



Somerset
NHS Foundation Trust

Quality Report 2022/23 – incorporating the Quality Account

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

# **Somerset NHS Foundation Trust**

# Quality Report 2022/23 – including the Quality Account

## CONTENTS

|                                                                                     | Page |
|-------------------------------------------------------------------------------------|------|
| <b>PART 1 STATEMENT ON QUALITY</b>                                                  |      |
| Foreword from the Chief Executive                                                   | 3    |
| About Us                                                                            | 6    |
| <b>PART 2 PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD</b> |      |
| Update on Quality Improvement Priorities 2022/23                                    | 9    |
| Quality Improvement Priorities 2023/24                                              | 24   |
| Statements of Assurance from the Board                                              | 31   |
| National Quality Indicators                                                         | 33   |
| Clinical Audit                                                                      | 42   |
| Clinical Research                                                                   | 59   |
| Care Quality Commission (CQC) Review                                                | 62   |
| Information on Quality of Data                                                      | 64   |
| Information Governance                                                              | 65   |
| Clinical Coding Error Rate                                                          | 65   |
| <b>PART 3 OTHER INFORMATION</b>                                                     |      |
| <b>Patient Safety</b>                                                               |      |
| • Infection Prevention and Control                                                  | 66   |
| • Keeping children with mental health needs safe on our paediatric wards            | 71   |
| • First Response Service                                                            | 73   |
| • Maternity Services                                                                | 74   |
| <b>Patient Experience</b>                                                           |      |
| • Growing the use on online patient feedback                                        | 75   |
| • Learning Disabilities Patient Story                                               | 76   |
| • Discharge to Assess (D2A)                                                         | 78   |

## **Clinical Effectiveness**

- Treating Tobacco Dependency 80
- Supporting Rough Sleepers 82
- Acute Frailty Services 84

Commissioning for Quality and Innovation Targets 86

Organ Donation 86

Staff Engagement 87

## **PART 4 APPENDICES**

App 1 Stakeholder Feedback – Somerset CCG 90

App 2 Stakeholder Feedback – Oversight and Scrutiny  
Committee - SCC 94

App 3 Stakeholder Feedback – Healthwatch 95

App 4 Stakeholder Feedback – SFT Governors 96

App 5 Statement of Director’s Responsibilities in Respect of the  
Quality Report 97



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

Welcome to the annual quality account and report for Somerset NHS Foundation Trust, for the financial year 2022/2023.

This year was an extremely important one as we prepared to merge Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust, and at the same time focussed on providing care and support for those who needed it and supporting those patients and service users whose care was delayed as a result of the COVID-19 pandemic.

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

As a merged trust we are a unique NHS organisation that provides acute services from Yeovil District Hospital and Musgrove Park Hospital, community-based services, and services from our 13 community hospitals in Somerset, mental health and learning disability services across the county, and we manage through our subsidiary company, Symphony Healthcare Services, a quarter of the county's GP practices.

During 2022/3, as part of our preparations to merge with Yeovil District Hospital NHS Foundation Trust, we looked afresh at our existing clinical strategy, engaging our colleagues, services and partners, to ensure it remained relevant. The aims of our refreshed clinical strategy form part of our organisational strategic objectives, are shared with our partners on the Somerset Integrated Care Board, and are to:

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

Since our current trust was formed - providing mental health, community services and services from community hospitals, and mental health and learning disability services - we have organised a number of our quality objectives into flagship programmes that go to the heart of what we aim to achieve. This quality report provides details of those programmes and our progress in 2022/23 and our priorities for those important programmes for 2023/24.

2022/23 was undoubtedly a challenging year for the NHS but one in which we made significant steps to put us on a good footing for the future. However, it is important to note that we faced operational challenges as we sought to care for those patients who

needed urgent treatment - and treat those who had waited a long time for treatment - while we faced continued difficulty to discharge patients when they were medically fit.

As we grappled with these challenges, we looked to innovative solutions and one of these were “ready to go” units at both Musgrove Park Hospital and Yeovil District Hospital (YDH). These dedicated units, focus on rehabilitation and reduce the risk of patients deconditioning while they wait to leave hospital. This new model of care was so successful that it reduced the support some patients needed after they were discharged.

Our colleagues, sites and services continued to innovate in order to provide care in a number of settings and new facilities, providing easier access and or more capacity to help us reduce waits for services. Examples of these in 2022/23 are:

- A new ophthalmology diagnostic centre, near junction 25 of the M5, is a “one stop shop” that enables patients to have a range of diagnostic tests in the same appointment. A second centre, run by Yeovil District Hospital NHS Foundation Trust, opened later in the year in Yeovil’s Quedam Shopping Centre. These centres build on the NHS’ aim to develop a series of community diagnostic centres away from acute hospital sites and will enable us to reduce the delays patients have experienced as a result of the pandemic and help us to meet the challenge of future demand for ophthalmic services.
- A new specialist community hub in the Horizon Centre in Taunton is providing children and young people with emotional and mental health support in a relaxed setting. A multi-disciplinary team of NHS professionals works alongside a range of voluntary and third sector organisations at the hub, which is run in partnership by our trust and Young Somerset.
- Two facilities in Bridgwater. The first, in partnership with Open Mental Health, provides support for people with mental health challenges. Depending on a person’s needs, support is provided by the NHS or one of a wide range of third sector partners, including, Citizen’s Advice, Age UK Somerset or Second Step, a community mental health charity. The second facility is a health and wellbeing hub located in the former Victoria Park medical centre that provides a range of services for people of all ages from pre-natal to end of life care.
- A new £11.5 million surgical decision unit at Musgrove Park Hospital means that our surgical teams can assess patients more rapidly to determine whether they need emergency surgery or can be safely discharged home. The unit, that is part of our ambitious Musgrove 2030 programme, brings surgeons, emergency doctors and other healthcare professionals closer together, with a much better environment for patients and colleagues.
- A community investigation hub at Burnham-on-Sea Community Hospital means that many patients no longer need to travel to Musgrove Park Hospital for hospital-related blood tests. It also means that they can get their tests done before they see a hospital consultant, which saves time or additional hospital appointments.
- Farmers and agricultural workers can access health and emotional wellbeing support at two new health hubs at Frome Livestock Market and Exmoor Farmers Livestock Auction. Along with general health checks, farmers can get specialist

advice from NHS professionals about lifestyle, as well as any concerns about their emotional wellbeing and mental health.

- Surgeons performed the first total hip replacement as a day case procedure. This means the patient can be assessed, operated on, and be discharged from hospital on the same day, back to their home environment to continue their rehabilitation and recovery. This will significantly increase our capacity for hip and knee surgery, which will help to reduce the backlog created during the COVID-19 pandemic when most non-urgent surgery was suspended across the country.

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

Signed

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

**PETER LEWIS**  
Chief Executive



## ABOUT US

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

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

### Map of key Somerset Healthcare Sites



The impetus for our merger came from colleagues who saw the improvements that we can make if these services work together differently. Our clinical strategy is built from the ground up, based on the experience of our colleagues and services, and our knowledge of the growing needs of our population. This impetus drove our initial merger and is core to our subsequent merger with Yeovil District Hospital NHS Foundation Trust, so that we can realise these ambitions and benefits for the whole population of Somerset.

Somerset NHS Foundation Trust provides a wide range of services for the whole of Somerset, as well as acute services for people in the north, west and centre of the county (population c.350,000) and more specialist services across the county and beyond. We work with health and social care partners in Somerset to ensure that we deliver outstanding services that meet the needs of our population.

The Trust provides acute services from Musgrove Park Hospital (MPH) in Taunton, which has around 700 inpatient beds. We also operate 13 community hospitals (with over 220 beds), providing inpatient, outpatient and diagnostic services, and seven Minor Injuries Units.

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

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

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

Somerset NHS Foundation Trust cares for some people from neighbouring counties who live close to the county border. In 2022/23, the Trust treated around 18,600 people in total from across north Somerset, Devon, Bristol and Bath & North East Somerset (BANES), Wiltshire, Swindon, and South Gloucestershire.

We are privileged to work with over 9,000 substantive and bank colleagues who deliver or support our patient services. From therapists to nurses, doctors, researchers, scientists, porters, cleaners, kitchen staff, accountants, those who teach the next generation of clinicians and the receptionists who welcome our patients, the contribution of all of our colleagues is invaluable.

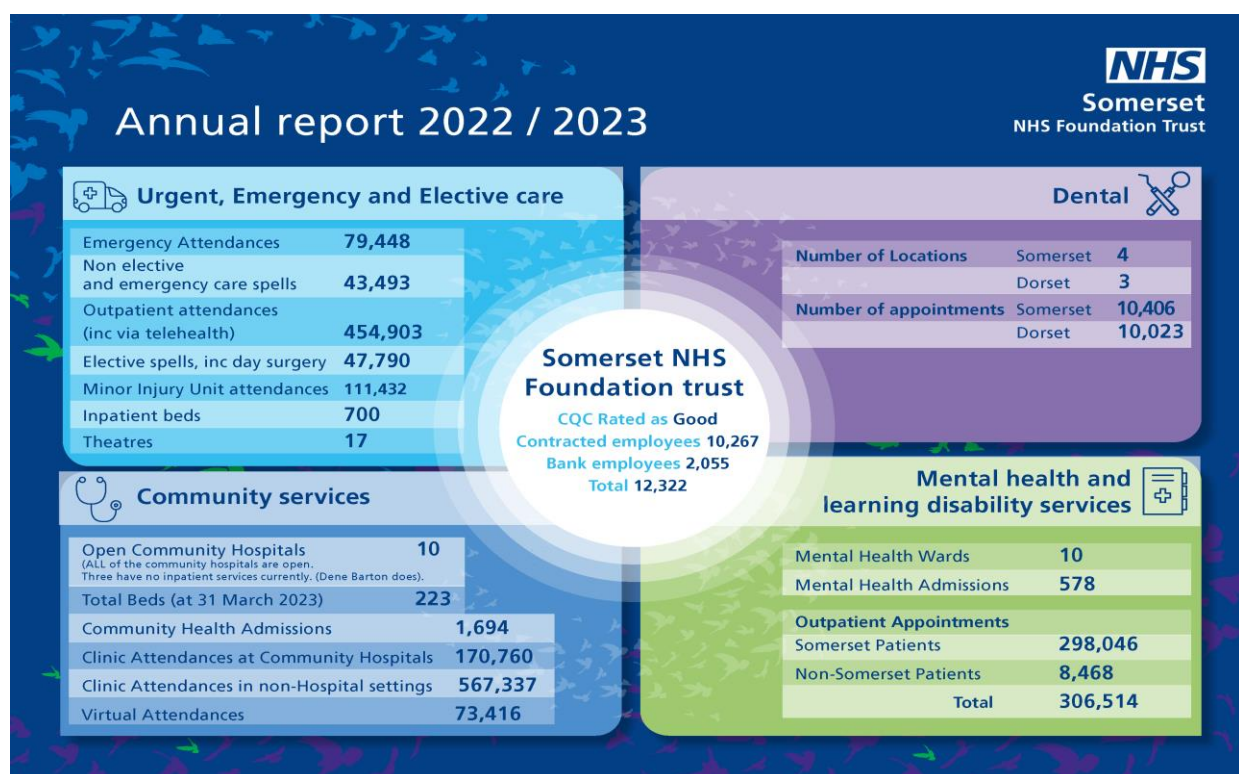
The Trust's general services are commissioned by the local Integrated Care Boards while specialist services are nationally commissioned.

