and re-sited in the emergency department. The focus has been on multi-agency care planning and co-ordination, to provide a consistent approach for people with the highest number of attendances to the department.
- *Long-term care pathways*: Action initiated to agree a multiple sclerosis (MS) pathway that best meets patient needs. The team have introduced a single point of access and a pre-clinic questionnaire to ensure timelier and coordinated intervention.

How was it measured, monitored and reported?

Each project within the flagship is supported to collate measures to demonstrate learning and outcomes. As with all the flagships, there is an ambition to show changes using the currency of time. The 'connecting us' flagship programme aims

to demonstrate through the individual projects, the collective amount of time reduced in healthcare.

QIP 2020/21 – Priority 5 – Function First – improving life chances for children by increasing their time in school

Why was this important?

Children with complex needs, including those with persistent physical symptoms where no organic cause can be found, risk over-investigation and treatment. This includes frequent medical appointments, multiple emergency department attendances and prolonged hospital stays. They are often functionally impaired, with schooling and their 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/carers in this group is often poor. They describe feeling as if they are not being listened to or helped and 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?

Due to the Covid-19 pandemic, and the closure of schools, many of the projects initiated under this flagship programme were paused. However, there was also the opportunity to adapt and progress others:

- The mental health support team ‘trailblazer’ programme started in Mendip and Taunton area in January 2020. Despite needing to move from face to face to virtual sessions, the team have worked with 253 children, young people and their parents/carers through March 2021. The team worked with the educational establishments to develop a ‘whole school’ approach to emotional health and wellbeing. Feedback from teachers describes a positive difference in the children and young people the team have worked with.
- A pilot project to jointly triage children who may need assessment for autism spectrum disorder (ASD) or attention deficit hyperactivity disorder (ADHD) was tested. The multi-agency, multi-professional triage group was initiated as part of wider system development of a neuro-developmental pathway. In March 2021, there was agreement for recurrent funding from the Clinical Commissioning Group to support this triage project and separate recurrent funding was committed to support county-wide ASD and ADHD assessment services.
- Consultant Connect (rapid telephone advice and guidance) has become a regular service. This improves the timeliness of decision making for GPs, ultimately improving the care for children and young people.

How it was measured, monitored and reported?

This flagship programme was in the early stages of planning when the Covid-19 situation changed plans. The original intention was to measure children's time in school in order to demonstrate an increased attendance. As this became unworkable due to school closures, the team are developing a measurement based on 'time in healthcare' as a proxy measure, i.e. reduced time in healthcare should equate to increased time in education. In the meantime, outcomes from individual projects within the programme were collected, to demonstrate the impact of changes made.

Quality Improvement Priorities (QIP) 2021/22

For 2021/22, the Trust will continue to focus on the flagship programmes delivering the Trust's clinical priorities.

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 this important?

Somerset has an increasing and higher than average elderly population with 24.5% aged 65 and over³. 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 do we want to achieve?

- County-wide management of frailty through a collaborative approach with health and social care.
- Review the specialist support to primary care pilots and agree a county-wide approach and roll out plan.
- Rollout the use of the Chronic Frailty Scale (CFS) to other teams county-wide to identify people who are most likely to benefit from rapid and accurate additional assessment and resources.

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

- Provision of a Monday to Friday frailty assessment front door multidisciplinary team to enable people to stay in their usual place of residence and to reduce unnecessary admissions to inpatient care and to scope the resources needed for a 7-day service.
- Review and re-establish Elderly Care Physician of the Day (ECPOD) and further expand Consultant Connect.
- Expand the provision of rapid access clinics to prevent admissions.
- To improve care based on the experiences and opinions of those who use and work in the Trust's services.
- To establish and roll out a county-wide tiered training programme.

Examples of action being taken:

- The flagship strategy group membership is being widened to include multiple organisational and professional membership and representation.
- A county-wide flagship reset planning meeting is being established and this will form the direction of travel and project priorities for 2021/22.
- A project team re-establishing the frailty unit following the reversion back to acute beds using the learning from the past year.
- This flagship is working in close collaboration with the intermediate care services who are delivering the admission prevention and facilitating early discharge services.
- There is a clear programme and method to understand and collate people's experience of the service the Trust provides to inform care delivery.
- The team is reviewing training resources and working with learning and development to provide a structured programme that meets the needs of colleagues across Somerset.
- Working in collaboration with informatics to ensure that the right data is collected to enable us to review the service.

How will this be measured and monitored?

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

- early identification by use of the CFS.
- More time to do what matters
 - reduce numbers of inpatient episodes for those over 75 years old
 - reduced numbers of outpatient appointments at Musgrove Park Hospital.

Reporting – 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.

QIP 2021/22 – 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. 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.

This flagship aims to ensure patients and service users with mental health disorders receive excellent care regardless of the setting in which they present, to meet both their physical and mental health needs and drive changes to support equity of access across the county. In keeping with history, the impact of the Covid-19 pandemic will result in likely recession which will cause an anticipated rise in demand for mental health services.

What do we want to achieve?

- To develop and strengthen links with neighbourhoods in order to improve the integration of physical and mental services.
- To promote continued learning from service developments which will allow them to strengthen and evolve.
- To expand the Recovery College curriculum to include a greater number of courses supporting physical health education.
- To further extend links between Talking Therapies and physical health services.

- Join a learning set with the Royal College of Psychiatrists to strengthen approaches to mental health inequalities.
- To ensure early detection and intervention for health risks for patients with mental ill health.
- To encourage patients to take back control and become 'experts by experience'.
- To develop robust measurement and evaluation.

Examples of action taken:

Several innovative projects have already started which the Trust looks to build upon in 2021/22, including:

- The ongoing work of the 'Open Mental Health' alliance which ensures the residents of Somerset can access the help they need, when they need it. The alliance forms part of a wider ecosystem of mental health and wellbeing support and whose ethos of 'no wrong door' is to improve access to specialist mental health support, employment, housing, community activities and exercise, thus moving away from a referral-led process.
- A 12 month 'de-prescribing pilot' to review efficiency and safety of medication use. This will provide a specialist led clinic for polypharmacy related medication reviews to assist de-prescribing for complex mental health conditions. These patients are reviewed by consultant psychiatrists who liaise closely with a mental health pharmacist to support the patients' de-prescribing journey. Patients will also participate in a virtual weekly support group facilitated by a senior clinician as well as a recovery partner. The aim of the group is to provide support, ensure common themes and questions are answered and thereby improve patient experience and compliance.
- To review and develop the 'Healthy Living on Clozapine' pilot to support patients with losing weight and increasing activity through regular dietetic support. Physical health link workers will work with them to achieve personalised activity goals.
- The 'Wellbeing project' aims to improve the cardio metabolic monitoring of patients using technology. The project aims to use electronic data capturing to improve cardio metabolic monitoring in patients who are on anti-psychotic medication and who attend the wellbeing clinics for blood tests and medication administration. The scope of the clinics is to monitor patients' physical health including signposting to appropriate services as well as using resources to administer vaccines, including those for Flu and the Covid-19 vaccine. The project aims to use data available 'in real time' to

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. These conditions contribute to increased mortality as well as morbidity amongst patients with severe mental illness.

How will this be measured and monitored?

The stolen years programme aims to close the mortality gap for patients living with SMI. This is an ambitious goal which recognises that the aggregate impact of the interventions within the programme will take years to show significant change. To-date, the flagship has been measured at project level and through vignettes and further evaluation will become a focus for this programme in the year ahead.

QIP 2021/22– Priority 3 – Last 1,000 days: valuing people’s previous time in the last chapter of life

Why is it important?

The term ‘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 continues the ambition to support patients, family and carers to plan their last chapter of life. As previously explained the way we spend the time we have left is important to us, those we love and those who care for us as professionals. This last period of life requires support and care both during and after. The ambition as a merged Trust is to play a significant part in identifying and appropriately supporting 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.

What do we want to achieve?

- To develop a Somerset website for educational resources and sessions in supportive, palliative and end of life care.
- To pilot an innovative digital multidisciplinary clinical service for people affected by motor neurone disease.
- To embed and flourish the ‘Talk About Project’ using Marie Curie volunteers to undergo advance care planning and help people think about and discuss ‘what’s important to them’ when it comes to end of life.
- To further progress the digitisation of the STEP (Somerset Treatment Escalation Plan) form and advance care planning documents to ensure there is a singular trusted clinical source for colleagues when people become more unwell.
- Improve general skills and confidence in care during the last days of life.

- Ratify a county-wide approach to multi-provider complaints when the topic is end of life care.
- Provide a multipurpose 'after death' area on RiO (an IT system used by the community and mental health teams) so that care does not stop for a family once their loved one has died, and the components of quality care can be reviewed.
- Produce a bereavement strategy for Somerset.

Examples of action taken:

These are numerous and summarised within the detailed action plan.

- Patients with motor neuron disease (MND) require a multi-disciplinary team (MDT) approach which results in multiple healthcare appointments where patients have to tell their story more than once. This cohort of patients with deteriorating health does not find it easy to attend hospital appointments and may become housebound as their disease progresses. In response, a virtual MND MDT approach is currently in a test and learn phase. This aims to reduce the number of consultations for patients, families and carers who will remain in the comfort of their own surroundings. Multiple clinicians will consult and liaise thereby reducing fragmentation and necessitating the patient only telling their story once.
- The importance of spiritual care across all Somerset FT staff to meet end of life needs is recognised through projects exploring equity across sites and support into the community.
- Innovative measures showing healthcare activity in the last period of life are being explored to include acute, community, charitable sector and primary care data. With the support of an MSc student, this seeks to evaluate time spent in healthcare and the impact when known interventions are introduced such as advance care planning.
- The project team are leading on the maturation of the steering group and associated sub-committees, including a dashboard which can report to Trust Board.
- The bereavement survey will progress in year two and provide information and feedback from bereaved relatives about their loved one's experience of care in the last days of life. This will further shape care delivery.

Performance to date:

The flagship completed 14 work streams in 2020/21. It has 27 currently in production, with 10 more planned for the future. Linked and facilitating work streams are regularly added.

Using the energy of the Somerset Covid-19 pandemic response the Trust formalised its county-wide approaches to the key aspects of care in the last 1,000 days of life. These include ACP (advance care planning), living, dying and grieving well. These are underpinned by education of the public, as well as by professionals who are supported when it is difficult. Death is a universal constant and the integrated approach recognises this whilst seeking to understand the person and what is important to them. The last 1,000 days project was viewed positively by the recent CQC (Care Quality Commission) review.

How will this be measured and monitored?

Each project will continue to adopt quality improvement methodology to identify, achieve and monitor outcomes and benefits. Innovative measures for healthcare utilisation in the last period of life are also being explored to include acute, community, charitable sector and primary care data. This seeks to evaluate time spent in healthcare and the impact when known interventions are introduced such as advance care planning.

An EOLC Dashboard, is being developed in collaboration with Yeovil District Hospital and will measure the number of:

- advance care planning documents completed and uploaded to SiDeR (Somerset Integrated Digital e-Record)
- palliative care patients on RiO with a Somerset Treatment Escalation Plan (STEP)
- people who die expectedly in hospital who have a STEP
- bereavement surveys completed
- patients whose death was in the place of choosing and safety
- spiritual care referrals in bedded care
- people with JIC (just in case) medications at time of death
- expected deaths verified within six hours Trust-wide (acute and community)
- medical examiner referrals with EOLC as a focus
- complaints with EOLC as a focus.

Much of the work is reported through the EOLC committees which oversee education, operational and governance/risk. This structure feeds to a Somerset FT steering group. Even though this flagship is about end of life it provides a positive

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

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?

The Connecting Us flagship was established in recognition of the fact that resolving service provision for those with complex needs is a tricky problem, but one well worth focused attention. There is regular use of the statistic that 5% of patients cost 50% of the health budget and recognition that these patients will often have complex needs with multiple services involved in their care. This group of people advise that their care is often uncoordinated, inefficient, with appointments that just hand them on to another specialty and the provision does not meet their needs. The plan aimed to test different ways of working to meet the needs of this group, with attendant benefits in efficiency and use of resources.

What do we want to achieve?

- To facilitate understanding of why people use services in the way they do and alter the design and approach to better meet their needs.
- To coordinate the care offer across services and agencies enabling 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 are using an improvement approach with a strong focus on measurement and learning. The funding grant secured from the CCG has been extended until April 2022. The project identifies people who are high users from both emergency departments in both acute trusts in Somerset. This project works with the Emergency Department High Intensity User Group (see below) and accepts clients from that group whilst looking at a wider group of people. The Ubuntu team work with individuals to understand why they use services in the way they do and through developing trusted relationships examine alternatives to using the emergency department, where this is not helpful to their care and support needs.
- *Alternatives to a telephone helpline:* The clinical nurse specialists are initiating a project this year to test alternatives to a telephone helpline. This

is currently at the idea stage as there is recognition that the helpline is a significant resource commitment with issues in managing the demand.

- *Emergency Department High Intensity User Group (EDHIG):* With leadership from the psychiatric liaison team, the EDHIG has been reviewed and re-sited in the emergency department. The focus is now on multi-agency care planning and coordination to provide a consistent approach for people with the highest number of attendances to the department. This test of change will continue through the improvement methodology process.
- *Long-term care pathways:* action initiated for the multiple sclerosis (MS) pathway will continue this year, with an evaluation of the single point of access and pre-clinic questionnaire. Once fully tested, the team will review which other neurological conditions the learning could be applied to.

How will this be measured and monitored?

Each project within the flagship is supported to retain measures to demonstrate learning and outcomes. As with all the flagships, there is an ambition to show changes using the currency of time. The 'connecting us' flagship program aims to demonstrate through the individual projects, the collective amount of time reduced in healthcare.

QIP 2021/22 – 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, 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 do we want to achieve?

- Deliver a coordinated child-centered approach which is appropriate, proportionate and timely.
- Professionals, children and young people and their families/carers are supported to consider psychosocial contributing factors.

- Coordination of care and approach across health, social care and education services.

Examples of action being taken:

In March 2021, two new teams covering Sedgemoor and South Somerset were created to enable the rollout of the mental health support team 'Trailblazers' project. The project was established over the past year in the Taunton and Mendip areas.

By August 2021, a neurodevelopmental pathway will be co-produced with children, young people and parents/carers, with plans for implementation in December 2021. This pathway is critical as part of the overarching emotional health and wellbeing offer to meet the needs of children and young people. It will ensure that they are offered the right support at the right time. This builds on the pilot project to jointly triage children who may need assessment for autism spectrum disorder (ASD) or attention deficit hyperactivity disorder (ADHD) that was tested in 20/2021. It was shown that 30% of those referrals to the multi-agency triage did require ASD and ADHD assessment services, which are being funded from March 2021, but the remaining 70% were responded to by different services.

Therapy colleagues are testing a straightforward route for direct referrals to paediatricians (building on successful work completed on the ASD and ADHD pathway) for children and young people that need a consultant assessment. This avoids the time delay in referring back to the service via the GP and onto the paediatrician.

An improvement project, which aims to address the needs of children with persistent unexplained symptoms (PUPS), that was paused due to the Covid-19 response, will be re-established. A group of colleagues including a paediatrician, psychologist and therapists are planning to test a multi-disciplinary assessment process and measure the impact compared to the current single professional assessment route.

Community paediatric services will be co-located for the Taunton area at a site in Taunton. This will enable closer working, improved communication between professionals with a consequential benefit for the children, young people and their families.

How will this be measured and monitored?

Each project within the flagship programme will be monitored and benefits reported to provide a status on the health of the flagship overall. The team are also seeking to establish a method of measuring time in health care as a proxy for measuring time in school.

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 2020/21 and has agreed those described above.

Services provided by the Trust

During 2020/21 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 2020/21.

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 its last audit (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 this has not been undertaken during 2020/21. The change to the way that the hospital admits and treats patients with Covid-19 has also added a new challenge in terms of meeting the 7-day standards. However, the Trust has continued to work to improve its 7-day service offer. It has piloted a new patient tracker system on the Acute Medical Unit (AMU) which alerts staff to patients who are waiting for their first Consultant review, making it less likely that the Trust will breach the target. Work continues to provide 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.

The Trust will provide regular assurance to the Board on progress against all 10 clinical standards, in accordance with the guidance from NHS England.

NATIONAL QUALITY INDICATORS

Due to the Covid-19 pandemic, many of the national indicators have not been updated for 2020/21. 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 2020 to March 2021 | Data due to be published 12 August 2021 | | | |
| January 2020 to December 2021* | 0.9904 (as expected) | 1.0000 | 0.7030 | 1.1845 |

*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 2020 to March 2021 | Data due to be published 12 August 2021 | | | |
| January 2020 to December 2021 | 20% | 37% | 8% | 61% |

*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. Palliative care 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.

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 |
|------------------|-------|---------|--------------|---------------|
| 2019/20 | 69.4 | 67.1 | 59.5 | 84.2 |
| 2018/19 | 68.2 | 67.2 | 58.9 | 85.0 |

| | | | | |
|---------|------|------|------|------|
| 2017/18 | 72.2 | 68.6 | 60.5 | 85.0 |
| 2016/17 | 71.2 | 68.1 | 60.0 | 85.2 |
| 2015/16 | 72.6 | 69.6 | 58.9 | 86.2 |

[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 information is only available from before April 2020, the data presented is from Taunton and Somerset NHS 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 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 Phase 2 roll out of the Patient Experience Collaboration project and ongoing learning around real-time measurement with the emphasis on ensuring that learning from feedback has occurred and supporting ward teams to identify outcomes.
- 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 the improvement boards.

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 | Taunton and Somerset NHS FT Trust-apportioned CDI rate per 100,000 bed days* | National Average (England) | Lowest Trust | Highest Trust |
|-------------------------|--|----------------------------|--------------|---------------|
| 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 |
| April 2016 – March 2017 | 5.6 | 13.2 | 0.0 | 82.7 |
| April 2015 – March 2016 | 13.8 | 14.9 | 0.0 | 66.0 |

**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 Trust consistently has lower rates than the national average. This is the result of sustaining a range of improvements implemented in 2011, which includes prompt isolation of patients, high standards of cleaning, reductions in the use of high-risk antibiotics and regular review of patients with CDI by a microbiologist and the infection prevention and control team.
- The CDI rate for 2019/20 is not yet known. However, the number of cases remains similar to last year, and rates are expected to be lower than the national average.

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 four weeks.

- 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.

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 – Jun 2020 | 3,037 | Benchmarking data not available | | | |

Data is not available for the period after June 2020 and benchmarking data is not yet available for April to June 2020.

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:

- 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 – Jun 2020 | 46 | 1.51% | Benchmarking data not available | | |

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

- Data for the period was provided via legacy systems from the predecessor trusts. The Trust has introduced a new incident system from July 2020.

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.

INFORMATION ON PARTICIPATION IN CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES

National Clinical Audit Participation

During 2020/21, 58 national clinical audits and three national confidential enquiries covered relevant health services that Somerset FT provides. Seven national audits were deferred by the providers, leaving a balance of 51 that were relevant to the Trust.