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

During 2022/23 we concluded our business case and completed our merger with Yeovil District Hospital NHS Foundation Trust. We have operated with a single executive team across both organisations since January 2022 and held board meetings and sub-committees in common during the whole of 2022/23. NHS England issued an Amber rating on the proposed merger in April 2023 and the two boards and councils of governors approved the business case for merger on 17 April 2023 which was supported by the Secretary of State to create the new Somerset NHS Foundation Trust which was formally established on 1 April 2023.

A vision and mission have been developed for the merged Trust which focusses on supporting our colleagues to deliver outstanding and integrated patient care. The new mission is to improve the health and wellbeing of everyone in Somerset and to deliver outstanding integrated care by supporting our colleagues and nurturing an inclusive culture of kindness, respect and teamwork.

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



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

## **UPDATE ON PRIORITIES FOR IMPROVEMENT 2021/22**

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

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

Aim 1: Improving the health of our population,

Aim 2: Best care,

Aim 3: Local communities,

Aim 4: Value all people alike,

Aim 5: Personalised, coordinated care.

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

### **How they were measured, monitored and reported?**

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

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

### **QIP 2022/23 - PRIORITY 1 - POSITIVE STEPS: USING THE TIME WAITING FOR SURGERY TO OPTIMISE PEOPLE'S HEALTH AND WELLBEING BOTH NOW AND FOR THE FUTURE**

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

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

surgery such as reduced length of stay, speedier recovery, reduced re-admissions plus better long-term outcomes.

The aims of the peri-operative service are to:

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

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

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

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

Examples of workstreams developed are:

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

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

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

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

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

### What was achieved during the year?

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

- **Identification of frailty:** Previous work demonstrated the feasibility to introduce the Rockwood Clinical Frailty Scale (CFS) into the Emergency Department (ED). The use of the CFS has been revisited as the target to screen all over 65's attending ED was not achieved due to work pressures and flow issues. Agreement has been reached by community teams to rollout the CFS for all frailty patients age 65+ who come onto the caseload.
- **Hospital at Home:** Frailty and Respiratory Hospital at Home pathways commenced late 2022. To date the service has supported 452 patients saving in excess of 3000 acute bed days. The service runs 7 days a week, 12 hours a day. The service operates with a 'team of teams' model linking closely with neighbourhood teams, primary care networks, acute hospitals and care of the elderly services. The merger has enabled Hospital at Home to introduce a geriatrician from YDH to support the service alongside the existing consultant geriatrician, to provide consistent cover across Somerset.
- **Frailty Advanced Clinical Practitioners (ACP's)** have been employed across ED and community services. These community roles sit primarily within the Hospital at Home team but are closely aligned with the neighbourhood teams. Close working between the teams has been established to support the training and supervision of the new appointments.
- **Falls clinics:** Based on the successful Frome model, a monthly community falls and frailty clinic at Shepton Hospital with an MDT approach has been

established. This clinic is attended by a consultant from the Royal United Hospital (RUH), Bath, the local community and primary care teams. Each patient is discussed, and a personalised management plan agreed. The clinics also provide an educational opportunity for staff attending.

- **Complex Care:** Clinical lead roles have been appointed in the district nursing teams, to support clinical staff with complex patients. In addition, relationships between Complex Care teams based in South Somerset and neighbourhood services are more robust. The complex care service is doctor led and supports frail patients in the community; operating an MDT approach with community teams such as district nurses (DNs), Community Rehab Service (CRS) and Older Person's Mental Health (OPMH) contributing.
- **Optimal Handed Care (OHC) practice:** South Somerset Primary Care Network (PCN) and Adult Social Care (ASC) are working together on the delivery of the Optimal Handed Care (OHC) practice. Optimal Handed Care is a person-centred, system-wide approach to providing proportionate support to enable people to stay in their own homes. The aim is to promote independence, use equipment safely and creatively, to reduce the number of care staff needed for moving and handling tasks i.e., hoisting. This has enabled people to access care and stay at home longer. A series of events run by trained OHC Ambassadors including CRS therapists and DN's, has enabled countywide implementation and a train the trainer approach. Within Wincanton community hospital the value of the OHC practice has demonstrated improved patient independence and reduced length of stay.
- **Frailty training:** Progress has been made with the roll-out of the tiered education programme to the whole Trust and wider community. It is now available to all SFT colleagues on the electronic education platform.
- **The frailty assessment unit (FAU):** continues to provide a Monday to Friday prompt and comprehensive frailty assessment for patients. This is offered by a specialist MDT, in an appropriate environment. The team have worked with patient flow teams to identify appropriate patients for the FAU to facilitate a quick transfer from ED, implement changes to the process and have developed a new operating procedure. There have been improvements in the frailty interventions in ED, resulting in more streamlined care and quicker access to a specialist frailty assessment.
- **Geriatricians working in ED:** A targeted pilot of a geriatrician working in ED for two hours in the morning resulted in 50% of patients seen, being discharged home, who were otherwise planned for admission. The plan is to look at resources to test this model further.
- **Acute Frailty Practitioners:** The existing Older Persons Assessment and Liaison (OPAL) practitioner roles have been reviewed and are now Acute Frailty Practitioners to align with the Acute Frailty Unit. They are now the named clinician for patients on arrival in ED, clinically examining, ordering diagnostics and implementing first line management. The ED team have adapted the Acute Medical Unit (AMU) proforma with a frailty focus which has been introduced across these areas as a single clerking process. This has reduced the number

of clinicians needing to see the patient and patients only have to tell their story once.

- **Rapid response:** The rapid response team has restructured to increase clinical time and colleagues have received frailty training. This has enabled them to support more people with complex needs at home, avoiding necessary hospital admissions.
- **Urgent Community Response (UCR):** In line with the national initiative, the UCR team provides a two-hour response to individuals identified as at risk of admission (or re-admission) to hospital due to a 'crisis'. They provide assessment and intervention to prevent further deterioration and to keep individuals safe at home. The teams are working with the ambulance service to divert appropriate calls. UCR support has also been given to care homes to assist with deteriorating residents; this has reduced GP and ambulance calls.
- **Work with Care Homes:** The UCR team have worked in collaboration with the care homes to help upskill staff to manage people with complex needs e.g., residents who have repeated falls. The care homes now have appropriate equipment, training and skills in place. This has resulted in a reduction in the number of ambulance call outs to care homes.

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

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

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

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

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

- **Improving physical health of patients with mental ill-health project:** A workshop to improve the physical health of patients with mental ill health was held, where experts by experience shared their personal accounts of accessing and receiving physical health care. This workshop was co-produced with our experts by experience who were able to share their experiences of care received. The aim of this workshop was to listen and learn from people first-hand who have used physical health services alongside their mental ill-health, and which has been a positive step in bringing colleagues together. Colleagues



were able to ask questions, reflect on improvements and a repository of 'pledges' has started to showcase the work within physical healthcare settings. A good example was surgical booking teams did not contact patients with mental ill-health with cancellation appointments as it was felt it would be unsettling. However, experts by experience shared they would prefer a cancellation appointment as waiting triggered anxiety and stress. This has resulted in teams and experts by experience agreeing to work together on devising a letter asking patients if they would like last minute appointments and what support can be offered.

- **Expediting elective care:** Patients are waiting longer in many specialities, both to be seen and assessed and to have surgical procedures. Working with the surgical booking teams the expedition of elective treatment for vulnerable patients has been introduced. The standard approach to managing waiting lists is by clinical priority and then chronological order, but SFT is in a unique position to be able to easily identify more vulnerable patients who are more likely to deteriorate whilst waiting and expedite their care. There is good evidence that patients with these characteristics on average live shorter lives, which means they spend a disproportionately longer part of their life on a waiting list. Patients with a known learning disability, a current open mental health referral and living in one of the two most socially deprived areas are now flagged and their appointments expedited.
- **The wellbeing project:** has created a bespoke RiO report to improve the cardio-metabolic monitoring of patients using technology. The first stage of this project was to improve the timely uptake of physical health checks using RiO reports within clinic settings i.e., clozapine and depot clinics. This supports colleagues to identify and offer timely physical health checks. By using data 'in real time', colleagues can identify patients at risk of physical health complications early and ensure they seek appropriate medical /lifestyle related measures to tackle obesity, hypertension and pre-diabetes which contribute to increase mortality as well as morbidity amongst patients with severe mental illness.
- **Tobacco reduction programme:** Smoking is the largest avoidable cause of premature death, with more than 40% of adults with SMI smoking. The Trust's Tobacco Harm Reduction Service supports those with severe mental health conditions and/or learning disabilities, as well as acute hospital inpatients and maternity services and staff to stop smoking or to reduce the amount they smoke. It is also the lead on developing smoke free sites within the Trust, promoting the smoke free message across the grounds and providing training to staff on tobacco harm reduction / smoking cessation. In June 2022, SFT appointed a Tobacco Reduction Programme (TRP) manager to lead on this work which will contribute to a reduction in health inequalities. The TRP fully mobilised its' inpatient acute and mental health pathways across all sites in March 2023 and is utilising Quality Improvement (QI) methodology to inform training needs and enable wards to become smokefree by the end of 2023/24.
- **Colleagues working together:** Physical and mental health colleagues have worked together to support mental health patients when they become physically

unwell in inpatient settings. This project was started after a patient was transferred by ambulance twice from a mental health ward to an acute site for assessment of a physical issue. Recognising this was not a good experience for this patient and to further improve patient care and safety, the teams worked together to develop advice and guidance for patients who become physically unwell on mental health wards, so they can remain there wherever possible. This is planned to go live across both EDs and mental health wards from Summer 2023.

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

- **Introduction of new roles:** Open Mental Health is an alliance of local voluntary organisations the NHS and social care, Somerset County Council (SCC) and individuals with lived experience of mental health. By working together patients get the support they need when they need it most; this includes help to attend physical health checks. The introduction of peer mentors to connect with those people who lack the confidence or motivation to attend for physical health checks or who feel isolated has been introduced. The appointment of mental health practitioners as part of the Additional Roles Reimbursement Scheme (ARRS) in primary care and the physical health assistant practitioners also support the uptake of physical health checks and signposting for further health advice and support where required.
- **'Talking Therapies'** – Improving Access to Psychological Therapies (IAPT) continues to work across boundaries by providing mental health support to patients presenting with physical health problems. Patients may be waiting for an operation longer than they were expecting, resulting in stress and frustration, alongside managing the emotional impact of lifestyle changes due to their health. Talking Therapies and the peri-operative team working together means that the patient gets joined up treatment, clinically and emotionally, by attending one appointment. Relationships between the two teams result in a better understanding of the patient as a whole and thus leads to an improved patient experience. Another example being explored is working with the neurology team on long-term neurological conditions.
- **Widening the focus:** In September 2022, Dr Katalin Fernando, Associate Medical Director for unplanned care, YDH, took on an additional portfolio role looking at the interface between acute medical and mental health services across YDH and SFT to better address the unmet physical healthcare needs of patients with mental health problems.

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

## Why was this important?

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

## What was achieved during the year?

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

Examples of work achieved are:

- **An EOL Homecare pilot:** commenced in November 2022 to bring about rapid discharge of EOL patients with days to short weeks to live from the acute trust. Previous data showed 29% of patients when identified as EOL die in hospital awaiting discharge and the process can take on average 6.3 days for a package of care to be set up and funding to be approved. For many patients this means they often become too unwell and one in three die in hospital and not in their place of choosing. The pilot explored the reasons why delays occurred, and teams have worked together to bridge gaps and to work differently to bring about prompt discharge. In February 2023, this moved to the project phase and to date 36 patients have been discharged home, with 68% getting home same day or next day. The teams are reviewing the data ahead of refining the pathways and considering spread to YDH and the community.
- **Packages of care audit:** Alongside the above project, colleagues were keen to understand if packages of care (POC) set up at the time of discharge met the needs of patients and families. This study reviewed POC set up in November and December 2022 and found colleagues were accurately requesting the level of care, support and equipment needed.
- **Heart failure:** An initiative to improve end of life care in heart failure is underway to introduce subcutaneous Furosemide by syringe pump as a treatment option in Somerset. This is as an alternative to hospital admission for

intravenous diuresis in patients in the end stage of their disease. Medicines management governance approval has been gained and there is a clinical protocol for using Furosemide in a syringe pump. This has been successfully used in the St Margaret's hospice inpatient unit and in peoples' own homes. Discussions are ongoing about options for delivering this as a mainstream treatment in the community, potentially via community hospitals and/or hospital at home.

- **Ascites management:** Patients receiving palliative care often need abdominal drains due to a build-up of fluid (ascites) but are too unwell to come into hospital. A pilot to reduce the need of a hospital visit by using portable ultrasound scanners was undertaken – meaning consultant sonographers can visit a patient's home to perform the drain. Around three patients a month across Somerset may require this kind of service who would otherwise struggle to get to hospital. Previously an unwell patient receiving palliative care comes into hospital for drainage; this requires ambulance transport, a porter, then after waiting in the hospital while in pain, they need an ambulance to return home. By a sonographer going to the patient's house and working with colleagues in community services, it means that they can receive care in their own home. This helps to reduce hospital admissions, supporting patients to stay at home when they near the end of their life, and improving the quality of life for patients. This service is being trialled in the east of Somerset with plans to expand it county-wide.
- **Education:** The education group has promoted the EOLC for all (e-ELCA) eLearning programme from Health Education England; with 619 Trust colleagues having completed at least one e-ELCA module in the last year. In 2022, a face-to-face syllabus was able to resume with 23 courses being held and 186 attendees. Between May 2022 and Feb 2023, a total of 300 staff across health and social care organisations have attended formal ACP (advance care planning) sessions. Jointly with either the EOLC education team or Marie Curie, public and staff engagement events have included: Care home roadshows, death cafés and Interfaith week. In November 2022 the team was approached to support with the delivery of education around the Musgrove individualised end of life care plan. This has been trialled on four wards to date with further sessions being planned.
- **Website:** The Somerset End of Life Care and Bereavement Support website was launched in March 2022. A care home roadshow was completed in year where 49 care homes were visited in person to present the website and the range of courses and services available.
- **Conference:** An inaugural EOLC conference was held in May 2022 to 200 delegates across 14 different organisations. The next conference is planned for September 2023.
- **'Patient Stories' project:** This seeks to put the patient and carer voice at the heart of the EOLC education delivered. So far two short films, one about care after death, one about Treatment Escalation Plans (TEP) have been made using families who were willing to share their experiences and from which learning opportunities exist.

- **Care of the Dying person:** a continued audit of practice in care for those in the last days of life has commenced. An action plan is being delivered by specialist palliative care teams supported by the EOLC education team.
- **The ‘Talk About Project’:** advance care planning (ACP) project across Somerset used volunteers to help people personalise their care and legacy through an advance care plan. Unfortunately, the funding for this has been ceased and there is no resource in place to support advance care planning going forward.
- **A poor prognosis letter:** has been designed to help sign-post patients with a life-limiting diagnosis to resources, to help them consider things they may want to plan for, outside of their immediate medical needs. A draft letter is being adapted after feedback from a patient cohort. This will be trialled in a cancer-patient cohort with the help of the Lung cancer team.
- **Complaints:** All complaints with a focus on EOLC are reviewed by consultants to ensure oversight and effective learning from harm and improving feedback. This mechanism ensures the responses are compassionate and supports colleagues where there is learning from events.
- **Audit:** The governance group focussed on the action plan from the previous national audit of care at end of life (NACEL) audit, while the trust took a year off from participation in the national audit. Previous national reports were received just as the next data collection period started, therefore not allowing time to focus on improvements. This break in the cycle supported the completion of an action plan jointly with colleagues from YDH, and data collection is underway for this year's local version.

The hospital and community teams participated in the Seeking Excellence in End of Life Care (SEECARE) audit. This national audit examined care of people who were in the last hours to days of life who were not known to the palliative care teams in hospital beds (acute and community). The action plan has been completed by the hospital palliative care teams. The focus of the action plan was on improving the end-of-life care plan, and delivery of direct education to teams to support people who are dying.

A further audit reviewed patients discharged from hospital with Just in Case (JIC) medications, and their subsequent use in the community setting and to examine syringe pump use. Where data was available, the use of JIC medications and subsequent syringe pumps did not reveal any prescribing concerns.

Following CQC inspection of community end-of-life care services, it was noted *‘the provider had adopted a clear quality improvement approach at service level to drive development. This included the ‘Last 1000 days’; a program of projects delivered across the service to improve the overall experience of people in Somerset approaching the last 1000 days of their life’.*

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

## Why was this important?

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

## What was achieved during the year?

- **Improvements in the support for those identified as high-intensity service users:** At the beginning of the year, colleagues worked with the Integrated Care Board (ICB) to develop a business case to establish a high-intensity service within Somerset. This was based on the national right-care model, built on the Ubuntu project (below), the developments in the ED high intensity user multi-agency group and the roles being created in the PCNs. The business case was approved; the two new posts are being hosted by SFT and are in the recruitment stage.
- **Ubuntu Project:** This partnership project between SFT and the Community Council for Somerset (CCS) supports high-intensity users referred with a focus on what is important to the individual, whilst developing self-activation and a subsequent reduction in health service use. The project team has finalised the service offer; accepting referrals from: SFT and YDH ED high-intensity user groups, primary care, South Western Ambulance Service NHS Foundation Trust (SWAST) and other partners. Sustainable funding for the Ubuntu service has been agreed as part of the development of a High-Intensity service for Somerset.
- **Multiple sclerosis (MS) care pathways:** A MS diagnosis clinic was initiated to provide a joint consultation between the patient, consultant and MS nurse. The patient feedback has been positive to date. To support care closer to home, a review clinic has been established in Bridgwater community hospital to avoid travel to Musgrove Park Hospital. The MS nurse has listened to feedback and initiated a clinic session to follow up after first treatment. Trust guidance has been developed in-line with the NHSE Treatment Algorithm for Disease-Modifying Therapies. These extra supports in the patient pathway at first diagnosis and post first treatment, support a personalised, proactive care approach, allowing patients to be more independent and live well with MS.
- **Functional Neurological Disorders (FND) improvements:** A working group was set up to discuss the existing services, and skills in teams across Somerset. The group have set a vision and drafted a future service model ready for consultation with stakeholders. Currently, the group are reviewing what improvement projects can be piloted within existing resources. Links have been made with the Regional FND network to share good practice. The FND need is being raised as part of the Neurological Rehabilitation case for change being prepared for the Integrated Care System (ICS) and there is wider colleague, patient and third sector engagement for the full case for change. The plan is to submit this at the end of June 2023.

- **Establishment of a persistent unexplained physical symptoms (PUPS) clinic (adults):** It was identified the gastroenterology and gynaecology teams received referrals for patients with unexplained physical symptoms. An improvement project was initiated to establish a clinic, led by a consultant psychiatrist. At the end of April 2023, the clinic had received ten referrals, with nine patients attending for a first appointment and seven for follow up. Overall patient experience is good. Of those who attended, 83% have agreed to mental health support and this is for a group that wasn't aware of the mind-body link prior to attending the clinic. Although small numbers, 33% of patients seen had clinically significant post-traumatic stress disorder which was diagnosed for the first time. This care is resource intensive however, demonstrates significant improvements to both physical and mental health symptoms.
- **Dementia and Delirium:** The overarching aim of the dementia services is to ensure people receive support from the point of diagnosis, throughout their experience of dementia to enable them to live an active and meaningful life.

The Somerset Dementia Wellbeing model is currently being launched. It was jointly developed with SFT, the ICB, SCC and the Voluntary Community and Social Enterprise Sector (VCSE). The aim of the model is to connect people to services from the point of diagnosis. To enable this to happen, SFT has increased the amount of Dementia Advisors, employed by the Alzheimer's Society. The VCSE offer within the model consists of many organisations that can offer support, including activities and carers education. A website has been developed and will be launched imminently. SFT will continue to promote this model, encouraging people to come forward for assessment. The model links closely with memory assessment services. The workforce has been expanded to support the increase in referrals seen over the last year. To provide greater clinical leadership trainee advanced care practitioners (ACPs) were recruited to the Community Mental Health Teams.

To support the diagnosis of dementia in care homes, Diadem funding was received from NHSE, enabling support plans and personalised care to be developed that better reflect individuals' needs.

A care home liaison team, specialist care homes and SCC working together, has supported individuals in high dependency care home beds. This resulted in improved patient flow from acute and mental health inpatient beds, people receiving care in an appropriate environment, provided links to support and crisis services, and has supported care planning and management of challenging behaviour.

A review of the Intensive Dementia Service was completed. This crisis service focusses on admission avoidance to mental health and acute beds. The outcome of the review was improved interface with other services involved with the individuals and their families.