During that period Somerset FT participated in 48/51 (94.1%) national clinical audits and 3/3 (100%) national confidential enquiries of the national clinical audits and 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 2020/21 are as follows:

| National Audit Title | Participated | Status |
|---|--------------|-------------------------|
| British Spine Registry | Yes | Ongoing |
| Case mix programme - ICNARC | Yes | National report awaited |
| Elective surgery - PROMS | Yes | Ongoing |
| Emergency Medicine: Fractured Neck of Femur | Yes | National report awaited |
| Emergency Medicine: Pain in Children | Yes | National report awaited |
| Emergency Medicine: Infection Control | Yes | National report awaited |
| Falls and Fragility Fracture Audit Programme: National Audit of Inpatient Falls | Yes | Local briefing awaited |
| Falls and Fragility Fracture Audit Programme: National Hip Fracture Database (NHFD) | Yes | National report awaited |
| Falls and Fragility Fracture Audit Programme: Vertebral Fracture Sprint Audit | Yes | National report awaited |
| Falls and Fragility Fracture Audit Programme: Fracture Liaison Service Database | Yes | National report awaited |

| National Audit Title | Participated | Status |
|--|--------------|-------------------------------|
| Inflammatory Bowel Disease (IBD) registry - biological therapies audit | Yes | National report awaited |
| MBRRACE-UK | Yes | Ongoing |
| National Asthma and COPD Audit Programme (NACAP): Adult Asthma | Yes | National report awaited |
| National Asthma and COPD Audit Programme (NACAP): Children and young people | Yes | National report awaited |
| National Asthma and COPD Audit Programme (NACAP): COPD | Yes | National report awaited |
| National audit of breast cancer in older people (NABCOP) | Yes | National report awaited |
| Epilepsy12 audit | Yes | National report awaited |
| National bariatric surgery registry (NBSR) | Yes | Ongoing |
| National Cardiac Arrest Audit (NCAA) | Yes | National report awaited |
| National Cardiac Audit Programme: Adult Percutaneous Coronary Interventions | Yes | National report awaited |
| National Cardiac Audit Programme: Myocardial Ischaemia (MINAP) | Yes | National report awaited |
| National Cardiac Audit Programme: National Heart Failure audit | Yes | National report awaited |
| National Cardiac Audit Programme: National Audit of Cardiac Rhythm Management Devices and Ablation | Yes | National report awaited |
| National Clinical Audit of Anxiety & Depression (NCAAD): Psychological Therapies Spotlight | Yes | Completed, action plan agreed |
| National Clinical Audit of Psychosis (EIP) | Yes | National report awaited |
| National Diabetes Audit: National Core diabetes audit (including Integrated Specialist survey) | Yes | National report awaited |
| National Diabetes Audit: NADIA Harms | Yes | Ongoing |
| National Diabetes Audit: Diabetes Foot Care audit | Yes | Ongoing |
| National Diabetes Audit: National Diabetes transition audit | Yes | Ongoing |
| National Diabetes Audit: National Pregnancy in diabetes audit (NPID) | Yes | National report awaited |
| National emergency laparotomy audit (NELA) | Yes | Ongoing |
| 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 | Ongoing |

| National Audit Title | Participated | Status |
|--|--------------|---|
| National lung cancer audit (NLCA) | Yes | Ongoing |
| National maternity and perinatal audit (NMPA) | Yes | Ongoing |
| National neonatal audit programme (NNAP) | Yes | Ongoing |
| National ophthalmology audit (NOD) | Yes | National report awaited |
| National paediatric diabetes audit (NPDA) | Yes | National report awaited |
| National Prostate cancer audit | Yes | Ongoing |
| National Vascular registry | Yes | Ongoing |
| Prescribing Observatory for Mental Health: Prescribing Valproate | Yes | Local briefing awaited |
| Prescribing Observatory for Mental Health: Use of Clozapine | Yes | National report awaited |
| Sentinel stroke national audit programme (SSNAP) | Yes | National report awaited |
| Serious Hazards of Transfusions: UK national haemovigilance scheme (SHOT) | Yes | National report awaited |
| Major Trauma audit - TARN | Yes | Ongoing |
| UK Cystic fibrosis registry | Yes | Ongoing |
| UK Registry of Endocrine and Thyroid surgery (BAETS) | Yes | Ongoing |
| BAUS - Nephrectomy | No | Suspended nationally due to COVID |
| BAUS - Percutaneous Nephrolithotomy | No | Suspended nationally due to COVID |
| National Audit of Dementia (NAD) | No | Coordinating centre deferred until 2021/22 |
| National audit of care at the end of life (NACEL) | No | Coordinating centre deferred until 2021/22 |
| National diabetes inpatient audit (NADIA) | No | Suspended nationally due to COVID |
| National Comparative Audit of Blood Transfusion Programme – 2020 Audit of the management of perioperative paediatric anaemia in elective surgery | No | Suspended nationally due to COVID |
| Society for Acute Medicine benchmarking audit (SAMBA) | No | Coordinating centre deferred until 2021/22 |
| National audit of cardiac rehabilitation (NACR) | No | Merger of Trusts and systems integration - will participate next year |

| National Audit Title | Participated | Status |
|---|--------------|---|
| BAUS - Female stress urinary incontinence | No | No cases submitted. Process put in place to ensure submission next year |
| National early inflammatory arthritis audit (NEIAA) | No | No cases submitted. Process put in place to ensure submission next year |

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

These projects were active within the period but relate to service types other than those the Trust provides, included for completeness:

| National Audit Title | Notes |
|---|---|
| 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 |
| BAUS - Cystectomy | Not relevant to this Trust |
| BAUS - Radical prostatectomy | Not relevant to this Trust |
| Cleft Registry and Audit Network (CRANE) | Not relevant to this Trust |
| 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 2020/21

| Name of Confidential Enquiry | Status |
|--|-----------------|
| Out of Hospital Cardiac Arrest study | Data submitted |
| NCEPOD: Dysphagia in Parkinson's disease | Data collecting |
| NCEPOD: Physical Health in Mental Health Hospitals | Data collecting |

THE TRUST'S RESPONSE TO NATIONAL AND LOCAL AUDIT FINDINGS

National clinical audit

The reports of 53 national clinical audits were reviewed by the provider in 2020/21 (3 from 2017/18, 20 from 2018/19, 29 from 2019/20) and Somerset FT intends to take the following actions to improve the quality of healthcare provided:

(NOTE: Action plans are developed for all audits where significant issues are identified, and the Trust intends to take actions to improve the quality of the healthcare provided. Amongst these are the following responsive actions, selected as an illustration of the service-specific improvement work initiated via audit during the 2020/21 period.)

National Audit of Breast Cancer in Older People (NABCOP)

The NABCOP evaluates the care and outcomes for women aged 70 and over compared to younger cohort aged between 50-69 years. There is a survival benefit for surgery compared to primary endocrine therapy in older women with oestrogen positive cancer.

Actions included:

- Use of the NABCOP Fitness Assessment Tool for patients over 70 years old.
- Local audit of the indications for chest wall radiotherapy following mastectomy.

Insight from audit lead:

The Trust is performing much higher than the national average, which provides assurance of good safe care to patients. Treatment at the Trust is individualised rather than following guidelines purely based on age.

COVID has delayed introduction of the first action, but this will take place during 2021. The second action was because the Trust had a higher rate of radiotherapy

following mastectomy than the national average. This is to assure the quality of the data, and to identify any areas for improvement.

Endocrinology - National audit of Diabetes (NDA)

The NDA is an audit of diabetes care processes in England and Wales, with the main source of data being from primary care. The Trust provides a list of patients coded as having diabetes who have been seen at the hospital, which is then linked to primary care data.

Actions included:

Increase the confidence and reliability of future national data reports by:

- Creating and populating a local database of primarily type 1 diabetes patients – ensuring the denominator is reflective of service provision.
- Establishing a return for the community service data for type 2 diabetes.
- Submitting data from the local databases for the next national round of audit.

Insight from audit lead:

The NDA has potential benefits in assessing care for people with diabetes in Somerset and the primary care level data is useful for benchmarking and shaping services and service focus, but there are issues around the data submitted for secondary care services.

A local database has been developed which will reflect service provision, leading to more reliable data. This has commenced, with 1,400 patients registered. As a minimum this could be linked to primary care data in the NDA, but the Trust is also trying to collect this data prospectively.

The robustness of this will be tested by comparing outputs of the database against the 2020 NDA data submission which is in progress.

Respiratory - BTS Non-Invasive Ventilation (NIV)

The NIV audit provides a national benchmarking audit to explore patient outcomes and processes of care. The results for the Trust indicated a plan was required for improvement in aspects of NIV care.

Actions included:

- Introduction of a dedicated Respiratory Support Unit for NIV cases – a 4-bedded unit, staffed by Respiratory Consultants with Band 6 nurses.

- Re-audit at the next BTS National NIV audit. In the absence of a national round in 2021/22, consideration to be given to running a local audit, using the NIV national standards, to provide comparisons and assurance of anticipated improvement.

Insight from audit lead:

This audit highlighted areas for improvement in the care of patients requiring NIV – in particular the need for early Respiratory Specialist Review and the monitoring of blood gases after initiation of NIV, and was part of the catalyst for the introduction of a Respiratory Support Unit with beds for NIV care.

This unit is managed by the Respiratory team with trained nurses to support the care of these patients, enabling more specialist and comprehensive care.

There is no National NIV audit this year and a local audit is planned to see if the Respiratory Support Unit has helped to enhance care and identify areas needing further improvement.

The introduction of Respiratory Support Unit with nursing and respiratory team support was the key action and the unit has facilitated change for patient care particularly during the pandemic with single side rooms for patients requiring NIV.

Cardiology - Heart Failure

The national heart failure report findings were part of the latest released National Cardiac Audit Programme Report for 2018/19. It shows an overall improvement in care of patients discharged from Musgrove Park Hospital with a primary discharge diagnosis of heart failure although there are some areas that require improvement.

Actions included:

- Increasing the number of echocardiograms being performed.
- Increasing number of patients receiving aldosterone antagonist on discharge.

Insight from audit lead:

The audit of heart failure services has given the opportunity to identify areas of good practice and areas of service provision that require further development.

An increased demand for the echocardiogram service has been noted, which has been further impacted by COVID. Despite this a five-day inpatient service has continued with urgent echocardiograms obtained the same day. Changes in service delivery during COVID enabled an inpatient service on a Saturday or Sunday periodically which aided early diagnosis and treatment for inpatients.

What has gone well:

- Early diagnosis as inpatient following ECHO.
- Inpatient heart failure patients on the correct pathway of care following diagnosis.
- Prescribing of evidence-based medications.
Improvement in symptoms and quality of life reported by patients.
- Improvement in heart function following titration of medications – meaning the patient no longer requires a cardiac device.

What has not gone so well:

- Provision of cardiac rehabilitation for heart failure – digital tool commissioned – pathway to be developed.
- outpatient ECHO service (partially due to COVID).

Blood Transfusion - Serious Hazards of Transfusion (SHOT): UK National Haemovigilance scheme

SHOT is a national confidential independent body monitoring blood services. The Trust reported higher than national averages for anti-D errors and wrong blood in tube (WBIT). Reporting rates for other errors (serious adverse reaction, serious adverse event, cell salvage) and near misses were comparable.

Actions included:

- Transfusion nurse to continue to educate midwives on Anti-D issues.
- Quarterly meetings with antenatal ward sister and governance midwife to discuss anti-D issues.
- Transfusion nurse to educate ED on blood transfusion.
- New training to be put in place for new starting and overseas nurses.

Insight from audit lead:

The Trust was identified as an outlier with respect to the number of reported incidents and led to end-to-end review of process of issuing anti-D to those women needing this to reduce risk of haemolytic disease of the new-born.

Improvements as a result of the audit:

- Revised Lab process: anti-D only issued to named patient rather than to location. This means that lab staff can identify any omission or late/inappropriate administration. This has helped identify weaknesses within clinical process.
- Anti-D guidelines revised to reflect changes and simplified so that stepwise process for identifying which women require anti-D prophylaxis.
- Improved incident reporting and investigation – identified system weakness as results are entered manually into Midwifery electronic records. Consequently, clinic preparation now mandates that all relevant transfusion

results are confirmed by reviewing result in hospital results browser and guidelines to be amended accordingly.

- Monthly training sessions for midwives delivered by transfusion practitioner to cover anti-D in addition to broader transfusion issues.

Issues not yet solved:

- Lack of digital interface between laboratory reporting system and Midwifery electronic records.

The audit has supported the need to introduce electronic tracking which improves transfusion safety by strengthening patient identification process.

Improvements as a result of the audit:

- Access to transfusion training improved – safe blood transfusion revised.

Issue not yet resolved:

- Patient identification significantly more robust if electronic tracking used with generation of labels in real time at bedside: electronic tracking system currently in pilot with view to rollout in final quarter 2021.

Care of the Elderly – 2019 UK Parkinson’s Audit

Overall, this data shows that the Parkinson’s service compares favourably with other services in most areas.

Areas for improvement were identified as follows:

- driving and occupational hazard advice if sudden onsets of sleep
- consideration of bone health
- monitoring for impulse control behaviours
- end of life care and advanced care planning.

Insight from audit lead and multidisciplinary team:

The areas for which the team have been able to improve patient experience are around more detailed drug history particularly looking at side effects and reducing harm by picking the right drugs for the right patient more of the time. Thinking about bone health and the impact of this has been of benefit in reducing risk and reality of fractures.

Patient feedback supports the team approach. Being there for the patients and their carers is a great benefit—being given time, explaining things in more depth and trying to provide a whole person approach looking not just at medication but at diet, lifestyle, exercise and wellbeing support is also a great potential benefit to patients and their families.

The overall assessment and access to specialist care have improved. Certain areas of the audit improved as they were identified and discussed - drug history, side effects and advice, giving and recording driving advice, discussing and recording sleep issues, providing written information to patients and carers with use of a number of set letters for drug initiation and treatment escalation – both for patients and health care professionals.

From the patient reported experience results the professional approach of the team, access to the team and the way patients are involved in decisions have improved well above the national average.

There are still areas that need to be solved - advance care planning and end of life discussions and recording is one area in which the Trust underperforms. Access to and use of Clozapine for psychosis has been an ongoing challenge. Covid-19 and IT challenges have also been a factor in failing to achieve some of the bone health targets.

Mental Health - National Clinical Audit of Psychosis (NCAP) – Early Intervention for Psychosis Spotlight Audit

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 included:

- Further improving access to healthcare screening and health interventions to include agile clinics and innovative practice.
- Medical team to lead on promoting EIP prescribing protocols across the Trust to improve health outcomes.
- Future EIP Provision for Children and Young People and At-Risk Mental State (ARMS) to be considered by Senior Operational Managers and Clinical Commissioning Group.

Insight from audit lead:

Audit participation has enabled the Leadership Team to secure new investment to enhance service provision to meet National Access and Waiting Times Targets and has enabled the Trust to deliver a Level 4 Top Performing, NICE compliant and Ageless service in Somerset. The team has a clear objective to improve physical health outcomes for its clients. This has resulted in a significant increase in take-up rates for physical health monitoring.

The Team is working with Somerset FT IT department to streamline recording of information and provide a 'dashboard' report to reduce clinician time scheduling appointments.

Electronic liaison with GP's has been beneficial and initiatives are in place, namely through the healthcare system Black Pear, to improve access to information held in primary care.

The Trust is actively looking to improve access to physical health testing outside clinical spaces through portable equipment and technology.

Prescribing Observatory for Mental Health: Use of Depots for Relapse Prevention

This re-audit addresses the use of depot/long acting injectable antipsychotic medication for relapse prevention and shows that the Trust performed well with scores higher than the national average in 7 of the 8 measures.

Action: The care plan should include response to default from treatment, and relapse signs and symptoms, by:

- Raising awareness in supervision, refocus days and team business meetings.
- Sharing results of audit to staff, highlighting good results and areas of concern.

Insight from audit lead:

The audit helped with the delivery of a better quality of care for this group of mental health patients who are likely to suffer from various consequences from being on a depot antipsychotic medication. Issues related to the care of those patients were highlighted and ensured that systems and processes are in place to address them.

This re-audit demonstrated compliance with guidelines and showed significant improvement between the original baseline audit in 2017 and the re-audit in 2019 (despite the numbers of participants being higher in the re-audit).

There are plans to locally re-audit two of the standards in order to ensure steadiness of the good performance of clinical care achieved in 2019.

The action plan was completed except plans for re-audit mentioned above.

Gastroenterology - Inflammatory Bowel Disease (IBD) Registry – Biological Therapies audit

The Trust is on a par with other regional centres in starting biological therapies.

There is a need to improve obtaining consent from patients prior to migrating their data to the registry hub, and patients are not always formally assessed at key points after starting treatment.

Actions include:

- Local audit for patients started with biologic treatment over the past 12 months.

Insight from audit lead:

The audit confirmed that pre-screening safety checks prior to initiating biologic therapies are being done well with screening in line with locally/nationally agreed standards.

It has provided insight into where the Trust could improve (for example with follow-up assessments), prompting a local audit to be undertaken assessing provision of post biologic therapy initiation checks.

Changes for the better:

- Re-evaluation of nursing/doctor roles and outpatient clinic utilisation, thus allowing for timely clinical reviews and assessment of response to treatment.
- Although a process was already ongoing, consent requests and forms have been distributed to patients asking for consent of their anonymised data to be uploaded to the national Registry.

The service is still working on obtaining consent from as many patients as possible; undertaking a re-audit of post initiation reviews and examining how to improve formal scoring assessments of disease activity prior to initiation of treatment.

Maternity/Neonatal - National Neonatal Audit Programme (NNAP)

The service compares well to National and Regional averages and within confidence intervals in all domains. The Trust is not identified as an outlier. There is improvement in most standards compared to the previous report.

Actions included:

- Implementation of periprem and British Association of Perinatal Medicine toolkit Quality Improvement (QI) projects.
- Retain UNICEF baby friendly initiative.
- Reinstate transitional care regular meetings.
- Ongoing recruitment and training of Trainee Nursing Associates.

LOCAL CLINICAL AUDIT

The reports of 52 local clinical audits were reviewed by the provider in 2020/21 and Somerset FT intends to take action to improve the quality of healthcare provided.

The following are examples of projects conducted by clinical teams across the Trust and the changes proposed as a result of them:

Obstetrics – Waterbirth Audit

A re-audit of the Trust Immersion in Water for Labour Guideline (original audit in 2018)

Good overall documentation and generally local policy was observed. Of the women where no temperature monitoring was documented, the outcomes for babies remained positive. No babies were born with poor Appearance, Pulse, Grimace, Activity and Respiration (APGAR) assessments.

Actions included:

- Updated mandatory training for pool temperature monitoring standards.
- Added a reminder to the proposed Fresh Eyes Review form being developed.
- Trialled a digital probe which provided a continuous read out of temperature.

Insight from audit lead:

Regular temperature checks are to ensure comfort for the birthing mother and safety for the baby. This is due to a theoretical risk of the baby gasping underwater at birth if the pool temperature is too low and to prevent problems associated with hypothermia. The audit results this year showed a continued need to try and improve compliance.

The audit demonstrated no increased bleeding rates. Women were able to adopt a range of comfortable positions for birth and the perineal trauma rates were reduced.

The audit highlighted that women were able (and did) choose to use a birth pool in all areas of birth care. These include both birth centres (standalone and alongside), labour ward and at home. This finding is important as the 'Better Births' initiative supports women to access a birth pool in all maternity birth settings.

The audit will be expanded next year to look in more depth at the outcomes for women and their babies choosing birth or labour in water.

Musculoskeletal (MSk) – Spinal MSk Referrals to the Orthopaedic Assessment Service in Somerset (OASIS)

An audit to evaluate the quality of spinal referrals to OASIS from MSk Physiotherapy to ensure patients are seen in the right place, first time and with all relevant information.

Actions included:

- Standardisation of referral paperwork and processes.
- Development and circulation of “How Do I” guide for spinal referrals to OASIS.

Insight from audit lead:

Following this audit, a new referral form was introduced and circulated to the MSk providers in Somerset. The form supports clinicians to provide consistency of content of the referral, ensuring all relevant information is present to support triage and clinical decision-making processes. The form prompts clinicians to discuss cases with a peer colleague with enhanced spinal knowledge thereby ensuring patients receive appropriate and timely advice and ensuring first line management has been fully utilised before considering referral forward; thereby improving patient care and experience.

The revised proforma and “How Do I” guide will improve the standard of referrals and improve communication between clinicians in the MSk pathway.

Mental Health Inpatient – Recording of Diagnosis

This project involved an initial audit on the accuracy of diagnosis, followed by local intervention, and subsequent re-audit after two months.

Actions include:

- Targeted teaching to new Senior House Officers.

Insight from audit lead:

Accurate diagnosis can shape and guide good care in the inpatient and helps deliver a good standard of continuity of care in the community mental health services. It also helps to provide targeted and appropriate psychoeducation for patients, carers and family. It can help provide accurate information to primary care and is also vital for funding and commissioning with indirect impact on patient care through long-term service and policy development.

In addition to the above benefits, there are clear educational benefits for doctors in training as the work requires them to explore accurate diagnostic definitions using internationally recognised systems.

Actions completed:

- Junior medics have had a session with audit leads.

- A reminder has been placed in junior doctor's office.
- Weekly reminders are used by the team to record diagnosis.

Restorative Dentistry – Adherence to National Guidance on Head and Neck Cancer Dental Screens

Audit on national guidelines and standards on the dental screening process for head and neck cancer patients in Musgrove Park Hospital.

This audit demonstrated high levels of compliance for four of the six standards audited.