The integrated dementia and delirium teams are focusing on improved personalisation, including standardisation of "what matters to me" documentation, care planning, advice and education. An education facilitator and support worker educators are being recruited to provide training to Trust

and care home colleagues, developing a consistent and person-centred approach to caring for someone with dementia and/or delirium.

The Musgrove team are piloting a seven-day service, which includes support to ED. This service will link closely with community services to ensure provision of support and implementation of the dementia model and pathway.

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

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

Children with complex needs, including those with persistent physical symptoms where no organic cause can be found, risk over-investigation and treatment. This includes frequent medical appointments, multiple emergency department attendances and prolonged hospital stays. They are often functionally impaired, with schooling and home life negatively affected. Sadly, this frequently continues into adulthood drastically reducing life chances.

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

- **Trailblazers programme:** The mental health support teams 'Trailblazers' improve the access to emotional and mental health support for children and young people within school settings i.e., those with anxiety, phobias, behavioural issues and low mood. This programme successfully transitioned from a test of change to a permanent service. The commissioning is in place for the mental health support teams, and this is now business as usual.
- **Persistent unexplained symptoms (PUPS):** Whilst there was enthusiasm to test a multi-disciplinary clinic, the test of one patient demonstrated the resource intensity required and that there was not capacity within the team to complete a further test. If there are future opportunities, the team remain keen to address PUPs in a dedicated clinic with a holistic approach to care.
- **Out-patients service strategy:** The team have developed the strategy and have achieved the following:
  - ongoing senior doctor triage of referrals to ensure the right children are safely being seen in the right clinics.
  - prospective clinical and managerial monitoring of referrals and capacity to ensure waiting lists are well managed and capacity is maintained for urgent referrals.
  - utilising non-acute sites (community hospitals and schools) for clinics where possible to ensure there are opportunities for care closer to home.
  - commenced Darzi fellowship pilot project to provide joint primary/secondary care triage of referrals in West Somerset. This project will evaluate if Children and Young People (CYP) can be managed primarily in the community with specialist paediatric advice.



- **Allergy improvement project:** A monthly clinic to review under one-year olds has been implemented with a consultant paediatrician and a dietician. The team is now able to refer for psychological support. The aim is to see referrals within eight weeks, this enables active allergy management through early investigation of potential allergy and to support the early introduction of other allergens. Research shows that this reduces future development of allergies. This has reduced outpatient waiting times.
- **Eating Disorders:** Significant progress has been made in the offer to CYP with eating disorders, which includes the commissioning of a VCSE partner for low to moderate needs. Consequently, waiting times are significantly improved. The transition to adult services now includes regular meetings and strong links with the adult wards. The meeting includes the eating disorder lead, a gastroenterology consultant and a psychiatric liaison consultant; this enables clear decision making and care planning. All patients have a care plan within 48 hours of admission and a weekly review. Most admissions are now planned and not reactive. For those presenting to acute paediatric settings for assessment or re-feed, a senior nurse has been recruited to offer clinics to avoid admissions and ensure those admitted have a personalised care plan.

In addition, funding has been secured for a transition lead nurse. This role will bridge Child and Adolescent Mental Health Services (CAMHS) and eating disorder services, working with young adults and their families and supporting the move into adult services. It is expected this role will prevent medical admissions. Whilst this post is in recruitment, the eating disorder team continues to build links with CAMHS to support management of patients. Funding has been agreed for two paid peer support workers, who are in full recovery. This innovative role aims to instil hope for recovery through support on the in-patient wards for example: by practicing eating with the patient away from the ward, and to build independence in eating. It is anticipated they will work with young people who are 16 – 25 years, hosting group sessions for positive peer support.

- **Paediatric Obesity Service (SPLASH):** In April 2022 it was agreed with commissioners to fund a one-year pilot to trial a weight management service for children up to the age of four. The multi-disciplinary team was set up and engaged with SASP for their input on physical activity. The team focused on the under four age group because parents are in control of their child's eating and early intervention has been shown to have better long-term health outcomes.

38 families received an initial home visit, followed by group online sessions, or one to one dietetic and/or psychological support to help families identify goals. All receive an MDT clinic appointment with a Paediatrician.

The team have made strong links with public health, adult weight management and specialist feeding teams. They are involved in training other professionals in having conversations about a child's weight, feeding and related behaviour.

There are now monthly dietetic clinics held around the county. The team also have weekly meetings and offer a psychological assessment for families as

needed. The service now allows families to self-refer and has promoted the service to different areas such as childcare settings.

The outcomes from the service demonstrate children have reduced their Body Mass Index (BMI) and parents report an increase in parenting skills. This includes feeling confident in making food related decisions, cooking meals from scratch, establishing routines, reducing snacks and milk consumption. A positive impact is also noted with the rest of the family e.g., parents BMI reduced.

*“The programme has influenced how we eat and move a lot as a family. We now make better choices for everyone”.* Parent

## **QUALITY IMPROVEMENT PRIORITIES (QIP) 2023/24**

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

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

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

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

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

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

The aims of the peri-operative service are to:

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

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

- To embed new services / pathways for the Peri-operative management of frailty, anaemia, exercise and smoking. To achieve this, the team will further utilise excellent pre-existing services within Public Health and our community partners (Smoke Free Somerset, Turning Point, SASP, HOPE Social Enterprise, Talking Therapies etc).
- Drawing upon the successes of the Peri-Operative Diabetes Pilot pathway, the ambition is to on-board all GP surgeries across Somerset to identify surgical elective patients with diabetes at the point of GP referral, to maximise the best outcome for diabetes optimisation prior to surgery.

- The team will work further with Primary Care network colleagues to understand the role and opportunity of the Health Coaches, to support increased mobility, exercise, emotional wellbeing and weight management for patients prior to surgery.
- Peri-operative assessment clinics will be embedded further upstream from the existing Pre-Operative Assessment Clinics, to assess and work with our patients to identify surgical optimisation goals. Patients will be regularly contacted by Care Co-ordinators to enable pre-existing conditions to be monitored and pre-surgical goals achieved.
- There will be collaborative working with our Primary and Secondary Care colleagues to understand each of these pathways to develop a service which is synonymous with the aims of the Elective Care Recovery Programme, improved surgical outcomes and patient care.

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

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

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

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

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

- The learning from the EOL homecare project which aims to take patients home from hospital within 24 hours, will inform wider rollout across the county. This will be supported by F1 quality improvement work looking at the completion of continuing healthcare fast track (CHCFT) applications to increase the approval rates of applications for funding.
- Review of current discharge pathways with consideration of EOL provision will be undertaken.
- Design of an education prospectus with the wider Somerset End of Life Care Education Network featuring all the courses and content available for all staff across Somerset working with those with life-limiting conditions.

- Following Care Quality Commission (CQC) feedback, a QI project to assess the impact of mandatory EOLC education on care outcomes will be undertaken to consider whether this has a positive impact on the experience of patients and carers.
- The appointment of a Somerset Treatment Escalation Plan (STEP) lead will enable coordinated improvement and monitoring of TEPs in the county.
- A local version of the NACEL audit, which is not running nationally this year, will be undertaken; through a case note review, staff survey and quality survey (bereavement survey).
- The merging of governance structures for the Last 1000 days flagship with one steering group to oversee the subgroups will be conducted: education, governance and operational. Many of the projects within the Last 1000 days flagship will arise from colleagues themselves and/or learning from events which trigger them to work together to improve service provision which will be captured.

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

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

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

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

- The identification of frailty at the front door is now part of the Trust Commissioning for Quality and Innovation (CQUIN) for 2023-4. The Trust will be assessed on its' ability to produce a frailty assessment for over 65-year-olds presenting to ED and initiating an appropriate response for those who are frail using the CFS scale.
- Wider rollout of CFS within countywide teams e.g., hospital at home, CRS, rapid response for those aged 65+. This will ensure a common way of identifying frailty and monitoring deterioration to aid rapid intervention.
- Expansion of the hospital at home service, with the introduction of remote monitoring for frailty patients i.e., clinical observations and subjective patient

questionnaires. The results can be viewed remotely by a dedicated team of clinicians and administrators.

- A review to look at the integration of frailty services across the acute hospitals to establish current and future provision in line with national guidance and local population needs.
- Explore further opportunities to roll out community falls and frailty clinic e.g., West Mendip hospital and South Somerset areas.
- Expand links with domiciliary care agencies to enable the agency workers to call the Urgent Community Response team initially for a review rather than the GP and Ambulance service.
- Further roll out of the tiered education programme to the whole Trust and wider community. The intention is to embed this training as a requirement for all relevant Trust colleagues.

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

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

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

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

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

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

- Further workshops looking at improving the physical health of patients with mental ill-health across a number of physical health settings, targeting key areas such as diabetes, dietetics and surgery. A repository of ‘pledges’ will be collated to show where colleagues in physical health settings will have made changes to systems to improve access and care.
- The ‘Healthy Living on Clozapine’ project which was halted previously due to the pandemic and operational pressures will be restarted. The aim of the project is to support patients to lose weight and increase activity to achieve personalised activity goals.
- Embedding the wellbeing project RiO report within specialist outpatient clinics to increase the timeliness of physical health checks to improve identification of

risk factors and offer interventions. The next stages of the project will also look at opportunities for spread where antipsychotic medication is prescribed.

- Adopting a county wide approach to ECG interpretation. Current provision of ECG interpretation does not allow for prompt, safe management of medical interpretation. After considering options, it has been agreed ECGs will be sent externally for interpreting and flagging which will ensure patients are followed up quickly and timely management plans are put in place where appropriate.
- SFT is participating in a randomised controlled trial to investigate the clinical and cost-effectiveness of the DIAMONDS diabetes self-management intervention for people with a severe mental illness. The DIAMONDS intervention involves one-to-one sessions with a trained coach over a six-month period. The coach will provide information and help support healthy lifestyle choices.
- In 2023/24 the Trust's Tobacco Harm Reduction Service will mobilise its High Dependency Service, specifically aimed at supporting mental health discharged patients, and outpatients, with an enhanced harm reduction and smoking cessation offer. In addition to offering Nicotine Replacement Therapy (NRT), patients on the outpatient pilot pathway will be able to access e-cigarettes and up to 16-weeks Specialist Practitioner support.

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

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

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

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

- **High intensity user service for Somerset:** With the funding in place, the Somerset high-intensity user service will be established. The new post-holders will be tasked with understanding the current service offer in Somerset and what's required for the future, before implementing the right-care model. They will work with the established HIUGs in EDs, the PCN services and the Ubuntu coaches to ensure joined up working for the individuals identified and monitor the impact of the changes made.
- **Establishment of a persistent unexplained physical symptoms (PUPS) clinic (adults):** By the end of June, a full review of the clinic will be completed including cost of the service and benefits analysis. The evaluation will be made available to allow a decision about continuation of the clinic.

- **Personalised care approach:** To play our part in supporting the work of the Somerset ICB personalised care steering group, to develop the actions to embed the personalised care model across the ICS. To support the roll-out of personalised care training and education programme to colleagues. Help our PCNs and teams to embed proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions, as per the Fuller report recommendations.
- **Proactive care:** the national framework for proactive care is due to be published this year. Once available, leads will review the recommendations and influence as a joint community, mental health and acute Trust to develop proactive care along our pathways. It is anticipated this will build on the one team approach developed in Burnham and the complex care team approach in South Somerset.
- **Dementia and Delirium care:** Somerset currently has a low diagnosis rate (53.8% compared to a national target of 66.7%); the aim going forward will be to improve diagnosis rates and associated care. Building on the work started, it is planned to further recruit to the care home liaison team and expand the benefits already seen.

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

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

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

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

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

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



steps will be to relaunch the flagship to encompass the ambitions agreed and to garner support across the service group and beyond.

## 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 2022/23 and has agreed those described above.

### Services provided by the Trust

During 2022/23 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 2021/22 represents 100% of the total income generated from the provision of relevant health services by Somerset FT for 2022/23.

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

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

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

During the COVID-19 pandemic, NHS Improvement/NHS England advised trusts to de-prioritise 7-day service audits, so there have been none since 2019. However, the Trust has continued to work to improve its 7-day service offer and continues to track progress on 7-day service delivery internally. We have continued to invest in more sustainable consultant rotas overnight, to make it more likely that a consultant will be able to see a patient quickly when admitted in the evening. We have also continued to invest in digital patient tracking systems which enable us to take pro-active steps where patients are at risk of waiting too long for a consultant review.

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

There have been some minor changes to the clinical standards in recent months, including an increase in the types of doctors who can see patients for Standard 2, an increase in the numbers of relevant procedures for Standard 6, and the option to derogate from Standard 8 in some circumstances. These changes have the potential to increase our compliance rates.

The Trust will provide its next update to the Board in early 2023/24, when we will also include information on compliance from Yeovil District Hospital as part of the newly enlarged Somerset FT. this update will comply with the new guidance from NHS England on Board reporting for Seven Day Service compliance

## NATIONAL QUALITY INDICATORS

Due to the COVID-19 pandemic, many of the national indicators have not been updated for 2022/23. 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 2022 to March 2023  | Data due to be published August 2023 and will be reflect the current Trust structure |         |              |               |
| April 2021 to March 2022  | 1.0329<br>(as expected)                                                              | 1.0000  | 0.6964       | 1.1942        |
| April 2020 to March 2021  | 0.9983<br>(as expected)                                                              | 1.0000  | 0.6908       | 1.2010        |
| April 2019 to March 2020* | 0.9331<br>(as expected)                                                              | 1.0000  | 0.6851       | 1.1997        |

\*Data prior to April 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 2022 to March 2023 | Data due to be published August 2023 and will be reflect the current Trust structure |         |              |               |
| April 2021 to March 2022 | 20%                                                                                  | 40%     | 11%          | 66%           |
| April 2020 to March 2021 | 19%                                                                                  | 38%     | 9%           | 63%           |
| April 2019 to March 2021 | 22%                                                                                  | 37%     | 9%           | 58%           |

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

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

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

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

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

### Patient Reported Outcome Measures (PROMS)

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

PROMs measure a patient's health status or health-related quality of life from their perspective. Typically, this is based on information gathered from a questionnaire that

patients complete before and after surgery. The figures in the following tables show the percentages of patients reporting an improvement in their health-related quality of life following four standard surgical procedures, as compared to the national average.

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

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

*(2019/20 finalised data due August 2020)*

| Reporting Period         | Adjusted average health gain                                                   | England | Lowest Trust | Highest Trust |
|--------------------------|--------------------------------------------------------------------------------|---------|--------------|---------------|
| April 2022 to March 2023 | Provisional data due to be published by NHS England in August 2023             |         |              |               |
| April 2021 to March 2022 | Finalised data was due February 2023 but has not been published by NHS England |         |              |               |
| April 2020 to March 2021 | *                                                                              | 0.47    | 0.39         | 0.57          |

\*Data suppressed (not enough responses)

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

*(2019/20 finalised data due August 2020)*

| Reporting Period         | Adjusted average health gain                                                   | England | Lowest Trust | Highest Trust |
|--------------------------|--------------------------------------------------------------------------------|---------|--------------|---------------|
| April 2022 to March 2023 | Provisional data due to be published by NHS England in August 2023             |         |              |               |
| April 2021 to March 2022 | Finalised data was due February 2023 but has not been published by NHS England |         |              |               |
| April 2020 to March 2021 | *                                                                              | 0.32    | 0.18         | 0.40          |

\*Data suppressed (not enough responses)

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

- Elective surgery was disrupted in period due to COVID-19 pandemic.

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

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

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

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

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

The Trust's readmission rate split by ages group is represented in the tables below:

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

| Reporting Period         | Percentage            | England | Lowest Trust | Highest Trust |
|--------------------------|-----------------------|---------|--------------|---------------|
| April 2022 to March 2023 | Data due October 2023 |         |              |               |
| April 2021 to March 2022 | 14.6                  | 12.5    | 3.3          | 46.9          |
| April 2020 to March 2021 | 12.8                  | 11.9    | 2.8          | 64.4          |

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

| Reporting Period         | Percentage            | England | Lowest Trust | Highest Trust |
|--------------------------|-----------------------|---------|--------------|---------------|
| April 2022 to March 2023 | Data due October 2023 |         |              |               |
| April 2021 to March 2022 | 12.3                  | 14.7    | 2.1          | 142.0         |
| April 2020 to March 2021 | 13.2                  | 15.9    | 1.1          | 112.9         |

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

- The percentage for patients aged 16 or over is significantly lower than the national average at the 99.8% level, and the percentage of patients aged 0 – 15 is significantly higher than the national average at the 99.8% level. This is thought to be due to the combination of services and settings offered by the Trust which is different to most Trusts being compared against.

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

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

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

### Rate of Clostridium difficile infection

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

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

| Reporting Period        | Somerset Foundation NHS FT Trust-apportioned CDI rate per 100,000 bed days* | National Average (England) | Lowest Trust (Southwest) | Highest Trust (Southwest) |
|-------------------------|-----------------------------------------------------------------------------|----------------------------|--------------------------|---------------------------|
| April 2022 – March 2023 | 14.57                                                                       | 23.47                      | 9.91                     | 49.81                     |
| April 2021 – March 2022 | 15.7                                                                        | 22.78                      | 9.32                     | 57.45                     |



| Reporting Period        | Somerset Foundation NHS FT Trust-apportioned CDI rate per 100,000 bed days* | National Average (England) | Lowest Trust (Southwest) | Highest Trust (Southwest) |
|-------------------------|-----------------------------------------------------------------------------|----------------------------|--------------------------|---------------------------|
| April 2020 – March 2021 | 10.94                                                                       | 14.72                      | 8.29                     | 35.15                     |
| April 2019 – March 2020 | 6.89                                                                        | 15.5                       | 0.0                      | 64.6                      |
| April 2018 – March 2019 | 9.0                                                                         | 13.6                       | 0.9                      | 90                        |

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

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

- The case numbers and rates of CDI have increased in the last year which is in line with a regional and national increase.
- When compared to a regional rate, we compare well and are ranked the second lowest trust for the last year.
- When compared to the national rate we have a lower rate than the national average.
- Despite this we are experiencing higher case numbers and rates than the previous four years

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

- Review the risk factors for trust apportioned cases to identify themes and new learning, sharing this learning in the organisation and driving further improvements.
- Continuing to work with the Regional Infection Control and Management Team on CDI reduction strategies.
- 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 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 2021 – Mar 2022 | 14,707                       | 47.0                    | 53.5                      | 23.7         | 205.5         |
| Apr 2020 – Mar 2021 | 14,843                       | 58.0                    | 54.4                      | 27.2         | 118.7         |

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

- The Trust actively encourages reporting of incidents to enable learning to be obtained.
- The Trust has been involved in a range of work-streams led by its in-house improvement network to improve specific aspects of patient safety and to reduce incidents.
- The Trust has introduced a new incident reporting system across the merged organisation to simplify the process and provide access to a wider range of useful data for learning at all levels across the organisation.

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

- Further extending the use of "Excellence reporting" to enable the Trust to learn from when things go really well in addition to learning from when things do not go so well.
- Implementing the new Learning from Patient Safety Event national reporting system.

## 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 2021 – Mar 2022 | 198                                              | 1.3%                 | 0.4%                       | 0.1%         | 1.7%          |
| Apr 2020 – Mar 2021 | 208                                              | 1.4%                 | 0.4%                       | 0%           | 2.8%          |

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

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

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

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

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

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

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

| Reporting Period         | Percentage | England                   | Lowest Trust | Highest Trust |
|--------------------------|------------|---------------------------|--------------|---------------|
| April 2021 to March 2022 | 90.3%      | Data submission suspended |              |               |

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

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

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

- National data submission were suspended to release capacity in providers and commissioners to manage the COVID-19 pandemic. Local data collection was maintained in community and mental health settings, and from July 2020 for Acute settings.
- Medical staff receive training as part of the induction programme in the protocol for risk assessment. This applies when patients are admitted as emergencies as well as for planned procedures.
- These data represent those patients with a risk assessment in place on admission. It does not account for cases where the risk assessment form is not fully completed or inaccurate.

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

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

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

### National Clinical Audit Participation

During 2022/23, there were 58 national clinical audits and eight national confidential enquiries detailed within the NHSE Quality Accounts list which covered relevant health services that Somerset FT provides. Two national audits were put on hold by the providers, leaving a total of 56.