Actions included:

- Ensuring all clinicians are aware of findings and planned changes.
- Designing a proforma to use during dental screens to prompt accurate recording.
- Conducting a separate audit to determine accuracy of clinical note keeping.
- Inclusion on the dental screen proforma of a prompt for an optical projection tomography (OPT), a prescription of a topical fluoride supplement and a referral reminder for hygiene/therapist if needed.

Insight from audit lead:

The beneficial impact of this audit on patients is that the department now has a consistent approach to screening and referral pathway for patients regardless of the member of staff performing the screen. This has improved care equity. The new screening proforma (developed as a result of the audit) prompts clinicians to ensure nothing is missed during screening and follows a logical sequence. Screening is often undertaken in a time-limited environment and the proforma is a safety check to ensure nothing is missed as a result. Record keeping is clearer and easier for other clinicians to refer to as a result of the proforma.

All actions listed in the action plan have been completed.

Diagnostic Imaging - Last Menstrual Period (LMP) Protocol

The purpose of the protocol is to prevent the irradiation of the area between the diaphragm and knees in pregnant patients. This re-audit was undertaken as a result of findings in the initial audit in 2019.

Actions included:

- Re-education for staff on the protocol.
- Ensure the associated flow chart is clearly on display in each clinical area.

- Update recording system as LMP field was greyed out for 51–55-year olds.
- Clear process for obtaining LMP/pregnancy status in theatres.

Insight from audit lead:

Female patients should not be exposed to radiation over their pelvic area unless there is a very low chance of being pregnant. This audit process has raised awareness of the details of the LMP protocol and as a result the chance of imaging a pregnant patient is very low when the protocol is followed correctly.

There is now a more standardized approach to recording pregnancy risk.

Mental Health Inpatient – Observation whilst maintaining safety and patient engagement

Observation is a mental health nursing intervention which is used to manage risk to ensure the patient's safety and wellbeing. There are four levels of observations, ranging from Level 1 (minimum level for all inpatients where staff check on the physical wellbeing and whereabouts of all patients once an hour), up to Level 4 (patient being within arm's reach of an allocated member of staff at all times). Of the 18 standards, 12 met or exceeded set standards.

Areas for improvement included:

- All levels of observation should be recorded within the patient's care plan and patients should be involved in the decision.
- If an informal patient's status is changed so they are detained under the Mental Health Act, they should be allocated to minimum of Level 2 observation.
- A formal review of the patient's level of observation conducted every 24 hours (minimum).
- Decrease from Level 3 must only follow a multi-disciplinary team discussion.
- All staff carrying out observations should have an annual 'Assessment of competence to carry out mental health observations' completed.

Insight from audit lead:

The primary benefits of undertaking this audit were to provide assurance that patients being admitted to mental health inpatient wards received safe patient care, were observed within the required time frames and were given the opportunity to engage with staff.

The majority of actions identified within the action plan were completed. However, two actions relating to the re-audit of observations had to be adjusted to compensate for increased work pressures due to the coronavirus pandemic.

The following areas have changed providing an improved service:

- Improved process when transferring patients between mental health wards, which ensured patients were observed more frequently when placed within a new environment.
- Increased multidisciplinary review for patients on level 2 observations for longer than three days.

A re-audit will be conducted in November 2021.

Primary Care Dental Service – Compliance with NICE Guidance on oral health alcohol use

To assess compliance of dentists working within the primary care dental service with NICE recommendations addressing oral health (NG30), focusing on alcohol use.

This was supported by a related audit of the same guidance focussing on tobacco use.

Actions included:

- Develop a generic service-wide medical history form with appropriately worded social history questions to capture information on patient's alcohol use.
- Clinicians to self-reflect on own clinical record keeping and confidence in identifying alcohol use and engaging in more detailed discussion.
- Letter template to be prepared for signposting to GP's.

Insight from audit lead:

The beneficial impact of the audit for patients is that the results demonstrate good compliance with the requirements to record alcohol use and the number of units consumed per week, as part of the medical history form.

The audit identified that clinicians were more consistent in asking about the number of units of alcohol, but less so when it came to the type of alcohol consumed. This alerted the dental team to the need to instigate and record a more thorough discussion about alcohol consumption for completeness as part of best practice. It also gave the clinician an opportunity to refer, or signpost, the patient on to their GP to access alcohol support services if they wished.

The audit recommended making a template GP referral letter for alcohol support which clinicians could easily access in the electronic patient notes. This

recommendation has since been actioned and cascaded to all clinicians so that they know where to access the template if needed.

The audit identified that the medical history form questions varied between sites which accounted for some of the variation in recording alcohol consumption. Dental Services has recently put together a small project management group to streamline all the various forms into one, consistent version for use at all sites.

Children Looked After (CLA) – Health Assessments

This audit is a mandatory requirement of Clinical Quality Review arrangements in place between Somerset FT and Somerset Clinical Commissioning Group (CCG). This project is a re-audit of the original audit undertaken in 2019.

Actions included:

- Revision of Review Health Assessment (RHA) template, which will become one document used and shared with all services involved.
- Key Performance Data collection.
- Plan to gain more detailed user/client feedback.

Insight from audit lead:

The beneficial impact of the audit for patients included:

- Streamlined quality assurance of Review Health Assessment (both user experience and record-keeping) whether provided by CLA Health, Public Health Nursing or Other Local Authority service.
- Children who are looked after will have access to high quality assessments and child health care plans that include their voice, reflect their health needs and have clear and timely desired outcomes.
- Health Assessments are robust in that they include health information from multiple professionals and sources.
- Reduction in the time that a health assessment takes to complete.
- The assessment is now distributed in its entirety which reduces practitioner duplication of information.

Status with outstanding actions:

- Discussion with Public Health Nursing Operational Leads to share learning specific to Public Health Nursing performance – completed and ongoing.
- Key Performance Data collection – ongoing communications with Trust analysts to create an automated Key Performance Indicator data collection database.
- Gain more detailed user/client feedback – working on bespoke online Friends and Family Test.

Radiotherapy – Pregnancy and Fertility in Radiotherapy

This audit was conducted to ensure staff are adhering to key regulatory requirements for radiation safety. The results show that the department are checking the pregnancy status of people of childbearing age, but there are occurrences where the pregnancy status of people is checked who do not need this.

Action:

- Process review on fertility work with Consultant Clinical Oncologists.

Insight from audit lead:

This audit was about a process completed by staff to ensure safety. This benefits patients as the team are more aware about who does and does not need to declare that they are not pregnant. For some people fertility can be a sensitive topic, so being more aware of this has benefitted patients.

The action plan has been completed and there is an onward plan to re-audit.

Safeguarding - Mental Capacity Legislation – Mental Capacity Act (MCA), DOLs – Inpatients

This local audit was undertaken to ensure that valid consent is obtained and recorded at relevant points in the patient's care, Capacity assessments are completed when significant decisions are made and the Deprivation of Liberty Safeguards (DoLS) process is followed for patients who lack capacity.

Actions included:

- Reviewing existing assessment expectations, tools and guidance.
- Producing additional assessment guidance and share with staff.
- Additional monitoring of compliance and re-audit in July 2021.
- Reviewing tools and guidance to support the documentation of capacity and consent.

Insight from audit lead:

Patients will benefit from the audit by helping the Trust to understand how well the Mental Capacity Act is being applied and to allow the Trust to identify actions that will help it to improve application of the act and improve the documentation of decision making.

The audit brought understanding of how the MCA is being applied in practice and a follow-up audit is planned for July 2021 to review whether engagement with the clinical teams and the actions taken has improved performance.

Six actions have been completed, and work is underway on those outstanding.

Dermatology - Audit of Telephone Consultations with Skin Cancer and Medical Dermatology Patients during COVID-19

Telephone consultations allowed the dermatology service to continue during the Covid-19 lockdown. This audit was undertaken to help gauge effectiveness of this service change for patients.

Actions included:

- Further follow-up: alternating between telephone and face-to-face appointments.
- Patient image access should be limited to a window of 10 days either side of their appointment.
- A re-audit is scheduled for May 2023.

Insight from audit lead:

Overall, Covid-19 presented a chance to consider ways of working which had been contemplated in the past but not adopted. Adopting these new ways of working during Covid-19 highlighted that there are some benefits in some instances some of the time, and we are continuing to look at how to incorporate them into practice.

- Telephone consultations allowed the service to continue through the pandemic.
- Patients were generally satisfied with the telephone consultations.
- Patients and clinicians prefer face-to-face appointments - it is more reassuring for the patient and more clinically useful for the clinicians.
- Patients now have access to videos, via YouTube links, detailing how to check their lymph nodes, how to check their skin and how to take a clinically useful photograph.
- The service has largely returned to face-to-face appointments. However, skills and knowledge gained about performing telephone consultations allow this to be an option for any patients unable to attend face-to-face appointments.
- Discussion is ongoing regarding a model where patients are assessed at the end of each face-to-face appointment to see if a telephone appointment next time would be appropriate.

Paediatric Cardiology Transition and Transfer

This local audit was carried out to review the current transition and transfer process, and to aid successful transition/transfer to adult cardiology services.

Actions included:

- Implementation of “Ready Steady Go” transition programme.
- To see all complex congenital heart disease patients in transition clinic prior to transfer to adult services.
- Develop designated registered children’s nurse with interest in cardiology role.
- Improved contact when appointment to adult cardiology services is not attended.

Insight from audit lead:

It is vital to educate adolescent patients with complex congenital heart diseases to take charge of their health with a structured transition programme. The Trust felt provision of this service is a significant impact on this patient group.

With transition clinics established, the identified gaps were addressed. A pathway was designed to help patients and carers to make them aware of the cardiac condition and to enable them to feel confident about their knowledge and skills during this period of transition.

The DNA rate of patients following transfer to adult services is a potential cause for concern. The service needed a robust policy in place to address this issue. Young people who have moved from children to adult services but do not attend their first meeting or appointment are now being contacted by adult services and given further opportunities to engage.

The service aims for implementation of the Ready Steady Go programme during transition clinics and plans to undertake a patient survey to determine whether patients are being given appropriate information and support.

Use of Bladder Scanner in Prostate Radiotherapy

An ultrasound bladder scanner (UBS) is used for patients who are required to have a consistently full bladder for their radiotherapy treatment, primarily patients being treated for prostate cancer. It is used to get a bladder volume reading prior to treatment to compare with that at the planning CT scan.

Actions included:

- Refresher training session on the use of the UBS and protocol.
- Training for new staff on the use of the UBS and protocol.

Insight from audit lead:

With the introduction of the protocol, a more standardised structure allowed for more accurate tracking and assessing of patient’s bladder filling reliability. This in

turn helped reduce the amount of repeat CBCT imaging further compared to when the UBS was introduced for ad-hoc use only.

On auditing the protocol, it was found that two areas were not followed as successfully as hoped. In these instances, however, there was clear documentation for the professional judgment in these decisions. It has been decided to re-audit in the next three financial years instead of one or two, as the changes would render the standard redundant.

Both action plan points from the audit have now been completed. The refresh session and training session have been finished.

CLINICAL RESEARCH

The Financial Year 2020/21 was a year like no other for the Department of Clinical Research. The Trust merger between Taunton and Somerset and Somerset Partnership NHS Foundation Trusts took place on 1 April only a week after the first wave of the Covid-19 pandemic hit the country and NHS services implemented emergency plans.

For the department of Clinical Research, like many other clinical services, this was the start of a period of rapid change with staff required to work in new and innovative ways whilst also facing extreme challenges. The research teams donned personal protective equipment (PPE) to deliver existing life extending or life enhancing treatment trials whilst also prioritising opening and recruiting to new Covid-19 treatment and surveillance projects that were deemed to be of national importance. The prioritisation was undertaken by the National Institute for Health Research (NIHR) and the NHS Chief Medical and Scientific Officer and subsequently, the Joint Committee on Vaccination and Immunisation (JCVI). In the first wave, some research nurses were redeployed to work in the Intensive Therapy Unit (ITU) to care for patients seriously ill with the effects of Covid-19. Dr Justin Pepperell, Research and Development (R&D) Director and ITU Consultant, Dr Richard Innes, led from the front by assuming the additional responsibilities of acting as Principal Investigators for numerous Covid-19 trials as well as overseeing the clinical care of Covid-19 inpatients.

With redeployment of senior research nurses to ITU, other clinical staff members were required to work in a flexible way to cover and cross cover in all specialities with active treatment trials. Trials that were not deemed to be of national importance were paused to allow research staff to focus on nationally prioritised trials. Staff members who were not patient-facing were required to work from home.

The importance of undertaking health research has never been more clearly demonstrated than in the last twelve months of global pandemic when the disease characteristics have been studied, effective treatments have been established and vaccines have been developed and deployed successfully to combat the disease and its transmission.

Two trials of specific note are SIREN and RECOVERY, both of which were run extremely successfully within the Trust. SIREN began as a Public Health England surveillance study involving staff being regularly tested for Covid-19 antibodies to see whether being positive for antibodies gave lasting protection against the disease and if so, for how long? The trial was responsible for identifying several Covid-19 positive staff who did not display symptoms, thus ensuring staff were able to quickly self-isolate, thereby reducing possible transmission to patients and other colleagues. The trial has continued and is now collecting data that will be able to prove efficacy of Covid-19 vaccines. The Trust embedded the SIREN study into its staff testing endeavours from the start, therefore making research part of everyday life for a large number of Trust employees. The Trust was extremely successful with recruiting staff, with a total of 1,029 recruited, the third highest recruiting Trust in England, which was an exceptional result.

RECOVERY is a multi-arm, adaptive, design-randomised, controlled trial which set out to test several different treatments for Covid-19; at the beginning of the pandemic there were no approved treatments for the disease. By conducting the trial across the UK and internationally in selected hospitals in Nepal, Vietnam and Indonesia the trial has been able to prove which treatments are successful and importantly, the treatments that are not successful. Trust researchers recruited 136 inpatients to the trial.

As the year came to an end, the research team once again switched its focus to reopening trials that had been paused during the height of the pandemic, whilst also continuing to support recruitment to Covid-19 trials to ensure that all Trust patients have the opportunity to join research trials wherever possible. Changes in the pharmacy team, lean structure and support for the mass vaccination programme have delayed Trust responsiveness to open some commercial trials and this has been addressed at board level.

Commercial collaborations

Dr Petra Jankowska and Dr Julie Walther are chief investigators in the UK for new commercially sponsored drug trials in Oncology.

Dr Tim Jobson, consultant gastroenterologist, was awarded an NIHR invention for innovation (i4i) grant of circa £1.5m in 2019/20 to develop a project to improve early identification of patients with declining liver health. The project is a commercial collaboration between the Trust and commercial partners and started in the latter part of 2020/21.

In 2018/19 the Trust went live with TrinetX, a commercial data warehouse that makes anonymised data available to approved research partners. Use of the platform continues, and in 2020/21 the Trust received 19 trial connect requests via the platform, two were declined, ten accepted and seven pending further review or information.

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 has established a partnership agreement with Rutherford Diagnostics, a company that is developing multiple complex healthcare projects to deliver state of the art diagnostic centres and health technology innovations which it is likely will 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.

The Trust is sponsoring 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 has now re-opened with four participants recently having been recruited.

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 has 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 has been submitted and the outcome is currently awaited.

The Trust continues to work with its local health community partners, Yeovil District Hospital NHS Foundation Trust in particular, and other NHS trusts across the South West Peninsula. 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 allied healthcare professionals as Principal Investigators 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 embed research further in the fabric of the organisation.

Quality improvement

The research department has been involved in conducting the annual Patient Research Experience Survey, the results of which are awaited. When results are received an action plan will be developed to follow up any improvements.

Funding and activity

In 2020/21, the Trust was allocated £1,401,029 to support research staffing and infrastructure via the NIHR Clinical Research Network: South West Peninsula, with a further £35,533 directly from the Department of Health. Revenue from the conduct of research of £254,436.28 has been invoiced for, as at 20/05/21. This revenue represents a significant reduction compared to previous years.

Nonetheless, it is indicative of the portfolio of mainly academic studies, where staff were required to focus efforts on Covid-19 studies and few commercial sponsors were able to come on site to monitor the reduced number of commercial projects that were able to remain open.

The number of patients receiving relevant health services, provided or sub-contracted by Somerset FT, who were recruited in 2020/21 to participate in research approved by a research ethics committee was 3,639 (in 93 studies). Although a high proportion of recruitment was to Covid-19 related studies, a significant proportion, 19% of total 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.

As part of their Transitional Monitoring Arrangements put in place, the Care Quality Commission carried out a core service review of the Trust's arrangements for End of Life Care in March 2021. Additional reviews were carried out during the last quarter of 2020/21 to review progress on actions from previous inspections relating to anaesthetic cover, learning from deaths and equality and diversity. No concerns were identified following any of these reviews.

Somerset FT participated in a Provider Collaboration Review of care for people with learning disabilities across Somerset during March 2021.

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 and on the CQC website at www.cqc.org.uk.

Care Quality Commission Mental Health Act Assessment

During 2020/21, the CQC paused their regular Mental Health Act Assessment visits to minimise the risk during the Covid-19 pandemic. However, the CQC continued to assess using other methods, including remote inspection monitoring, and no significant concerns were identified. 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 2020/21 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 and 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 | 96.3 | 99.2 |
| % of valid NHS Numbers sent to SUS | 99.7 | 99.3 | 99.7 |
| Number of records which included the patient's valid General Medical Practice Code | | | |
| % of valid GP Practice Codes received from EPR | 99.9 | 99.6 | 99.1 |
| % of valid GP Practice Codes sent to SUS | 99.9 | 100.0 | 99.1 |

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 2019/20 was 93.8% compared to a national average of 81.7%.

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 new data quality policy.
- Extend the use of spine mini-services through the Trust's integration engine to improve completeness of data.

Somerset FT was not subject to the Payment by Results clinical coding audit during 2020/21 by the Audit Commission.

INFORMATION GOVERNANCE

Somerset FT Data Security and Protection Toolkit submission for 2020/21 will be completed in June 2021. Timescales have been delayed due to the Covid-19 pandemic. It is expected that all mandatory evidence items will be reached, with an assessment status of 'standards exceeded'.

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.

| | Percentage achieved 2020/21 | DSPT Standard 1 Mandatory Target |
|---------------------|--|---|
| Primary Diagnosis | 94.5% | 90.0% |
| Secondary Diagnosis | 88.5% | 80.0% |
| Primary Procedure | 91.5% | 90.0% |
| Secondary Procedure | 84.0% | 80.0% |

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 the formal audit, the NHS Digital accredited Clinical Coding Auditors 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 2019/20 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

Learning from Deaths

During 2020/21, the Trust has successfully rolled-out of the Royal College of Physicians structured judgment review tool (SJR) across Musgrove Park Hospital, Primary Care and Neighbourhoods and Community Wards and the SJR endorsed by the Royal College of Psychiatrists across mental health services. These national tools are being used by teams to review deaths to identify learning which may lead to change in practice or process.

Certain deaths, such as unexpected or avoidable deaths, may be reviewed via the serious incident process and these are overseen by the Serious Incident Review Groups in physical and mental health.

The Medical Examiners (MEs) continue to refer to the learning from deaths (LfD) pathway and there is good communication between LfD and the MEs with monthly meetings to review referrals and feedback learning to them. If the MEs have concerns or see themes emerging, then this is also handed over. Since the start of the ME service on 1 September 2020 there were over 100 referrals made to the LfD process during 2020/21.

All unexpected deaths, including referrals from ME, are held on a central tracker managed by the LfD lead. Outcomes and the actions that arise are defined according to the strength of the actions raised:

- Does the Trust need to raise awareness?
- Is there a training requirement?
- Is a process change necessary?

The patient and family narratives that contributed to this change, along with the improvements which have been identified consequently, are used to monitor learning from deaths.

When an unexpected death is reported, or there is a significant concern referred by the Medical Examiner, a summary report is requested of the treating team to

determine further information. There are currently two meetings each week for discussion of these summary reports. The meeting is chaired by a member of the Medical Leadership Team and is attended by clinicians or managers from the area involved and members of the senior nursing and governance teams. The advantage of having senior members of the organisation at these meetings is both for senior awareness and to facilitate any immediate actions that may be required. These meetings not only discuss unexpected deaths but also serious incidents and never events.

These meetings continue to focus on three questions:

- What do we need to do now?
- Are staff and patient/families being supported and by whom?
- How will we take this forward for learning?

Overall, the meetings have been very successful and have set a very positive and supportive environment for discussion which optimizes the potential for learning.