During that period Somerset FT participated in 55/56 (98%) national clinical audits and 8/8 (100%) national confidential enquiries which it was eligible to participate in. The national clinical audits and national confidential enquiries that Somerset FT were eligible to participate in during 2022/23 are as follows:

| National Audit Title                                                                            | Participated | Status                    |
|-------------------------------------------------------------------------------------------------|--------------|---------------------------|
| Adult Respiratory Support Audit                                                                 | Yes          | Data collecting           |
| BAUS Urology: Muscle Invasive Bladder Cancer at Transurethral Resection of Bladder (MITRE)      | Yes          | National report awaited   |
| Breast and Cosmetic Implant Registry                                                            | Yes          | National report awaited   |
| Case mix programme - ICNARC                                                                     | Yes          | National report awaited   |
| Elective surgery - PROMS                                                                        | Yes          | Low participation rates   |
| Emergency Medicine: Care of Older People                                                        | Yes          | Deferred 2023-24          |
| Emergency Medicine: Pain in Children                                                            | Yes          | Deferred 2023-24          |
| Emergency Medicine: Mental Health (self-harm)                                                   | Yes          | Data collecting           |
| Epilepsy12 audit                                                                                | Yes          | National audit awaited    |
| Falls and Fragility Fracture Audit Programme: National Audit of Inpatient Falls                 | Yes          | Continual data collection |
| Falls and Fragility Fracture Audit Programme: National Hip Fracture Database (NHFD)             | Yes          | Continual data collection |
| Falls and Fragility Fracture Audit Programme: Fracture Liaison Service Database                 | Yes          | National report awaited   |
| Inflammatory Bowel Disease (IBD) registry                                                       | Yes          | National report awaited   |
| Learning from lives and deaths of people with a learning disability and autistic people (LeDeR) | Yes          | Ongoing submission        |
| MBRRACE-UK                                                                                      | Yes          | Continual data collection |
| National Adult Diabetes Audit: Core diabetes audit                                              | Yes          | National report awaited   |
| National Adult Diabetes Inpatient Safety Audit                                                  | Yes          | Data collecting           |
| National Diabetes Audit: Diabetes Foot Care audit                                               | Yes          | Continual data collection |
| National Diabetes Audit: National Pregnancy in diabetes audit (NPID)                            | Yes          | National report awaited   |
| National Asthma and COPD Audit Programme (NACAP): Adult Asthma                                  | Yes          | Continual data collection |
| NACAP: Children and young people                                                                | Yes          | Continual data collection |
| NACAP: COPD                                                                                     | Yes          | Continual data collection |
| National Audit of cardiac rehabilitation (NACR)                                                 | Yes          | Data collecting           |

| <b>National Audit Title</b>                                                                    | <b>Participated</b> | <b>Status</b>             |
|------------------------------------------------------------------------------------------------|---------------------|---------------------------|
| National Audit of Dementia                                                                     | Yes                 | National report awaited   |
| National Bariatric Surgery Registry (NBSR)                                                     | Yes                 | Continual data collection |
| National Audit of Metastatic Breast Cancer                                                     | Yes                 | Planning                  |
| National Audit of Primary Breast Cancer                                                        | Yes                 | Planning                  |
| National Cardiac Arrest Audit (NCAA)                                                           | Yes                 | Continual data collection |
| National Cardiac Audit Programme: Myocardial Ischaemia (MINAP)                                 | Yes                 | Continual data collection |
| National Cardiac Audit Programme: National Audit of Cardiac Rhythm Management (CRM)            | Yes                 | Continual data collection |
| National Cardiac Audit Programme: Adult Percutaneous Coronary Interventions                    | Yes                 | Continual data collection |
| National Audit of Percutaneous Coronary Interventions (PCI)                                    | Yes                 | Data collecting           |
| National Cardiac Audit Programme: National Heart Failure Audit                                 | Yes                 | Data collecting           |
| National Clinical Audit of Psychosis (EIP)                                                     | Yes                 | Local report pending      |
| National early inflammatory arthritis audit (NEIAA)                                            | Yes                 | Data collecting           |
| National emergency laparotomy audit (NELA)                                                     | Yes                 | Continual data collection |
| National Gastro-intestinal Cancer Programme: National Bowel Cancer Audit (NBOCA)               | Yes                 | Data collecting           |
| National Gastro-intestinal Cancer Programme: National Oesophageal-gastric cancer audit (NOGCA) | Yes                 | National report awaited   |
| National joint registry                                                                        | Yes                 | Data collecting           |
| National lung cancer audit (NLCA)                                                              | Yes                 | Local briefing pending    |
| National audit of breast cancer in older people (NABCOP)                                       | Yes                 | Data collecting           |
| National maternity and perinatal audit (NMPA)                                                  | Yes                 | Data collecting           |
| National neonatal audit programme (NNAP)                                                       | Yes                 | National report awaited   |
| National Ophthalmology Database                                                                | Yes                 | Continual data collection |
| National Paediatric diabetes audit (NPDA)                                                      | Yes                 | Continual data collection |
| National Prostate cancer audit                                                                 | Yes                 | Data collecting           |
| National Vascular registry                                                                     | Yes                 | Data collecting           |
| Prescribing Observatory for Mental Health: Prescribing Valproate                               | Yes                 | National report awaited   |
| Prescribing Observatory for Mental Health: Use of Melatonin                                    | Yes                 | Local briefing pending    |
| Sentinel stroke national audit programme (SSNAP)                                               | Yes                 | Data collecting           |
| Serious Hazards of Transfusions: UK national haemovigilance scheme (SHOT)                      | Yes                 | Continual data collection |
| Society for Acute Medicine Benchmarking Audit (SAMBA)                                          | Yes                 | Completed                 |
| Major Trauma audit - TARN                                                                      | Yes                 | Continual data collection |
| UK Cystic fibrosis registry                                                                    | Yes                 | Data collecting           |
| UK Parkinson's Audit                                                                           | Yes                 | Local briefing pending    |

| National Audit Title                              | Participated | Status                                                                                                                                                           |
|---------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BTS – Tobacco dependency – maternity services     | N/A          | Nationally on hold                                                                                                                                               |
| BTS – Tobacco dependency – mental health          | N/A          | Nationally on hold                                                                                                                                               |
| National audit of Care at the End of Life (NACEL) | No           | Service requested to not participate this year, to give time to focus on existing action plan. Agreed by Directorate governance and Data Outlier Review Meeting. |

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

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

| National Audit Title                                                        | Notes                                                                    |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------|
| National Audit of Cardiovascular Disease Prevention                         | Not relevant to this Trust (primary care)                                |
| National Cardiac Audit Programme: Adult Cardiac Surgery                     | Not relevant to this Trust                                               |
| National Cardiac Audit Programme: National Congenital Heart Disease (NCHDA) | Not relevant to this Trust                                               |
| Cleft Registry and Audit Network (CRANE)                                    | Not relevant to this Trust                                               |
| National Child Mortality Database (NCMD)                                    | Not relevant to this Trust – data comes from Child Death Overview Panels |
| National Asthma and COPD Audit Programme (NACAP): Pulmonary Rehabilitation  | Not relevant to this Trust                                               |
| National audit of pulmonary hypertension (NAPH)                             | Musgrove cases are reviewed by one of the 8 participating centres        |
| 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 2022/23:

| Name of Confidential Enquiry                          | Status                  |
|-------------------------------------------------------|-------------------------|
| NCEPOD: End of Life Care                              | Planning (2023-24)      |
| NCEPOD: Rehabilitation following critical illness     | Planning (2023-24)      |
| NCEPOD: Testicular Torsion                            | Data collecting         |
| NCEPOD: Community Acquired Pneumonia                  | Data collecting         |
| NCEPOD: Endometriosis                                 | Data collecting         |
| NCEPOD: Transition for child to adult health services | National report awaited |

|                         |                           |
|-------------------------|---------------------------|
| NCEPOD: Crohn's Disease | National report awaited   |
| NCEPOD: Epilepsy        | Local action plan awaited |

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

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

### NATIONAL CLINICAL AUDIT

The reports of 57 national clinical audits were reviewed by the provider in 2022/23:

- 3 from 2018/2019
- 11 from 2019/2020
- 24 from 2020/2021
- 17 from 2021/2022
- 2 from 2022/2023

Thirty-one of these completed audits identified actions to improve the quality of healthcare provided:

#### Bladder Outflow Obstruction (BOO) Snapshot

BOO measured compliance with NICE and European Association of Urology (EAU) guidelines and variation in assessment and treatment, including waiting times and indications for surgery across the UK

Actions include:

- Day case steam therapy (Rezume) being implemented.
- Day case transurethral resection of the prostate being assessed with procurement
- Day case prostate artery embolization service being implemented

#### Fracture Liaison Service Database (NFLS)

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

Actions include:

- Review data capture for inaccuracies to improve quality of data submitted
- Local audit of telephone clinic for 12-16 week follow up
- Improve strength and balance services by linking with AGE UK to review referral pathway due to limited falls clinic in Somerset



### **Intensive Care National Audit & Research Centre (ICNARC) Case Mix Programme (CMP)**

CMP is an audit of patient outcomes from adult, general critical care units (intensive care and combined intensive care/high dependency units) covering England, Wales and Northern Ireland.

Actions include:

- Local audit to review delays to admission
- Review upward curve in hospital mortality (which remains within national averages) to ascertain if this is a continuing trend
- Link with Yeovil District Hospital to share results and further ways to improve the service across both sites

### **Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE)**

The scope of MBRRACE:

- Surveillance and confidential enquiries of all maternal deaths
- Confidential enquiries of an annual rolling programme of topic specific serious maternal morbidity
- Surveillance of all late foetal losses, stillbirths and neonatal deaths
- A biennial programme of topic specific confidential enquiries into aspects of stillbirth and infant death or serious infant morbidity

Actions include:

- Local mortality report for perinatal deaths in 2022
- Review of post-mortem training
- Create new reporting code within the incident reporting platform (RADAR) for 'late miscarriages' to ensure all reportable deaths are captured

### **National Audit of Care at the End of Life (NCAEL) Round 3**

NCAEL reviews deaths in an inpatient setting taking into account the experiences of the dying person, those close to them, and for the first time in 2021, a baseline survey on staff experience of delivering end of life care

Actions include:

- Inclusion of 7 day working in merger work force planning
- Review the rapid discharge process for patients from acute and community hospitals
- Review Assessment, Management, Best Practice, Engagement and Recovery Uncertain care bundle
- Promote End of Life training, including Just in Case medications
- Include nutrition and hydration, and potential for sedation within the Syringe Pump training

### **National Audit of Dementia – Memory Services Spotlight Audit**

This spotlight audit examined waiting times, access to assessments, treatment and post-diagnostic support for people with dementia in memory assessment services, in the context of the COVID-19 pandemic.

Actions include:

- Review of triage prompt sheet to ensure key questions are screened
- Ad hoc audits of Memory Assessment Services documentation within local teams

### **National Audit of Inpatient Falls (NAIF) – includes 2020 and 2021 rounds**

NAIF examines delivery and quality of care for patients over 60 who fall and sustain a fracture of the hip or thigh bone in acute, mental health, community and specialist NHS trusts/health boards in England and Wales. NAIF reviews the care the patient has received before their fall as well as the post fall care.

Actions include:

- Implementation of a system to assess the gap between actual and reported falls
- Local audit of appropriateness of bed rail use within the Trust
- Appropriate flat lifting equipment to be provided (along with training)
- Develop falls training package
- Carry out a Quality Improvement (QI) project to redesign the falls proforma

### **National Bowel Cancer Audit (NBOCA) 2021/22 and 2020/21 rounds**

NBOCA aims to describe and compare the quality of care and outcomes of patients diagnosed with bowel cancer in England and Wales.