In November 2020, the LfD team met with the QuIPPS panel (Quality Improvement Partner Panels), a panel of members of the public who support health and social care organisations by ensuring the voice of the public is involved in improvement projects. The discussion focused on who they thought would be the best staff group to communicate with families and carers when there has been a death of a relative; what services/support they would like from a Family Liaison Service and how feedback could be requested from families to ascertain if the Trust is doing this correctly for them. This was a very valuable experience and they provided excellent suggestions on what 'good' felt like for them and also told their stories of when things did not go well and the impact that still had on them. The Trust is very grateful for their openness and ideas, and their offer of continued support should the Trust wish to have it. Some of their suggestions have gone forward as projects including linking with ITU and the palliative care team to support feedback around bereavement.

The Improvement team are supporting a project within the organisation entitled "Family Involvement in Suicide Prevention". Themes identified from a review of serious incidents in mental health showed that communication problems with families and carers are a contributory factor in 1 in 5. In 2019, that equated to 6 preventable deaths where patients completed suicide. There have been a series of workshops with staff determining the barriers to communication and the teams are now meeting to discuss change ideas which will work towards improving communication. Covid has caused a few delays to the process but there is clear directorate engagement and support for staff to take this forward.

In October/November the Trust conducted a staff survey to establish how senior clinicians perceived the mortality review process. There was an excellent

response and overall results demonstrated that the majority agreed that mortality reviews result in learning that improves clinical care and patient safety. One of the comments received was ‘I think recognising where things could have been better is hugely important and giving families a platform to understand why decisions were made can be very helpful when understanding the reasons behind a loved one’s death’.

In January 2021 the CQC met (virtually) with the Trust for updates on the LfD agenda and progress against the must do actions in the action plan. They commended the Trust on the work it had done to make significant progress against the actions in a time of unprecedented demand, and their initial feedback was positive. Both parties acknowledged that the Trust still has some way to go to fully implement systems and processes to maximise learning and to fully involve families and carers into the learning processes, but there is a clear pathway forward.

Using Technology to Support Learning from Incidents

As part of the work preparing for the merger in April 2020, the Trust carried out a procurement exercise to standardise software for reporting incidents, complaints, PALS and other governance processes. The contract was awarded to Radar Healthcare and the Trust started working with them on the implementation just as the Covid-19 pandemic began. This meant the plan had to be completely revised to match new ways of working. Despite this, a new integrated incident reporting system was launched on schedule in July 2020. This coincided with the introduction of the Trust’s new operational management structure.

The use of Radar has allowed a fundamental change in how information from incident reports is shared. Rather than having to wait for regular reports and request further analysis, ward sisters and departmental managers now have direct access to up-to-date information about all the incidents in their area, presented in a range of easy to explore formats that allow them to look at specific issues and trends based on such things as cause or severity of the incident. This includes the ability to drill down to specific incidents and review the actions taken to improve safety. Senior managers and specialists have the same information available across all areas, with the same ability to explore the data, allowing Trust-wide issues to be identified quickly.

Key meetings, including service and directorate level quality and performance meetings, now use live data to show potential areas of concern and identify areas requiring further quality and patient safety focus.

In addition to the basic graphical tools, the software offers artificial intelligence technology to explore the data, allowing people looking at the data to ask, “what does this data tell me that I might have missed?”

The Governance Support Team is currently developing a range of additional data views and dashboards to improve learning for specific areas of concern (e.g. falls) and for other governance processes (e.g. complaints and PALS) and working with Radar to implement improved processes for other governance processes.

Guardians of Safe Working (GOSW)

There is a requirement in the 2016 Terms and Condition of Service (TCS) to produce a quarterly report and an annual report to the Board of the Somerset FT. The purpose of this report is to provide awareness to the Board and to the doctors that they are training safely and their working hours are compliant with the TCS.

Key points highlighted to the Board during 2020/21 include:

- The Trust continues to face significant challenges regarding junior doctor staffing levels across the Trust. This has been acutely exacerbated by the Covid-19 pandemic. Rota gaps and vacancies contribute to these pressures.
- There is an ongoing need to expand clinical teams in response to consistent increases in acute admissions and inpatient activity across the Trust, with particular need in the Medical Directorate.
- Ongoing concerns regarding the safety of surgical night shifts are recognised and are being addressed by the Hospital at Night project, as well as changes to surgical rota patterns and the proposed recruitment of Clinical Fellows to support rotas across the Trust.
- The Trust continues to see rota gaps and vacancies in 'hard-to recruit' specialties, with resulting impacts on junior doctor training opportunities. Appropriate steps are being taken by Clinical Leads and College Tutors in these specialties.
- The training and recruitment of Allied Healthcare Professionals, including Advanced Nurse Practitioners and Physician Associates, is being expanded across the Trust to support front-line clinical teams.

PATIENT EXPERIENCE

Dietetics - Ensuring patients receive adequate and nourishing food

Nourishment is a key element in recovery from illness or surgery and maintenance of good health. Food and nutrition are a priority for high quality care and the Trust knows that it needs to maintain the programme for continual improvement of food services, food availability, staff education and practice. The Trust provides patients with a range of nourishing foods, as needed, and aims to ensure that they are given the assistance as required.

Food availability

Availability of food, including hot meals and snacks, 24 hours a day enables patients to have flexible access to nutrition in order to meet their needs. In addition to the wide menu of both hot and cold food served at the usual mealtimes, the Trust has the facilities required to provide hot meals 'out of hours' for patients who are unable to eat at the usual mealtimes or would prefer a hot meal at a different time, whether this is day or night. To provide this flexibility, the Trust has microwaves on every ward and freezers which are stocked with balanced nutritious meals. These meals can cater for a range of diets, including gluten free, vegetarian, modified textures, milk free etc.

An iPad system for food ordering is in use. This has a number of benefits, including a safer system for ordering special diets and immediate electronic delivery of patient meal choices from wards to the kitchen. The Trust understands that many patients prefer time to peruse the menus in order to make their meal choices and viewing an iPad does not suit all. Therefore, to support a better patient experience in food choice and ordering, laminated menus are available at the patient's bedside. Once the patient has made their food choices, staff can input this into the iPad. As part of continual improvement, the ordering system is again being reviewed to ensure that the best and most efficient technology is being used to support patient care and use of Trust resources.

Staff knowledge

Staff education on nutrition and food provision continues to be a priority with the requirement that ward staff have the knowledge they need about food availability in order that patients receive what they need. A ward food folder, detailing information on food provision and special diets is available on each ward. This is supplemented by menus and special diet information available on the ward iPads and is for use by both staff and patients to ensure that patients are able to receive the food they need and would like.

The priority is to provide food safety awareness and food hygiene training for relevant staff. When face to face training was suspended as a result of COVID, the team developed an online training package which is supported by a live webinar. This successful training is now running regularly.

Help with eating

The aim for patients receiving sufficient food within or outside mealtimes focused on ensuring those who needed assistance with eating reported that they had been helped. The Trust aims for 95% (good) achievement for this. The target was set in the context of improving assistance to patients, between and at mealtimes, by:

- ensuring they could reach their food and drinks

- opening packaging
- offering finger foods
- providing prompting
- fully helping them to eat where this was needed.

Results from the 2019 National Inpatient Survey provided feedback, showing that the Trust's position was less favourable than in 2018, with the question 'Did you get enough help from staff to eat your meals?' The results of this question, however, when benchmarked, show that the Trust performed equally well as other trusts. A small survey undertaken in December 2020 showed that only 78% of patients reported getting the help that they needed. The plan this year is to survey patients more frequently and act on the feedback to make improvements.

Improvements achieved in the last year

- A new Children's ward food folder has been launched. The folder details bespoke children's menus offering healthy and vegan choices, as well as revised special menus for children who have Eating Disorders.
- In support of inclusion, this year menus were added in braille for both paediatric and adult wards.
- Dietitians are now providing individual written care plans for patients seen in the hospital. The care plans provide clearer advice so that patients know how to support their own care whilst in hospital and what do to do when they go home. With better patient information, this is supporting a 'Food First' approach, reducing the reliance on prescribed nutritional supplements.
- In response to the Covid-19 pandemic, the Dietitians restructured services to provide additional support to both Critical Care and the wards where Covid-19 patients were being treated. Bespoke nutritional support care plans and catering were provided to support patients who were struggling with Covid-19 symptoms.
- New guidelines to support adults with Eating Disorders admitted to the Trust for medical stabilisation have been developed and implemented. The guidelines, along with an agreed pathway and improved working with Mental Health teams, has improved care for this vulnerable group of patients.
- The Trust's acute hospital dietitians are now working increasingly closely with the community dietetic team. Pathways of care are being reviewed to make services more seamless, improving patient and service user experience.

- Patient resources are being improved with continuous additions to the award winning website www.patientwebinars.co.uk This collaborative work, being led by Community Dietitians, supported by colleagues both in Musgrove Park Hospital, Yeovil District Hospital and beyond, has created open access, accredited webinars and patient information.
- The Trust has invested further dietetic time to support patients with cancer. Two new dietitians are now being recruited to work within the cancer multidisciplinary teams providing a more comprehensive service to a wider range of patients.
- Work continues to ensure that the Trust meets the requirements of national patient safety alerts and an international improvement programme for patients requiring tube feeding.

Further improvement identified

- Although delayed, a seasonal patient menu is now in development and will start with seasonal salads this summer. These dishes will be available alongside the normal menu. The choices will, as much as possible, use locally sourced foods in line with the Trust Sustainability plan.
- Work will continue to ensure that the Trust maintains a high standard of ward food service. This will include review of food service and delivery at meal and drink/snack times, starting with a comprehensive range of observational audits and then development of plans for improvement.
- An electronic nutritional screening tool has been piloted and will be fully implemented in Musgrove Park Hospital during 2021, making it easier for staff to complete; this will enable easier auditing of compliance and accuracy of the screening. This will then link to a plan for regular education and training for ward staff, including an e-learning programme.
- Patient surveys will continue during 2021 to gain further feedback from patients about the food being offered and the meal ordering systems. This information will help to ensure that future changes are based on what patients are saying.
- Further audits will be undertaken to ensure that food availability meets the standards the Trust expects.
- Following the publication of the National review of hospital food, the Trust will undertake a benchmarking of its current position seeking to understand areas for improvement.
- Over the coming year the two Dietetic teams will be brought together

Seeking and Learning from Feedback

With an ambition to provide high quality patient and family centred care, it is fundamental in planning and delivering services to gather people's views and experiences and act upon these to shape and improve the service and culture.

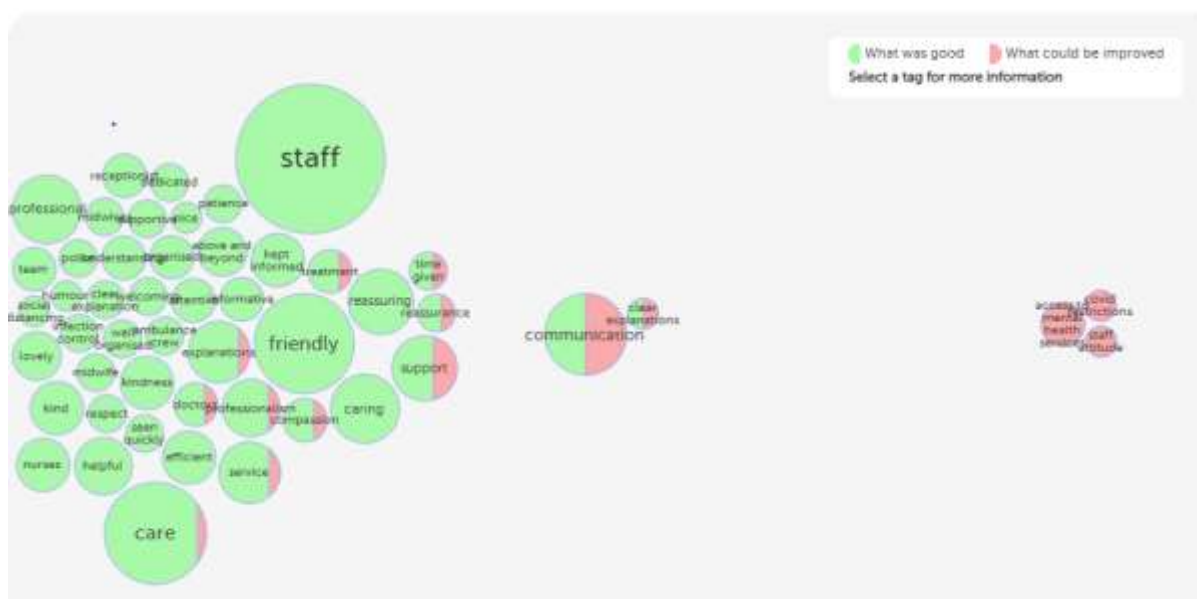
As part of this it is vitally important to seek out and actively engage with a diverse group of people who have experience of the services delivered by Somerset FT.

Care opinion

The Trust has continued its subscription to Care Opinion. Trained responders are in place at a local level who enable stories to be heard, facilitate actions and ensure that results are posted.

The graphic below demonstrates the positive comments within stories in green bubbles and comments about what could be improved are in red. Where there are mixed reviews within stories the bubbles are mixed.

196 stories have been shared this year; the stories have been viewed on Care Opinion **13,750** times in all.



My voice and messaging service

An email address has been created and published for patients, families and the public to share their comments, views and feedback about the Trust's services. This has been used widely over the last year and shared directly with services for action or information. The Involvement team respond directly to the correspondent with the outcome and to acknowledge receipt of the feedback. When appropriate, the feedback is shared with the PALS team with consent.

During the pandemic, a messaging service has been developed. This has enabled friends and family to share messages and pictures with patients. This has allowed people to maintain connection whilst visiting restrictions have been in place. Over 1,500 messages have been shared and the feedback received through this service has influenced the team to maintain the service in the long-term.

Cancer services patient surveys

There is a rolling programme of patient feedback from the cancer services. However, as with most things, Covid-19 has had an effect on the running of surveys this year. Alternative ways of gaining patient feedback have been established and in addition to paper questionnaires patients have the option of providing verbal feedback virtually or via telephone.

The surveys are undertaken and reviewed by the cancer services team based in the Beacon Centre, through the patient experience groups led by the patient and the staff experience lead, Joanna Wilson. The learning is shared through the directorate governance meeting.

Systematic Anti-cancer Treatment Report Summary

The conclusions that follow are drawn from the findings of the questionnaires and verbal feedback. Please refer to relevant sections of the report for more specific information:

- Most patients indicated that appointments ran to time or almost to time.
- Patients were mostly happy with the comfort and welcome of the Beacon Centre.
- None of the patients reported having any particularly negative experiences with staff.
- Feeling welcomed by staff.
- Reporting positive experiences with the staff they encountered in the Beacon Centre.
- Most patients felt there was sufficient privacy during treatment should they require it.
- With a few exceptions, on the whole patients felt generally well informed and they were able to ask questions, although not all patients had been offered or seen the pre-treatment DVD.
- Most patients did not feel Covid-19 restrictions impacted on their treatment experience.
- Most patients said they understood who to contact for help while receiving treatment.

However:

- Responses from those patients providing verbal feedback indicated confusion between the Acute Haematology Oncology Service/Cancer Helpline nurses and other nursing staff.
- A few patients did not feel fully informed about end of treatment (see comments from verbal feedback).

Radiotherapy Patient Experience Group Report Summary

Although from a small sample of patients, the overall feedback is extremely positive with patients indicating they were well and appropriately informed from the time of their initial consultant appointment and throughout treatment. Patients indicated they felt able to ask questions and felt well supported by staff involved in their radiotherapy treatment including consultant oncologists.

Despite restrictions and alternative ways of working which were in place due to Covid-19, patients were accepting of these, given the situation.

Bespoke Patient Experience Surveys

There are several bespoke patient experience surveys currently in progress, supported by the Patient experience team including:

- Family Liaison – feedback survey
- Restorative Dentistry x2 – 1 active, new request received
- New-born Hearing Screening – Now active
- School Immunisations, Families Directorate – Now active
- National Bereavement Services - Now active
- Cardiac Services (Titration Clinic) – Now active
- Gastroenterology – Now active
- COVID Testing Feedback– Now active
- Psychological Therapies, Community Health – Now active
- Children’s Looked After (CLA) x1 Active, child friendly on Questback.

Friends and Family Test

The Friends and Family Test (FFT) is one of the ways that the Trust listens to its patients. It is a national measure that gives patients an opportunity to provide feedback. The results give wards/departments feedback on their care but are also reviewed nationally to understand the Trust’s performance alongside other trusts.

Reporting to NHSE on Friends and Family Test was suspended for 10 months, in line with National Guidance. Reporting recommenced in January 2021 and responses have been gathering since December to enable reporting. The number

of responses continues to be relatively low, but it is anticipated that this will build over the coming months.

A planned change to the Friends and Family Test was due to take place in April 2020 but was postponed due to the Covid-19 response requirements. In the lead up Questback has been established as a reporting tool. This enables different methods of gathering FFT feedback including, via a link on tablet, QR code and on a paper form. Clinical areas are supported to use the best method for their patients and service users.

The FFT questions have also changed and this is represented by:

Overall, how good was your experience of our service?

Very Good

Good

Neither good nor poor

Poor

Very Poor

I don't know

Please can you tell us why you gave your answer?

Please tell us anything we could have done better.

Questback enables the team to add on service specific patient experience questions on request.

National Surveys

The National Survey Programme provides assurance of broad service coverage within national programmes. The national surveys address the following areas at Somerset FT:

- Inpatients
- Outpatients
- Children's inpatient and day cases
- Maternity
- Cancer patients
- A&E (Emergency Department) patients
- Mental health survey.

2020 surveys have been disrupted by the Covid-19 pandemic and the following 2020 surveys have now been rescheduled as follows:

| Survey | Fieldwork Timing | Expected month of publication | Notes |
|---------------------------------------|---------------------------|-------------------------------|----------------------------------|
| 2020 Community Mental Health | February 2020 – June 2020 | 24 November 2020 | Fieldwork complete |
| 2020 Urgent and Emergency Care Survey | October 2020 – March 2021 | September 2021 (TBC) | Complete and due to be published |
| 2020 Adult Inpatients | January 2021 – May 2021 | November 2021 (TBC) | |
| 2020 Children and Young People | January 2021 – May 2021 | November 2021 (TBC) | |

Patient and Public Involvement

Patients and the public are at the heart of everything Somerset FT does, in line with the NHS Constitution. The Trust believes that by listening to people who use and care about its services it can understand their diverse health needs better, and focus on and respond to what matters to them. The Trust aims to work in partnership with patients and the public, to improve patient safety, patient experience and health outcomes.

Somerset FT has developed its approach to patient, service user, carer and public involvement and this includes:

Patient Partners

The patient experience team continues to build a database of patient voice volunteers who support engagement and participate in activities from recruitment of staff to focus groups. They review serious incidents and work within improvement boards and projects. For those who are unable to attend the Trust, information is shared remotely (via email or verbally) for feedback and comment.

The Trust has focused on increasing service user involvement in improvement projects and service developments. The service user involvement improvement project has developed a framework for recruiting service users, carers and patients to be involved in Trust activity. This has been challenging during the Covid-19 pandemic, but many activities have continued remotely

The project has identified opportunities for participation and a clear process by which teams can identify and support those who wish to participate as well as clarifying the recruitment process participants require. The aim is that teams will be supported and encouraged to involve those using the Trust services. Sadly,

due to the Covid-19 pandemic, the planned celebration day in April 2020 during Patient Experience week was postponed and will be rescheduled for later in 2021.

Volunteers

Many of the hospital volunteers fall into the 'vulnerable' category for Covid-19. This, and the need to minimise the numbers of people entering the hospital to protect staff, patients, and visitors, contributed to the decision to stop volunteering in the hospitals in late March 2020.

However, volunteers have played a pivotal role in the vaccination programme, recruited by Spark Somerset.

The Trust Volunteer recruitment process is under review. It has become evident that the process was problematic, particularly for Mental Health Recovery partners but also for all volunteers. Volunteers are recruited through the Trac system which is used for staff recruitment and is consequently bureaucratic, difficult to navigate and reliant on extensive information, including work history and references. This has caused some volunteers to withdraw their offer of support.

The volunteer team is working closely with recruitment to improve and simplify the process, removing the requirement for the candidate to use Trac and creating a 'landing page' on the Trust website which includes the options for volunteering as well as a simple application form. This will ensure that the Trust complies with the standards for volunteer management as recommended by the Lampard Enquiry. The improved recruitment process should be in place by the end of May 2021.