Actions include:

- Reducing length of stay with access to pre-habilitation programmes, investment in minimally invasive surgical techniques, regular review of data
- Support day surgery/hospital at home expansion programme
- Appointed specialty doctor to lead on outcome data assessment 3 monthly

### **National Cardiac Arrest Audit (NCAA)**

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

Actions include:

- Upgrade existing report form to a better format that is easier and quicker to use

### **National Clinical Audit of Psychosis (NCAP) – Early Intervention for Psychosis**

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

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

- Ongoing quarterly monitoring of all domains
- Development of county-wide At-Risk Mental State (ARMS) provision
- Child and Adolescent Mental Health Services (CAMHS) link workers identified to liaise with CAMHS, improve identification of First Episode Psychosis (FEP) and prompt referral, bolster Somerset Team for Early Psychosis (STEP) and CAMHS value added care protocol and develop reciprocal training events

### **National Clinical Audit of Psychosis (Employment and Physical Health)**

NCAP aims to improve the quality of care that NHS mental health trusts in England and Health Boards in Wales provide to people with psychosis.

**Employment:** measures access to employment support, which will help people with severe mental illness to find and retain employment

Actions include:

- Use of Dialog+ (user focused collaborative care planning process) to develop employment, educational and vocational issues and goals, and facilitate accurate recording

**Physical Health:** measures physical health monitoring and interventions offered to people with psychosis seen by adult community mental health services across England and Wales.

### **National Comparative Audit of NICE Quality Standards QS138**

Patient Blood Management (PBM) is a multidisciplinary, evidence-based approach to optimising care of patients who might need a blood transfusion. The deployment of PBM initiatives reduces inappropriate transfusion, which improves patient safety, reduces hospital costs and helps to ensure the availability of blood components.

Actions include:

- Undertake local audit to provide assurance where data was not available for national audit
- Updated Tranexamic acid (TXA) guidance to be shared with all anaesthetists

### **National Diabetes Footcare Audit (NDFA) multiple rounds covering the periods 2018-2021**

The aim of the NDFA is to measure factors associated with increased risk of ulcer onset and adverse ulcer outcomes. It aims to share information relating to best clinical practice, and to enable the highest quality of care of diabetic foot ulcers in England and Wales

Actions include:

- Development of virtual weekly red flag clinics
- Restarting acute rotations to upskill podiatrists and improve care planning
- New equipment to aid vascular assessment and timely referral
- Development of new coding system

### **National Early Inflammatory Arthritis (NEIAA) Year 4**

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

Actions include:

- Increasing data submission to NEIAA to reflect accurate practice
- Raise concerns with Service Governance Group with regards to reviewing patients at the three-month stage

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

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

Actions include:

- Recruitment of additional sonographers
- Use of community diagnostic centre
- Promotion of heart failure nurse service within the Musgrove Park Hospital
- Quality improvement programme to develop heart failure checklist for AMU, and inpatient acute pathway/protocol

### **National Maternity and Perinatal Audit (NMPA)**

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

Actions include:

- Local rolling audit to monitor low APGAR (Appearance, Pulse, Grimace, Activity, Respiration) scores
- Review each case of a low APGAR score and report to maternity and neonatal governance meetings
- Local rolling audits for more serious perineal tears, and induction of labour, reporting to maternity and neonatal governance meetings

### **National Neonatal Audit Programme (NNAP)**

NNAP is a national clinical audit of care for babies admitted to neonatal services. The audit reports on key measures of the processes and outcomes of neonatal care.

Actions include:

- Local review to be carried out for those babies outside the normal temperature range identified in the ongoing rapid monitoring for all admitted infants

- Babies with central line associated bloodstream infections:
  - Care bundle to be updated
  - Consultants to agree on techniques that are best practice
  - Ultrasound education pack to be shared

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

Current guidance on management of insomnia in children proposes that once physiological reasons for sleep disturbance are excluded, interventions that aim to change parents' management of their child's sleep should be the next step. Pharmacological interventions (such as melatonin) are recommended where such interventions prove ineffective or alongside parent-directed approaches.

Actions include:

- Development of a comprehensive sleep clinical stepped care pathway
- Joint shared care policy and clear clinical pathway for melatonin prescribing
- All versions of melatonin leaflets to be available in Medicines section of intranet

### **Prescribing Observatory for Mental Health: Prescribing for Depression**

NICE guidelines propose a 'stepped care' approach to the treatment of depression. Most depressed patients seen in secondary care mental health services meet Step 3 criteria (depression with inadequate response to initial interventions) and Step 4 (severe and complex depression including risk to life) and require more intensive treatment. This audit looks at effective gatekeeping, prescribing and review.

Actions include:

- Facilitated discussions around gatekeeping
- Develop a template to facilitate accurate and comprehensive recording

### **Prescribing Observatory for Mental Health: Valproate prescribing**

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

Actions include:

- Explore feasibility of developing a register of all patients prescribed valproate
- Review electronic patient record training for prescribers, to highlight where to find the Pregnancy Prevention Programme (PPP) assessment
- Pharmacy team to screen all prescriptions within 72 hours of admission, to identify patients prescribed valproate and ensure standards are followed
- Pharmacy teams to obtain quarterly reports from electronic patient record for any community patient prescribed valproate, to allow monitoring of completion of PPP

### **Royal College of Emergency Medicine: Assessing for Cognitive Impairment in Older People**

This Quality Improvement Project (QIP) tracked the performance in emergency departments (ED) against clinical standards in individual departments and nationally, focusing on:

- Assessment for cognitive impairment during a visit to the ED
- Documentation of identified cognitive impairment in the ED
- Assessment using an established pathway when cognitive impairment is identified

Actions include:

- Appointment of Older Persons/Frailty Link Nurse
- Inclusion of Older Adults ED assessment topics in twice weekly safety huddle
- Update trauma screening tool to explicitly trigger senior review where required
- Addition of clinical frailty score to safety checklist for majors and resus patients

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

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

Actions include:

#### **Community:**

- Improve multi-disciplinary working by effective use of board rounds and patient discussion forums
- Link closely with adult social care to improve patient flow
- Local audit to identify the reason why compliance for applicable patients receiving a mood and cognition screening by discharge has fallen during the period covered

#### **Acute:**

- Local quarterly audit for thrombolysis to identify trends/areas for improvement
- Awareness sessions to improve needle to door time
- Review and improve the SSNAP data collection process

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

SAMBA provides a snapshot of the care provided for acutely unwell medical patients in the UK over a 24-hour period on Thursday 23<sup>rd</sup> June 2022.

Actions include:

- Recruiting for additional resource to manage medical patients for admission with prolonged stays in ED

### **Trauma Audit & Research Network (TARN) 2019/20, 2019/20 and 2020/21**

TARN measures and monitors process of care and outcomes to provide local, regional & national information on trauma performance and patient outcomes.

Actions include:

- In-house training programme for nursing trauma competencies
- Trauma booklet designed and implemented in ED
- New trauma triage tool for adult and paediatric patients
- Improving access for urgent trauma CT scans

## **LOCAL CLINICAL AUDIT**

The reports of 136 local clinical audits were reviewed by the provider in 2022/23. Action plans are developed for all audits where significant issues are identified, and where the Trust intends to take actions to improve the quality of the healthcare provided.

Of the 136 local clinical audits reviewed, 132 required action plans, and the following 20 are examples of projects conducted by clinical teams across the Trust and the changes proposed as a result of them:

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

The aim of this audit was to identify whether all patients who meet CI criteria are given the opportunity to discuss cochlear implants and the referral rate.

Actions include:

- CI questions added to more hot keys in audit
- Two CI assessment referral templates created in EPRO
- Reminders to the department regarding CI referral criteria and where to find resources on the intranet
- Patients where no discussions were recorded will be sent letters offering the opportunity to have a discussion with an audiologist regarding CI implants

### **Acute Medical Unit (AMU): Treatment Escalation Plans (TEP)**

The aim of this audit was to determine and improve TEP completion rates on patients moving from AMU to Barrington Ward.

Actions include:

- Improve weekend completion of TEP forms by raising awareness of this in monthly acute physician meetings
- Scheduled re-audit

### **Perinatal Mental Health (PMHT): Management and outcomes of borderline personality disorder (PD) patients**

The aim of this audit was to determine the extent to which the guidelines in the RCPsych Report on Perinatal Mental Health Services CR232 and the NICE guidelines on Borderline PD are being followed and fulfilled within the Somerset Perinatal MH Service and put in place actions to address any improvements identified

Actions include:

- Multidisciplinary team (MDT) will be involved/informed of any decision regarding medic involvement only, via MDT meeting with clear rationale evidenced
- MDT will be involved/informed of any discharge of patients without assessment via MDT meeting
- PMHT medics to ensure diagnosis is recorded following assessment and discussion with client. Medical Secretary to flag any confirmed diagnosis in GP letter if not completed.
- PMHT assessment to be updated to give clear prompts regarding family/carer involvement
- 'Triangle of Care' heading to be used in all progress notes evidencing family/carer involvement

### **Cardiology: Re-audit of Discharge Summaries for patients who have had Myocardial Infarction (MI) Treatment**

The aim of the audit was to improve the quality of discharge summaries of patients admitted with ST segment elevation myocardial infarction (STEMI)/Non-ST elevation myocardial infarction (NSTEMI), increasing the inclusion of relevant information on diagnosis, investigations, and management upon discharge as according to NICE guidelines NG185. This audit has been repeated annually, with an improvement for each standard demonstrated each year.

Actions include:

- Revisions to record keeping and promotional posters
- Ongoing education

### **Maternity: World Health Organisation (WHO) Safety Checklist**

This audit reports and monitors performance of the maternity compliance with the maternity theatre WHO safety checklist. The checklist is designed tool to act as a safety net and promote safe practice.

Actions include:

- Reminders on governance weekly newsletter regarding full completion of the WHO checklist
- Ensure the correct procedure/category of lower (uterine) segment Caesarean section (LSCS) is updated if it changes
- Share audit at presentation meeting
- Re-audit ongoing with aim of achieving  $\geq 97\%$  compliance ('green' status)

### **Mental Health: Electro-convulsive Therapy (ECT)**

ECT is a treatment that involves sending electric current through the brain, to relieve the symptoms of some severe mental health problems. The purpose of this audit was to check that each patient receiving ECT is receiving the correct treatment, as outlined in the ECT Policy and identify any discrepancies or gaps in implementation or provision and address this.



Actions include:

- ECT staff to raise awareness with referring team of the following, and will discuss both elements in briefings prior to treatment, raising with referring teams if not done:
  - It is their responsibility to ensure medical reviews are completed after every two treatments.
  - To complete appropriate rating scales prior to treatment commencing.
- Annual reaudit scheduled.

### **Musculoskeletal Physiotherapy: Weight Management with Osteoarthritis (OA) Knee patients**

The aim of this audit is to ensure weight management advice is given to overweight/obese patients, to maximise efficacy of OA Knee treatment.