Somerset Recovery College

Somerset Recovery College offers opportunities to service users, staff and the public to learn about mental health and recovery by providing a unique curriculum designed to increase knowledge, understanding and skills to equip individuals with the tools to live a meaningful, productive and fulfilling life.

Co-production is a key value and defining principle of Recovery Education. This means that the courses are designed and delivered by at least two people - one of whom has to have lived experience of mental ill health and the other being a mental health professional or expert in the topic for the course.

Recovery Partners and CAMHS Participation Group

Mental Health 'experts by experience' support learning, co-production and service development by sharing their knowledge and experience of using mental health services across Somerset through:

- service improvement groups
- designing leaflets
- local participation groups
- developing an internet page
- reviewing information
- recruitment and Interview panels
- surveys/Friends and Family Test
- sharing recovery stories
- training
- podcasts
- service-users can also suggest an area of interest.

Peer Support Workers

Able people with lived experience of mental illness are an asset to a care system that promotes individualised recovery. They are paid and deployed to support patients/service users by helping engagement with services, providing a watchful and supportive function and perhaps most importantly of all, engendering hope when people are acutely ill and distressed.

Peer Support Workers complement the work of traditional healthcare professionals, providing those who need help from services with informal engagement, watchful support and a helping relationship during their episode of care.

Maternity Voices

The Somerset Maternity Voices Partnership (MVP) is an initiative that came from the recommendations from [the Better Births maternity review](#). The aim of the MVP is to ensure that the voices of people who have used or are using the maternity services in Somerset are heard. It is supported by Healthwatch and the Somerset CCG and promoted by Somerset FT to women to encourage them to share their experience of the Trust's maternity service. Virtual support groups and engagement meetings have continued over the last year, as well as online forums on Facebook to enable continued participation and involvement.

Carer support and involvement group

In Mental Health and Community Hospitals the Triangle of Care has been embedded for some years and a Carers' Charter is available to demonstrate the commitment to supporting and involving unpaid carers.

In acute services this is less well developed, and a Carer Support and Involvement Steering Group has been developed to improve involvement and amplify the carer

voice. The first meeting took place in March 2021 and will initially be held monthly. Alongside this group, which includes carers who are experts by experience, a new carer involvement coordinator role has been established. An appointment to this position has been made, and an unpaid carer was involved in the interview and influenced the final decision. The successful candidate is due to commence the role in June 2021.

Trust Governors

The Trust's governors support the continued patient engagement and feedback agenda, particularly learning from feedback. The Quality and Patient Experience Group is the conduit through which governors, members, colleagues and the general public are represented. They provide feedback on issues relating to quality, patient and carer experience to the Council of Governors.

Governors should be fully informed and up-to-date with developments relating to patient care and experience. This enables them to be an effective link with the membership in their constituency and to the wider public.

Privacy and Dignity

The Trust acknowledges, and is committed to, meeting its obligations under the NHS Constitution. The Constitution sets out six values which includes one for respect and dignity, 'We value every person whether patient, their families, carers or staff as an individual, respect their aspirations and commitments in life and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest and open about our point of view and what we can and cannot do'.

Mixed sex accommodation

Decisions to place patients on the same wards as members of the opposite sex should only be taken in exceptional circumstances where the risk of not doing so poses a greater risk. It should be for the minimum time necessary to create alternative same sex or single room accommodation.

Standard operating procedures are in place for the Acute Medical Unit, Jowett, Barrington and Critical Care wards when mixing occurs. Guidance for delivering same sex accommodation is available in critical care environments, including recovery, emergency admission areas, day-case units and the children's units.

During 2020/21 there have been **five** mixed sex breaches.

Four were confirmed by the CCG as justified breaches, including one breach attributed as a social admission of a husband and wife at the request of the patients and family.

One was confirmed as unjustified by the CCG (Cardiac Catheter lab).

Respectful and courteous care

Staff are encouraged to demonstrate effective communication skills and to ensure that communication takes place in an appropriate environment:

- Technical information should be provided at the required level of understanding and sufficient time available to enable the patient and their carers to communicate their needs and preferences.
- Patients and carers are provided with clear explanations about the rationale for examinations, including pain or discomfort, which may be experienced.
- Patients' communication needs are assessed, and patients and carers are provided with appropriate support when a need has been identified. (see AIS)
- Complaints, concerns, and feedback have revealed that in 2020/21 the most common themes of feedback are concerns related to poor communication, attitude of staff and clinical care.

Communication guidance has been shared with clinical teams to support effective engagement with families during visiting restrictions. A Family Liaison Team was developed in the acute hospital during 2020/21 to support and facilitate contact with families.

Individual needs and cultural diversity

Patients are respected by ensuring that they are treated fairly on the basis of need and not discriminated against on the basis of age, gender, race religion, disability or sexual orientation.

A review of adherence to the Accessible Information Standard (AIS) across the organisation has taken place in 2020/21 and has revealed some differences in approach. An audit proposal for AIS has been accepted and the audit is planned for inpatient areas in June 2021.

Language interpreter or translation services are provided when required, including sign language. In the year 2020/21 this has been predominantly provided remotely due to Covid-19 via video, telephone and written translation. However, face to face interpreting has been available when necessary.

Learning from Concerns and Complaints

A steady rise in patient complaints has been accompanied by increasing efforts to analyse complaints effectively for quality improvement.

Most patients and families complain to improve the quality of healthcare, yet progress has been complicated by a system primarily designed for case-by-case complaint handling. Due to stigma, complaints can still impact negatively on staff well-being and are often perceived as threatening or unwarranted. A just culture can relieve the negative impact of complaints on staff well-being and enhance openness to learning.

It is vital that the Trust can demonstrate effective and implemented learning - use 'lessons learnt' as a driver for change and improvement.

The Learning from Feedback project has been on hold during the Covid-19 pandemic, however the emphasis on effective and implemented learning from the themes and trends of complaints received has continued.

Revision and clarification of the complaints process was undertaken, and guidance shared with directorate leaders. This emphasises the responsibility of directorate leaders to consider if learning has taken place; what actions have been taken and how this will be monitored/shared?

A PALS/Complaints representative attends each directorate governance meeting and shares information about progress with concerns and complaints as well as themes and trends and supports the monitoring of action plans.

The Patient and Family Centered Care Committee established in January 2021 has a duty and responsibility to be the conduit for effective change and improvement to patient experience. The Committee is able to act on feedback, as well as challenge and influence activities that deliver an improved patient experience and care.

Complaints are now scrutinized by the Serious Incident Review Group which enables monitoring of consistent themes and trends and supports triangulation of information and learning.

The Parliamentary and Health Service Ombudsman (PHSO)

The Parliamentary and Health Service Ombudsman provides an independent complaint handling service for a range of public bodies. Should any complainants be dissatisfied with the handling and outcome of their complaint they have the right to request the Ombudsman to undertake an independent review of their complaint. The Trust ensures that every complainant is given information about the role of the Ombudsman.

This year, the Ombudsman's office contacted the Trust regarding eight complaints requesting information regarding how the Trust had responded. As a result of the information the Trust supplied:

One – Not upheld

Two – Not investigated

Four – Awaiting a decision from PHSO if they will investigate

One – Currently under investigation.

Although the number of complaints the Trust receives each year from the Ombudsman is low by overall English standards, the Trust regrets any escalation of complaints.

Concerns and Complaints

In line with NHSE and PHSO guidance formal complaint handling was put on hold during April, May, and June 2020 in response to the Covid-19 pandemic.

There has been a sustained increase in formal complaints in the final quarter of the year whilst PALS concerns/advice has remained busy but stable.

| Month 2020 | Formal complaints | Concerns/Advice |
|--------------|-------------------|-----------------|
| April | 13 | 256 |
| May | 14 | 228 |
| June | 21 | 260 |
| July | 20 | 240 |
| August | 29 | 244 |
| September | 43 | 236 |
| October | 28 | 284 |
| November | 30 | 265 |
| December | 40 | 186 |
| January | 26 | 237 |
| February | 30 | 251 |
| March | 32 | 298 |
| Total | 326 | 3241 |

Complaints

During the year 2020/21 321 formal complaints were received. These increased in the second half of the year. This represents an increase on the previous year of 56.

PALS enquiries

During the year 2020/21 a total of 3,241 PALS enquiries were registered, which is a decrease of 905 on the previous year.

The key themes that have emerged from PALS and Complaints in the last year are:

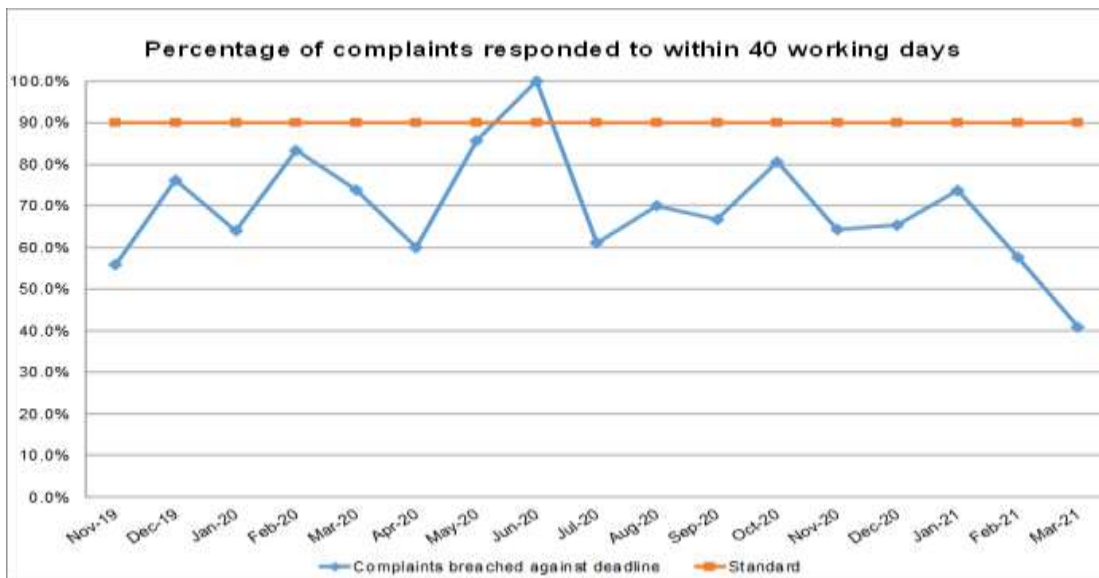
- Communication
- All Aspects of clinical care and treatment
- Attitude of staff

The themes of complaints have not altered significantly during the pandemic with the spread of themes and trends consistent with previous years. Surprisingly, complaints regarding delays in treatment or surgery are not high and do not present a significant trend. However, there is a clear pattern of complaints related to the challenges resulting from visiting restrictions and maintenance of effective communication with families.

Key findings and actions have been shared with teams and colleagues across the Trust to improve the Trust's performance and progress in these areas will continue to be monitored during the year through the Directorate Governance Groups and the Patient and Family Centred Care committee.

40 Day breaches

The Key performance indicator is that 90% complaints are responded to in 40 days



This is a disappointing deterioration in response time and is a focus of ongoing improvement.

Delays occurred due to a combination of reasons including:

1. Current ongoing pressures of work associated with the pandemic.
2. Number of complaints: 44 complaint responses were sent out in March versus 26 in February and 19 in January. This reflects the increased workload for directorates. The number of responses within the timeframe remains consistent, e.g. 14 in January, 15 in February and 18 in March.
3. Complaints are increasingly complex and involve multiple teams.
4. Availability of paper medical notes when multiple teams are involved.
5. Increased workload of the Complaints team and 1.0 whole-time equivalent (WTE) long-term sick and 1.0 WTE vacancy (interviews have taken place and replacement appointed).
6. Quality of complaint responses, requiring multiple amendments.

The Trust continues to monitor breaches closely and Associate directors of care are regularly updated by the PALS/Complaints team.

CLINICAL EFFECTIVENESS

Open Mental Health

The Trust has been working in alliance with voluntary organisations and social care to deliver a new way of giving people the support they need at the right time.

Open Mental Health is a multi-agency initiative using the collective strengths of partner organisations to transform lives and support the mental health of communities in Somerset. They do this by breaking down long existing barriers to support and enabling prevention, early intervention and holistic support. Open Mental Health provides support to help people live a full life by enabling access to specialist mental health services, housing support, debt and employment advice, volunteering opportunities, community activities and exercise.

Locality Hub teams include:

- Holistic wellbeing workers (1 to 1 and group support)
- Peer supporters/peer support workers
- Psychologists, mental health nurses, occupational therapists
- Older and young people specialists
- Eating disorder specialists
- Developmental trauma specialists
- Money and benefits support

- Housing support

The teams can introduce people to other options in the community to help wellbeing such as the Recovery College, learning and skills development, volunteering and employment opportunities. Also, they are closely linked to GP practices and crisis and acute services.

There was a commitment to coproduction from the very beginning of this ground-breaking transformation. This meant that the opinions of people with lived experience of using services moulded and shaped the transformation, and they still do due to their ongoing involvement in many different working groups and locality strategic meetings. There is a marked change, a real feeling of validation and respect for those with mental health needs.

Some examples of the success of Open Mental Health are the implementation of a 24/7 support line; development of community crisis alternatives; and the launch of a small grants fund which has enabled many community and grass roots projects to develop and thrive. The support line alone is taking about 3,000 calls every month.

Open Mental Health – has made the final of the Health Service Journal (HSJ) Value awards in the category of ‘public and preventative health service redesign initiative’.

Hospital Standardised Mortality Ratio (HSMR)

The Hospital Standardised Mortality Ratio (HSMR) is a method of comparing mortality against a prediction using national data and taking into account a range of factors such as the case-mix of patients, palliative care cases and differences in populations. It is calculated on 56 diagnosis groups that account for around 80% of in-hospital deaths. The ratio is of actual deaths to expected deaths, multiplied by 100. If the number of deaths is higher than would be expected, the HSMR will be greater than 100. Mortality rates show considerable variation over the short-term which means that observing them over longer periods of time provides a better perspective on genuine trends. Whilst the methodology for HSMR may take into account factors such as palliative care, there are differences in the way trusts code this data which may make comparisons less reliable.

The HSMR for April 2020 to January 2021 is currently in the ‘higher than expected’ banding, suggesting the Trust’s standardised mortality rate is significantly different compared with the national average.

| Period | HSMR | 95% Confidence Intervals | Banding |
|----------------------------|--------|--------------------------|----------------------|
| April 2020 to January 2021 | 116.82 | 109.3 – 124.8 | Higher than expected |

Source: Healthcare evaluation data

HSMR is presented alongside the 95% confidence intervals. Where the lower confidence interval exceeds 100, the HSMR is said to be significantly higher than expected. Where the confidence interval spans 100, the HSMR is within the expected range.

The latest HSMR position includes periods of significant disruption as a result of the coronavirus pandemic. The model used to predict mortality rates will not fully reflect the changes in services and case mix.

The model for HSMR also makes an adjustment to predicted mortality rates for patients receiving palliative care. Somerset FT has a comparatively low rate of coding for palliative care due to the coding rules and the way its services are structured. As a result it has been found the HSMR model underestimates the risk of deaths of some patients increasing the HSMR value.

However, to provide assurance of the quality of care delivered to its patients, the Trust reviews individual diagnostic groups and conducts investigations to identify the causes when these are different from those expected.

During 2020/21 the Trust has conducted a number of reviews into its high standardised mortality ratios within certain diagnostic groups that contribute to the overall high HSMR. These diagnosis groups include chronic renal failure, peritonitis and intestinal abscess and fluid and electrolyte disorders. The investigations include use of learning from death mortality review information, as well as a review of coding practices, case mix and the structure of services. It also includes a review of the quality of the care the Trust was delivering.

Oversight Framework Targets

The NHS Improvement / NHS England Oversight Framework sets out the key national standards which are applicable to Somerset FT as a service provider. The table below sets out performance levels across the year:

| Target | Threshold | Performance | | | | |
|---|-----------------|-------------|-------|-------|-------|-----------------|
| | | Q1 | Q2 | Q3 | Q4 | Full year total |
| A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge* | 95% | 95.5% | 94.0% | 91.1% | 88.1% | 92.3% |
| Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway** | 92% | 51.1% | 44.5% | 60.2% | 59.2% | - |
| Number of patients waiting over 52 weeks from referral to treatment (RTT) | Zero (year-end) | 906 | 1,639 | 1,953 | 3,097 | - |
| Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral | 56% | 83.3% | 75.0% | 61.1% | 76.9% | - |
| Improving access to psychological therapies (IAPT): <ul style="list-style-type: none"> people with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral | 75% | 89.4% | 87.3% | 91.8% | 92.5% | 90.0% |

| Target | Threshold | Performance | | | | |
|--|------------|----------------|----------------|----------------|----------------|-----------------|
| | | Q1 | Q2 | Q3 | Q4 | Full year total |
| <ul style="list-style-type: none"> people with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral | 95% | 99.5% | 99.6% | 99.6% | 99.8% | 99.6% |
| Cancer 62 Day Waits for first treatment***: <ul style="list-style-type: none"> urgent GP referral for suspected cancer NHS cancer screening service referral | 85% 90% | 77.8% 64.9% | 72.0% 60.0% | 72.9% 80.8% | 72.1% 78.7% | 74.2% 70.3% |
| 6-week diagnostic wait | 99% | 37.0% | 60.8% | 65.9% | 62.2% | - |
| Clostridium difficile (all cases including community associated) | 36 | 10 | 18 | 11 | 8 | 47 |
| MRSA (Trust apportioned cases) | 0 | 0 | 1 | 1 | 1 | 3 |
| Improving Access to Psychological Therapies (IAPT)/talking therapies: Percentage of people completing a course of IAPT treatment moving to recovery | 50% | 59.2% | 60.9% | 63.4% | 65.2% | 61.9% |
| The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period | 95% | 99.3% | 99.3% | 98.7% | 99.2% | 99.1% |
| Inappropriate out-of-area placements for adult mental health services (cumulative numbers shown) | 0 | 50 | 30 | 22 | 0 | 102 |

| Target | Threshold | Performance | | | | |
|---|-----------|---|-------|-------|-------|-----------------|
| | | Q1 | Q2 | Q3 | Q4 | Full year total |
| Data Quality Maturity Index (DQMI) – MHSDS dataset score | 95% | 95.4% | 96.1% | 96.5% | 96.5% | 96.1% |
| Admissions to adult facilities of patients under 16 years old | 0 | 0 | 0 | 0 | 0 | 0 |
| Mental health scores from Friends and Family Test – % positive | 85% | Reporting suspended due to Covid-19. Recommended from December 2020 | | 100% | 100% | 100% |
| Community health scores from Friends and Family Test – % positive | 95% | | | 98.5% | 98.3% | 98.4% |

**A&E maximum waiting times - the indicator is expressed as a percentage of all A&E attendances where the patient spends four hours or less in A&E from arrival to transfer, admission or discharge*

*** RTT incomplete pathways – the indicator is expressed as the percentage of patients on an incomplete pathway (i.e. those still awaiting first consultant led treatment) who have waited less than 18 weeks from referral.*

**** Cancer figures are for April 2020 to March 2021; but please note that due to national reporting of March 2021 performance taking place in May the March figures have been estimated and may be subject to change.*

More detailed analysis and explanation of the development and performance during the year

Throughout 2020/21 the priority was to keep all patients safe in the face of unprecedented pressure on services as a result of the Covid-19 pandemic. This meant making sure that the Trust could treat any Covid-19 patients who came into hospital, but also making sure other emergencies and patients needing urgent elective care received the treatment when they needed it. Significant focus was maintained on ensuring patients were appropriately triaged and monitored whilst they were waiting for treatment. National clinical prioritisation processes were adopted early in the first wave of Covid-19 and remain in place to support the prioritisation of patients whilst routine waiting list backlogs are reduced.

As part of the arrangements to keep patients safe and ensure that services were accessible, community-based physical and mental health services offered patients, where appropriate, appointments via telephone and a virtual video clinic 'Attend Anywhere'. This enabled patients to continue to receive advice and support throughout the pandemic and was instrumental in ensuring that the Trust met the NHS Oversight Framework waiting times standards relating to Improving access to psychological therapies and early intervention in psychosis. All mental health services continued to operate during the whole of the pandemic and the Trust did not close or suspend any services. The expansion of services also continued during this period, including the Community Mental Health Service Transformation work, establishing Open Mental Health. Appointment outcomes remained favourable, with the standard for the percentage of people completing a course of IAPT treatment moving to recovery consistently being met and exceeded throughout the year.

Only one of the national cancer waiting times standards was met during the year, which was the 31-day wait for drug treatment (e.g. chemotherapy), as a follow-up treatment for cancer or for a recurrence of cancer. The other national cancer waiting times standards were not met for a range of reasons. These included reduced service capacity to see patients in outpatients or for their diagnostic tests, both as a direct result of Covid-19 impacts but also underlying pressures due to recruitment challenges and levels of demand, patients deciding not to attend for tests or have treatment due to Covid-19, or a clinical decision having been made with patients to delay tests or treatment because the risk of Covid-19 infection outweighed the benefits of proceeding with their care plan.

During 2021/22 the Trust will continue to focus its attention on the most urgent patients, including those patients needing diagnosis and treatment for a potential cancer, but also reducing the number of routine, longest waiting patients. This includes work underway to redesign cancer pathways to speed up the diagnosis period, including one-stop services and additional diagnostic equipment. The Trust

will also be hosting a new Rapid Diagnostic Service (RDS) hub for Somerset, for patients with vague symptoms of cancer or a significant benign condition. This will enable patients to have an early diagnosis so that they can then be appropriately managed by the most appropriate service for their condition.

The Trust's performance against the 18-week referral to treatment (RTT) standard remained below the national 92% standard and was heavily impacted by Covid-19. By the middle of April 2020, the level of routine referrals had dropped to around a quarter of the levels seen before the start of pandemic. Referral levels slowly recovered over the year, but by the end of the year were still just under 90% of the usual levels. After an initial drop in demand which resulted in a big fall in the waiting list, the overall number of patients on the waiting list stabilised until November, when it then started to grow as demand outstripped the new level of service capacity. Because fewer patients were being treated during 2020/21 the number of 52-week waiters rose across the year. However, until February 2020 when the second wave of Covid-19 arrived, the Trust had fewer longer patients waiting at each month-end than expected from initial forecasts.

In addition to demand being affected by Covid-19, so was the capacity of many services to see and treat patients. Operating capacity was significantly reduced because several of the Trust's theatres were closed in order to create additional critical care capacity. The impact was most severe during the second wave of Covid-19 when the Trust closed ten out of its fifteen theatres. This was necessary not only to free-up physical space to create critical care beds, but also the staff in order to support critical care. This enabled critical care capacity to be increased from a core number of 14 beds to 26 beds during the peak of wave 2. However, having only five theatres available for urgent and emergency operating significantly reduced the number of operations undertaken, with only essential operating taking place for a number of weeks. Additional Infection Prevention and Control (IP&C) precautions were also taken, involving the wearing of personal protective equipment (PPE) and fallow time in between patients to ensure enough time for full cleaning of the theatre environment. This also reduced the number of patients who could be operated on in a theatre session.

Outpatient capacity was also affected by Covid-19, due to the need to ensure patients were socially distanced in waiting areas, but also again to allow cleaning between patients. Two of the Trust's three Outpatient Departments were used for other services during the first wave of Covid-19, including one being used to create a Discharge Lounge to support timely discharge of patients from wards. The Discharge Lounge remains in situ in Outpatients, but with a reduced footprint. Plans are in place to relocate the Discharge Lounge during the first quarter of 2021/22 to free-up Outpatients to see more patients.

The impact of measures taken to reduce the risk of Covid-19 transmission in hospital also had a significant effect on capacity within diagnostic services such as radiology, endoscopy and echo. As a result, the diagnostic waiting list grew over the year. The Trust continued to prioritise patients needing urgent diagnostic tests and made sure an effective triage process was in place to identify those patients needing to have their tests undertaken as soon as possible. Additional steps were taken for patients waiting for endoscopies and CT colonograms, where there was a potential risk of the patient having cancer. Capacity for both of these diagnostic tests was significantly impacted by necessary IP&C measures. Patients were asked to take a simple test at home. This provided additional information on a patient's likelihood of having cancer and enabled the list of waiting patients to be appropriately triaged.

In addition to taking additional IP&C measures to reduce the risk of Covid-19 transmission to patients, such as enhanced cleaning and social distancing, where possible patients were not brought into hospital. Video and telephone consultations replaced face-to-face attendances where patients did not need to be physically examined or be present for diagnostic tests in clinic. This approach has worked well for many patients and is something the Trust will be focusing on again during 2021/22. This will help the Trust to continue to keep patients safe and reduce unnecessary trips to patients, making hospital services more convenient for patients and reducing the impact on the environment.

Trust performance against the target of treating all patients within four hours of their arrival at A&E was below the national target during the year. However, in most months performance remained strong relative to the national picture, especially with Minor Injuries Unit (MIU) attendances included in a like-for-like comparison with other trusts. During the first wave of Covid-19 A&E attendances dropped to around half of pre-Covid levels and then slowly recovered to around 90% of normal levels. During each period of lockdown levels of attendances dropped again, although less significantly. Levels of emergency admissions also fell but the acuity of patients was higher, which presented significant challenges for provision of beds. The Trust established an additional assessment and admission area for patients arriving with symptoms consistent with Covid-19, and ensured patients were tested promptly so that they could be managed safely away from other emergency and elective patients.

The Somerset A&E Delivery Board maintains oversight of a work programme aimed at reducing unnecessary emergency demand by providing alternatives to patients being admitted as well as schemes to reduce extended stays in hospital. Over recent years this has included the development of rapid response hubs, work to support care homes and implementation of the Home First project which first commenced in 2017/18. The Home First model of care facilitates the discharge of medically fit patients out of the hospital. Patients receive an intensive period of reablement in three settings to promote independence and keep patients (for as long as possible) in their usual place of residence. During 2020/21 there was also significant focus on

understanding the reasons why patients remain in hospital and what needs to happen to make sure they can go back to their home or usual place of residence as soon as possible. This focus on the more extended stays in hospital was one of the ways in which the Trust worked hard to manage the additional demands on inpatient beds as a result of the high volumes of Covid-19 patients needing to be in hospital during the peak of the pandemic.

In respect of the Care Programme Approach, good performance was maintained throughout the year, with patients being followed up within seven days after discharge from psychiatric inpatient care. A compliance rate of 99.1% was achieved against a required standard of at least 95%.

The numbers of inappropriate out-of-area placements for adult mental health services remained amongst the lowest nationally. With only 10 Psychiatric Intensive Care Unit (PICU) beds available, there are occasions when, due to clinical acuity or gender, it would be unsafe to admit a patient. During Covid-19, maintaining the required isolation arrangements increased the possibility that a patient would need to be placed out of county. When any patient is so placed, a key worker is immediately assigned to maintain daily contact until the patient is either transferred back to the wards, discharged, or moved to secure services. The placements sought are always as close to Somerset as possible. Several episodes relate to patients awaiting transfer to secure services. Working closely with other NHS providers, the Trust is exploring opportunities to ease such transfers and cohort such patients.

The Trust had no admissions to adult facilities of patients under 16 years old in 2020/21.

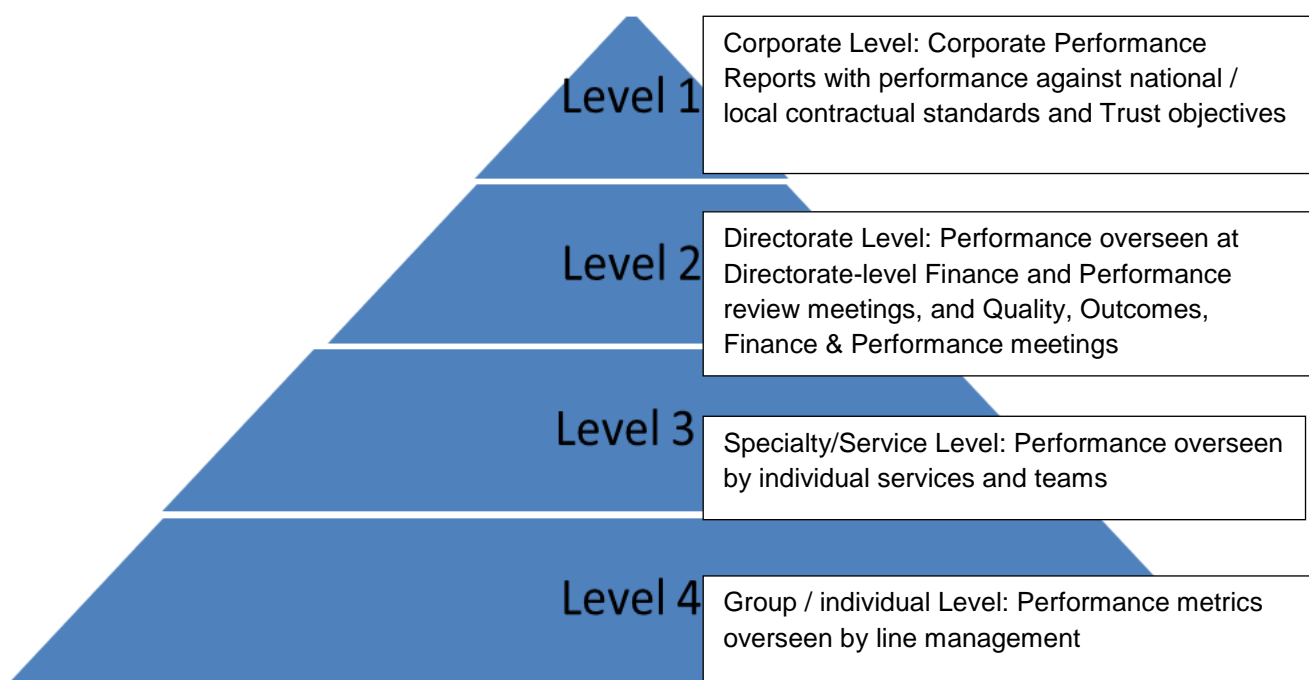
The Trust had three cases of MRSA bloodstream infection in 2020/21. No lapses in care were identified. 47 Clostridium difficile cases were recorded during the year, which is higher than the yearly threshold of 36. All Trust associated cases are thoroughly investigated to assess whether there was any lapse in care that may have been contributory. These assessments are subsequently peer reviewed and validated with the Trust's commissioners. To date, 44 reviews have been completed with 13 lapses in care identified. These relate to antimicrobial prescribing, low environmental cleanliness and low hand hygiene compliance. Learning has included ensuring appropriate compliance with environmental cleaning and hand hygiene standards. This feedback has been shared with the appropriate clinical and non-clinical staff and improvement actions taken. Further information about this is contained within the quality report.

Monitoring Performance, Improvements in Quality and Meeting National Targets

Somerset FT has a comprehensive quality monitoring and performance management framework in place, to ensure that high standards of care are delivered to patients and that all applicable performance targets are delivered.

The Performance Management Framework is based upon on a hierarchy of performance management arrangements, ranging from the Trust Board to individuals and line managers. This is represented diagrammatically in Figure 3 below:

Figure 3: Performance Management System Hierarchy



The Trust has developed and employed an integrated approach to quality and patient safety and performance management, which is evidenced through the Quality and Performance exception report, presented to the Trust Board each month. The reports incorporate metrics which span key national and local frameworks, including the NHS Improvement / NHS England Oversight Framework, the framework for Commissioning for Quality and Innovation (CQUIN), and local commissioning intentions, with an emphasis on monitoring key aspects of quality improvement, harm reduction, patient safety and patient satisfaction.

The Quality and Performance report is published monthly on the Trust's website and provides the Trust Board with regular information, across a broad range of quality and safety measures including slips, trips and falls, medication incidents, pressure ulcers, incidents involving restraint, ligatures and ligature points, harm-free care and safer staffing.

The Quality and Performance Report is continually reviewed, to ensure that it reflects the most current and relevant metrics and analysis. The report presents information relating to the five key questions which the Care Quality Commission considers when reviewing and inspecting services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they well-led?
- Are they responsive to people's needs?

The monthly Quality and Performance Report and accompanying dashboards assist the Board in its assessment of the achievement of the strategic and annual objectives and key targets. All of the measures are linked to the five Care Quality Commission themes.

The Quality and Performance Report is accompanied by a range of supporting information which sets out performance data for the reporting year, including:

- A dashboard of quality and patient safety measures.
- A corporate balanced scorecard, with all measures linked to the corporate objectives.
- Referral, caseload and activity levels for community physical and mental health services for the current year, compared to the previous year.
- Acute service activity levels for the current year, compared to the previous year, including day cases, elective and non-elective inpatient activity, attendances at Accident & Emergency, and outpatient attendances.
- Average length of stay and bed occupancy levels for community hospitals and mental health inpatient wards for the current year, compared to the previous year.
- Details of the Trust's Care Quality Commission ratings.

These reports help the Board to evaluate whether the Trust is meeting national and local standards, as well as targets. They also assist in monitoring the safety, efficiency and effectiveness of the Trust whilst improving the quality of services. The Quality and Performance Report sets out what the Trust is doing in respect of increased levels of reported incident or where performance falls below set compliance standards.

The Quality and Governance Committee is a sub-committee of the Trust Board, and provides high-level challenge and assurance, in areas of key quality and performance metrics. This detailed analysis and challenge complements Board

discussions on performance, enabling a balance to be struck between effective Non-Executive Director scrutiny of the operational detail, whilst enabling the Board to remain focused on the key strategic issues. The Quality and Governance Committee receives a range of detailed tabulated and graphical performance information. This presents details about each individual service / ward, together with other key performance information. The Committee also examines requests, as necessary, as well as focused information on aspects of service delivery and patient safety.

In addition to the Quality and Performance report and corporate balanced scorecard, the Trust also maintains directorate-level performance dashboards for each of the six operational service directorates. This includes the Estates and Facilities service. Each dashboard sets out the performance of the service directorate in relation to key targets relating to the services managed within that directorate. This allows for key corporate performance measures to be managed at a more granular level and to identify any areas of concern which may lie below an overall incidence of underperformance, or even areas of concern which are component elements of an aggregate level of performance, which meets the require corporate level standard.

The key forums, via which performance management arrangements for divisions are managed, are:

- A monthly senior operational managers' team meeting - chaired by the Chief Executive. This combines review and challenge of service directorate progress against key objectives outlined on each dashboard, with an opportunity for Service Directors to share with the executive team any issues of concern.
- A Finance and Performance (F&P) Group meeting for each of the Trust's service directorates – This is held every other month, with the performance section of the meeting chaired by the Trust's Associate Director of Performance. The Finance and Performance Group focuses on the principal performance issues for each directorate, and considers the exceptions arising from the directorate scorecards.
- A Quality, Outcomes, Finance and Performance (QOFP) Group - this meets in the intervening months, with a similar remit to the Finance and Performance Group, but extended to include a in-depth focus on patient safety and quality issues and a more detailed review of performance issues relating to People.

The key purposes of these meetings include:

- Undertaking detailed scrutiny of performance against key indicators and agreeing:
 - Actions as necessary to address underperformance.

- Recovery trajectories to restore or achieve compliance against performance standards.
- Undertaking detailed scrutiny of trends and incidence levels of patient safety, quality measures and outcomes, and agreeing actions as necessary to address any identified issues.
- Reviewing data and other feedback in relation to patient experience and agreeing any actions as necessary in the light of notable positive or adverse areas.
- Monitoring activity levels, identifying variances against plans and the underlying causes, and agreeing actions to address variances.
- Providing support and challenge to teams, in relation to their performance position and to gain assurance that performance issues are being addressed effectively.
- Assessing risks to future delivery and agree mitigation plans.
- Identifying and agreeing future performance management arrangements.
- Rewarding directorates which perform well, by reducing the degree of performance management involvement.
- Identifying the contributory issues behind any declines in performance and to have a clear escalation and de-escalation process.
- Focusing on early performance management intervention, where directorates might be at risk of failing to meet required standards.

Monthly review meetings are also held by each service directorate, chaired by the service director. Representatives from individual services managed within the service directorate, as well as from corporate teams including Performance are in attendance. This facilitates discussion of operational issues relating to each service.

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 where possible during 2020/21. Although referral rates have been significantly reduced as a direct impact of Covid-19, an outstanding 100% of patients meeting the referral criteria had discussions with the organ donation service. Five families have been approached to explore organ donation with four of these approaches being collaborative.

The overall consent rate for organ donation within the Trust is 70%; the national average is 69%. As a result, the Trust continues to perform well in terms of organ donation with a total of seven transplants enabled over the year.

Key work for 2021/22 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.

STAFF ENGAGEMENT

Staff surveys

Somerset FT holds at its core the culture and organisation development programme that person-centred care can only be delivered through a person-centred culture. The Trust continues to place significant value on the insight provided by the NHS Annual Staff Survey.

Staff conversations / listening to staff

People Services continue to support directorates using the People Business Partners and Leadership and Organisational Development team to help with the development of leadership capability skills as well as colleague wellbeing. Due to the pulse check being paused, the result of the NHS Annual Staff Survey was the main diagnostic tool being used to start conversations about the support directorates require.

Listening “Wellbeing Me” sessions were held during the pandemic by the Leadership and Organisational Development team when colleagues could outline their concerns and issues. This helped form plans for support in areas across the Trust, working in conjunction with the Colleague Support Service.

2020 NHS staff survey

The first NHS staff survey for Somerset FT was undertaken by *Quality Health* between 5 October and 17 November 2020, during a time of enormous change and challenge because of the pandemic. There was an increase of between 2% and 49% in responses compared to the previous year.

Eight of the theme scores for the 2020 NHS Staff Survey for Somerset FT are significantly higher than the sector score for similar organisations surveyed by Quality Health. When looking at the combined legacy trust theme scores for 2019, no theme scores have shown significant movement since 2019.

When comparing question-level scores between Somerset FT in 2020 against the two legacy trusts (Somerset Partnership and Taunton and Somerset NHS Foundation Trusts) in 2019, 17 scores have shown significant improvement. Just two scores have declined significantly (staff being enthusiastic about their jobs, and staff experiencing musculoskeletal issues).

Significantly improved scores

| Question | 2019 | 2020 | Difference |
|---|------|------|------------|
| I am able to meet all the conflicting demands on my time at work. | 47% | 51% | 4.17% |
| I have adequate materials, supplies and equipment to do my work. | 62% | 66% | 4.17% |
| There are enough staff at this organisation for me to do my job properly. | 36% | 44% | 8.36% |
| How satisfied are you with the opportunities for flexible working patterns? | 57% | 62% | 5.28% |
| I have unrealistic time pressures. | 25% | 28% | 3.55% |
| Communication between senior management and staff is effective. | 43% | 47% | 3.57% |
| Does your organisation take positive action on health and well-being? | 35% | 39% | 3.61% |
| In the last three months have you ever come to work despite not feeling well enough to perform your duties? | 51% | 42% | 8.26% |
| My organisation treats staff who are involved in an error, near miss or incident fairly. | 66% | 69% | 3.57% |
| When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again. | 71% | 76% | 4.93% |
| We are given feedback about changes made in response to reported errors, near misses and incidents. | 60% | 64% | 4.08% |
| If you were concerned about unsafe clinical practice, would you know how to report it? | 95% | 96% | 0.99% |

| | | | |
|---|-----|-----|-------|
| Care of patients/service users is my organisation's top priority. | 81% | 83% | 2.25% |
| I would recommend my organisation as a place to work. | 72% | 76% | 3.85% |

| Question | 2019 | 2020 | Difference |
|--|------|------|------------|
| If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. | 81% | 84% | 2.88% |
| I often think about leaving this organisation. | 24% | 22% | 2.37% |
| I will probably look for a job at a new organisation in the next 12 months. | 16% | 15% | 1.76% |

Significantly worse scores

| Question | 2019 | 2020 | Difference |
|---|------|------|------------|
| I am enthusiastic about my job. | 77% | 75% | 1.89% |
| In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? | 22% | 26% | 4.52% |

A 'RAG' report was also produced which helped directorates identify where their local feedback scores were either statistically above or below Trust level scores. Directorates have shared the data with colleagues to contextualise the feedback and identify areas of strength that need to be maintained and what needs to be worked on in the coming months.

The 2020 survey saw new questions introduced around colleague's experience of working during the pandemic, with all other themes remaining the same.

The staff engagement themes, making up the overall engagement score, relate to:

- Advocacy – staff recommendation of the Trust as a place to work
- Motivation – staff motivation at work
- Involvement – staff ability to contribute towards improvement at work

The table below sets out the specific questions contributing to the overall Staff Engagement score and show the results for 2018 – 2020 with the current and legacy organisations:

| Question | SFT | TST | | SPFT | | Sector benchmark score |
|--|-------|-------|-------|-------|-------|------------------------|
| | 2020 | 2019 | 2018 | 2019 | 2018 | |
| I look forward to going to work | 62.0% | 65.1% | 61% | 63.9% | 60.2% | 59% |
| I am enthusiastic about my job | 75% | 78.2% | 75.5% | 76.1% | 74.7% | 73% |
| Time passes quickly when I am working | 77% | 76.4% | 77.7% | 77.8% | 78.2% | 74% |
| There are frequent opportunities for me to show initiative in my role | 76% | 77.1% | 72% | 75.4% | 72.1% | 72% |
| I am able to make suggestions to improve the work of my team / department | 77% | 78.6% | 75% | 77% | 75.5% | 73% |
| I am able to make improvements happen in my area of work | 59% | 58.1% | 56% | 56.3% | 53.1% | 56% |
| Care of patients/service users is my organisation's top priority | 83% | 85.6% | 82% | 76% | 71.7% | 80% |
| I would recommend my organisation as a place to work | 76% | 77.4% | 72% | 67.2% | 61.4% | 67% |
| If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation | 84% | 85.3% | 84% | 76.1% | 74.1% | 75% |

Overall Staff Engagement Score

The overall staff engagement score for 2020 was 7.3, an increase from Somerset Partnership's score of 7.2 in 2019 and equalling Taunton and Somerset's score of 7.3 in 2019. It also scores 0.25 above comparable trusts.

Pulse Check 2021

A review of the pulse survey was undertaken in 2020 by a working group of key stakeholders to recommend changes to the purpose, question-set and methodology of the survey.

The new pulse survey which was launched in April 2021 is designed to provide trend data related to four major themes:

- Leadership

- Work and Career Development
- Colleague Voice
- Culture and Values

The new survey consists of 20 questions, 14 of which are in the national NHS Staff Survey.

In addition, the group recommended a new survey methodology where, on a monthly basis, a random sample of 400 colleagues will be asked to complete a short anonymous survey. This approach has two advantages over the previous methodology: the first is that colleagues will only be asked to complete the pulse survey about once every two years, thereby reducing survey fatigue; the second is that the Trust will have trend data which will allow it to track colleague engagement more accurately.

Survey data will be shared with directorates each month and is intended to provide Trust level rolling data which can be used, along with other people related metrics already available, to help with team management.

Colleague Engagement

Throughout 2020 the Trust continued to use various methods to ensure colleagues are kept informed about the Trust, NHS and any changes that may affect them. This is done through the channels of communication listed below:

- Staff News – this continues to be one key communication channel sent electronically to all colleagues on a weekly basis. Staff News kept colleagues informed of progress relating to the merger as well as keeping colleagues abreast of the activities of local departments.
- Winter Briefings – these were used as a means of communicating with colleagues regularly about the trust's response to the pandemic and messages were disseminated weekly via email.
- Team Brief – this has been re-established, initially fortnightly and now three-weekly, as a virtual seminar in which the executive and senior team communicate key messages to colleagues. Local team briefs are also encouraged so that messages are cascaded.
- Somerset Operational Partnership – joint meeting that takes place on a monthly basis between Staff Side and managers across Somerset FT.
- Senior Operational Managers' Team meeting - senior managers continue to meet regularly with Executive Team members to discuss financial, performance, operational and other issues of importance.
- Local colleague councils – certain directorates and services have continued to run local councils. These enable colleagues within the area to come

together with managers from within that service to discuss issues affecting them and the service they are providing.

Facilitating feedback

A new staff engagement platform was procured in 2020 in order to:

1. Provide an additional channel of communication to raise concerns to the Freedom to Speak Up Guardians.
2. Host the new Pulse survey and other patient and staff surveys in a secure and GPDR compliant manner.
3. Provide a facility for with consulting with colleagues through a 'discussion board'.

Since its launch, the product called 'Work In Confidence' has made it easier to report concerns and provided a secure method of gaining colleague and patient feedback. The use of this platform will continue to be explored, especially as the Trust looks to engage colleagues in recovery stages of the pandemic and as it works towards its proposed merger with Yeovil District Hospital.

Harassment, bullying or abuse from staff in last 12 months and equal opportunities for career progression

The theme of bullying and harassment remained as a theme in the 2020 survey and, as this was the first time that Somerset FT took part in this survey as an acute, community and mental health and learning disability trust, the data in the survey was not compared to the previous legacy trusts.

The table below shows the 2020 Score for the theme Safe Environment – Bullying and Harassment versus the average for the group and then the 2019 scores for the same theme and the group averages for each of the previous Trusts. This information shows that on the whole this theme remained unchanged.

| Theme | SFT 2020 | Group Average | TST 2019 | Group Average | SPFT 2019 | Group Average |
|--|----------|---------------|----------|---------------|-----------|---------------|
| Safe Environment – Bullying and Harassment | 8.2 | 8.1 | 8.1 | 7.9 | 8.1 | 8.2 |

The breakdown of this theme in terms of questions can be seen in the table below:

| Question | SFT 2020 | Group Average | TST 2019 | Group Average | SPFT 2019 | Group Average |
|--|----------|---------------|----------|---------------|-----------|---------------|
| % experiencing harassment, bullying or abuse at work from managers in the last 12 months | 9.6% | 12.6% | 8.3% | 13.1% | 9.4% | 10.5% |
| % experiencing harassment, bullying or abuse at work from other colleagues in the last 12 months | 16.9% | 19.8% | 15.3% | 20.3% | 15.7% | 15.9% |
| % experiencing harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public | 26.7% | 26% | 25.6% | 28.7% | 31.1% | 26.8% |

This will continue to be a focus and the colleague support team established during 2020 continues to build on work to support colleagues within Somerset FT. Work is also underway to expand the Resolution Service offered by the Leadership and organisational development team with a focus on supporting managers and teams.

Freedom to speak up

The Trust has established systems in line with the national guidance on Freedom to Speak Up (FTSU). The service has been restructured and now comprises of a full-time Lead Guardian and a part-time Guardian who are supported by an executive and a non-executive director lead role. There are clear processes for raising concerns, widely published and available for all colleagues. The Guardians report to the Trust Board every six months detailing all the work they have supported and summarising the themes from cases they have handled. They also provide reports to the National Guardian Office.

The role of the FTSU Guardian is to provide a service for all colleagues to speak about any concerns regarding patient safety or their experience at work.

There is a readily accessible and consistent service available five days a week for all colleagues within Somerset FT. In addition to the management of cases, pro-active work is being undertaken including promotion of the service, supporting cultural

change, networking, triangulation of data and learning from concerns that have been raised.

To-date great progress has been made to create a positive speaking up culture, and this has been demonstrated through the Freedom to Speak up Index report in which both trusts were above the National Average. Taunton and Somerset achieved 82.5% and Somerset Partnership 80.9% with the national average being 78.7%. Somerset FT will be ranked as an organisation in the report that is due later this year.

To extend the reach and diversity of the service, a consultation has been undertaken to extend the role of the wellbeing champions to include supporting, encouraging and promoting speaking up. Training for the champions is being delivered in April 21.

Work is currently also being undertaken to deliver training to all staff in line with the three tier National Guardian Office plan: Speak Up, Listen Up and Follow Up.

The Guardians have regular time with key members of the executive team on a monthly basis as well as access to individual executives and board members, as and when required.

All concerns raised through the FTSU route are detailed in Table 1 for Q1-Q4 2020/21

Table 1

| Quarter | Number of concerns raised | Number of cases raised anonymously* | Detriment** |
|-------------|---------------------------|-------------------------------------|-------------|
| Q1: 2020-21 | 10 | 0 | 0 |
| Q2: 2020-21 | 18 | 0 | 0 |
| Q3: 2020-21 | 36 | 11 | 3 |
| Q4: 2020-21 | 41 | 17 | 0 |

*There has been the introduction of a new anonymous reporting system, (WorkInConfidence) which has seen the number of anonymous cases rise significantly.

**Disadvantageous and/or demeaning treatment as a result of speaking up (often referred to as 'detriment') may include being ostracised, given unfavourable shifts, being overlooked for promotion, and moved from a team.

Table 2 – Breakdown of concerns by category

| Quarter | Number with an element of patient safety/ quality | Number with an element of bullying or harassment | Number of other concerns |
|-----------------------------|---|--|--------------------------|
| Q1: 2020/21 excluding Covid | 3 | 1 | 0 |
| Q1: Covid-related | 2 | 1 | 3 |
| Q1: 2020/21 Total | 5 | 2 | 3 |
| Q2: 2020/21 excluding Covid | 2 | 3 | 2 |
| Q2: 2020/21 Covid-related | 3 | 5 | 3 |
| Q2: 2020/21 Total | 5 | 8 | 5 |
| Q3: 2020/21 excluding Covid | 2 | 14 | 10 |
| Q3: 2020/21 Covid-related | 5 | 0 | 6 |
| Q3: 2020/21 Total | 7* | 14 | 16 |
| Q4: 2020/21 excluding Covid | 1 | 5 | 20 |
| Q4: 2020/21 Covid-related | 8 | 1 | 6 |
| Q4: 2020/21 Total | 9 | 6 | 26 |

**One case had an element of both bullying and patient safety; hence the total is 37.*

In 2021 Trust will see a focus on the embedding of the champion role with further promotion and understanding of Freedom to Speak Up through training and continued work to support cultural change across the organisation.

Equality and Diversity

The 2020 NHS Staff Survey result for the equality, diversity and inclusion theme was 9.3, above average for the comparator group which is 9.1 and just behind the best organisation in the comparator group of 9.5.

| Question | SFT 2020 | Group Average | TST 2019 | Group Average | Sompar 2019 | Group Average |
|---|----------|---------------|----------|---------------|-------------|---------------|
| Does your organisation act fairly with regard to career progression /promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age? | 88.6% | 84.9% | 87.4% | 84.4% | 90.2% | 85.1% |
| In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public? | 5.5% | 6.2% | 5.4% | 6.8% | 4.4% | 5.9% |
| In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues? | 5.1% | 7.9% | 6.2% | 6.2% | 4.9% | 6.4% |

Social, community and equality, diversity, anti-bribery and human rights

The Inclusion Strategy 2021-25, approved by the Trust Board during 2020/2021, is key to supporting the achievement of its vision to be an organisation that gets it right for patients, carers, colleagues and communities through an inclusive culture of partnership, learning and continuous improvement. It underpins the objectives within the People Strategy to have a “diverse, engaged, motivated and resilient workforce demonstrating the values and behaviours we expect”.

An inclusive culture improves the safety of patient care and contributes to the delivery of outstanding care for patients. The strategy sets out the definition of inclusion as “being seen, heard and valued, and celebrating what makes everyone different”. Inclusion exists where people feel they belong and are included; everyone’s contribution is equally valued and respected.

The Inclusion Strategy sets out seven inclusion ambitions:

- Colleagues, patients, carers and communities belong and are valued
- Colleagues are encouraged and enabled to speak up safely
- A representative workforce exists at all levels
- Working in partnership with and for diverse communities
- An accessible organisation
- A networked organisation that works collaboratively
- An informed organisation that actively seeks out inequalities.

Supporting the strategy is an action plan setting out the aims and commitments for year one of the Inclusion Strategy. The action plan includes key actions which can

be cross-referenced to other key action plans which underpin the inclusion work of the Trust, including action plans for:

- Equality Delivery System 2
- Workforce Race Equality Standard
- Workforce Disability Equality Standard
- Gender pay Gap
- Care Quality Commission
- Equality, Diversity and Inclusion internal maturity review 2020
- Bullying and Harassment.

In addition to this, the Trust is part of a Somerset-wide equality networking group, Somerset Equality Officers' Group, which, with its partners in health and social care, has continued to support the development and subsequent adoption of joint Somerset-wide equality objectives.

The Equality and Inclusion Steering Group has led this work supported by the five colleague networks. These networks provide the voice of the diverse groups within the Trust and provide a place for listening, support, action and celebration.

Specific achievements this year are outlined below:

- Armed Forces Network
 - Celebration of Remembrance Day
 - Outreach to Service personnel and families
 - Supporting the Armed Forces Covenant becoming law.
- LGBT+ Network
 - Continued rollout of the Rainbow Badges with 2,000 badges distributed
 - Raising awareness of World Aids Day
 - Transgender Day of Remembrance
 - #SomersetProud posters developed and launched.
- Lived Experience (Disability) Network
 - Successful bid for £20,000 to produce training videos around disability to raise awareness and share experience
 - Acton plan for WDES report
 - Rollout of Sunflower lanyards.
- Multicultural Network
 - Black History Month celebrations
 - Microaggression training
 - Proactively supporting wellbeing needs of for BAME colleagues
 - Influential in the development of the individual Covid-19 risk assessment process
 - Key members of the violence and aggression steering group

- Numerous interviews, videos and sharing of experiences to increase awareness and understanding.
- Women's Network
 - Gender pay gap action plan
 - Supporting microaggression training by contributing to stories
 - Improving the process for gaining information on bullying and harassment
 - Supporting the mentoring programme by actively recruiting mentors
 - Regular talks for inspiration colleagues internally and externally
- Continued development and use of accessible patient information as part of the Accessible Information Standard
- Continued high update of interpretation and translation services across all Trust services, including new video interpretation services.

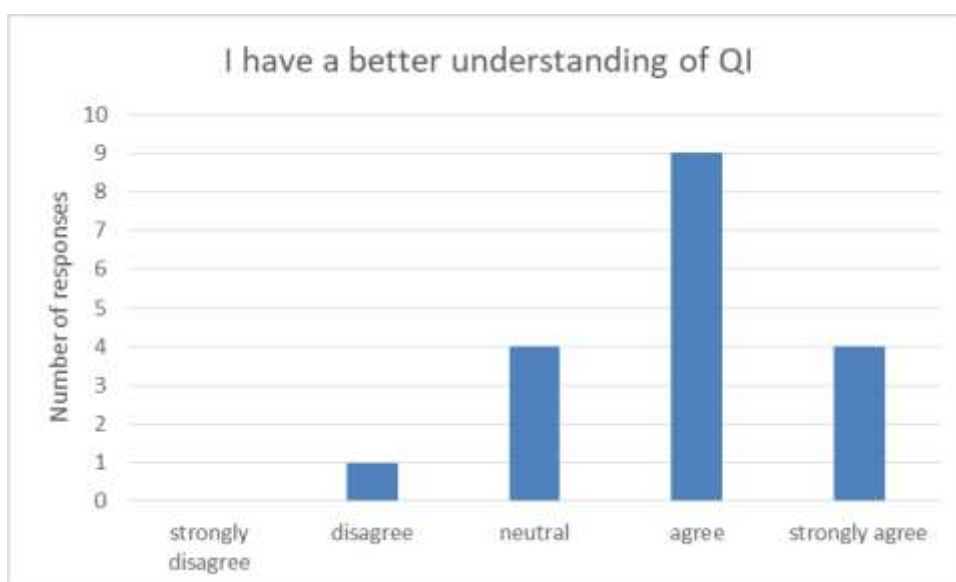
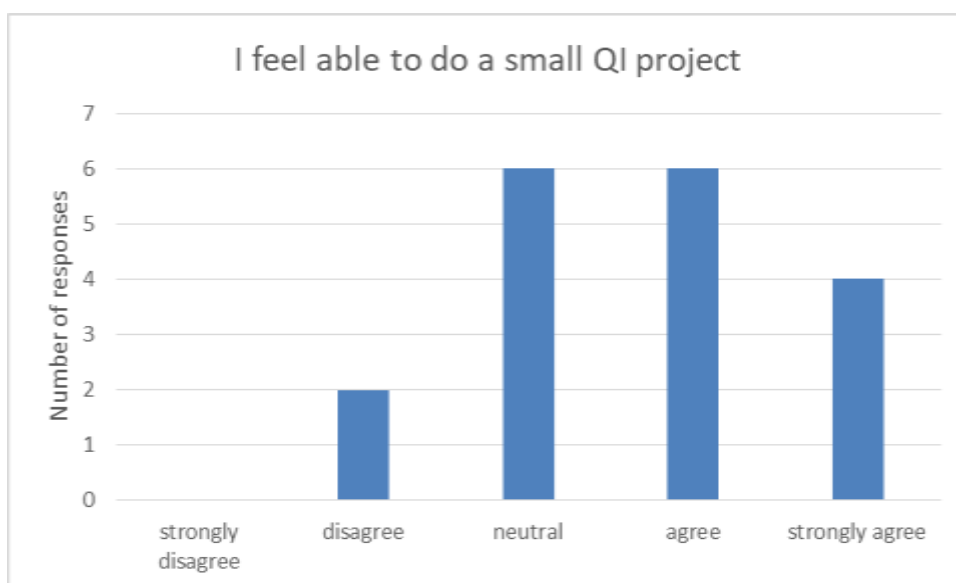
Preceptees - Newly Qualified registered Nurses, AHP's Assistant Practitioners and Nursing Associates

In line with the Health Education England (HEE) preceptorship standards and the Capital Nurse Quality mark, Quality Improvement continues to be an integral part of the Somerset FT preceptorship programme and is part of the programme's audit criteria.

Despite the impact Covid-19 has had on the preceptorship programme resulting in a move to a fully virtual programme, the Quality Improvement (QI) team have continued to deliver a high-quality Bronze QI package. The first virtual offering saw the sessions split over three days, but this has now moved to a half-day offering. Since Sept 2020, 69 preceptees have been trained by the QI team. Completion of the Bronze QI element of the preceptorship programme will be reflected on the individual's OWL account showing as Bronze QI completed.

The current format of the programme embeds quality improvement principles in newly qualified staff and ensures a greater understanding of the principals and how to implement these practically in the workplace. Although not a mandatory element of the course, the preceptees are given the option, with support from the QI and practice development teams, of implementing an improvement project in the workplace. To ease the burden of new staff being expected to run clinical improvement projects in their new teams, this year the Trust has encouraged preceptees to look at projects based around wellbeing and integration into their new team.

Overall feedback from the preceptees for the Bronze QI training has been positive. The charts below show the results from 16 questionnaire response demonstrating greater understanding of the QI process and confidence to implement a project.



The Leadership Talent Programme 2020/21

The past year has seen the leadership development programme arranged to provide a clear structure and pathway of leadership development to colleagues throughout the Trust. This builds on existing development packages, with new elements being introduced to complete the offering and is a result of consultation with various stakeholders across the Trust.

Tier 1 is aimed at aspiring managers or colleagues with an interest in leadership. It consists of the NHS Leadership Academy's *Edward Jenner* programme and the Trust's *Bronze Quality Improvement* and *Human Factors* sessions. Colleagues can self-select to complete these programmes at their own pace or, alternatively, colleagues who have been identified by their managers to have leadership potential and aspiration can be nominated to complete the *Rising Stars* programme. The *Rising Stars* programme encompasses these same courses over a set period of time with additional learning facilitation from a range of subject matter experts.

After pausing due to the covid-19 pandemic the programme will be restarting in June 2021 with an intake comprising of nursing and allied health professional colleagues. The aspiration for future cohorts is to expand this offer to a wider range of colleagues, including those in non-clinical roles.

Tier 2, aimed at colleagues with, or aspiring to, line management responsibilities, builds on the Management Essentials programme. This programme was also paused during the pandemic and on its return was adapted as a virtual programme. Going forward, colleagues will be able to choose between attending this as a classroom-based or online offer. As part of the on-going review of feedback, *Improving Digital Literacy* and *Inclusion for Managers* elements have been added to the tier and this will be available from June 2021, expanding the package that already works collaboratively with areas such as finance, governance and recruitment.

Tier 3 of the leadership programme will be launched in June 2021. This will focus on providing opportunities to colleagues with, or inspiring to, team and service management responsibilities and will include modules covering *effective teams*, *resolution skills*, *digital transformation*, *improvement* and *inclusion*.

In addition to the tiered elements of the leadership development programme, further support for colleagues has been identified within groups of additional opportunities and tailored support. This includes the internal Trust coaching and mentoring offers as well external opportunities or programmes.

Staff, Friends and Family

The Staff, Friends and Family test has been carried out since April 2014. The test comprises two questions, 'How likely are you to recommend this organisation to friends and family if they needed care or treatment?' and, 'How likely are you to recommend this organisation to friends and family as a place to work?'

Colleagues are asked whether they are: 'extremely likely'; 'likely'; 'neither likely nor unlikely'; 'unlikely'; 'extremely unlikely'; or 'don't know'. The extremely likely and likely responses are added together and compared with the extremely unlikely and unlikely in calculating the results which are then benchmarked against other providers of this test nationally.

The submission of data was suspended from April 2020 until December 2020 so this report will only detail Quarter 4 data which runs from January 2021 – March 2021. The table below does not show data for Quarter 3 as this is captured as part of the NHS Annual Staff Survey.

The figures are shown against the national average in the table below. National figures are not available for Quarter 3 as these figures are captured as part of the NHS Annual Staff Survey.

Percentage of staff responding to the question ‘How likely are you to recommend this organisation to friends and family if they needed care or treatment?’

| | Trust Score | | National Average | |
|--|--------------------------|-----------------|------------------|-----------------|
| | % Recommend | % Not Recommend | % Recommend | % Not Recommend |
| Quarter 4 (January 2021 – March 2021) | Data due on 28 May 2021* | | | |

Percentage of staff responding to the question ‘How likely are you to recommend this organisation to friends and family as a place to work?’

| | Trust Score | | National Average | |
|--|--------------------------|-----------------|------------------|-----------------|
| | % Recommend | % Not Recommend | % Recommend | % Not Recommend |
| Quarter 4 (January 2021 – March 21) | Data due on 28 May 2021* | | | |
| | | | | |

**Data still awaited as of date of submission*

The annual NHS staff survey was carried out during Quarter 3 and provides the responses provided below compared with the national average: In April 2020 the Trust merged, thus data for the NHS Staff Survey for 2020 is for the new merged Trust and benchmarked against a different group of Trusts compared to previous years. The previous data for comparison is detailed but is reported as two separate Trusts and the comparator groups would only be relevant to the type of Trust it was last year.

The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family and friends.

| Reporting Period | Score | Average (acute and acute and community Trusts) | Lowest Trust | Highest Trust |
|------------------|-------|--|--------------|---------------|
| 2020 | 84% | 74.3% | 49.7% | 91.7% |

| Reporting Period | Score | Average (acute for TST and community and mental health and learning disabilities for SPFT)* | Lowest Trust | Highest Trust |
|------------------|-------|---|--------------|---------------|
| 2019 (TST) | 85.3% | 70.5% | 39.7% | 87.4% |
| 2019 (SPFT) | 76.1% | 67.5% | 57.3% | 80.6% |
| 2018 (TST) | 83.6% | 71.3% | 39.8% | 87.3% |
| 2018 (SPFT) | 74.1% | 66.2% | 55.7% | 79.2% |
| 2017 (TST) | 83.2% | 70.8% | 46.4% | 85.3% |
| 2017 (SPFT) | 69.8% | 65.9% | 54.2% | 75.6% |
| 2016 (TST) | 84% | 70% | 49% | 85% |
| 2016 (SPFT) | 70.4% | 65.7% | 52.5% | 74.8% |

*TST= Taunton and Somerset NHS FT / SPFT = Somerset Partnership NHS FT

The Trust scores above the national average for the recommend as a provider of care staff in the friends and family question:

The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a place to work.

| Reporting Period | Score | Average (acute and acute and community Trusts) | Lowest Trust | Highest Trust |
|------------------|-------|--|--------------|---------------|
| 2020 | 76% | 66.9% | 46.6% | 84% |

| Reporting Period | Score | Average (acute for TST and community and mental health and learning disabilities for SPFT)* | Lowest Trust | Highest Trust |
|------------------|-------|---|--------------|---------------|
| 2019 (TST) | 77.4% | 62.5% | 36% | 78.9% |

| | | | | |
|-------------|-------|-------|-------|-------|
| 2019 (SPFT) | 67.2% | 62.4% | 49.1% | 73.8% |
| 2018 (TST) | 71.9% | 62.6% | 39.2% | 81.1% |
| 2018 (SPFT) | 61.4% | 59.2% | 44.4% | 72.3% |
| 2017 (TST) | 70.9% | 60.7% | 42.7% | 76.9% |
| 2017(SPFT) | 58.1% | 57.3% | 42.1% | 68.8% |
| 2016 (TST) | 70.9% | 61.1% | 41.5% | 76.1% |
| 2016 (SPFT) | 59.0% | 57.1% | 42.9% | 69.3% |

The Trust scores above the national average for recommending the Trust as a place to work.

Human Rights and Modern Slavery

Human Rights

The Trust recognises its responsibilities under the [European Convention on Human Rights](#) (included in the Human Rights Act 1998 in the UK), which are relevant to health and social care. These rights include the:

- right to life
- right not to be subjected to torture, inhuman or degrading treatment or punishment
- right to liberty, and
- right to respect for private and family life.

The Trust is committed to ensuring it fully considers all aspects of Human Rights in its work, following on from the *Human Rights in Healthcare: A Framework for Local Action* (Department of Health, March 2007). This will ensure the Trust continues to meet its duty to respect human rights in all that it does.

Modern Slavery and Human Trafficking Act 2015 Policy Statement

Section 54 of the Modern Slavery Act 2015 requires all organisations to set out the steps taken to ensure slavery and human trafficking is not taking place in any of its supply chains and in any part of its business.

This statement sets out actions taken by Somerset Partnership NHS Foundation Trust to understand all potential modern slavery and human trafficking risks and to implement effective systems and controls.

The Trust is committed to ensuring no modern slavery or human trafficking takes place in any part of its business or supply chain and is committed to improving its practices to combat slavery and human trafficking. The Trust is fully aware of its responsibilities towards patients, employees and the local community and has robust ethical values which it uses as guidance for its commercial activities. All Trust suppliers are also expected to follow the same ethical principles.

Policy on Slavery and Human Trafficking

The Trust is committed to ensuring there is no modern slavery or human trafficking in any part of its business and, in addition requires that its suppliers hold similar ethos.

The Trust has robust multi-agency safeguarding vulnerable adults and safeguarding children policies in place and all staff receive mandatory safeguarding training which includes guidance on how to identify and report any concerns relating to modern slavery and human trafficking.

The Trust follows employment checks and standards which include the right to work and depend on receiving suitable references.

The Trust is committed to social and environmental responsibility and have zero tolerance of modern slavery and human trafficking. Any identified concerns regarding modern slavery and human trafficking would be escalated as part of the organisational safeguarding processes in conjunction with partner agencies.

The Trust will:

- Comply with legislation and regulatory requirements.
- Ensure suppliers and service providers are aware that the Trust promotes the requirements of the legislation.
- Develop awareness of modern slavery issues.
- Include modern slavery conditions or criteria in specifications and tender documents within the supplementary terms and conditions.
- Encourage suppliers and contractors to take their own action and understand their obligations about these new requirements.
- Expect supply chain/framework providers to demonstrate compliance with their obligations in their processes.

Trust staff must contact and work with the procurement department when looking to work with new suppliers so appropriate checks can be undertaken.

Procurement staff will:

- Check draft specifications include a commitment from suppliers to support the requirements of the Act.

- Not award contracts where suppliers do not demonstrate their commitment to ensuring slavery and human trafficking are not taking place in their own business or supply chains.
- Communicate clear expectations to suppliers through a supplier code of conduct.

Work with the procurement department to monitor compliance by suppliers with the requirements of the Act.

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes the Trust's slavery and human trafficking statement for the financial year ending 31 March 2020.

ANNEXES

Annex 1: Statements from Stakeholders

Somerset Clinical Commissioning Group Response to Somerset Partnership NHS Foundation Trust Quality Account 2020-21



22 July 2021

Wynford House
Lufton Way
Lufton
Yeovil
Somerset
BA22 8HR

Hayley Peters
Chief Nurse
Somerset NHS Foundation Trust
(sent via email -
Hayley.Peters@SomersetFT.nhs.uk

Tel: 01935 384000

somccg.enquiries@nhs.net

Dear Hayley

Somerset NHS Foundation Trust Quality Account 2020/21

Thank you for sharing the draft copy of your Quality Account 2020/21 for the Trust. Please find below the statement of Somerset Clinical Commissioning Group (CCG) for inclusion in your Accounts.

NHS Somerset Clinical Commissioning Group statement for inclusion in the Somerset NHS Foundation Trust Quality Account

NHS Somerset CCG is the lead commissioner of health services from the Trust. We welcome the opportunity to provide this statement and comment on their Quality Account 2020/21.

Current reporting arrangements are outlined in 'Reducing the Burden' which set out the work that can be paused during the pandemic. Regardless of the pandemic and current reporting requirements, the CCG has maintained a close working relationship with the Trust and is able to comment on the Quality Account 2020/21.

The start of the financial year was like no other in the history of the NHS, seeing unprecedented challenges in how the trust delivery care and services to the people of Somerset, during the pandemic and with the merger.

COVID-19 Pandemic

The Trust should be commended in their response to the COVID-19 pandemic, working hard to reduce transmission of the infection in line with national guidance whilst maintaining the safety of staff and patients. Work was undertaken at pace to ensure the redeployment and recruitment of staff, training for Personal Protective Equipment (PPE) and providing health and wellbeing support across the Trust.

During what has been a very challenging time for the organisation, staff have shown resilience under immense pressures, following the extensions of Intensive Care areas, upskilling of staff and providing valuable and essential assistance in the Nightingale hospitals as well as leading the vaccination programme.

Quality Improvement Priorities for 2020/21

Despite the challenges faced with COVID-19, you have been able to accelerate many of your Quality Improvement Programmes (QIP) Priorities reviewing options, new initiatives and collaborative working. These include:

- QIP 1 - Independent Lives: helping older people to live as they wish as giving them time to do what is important to them
- QIP 2 - Stolen years: helping people with mental health conditions to live longer lives
- QIP 3 - Last 1,000 days: valuing people's previous time in the last chapter of life
- QIP 4 - Connecting Us: using time well by getting together to focus on what matters to people with complex needs

In relation to QIP 3 we are pleased to acknowledge in recognition of this excellent work, Somerset's Mental Health Services have been shortlisted for three HSJ (Health Service Journal) awards this year; 'The Value Awards 2021', 'Mental Health Trust of the Year' and 'Innovation of the Year' for the Somerset Emotional Wellbeing Podcast.

Unfortunately due to the school closures during the pandemic the final QIP 5 did not progress as much as intended, however opportunities to review and adapt process allowed some progress.

- QIP 5 - Function First – improving life chances for children by increasing their time in school

We agree that these priorities are consistent with the Somerset Health and Care system priorities for care closer to home, planned with people as far as possible in advance and

anticipating people's future needs. This is especially important for people for whom their health status is in decline, so our local services can help them to achieve the best health and wellbeing outcomes for them individually. These priorities will also help ensure those who are vulnerable and /or disadvantaged through their circumstances and / or conditions are given equality of opportunity to achieving their best possible outcomes.

The quality accounts show that the trust has continued to focus on Quality Improvement, identifying learning and sharing good practice.

Patient Experience

We have acknowledged that the need for collecting responses to the Friends and Family test was suspended during the pandemic. We are pleased that this was restarted in December and acknowledge the current low responses but with new initiatives such as the QR code hope to see an improvement in the coming year.

However, we do note that Somerset NHS Foundation Trust has continued to ensure patient experience remains at the forefront of a patient's journey. This has been evidenced in patient experience projects relating to the importance of nutrition and how this will aid better recovery after illness or surgery. The Trust has introduced an initiative ensuring all patients have access to hot meals and snacks 24 hours a day. This enables patients to access nutrition at a time that meets their needs. It is also encouraging to see that you have developed menus in braille and that dietitians are now providing individual care plans for patient that require it.

We welcome the new guidelines to support adults with Eating Disorders and pathways to improve working with Mental Health Teams. This shows the positive collaboration between Mental Health Services and Acute Services working together.

The Trust should be congratulated on their staff survey increase in response and positive feedback. It is also worth noting the excellent work the Trust is undertaking with Pulse Check 2021. This involves a monthly survey being carried out with a sample 400 staff. This is to identify trend data which will allow the Trust to track engagement more accurately. The data would then be shared with directorates each month. Somerset CCG commends the Trust for taking this approach with an aim to creating a learning culture.

Despite the pandemic we are pleased to see that the trust had an increase in staff completing the NHS staff survey and this showed an improvement in 17 areas.

Patient Safety

Following the merger with Somerset Partnership Foundation Trust the CQC carried out a core service review as part of the transitional monitoring arrangement for End of Life Care, however no concerns were identified. We note the ambitious programme of work that has been undertaken as part of the last 1,000 days flagship, such as the "education

strategy delivering countywide integrated education to improve end of life care by all” and the “Talk About Project”.

The Trust has implemented a new incident reporting system which added new benefits during a difficult time. The system has provided fundamental changes in being able to have real time data, in easy to read and explore formats allowing focus on specific issues if required. Managers are able to review data across all areas identifying issues quickly.

The Trust has successfully rolled out the Learning from Deaths initiative. Undertaking structured judgement reviews for Acute, Primary Care, Community wards and across Mental Health Services as per the national framework. The Trust in line with the National Patients Safety Strategy has appointed a Medical Examiner to review deaths and identified areas for learning. This also includes making contact with relatives to ensure their views are taken into account. It’s encouraging to see you have met with the Quality Improvement Partner Panel to ensure a public voice is also heard as part of this process.

Clinical Effectiveness

There are national concerns regarding the impact of COVID-19 on Referral to Treatment Times and waiting lists including cancers and diagnostics, the CCG would like to fully acknowledge the amount of collaborative system wide work that is being undertaken as part of the COVID-19 restoration and recovery plans. We will continue to work with the Trust and monitor key priorities to maintain patient safety.

We have acknowledged the challenges the Trust has faced in regards to Emergency Department waiting times due to the impact of the COVID-19 pandemic and will continue to work with the Trust through the Urgent Care Delivery Board.

We would like to recognise the continued work undertaken with clinical audits during the COVID-19 pandemic.

We would like to congratulate the Trust on the excellent work in promoting a “Just Culture” with their Freedom to Speak Up with Somerset NHS Foundation Trust and Somerset Partnership organisations implementing an anonymous reporting system and being above the national average for reporting.

We note the Trust has continued to undertake work regarding organ donation and appreciate the numbers have significantly reduced as a direct impact of COVID-19. However the Trust has continued on from its work from last year and they should be congratulated. We look forward to see how this develops further in 2021/22.

Mental Health Services

Somerset CCG also notes that even though it has been a difficult year, The Trust has continued to develop its collaborative working with voluntary organisations and social care to create Open Mental Health. It is encouraging to see Somerset NHS Foundation Trust breaking down barriers to support and enable early intervention and holistic support for patients who require specialist mental health support. We note the excellent work done by Mindline, the Recovery College and the focus on the value Experts by Experience bring to the mental health work done by the Trust. We look forward to seeing this service develop further within the next year.

Somerset CCG recognises the successful initiatives put in place to support the physical health of patients living with serious mental illness (SMI). This is an area that will benefit of continued focus in the coming year working with the relevant system partners to, for example, increase the physical health checks for patients with SMI.

We also note the work done as part of the “Family Involvement in Suicide Prevention” project and look forward to seeing the outcomes of this piece of work, recognising the impact that COVID-19 has had on progress in 2020/21.

Maternity Services

We are aware of the on-going work that is being undertaken in maternity services including the Ockenden report and would like to see this reflected in the quality account. We recognise the work the Trust has undertaken in 2020/21 in continuing to drive Quality Improvement programmes improving patient safety and the quality of services delivered across the system. The CCG appreciates the continued support the Trust has taken, to support system wide working. We recognise the challenges the Trust will encounter in the coming year in sustaining their focus on improvement work as the NHS enters the recovery phase of COVID-19 and also as Somerset moves further along the journey of an integrated care system. There is still much work that we all need to do and we look forward to the positive contribution that the Trust will make in achieving better outcomes for the populations of South Somerset.

I can confirm that the Quality Account provided to the CCG for review and comment assurance is accurate and fairly interpreted, and that the range of services described and priorities for improvement are representative. As a CCG we support the continued development of the Quality Improvement Priorities for 2021/22.

Please do not hesitate to contact me if you wish to discuss our comments or statement further.

Yours sincerely



Val Janson
Director of Quality and Nursing

Somerset County Council – Oversight and Scrutiny Committee’s Response to Somerset NHS Foundation Trust Quality Account 2020/21

Received by Email: 5 July 2021

The Somerset Scrutiny for Policies Adults and Health Committee has reviewed the Quality Account and have no comments.

Jennie Murphy
Senior Democratic Services Officer
Democratic Services
County Hall, Taunton, Somerset, TA1 4DY
01823 357686
Telephone Number for Democratic Services
01823 357628
JZMurphy@somerset.gov.uk
www.somerset.gov.uk

Healthwatch Somerset’s Response to Somerset NHS Foundation Trust Quality Account 2020/21

Received by Email on 14 07 21



Healthwatch Somerset welcomes the opportunity to comment on the Somerset NHS Foundation Trust’s quality account for 2020/21. 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 an exceptionally challenging year for the health and care sector. Somerset NHS Foundation Trust has continued to

deliver services throughout the Covid-19 pandemic and the commitment of its staff should be commended. Throughout the pandemic the Trust has remained in good communication with Healthwatch Somerset, and our joint working relationship remains strong.

We are pleased to note the progress the Trust has made against last year's priorities, including the initiatives that support older people to live independent lives, those with mental health conditions live longer, patients during the last chapter of their lives, people with complex needs stay connected and improving the life chances of younger children with complex needs to remain in education.

Healthwatch Somerset recognises the Trust's mental health provisions and the innovation of linking education and children's health and would be happy to support the Trust to ensure that patients, their families and carers and the wider public are involved with developing these initiatives further throughout this coming year.

The Trust appears to gather patient experience and feedback in a number of ways, and we are pleased that over the last year, throughout the pandemic, Trust staff have continued to engage Healthwatch Somerset to understand patient experiences through independent opportunities. For example, our recent work with the District Nursing team to understand the experiences of their patients highlighted that the service is highly valued by patients and their carers. It also found that patients would be open to receiving care 'out of hours' and at weekends where appropriate. Our findings will support the ongoing transformation of the District Nursing service. It should be commended that the Trust is keen to work with Healthwatch to gather independent feedback from those who receive services.

Healthwatch Somerset are keen to continue working with the Trust and its Patient Engagement team to ensure that the experiences of patients, their families and unpaid carers are heard and taken seriously.

Lucie Woodruff

Chief Operating Officer and Interim Healthwatch Somerset Manager

Governors' Response to Somerset NHS Foundation Trust Quality Account 2020/21

Nobody can doubt 2021 has been a year of challenges for the Trust. Despite the 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 2020/21 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.

Close collaboration since the merger in April 2020 has 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 one feature of the last year which has put patients in different camps seems to be the "virtual appointments". Some people have found them helpful, as they did not have to travel long distances, wait in the hospital, and could speak to their nurse/doctor/specialist via computer or telephone, others have said that they have felt disconnected and that they hope to see their member of staff in person as soon as possible. Similarly, there are those who do not have the equipment or the broadband reception which allows these interfaces to take place, and some of the more elderly patients in particular seem to lack confidence in an appointment which

was not face-to-face, especially when they realise they have forgotten to ask something once the connection has ended.

I think 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 realize that when the chips are down everyone backs the NHS and trusts the Trust to deliver.

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

Ian Hawkins, Lead Governor

Kate Butler, Deputy Lead Governor

Annex 2: 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 2020/21 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 2020 to March 2021
 - Papers relating to Quality reported to the Board April 2020 to March 2021
 - Feedback from the commissioners dated 22/07/2021
 - Feedback from governors dated 25/06/2021
 - Feedback from Local Healthwatch organisations dated 14/07/2021
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS complaints Regulations 2009, dated 14/10/2020
 - The 2019 national patient survey report dated July 2020
 - The 2020 national staff survey report dated 11/03/2021
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated – not required this year
 - The Care Quality Commission (CQC) reports dated 22/01/2019 (for Somerset Partnership NHS Foundation Trust) and 24/03/2020 (for Taunton and Somerset NHS Foundation Trust)

- 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.

NB: sign and date in any colour ink except black



06/07/2021 Date.....Chairman

COLIN DRUMMOND



06/07/2021 Date.....Chief Executive

PETER LEWIS

Independent Auditors' Limited Assurance Report to the Council of Governors of Somerset NHS Foundation Trust on the Annual Quality Report

Not applicable this year.