Actions include:

- Training for managing weight loss conversations booked with dietetics team
- Provide visual prompt with BMI calculator on RiO
- Throughout hub and band 5 training in 2023 stress importance of good documentation

### **Mental Health Inpatients at Wellsprings Site: Smoking Cessation and Nicotine Replacement Therapy**

The aim of this audit was to review if patients are offered smoking cessation advice / nicotine replacement therapy by the medical team. This was a project undertaken with 4 rounds over the 12 month period, with interventions added at each stage.

Actions include:

- Updating the multidisciplinary team proforma to include specific smoking cessation questions
- Patient leaflets to be made available on the ward
- Signposting patients to 'Smoke Free Life Somerset'
- Implementation of nicotine replacement therapy during induction for new doctors

### **Children and Young People: Speech and Language Therapy (SLT): Cleft Lip and Palate Royal College SLT Guidelines**

The aim of this audit is to ensure we are meeting the national guidelines of seeing children with cleft palate for their 2-year speech assessment by 27 months of age.

Actions include:

- Improve caseload tracking processes to enable easier identification of children who are due their 2-year speech assessment, and those who may be about to breach.
- Leadership team to ensure there is adequate cover for the Link SLT should there be a prolonged period of absence from service. This will be met through a traded service with the Southwest Cleft Team

### **Somerset-Wide Integrated Sexual Health Service (SWISH): Contraception for women over 40**

The aim of this audit was to ensure that the service is providing recommended advice for women over 40 years of age regarding STI screening prior to Intrauterine device insertion, safe use of hormonal contraception as age associated risks increase, and when to cease using contraception.

Actions include:

- Revise the process for recording that patients have been counselled about when to stop using contraception, and add to counselling template

### **Maternity: Waterbirth re-audit**

The aim of this re-audit was to compare compliance against previous rounds of this audit, and the Immersion in water for Labour Trust guideline.

Although compliance is demonstrated at 93% or higher for the three standards, the following actions have been taken:

- Continue update on mandatory training week, in the manual handling pool evacuation session, reminding midwives of the key points of the Immersion in Water Guideline
- Share Water Birth audit results in the Governance weekly newsletter
- Purchase digital temperature probes to provide continuous read out of pool temperature

### **Older Persons Mental Health (Taunton and West Somerset): Post Diagnostic Support in Memory Assessment Services**

The aim of the audit was to assess the current provision of post-diagnostic support against NICE and other national guidance

Actions include:

- Develop standardised documentation guidance/template
- Develop practitioner guidance for post-diagnostic support, with regular peer supervision
- Develop a standardised referral process for post-diagnostic support
- Form a steering group for post-diagnostic support interventions
- Provide training to practitioners regarding the rationale for post-diagnostic interventions and recommendations

### **Paediatrics: Paediatric Cardiology Transition and Transfer process**

The aim of this audit was to review the current transition and transfer process and to aid successful transition/Transfer from paediatric to adult cardiology services.

Actions include:

- To outcome all complex congenital heart disease (CHD) patients into Transition clinic on Maxims system as part of the process to request booking into next transition clinic
- Young Person Clinic – Nurse specialist to start seeing the young person who has been transferred but are not yet due a review to provide reassurance whilst waiting for their first review
- CHD Network in the southwest is starting a pilot of a transition clinic model, and this service has been accepted to take part, which will enable us to assess how much benefit this could have for our future patients

### **Ophthalmology: Wet Age-Related Macular Degeneration (ARMD): referral to treatment**

The aim of this re-audit was to review referral to treatment times for patients with wet ARMD, compare against published NICE guidelines (NG82) and previous audit results

Actions include:

- Increase use of optical coherence tomography (OCT) angiography instead of Fundus fluorescein angiogram (FFA)
- Increase Consultant/Senior clinician imaging review capacity by appointment of consultant/specialty doctor, and increasing virtual review clinics in job plan
- Consultant review of the OCTA/FFA same day, by having a rota for Retinal Consultant available for opinion and advice
- Moving Macular Service from the hospital to the Ophthalmic diagnostic centre

### **Haematology: End of treatment summaries for patients completing chemotherapy for high grade non-Hodgkin's Lymphoma and Hodgkin's Lymphoma**

The aim of this audit was to ensure that all patients who complete chemotherapy treatment for Lymphoma in Musgrove Park Hospital receive an end of treatment summary letter in line with current recommendations by the independent cancer taskforce report.

Actions include:

- Devise and add an End of Treatment letter template onto EPRO
- Circulate to all consultants with explanation and findings of audit
- Schedule re-audit to gauge levels of improvement

### **Primary Care Dental Service: Use of Flumazenil**

When flumazenil is used, it should be justified within the patient's clinical record. The aim of this audit is to ensure this process is being followed.

Actions include:

- Devise and implement new sedation template (after consultation) to incorporate the dose and how it is given

- Agree a list of standard reasons for use of flumazenil for non-adverse events to add to template
- Clarify the definition of an adverse event relating to midazolam use, so that the sedation team know when an incident form should be completed, and add this to the Standard Operating Procedure

### **Mental Health Community Services: Care Planning and Risk**

The aim of this re-audit was to ensure that record keeping / case notes meet the standards stated within the Care Planning policy and aligned clinical policies, and to ensure that risk information is up to date.

Actions include:

- The Case Note management tool to be used at every other line management supervision session by Team Managers for the following areas where improvements were highlighted as being required:
  - Somerset Team for Early Psychosis (STEP) and South Somerset Community Mental Health Service (CMHS): assessing for capacity
  - Bridgwater and South Somerset CMHS: recording next of kin
- Reaudit to be scheduled to demonstrate maintained high levels of compliance and where further improvements were identified

### **Musculoskeletal (Msk) Physiotherapy: Upper Limb – Subacromial Shoulder Pain Physiotherapy Pathway**

The Somerset CCG criteria for subacromial shoulder pain requires that patients should have undertaken conservative management (for a minimum of 6 weeks) in Primary care. The audit aims to establish if patients are being managed within this pathway.

Actions include:

- Develop Msk Physiotherapy Hub training for subacromial pain, rehabilitation and engaging patients with their exercise programme
- All new Band 5 staff to attend shoulder training and to pass the competency assessment
- Include a case review in staff supervision sessions
- Clinical supervision of follow up appointments
- Schedule reaudit to ascertain levels of improvements, and extend this to include patient outcomes

### **Oral and Maxillofacial: Emergency Theatre list – time to theatre**

The aim of this audit was to investigate the time that emergency maxillofacial patients take to get treated in theatre from the initial injury. Standards based on published papers and International Association for Dental Traumatology (IADT) guidelines

Actions include:

- More trauma clinics to be added per week to enable review and treatment of patients within the appropriate time period.

- Emergency trauma list to be devised so patients can be automatically added to that, rather than being added to an elective list and possibly missing the recommended time periods.
- Schedule reaudit to ascertain levels of improvements as a result of these interventions

### **Older Persons mental health community teams (OPMHT) and Intensive Dementia Service (IDS): Discharge process and communication with GPs**

This audit was carried out as a result of a serious incident investigation, and mapped practice against the Community Mental Health Framework for adults/older adults, and Trust policies of Care Planning and Clinical Assessment and management of risk. It involved all OPMHT and IDS for the whole county.

Actions include:

- Develop a single method (and content) for discharge communications with GPs
- Team Managers to carry out ad hoc reviews of completed discharge summaries and feed back during supervision
- All team members to be up to date with Clinical Risk assessment and management mandatory training
- Ensure all staff are aware of changes to the care planning policy, including the need for all patients to have an escalation plan in place
- Ensure all staff are aware of changes being made to electronic records
- Schedule reaudit to ascertain improved levels of compliance

## CLINICAL RESEARCH

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

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

### Commercial collaborations

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

The Trust works with TrinetX, a commercial data warehouse that makes anonymised data available to approved research partners. Use of the platform continues, and in 2022/23 the Trust received 21 trial connect requests via the platform, 12 were declined, three accepted and six 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.

### **Academic grants**

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

Miss Jo Morrison submitted a grant application in relation to post-natal cervical screening. The outcome is awaited.

The Trust has acted as sponsor for 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 has now closed and the data are being analysed.

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

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

The Trust is a partner organisation of the Biomedical Research Centre led by the University of Exeter and Royal Devon University Hospital to improve diagnosis, treatment and care, in the South West and across the world. It's five core themes for development include:

- **Neurodegeneration:** finding and testing new, better drugs that prevent and treat major brain conditions in older adults such as dementia and Parkinson's disease.
- **Rehabilitation:** Using exciting new approaches to help older people to recover from illness or manage their long-term conditions like dementia and arthritis.
- **Diabetes:** Improving diagnosis and treatment, and exploring how to help those most at risk
- **Genetics:** Unlocking the power of genetics, to improve diagnosis of rare illnesses in children and rare cancers, and to create tailored treatments for common diseases.
- **Clinical Mycology:** Seeking better treatments to prevent and manage potentially deadly fungal infections.

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

In November the Chief Nurse Research Fellowship scheme was launched and 15 fellowships have since been awarded. The annual scheme offers successful

applicants the opportunity of having one day paid per fortnight to undertake clinical academic career development, obtain clinical research delivery experience and the development of a work-based project.

### **Quality improvement**

The research department is required to conduct an annual Patient Research Experience Survey the results of which for 2022/23 were positive with no action plans required.

During the year staff attended Bronze Quality Improvement training and have contributed to numerous quality improvement projects and initiatives across all research sectors.

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

The research department was successful in its bid for NIHR Research and Innovation Funding. The aim, to increase involvement and engagement activities in the research pathway, from ideas generation, study design and delivery, through to results dissemination. The key focus is on underserved communities. This funding has enabled the appointment of a PPIE Facilitator to provide support for the lay Somerset wide PPIE research steering group. To date, work has taken place to engage with the local council's diversity group, and mental health partners group, to identify any barriers to research, to seek solutions, and in doing so increase research accessibility and awareness, to enable equity in research opportunity.

### **Funding and activity**

In 2022/23, the Trust was allocated £1,475,932 to support research staffing and infrastructure via the NIHR Clinical Research Network: South West Peninsula, with a further £74,756 directly from the Department of Health. Revenue from the conduct of research of £783,750 has been invoiced for, as at 17/05/2023. This revenue represents a significant increase on previous years and reflects the successful delivery of a growing proportion of commercial portfolio research.

The number of staff, carers and patients receiving relevant health services, provided or sub-contracted by Somerset FT, who were recruited in 2022/23 to participate in research approved by a research ethics committee was 1,936 (in 131 studies).



## CARE QUALITY COMMISSION (CQC)

Somerset NHS Foundation Trust was inspected by the CQC in September 2022 and the report published on 23 January 2023.

The CQC team carried out a short notice announced inspection of the trust's acute wards for adults of working age and psychiatric intensive care unit, specialist community mental health services for children and young people and community end of life care services of the trust as part of their continual checks on the safety and quality of healthcare services. The CQC further inspected the well-led key question for the trust overall.

The CQC rated the trust's community mental health services for children and young people (CAMHS) as outstanding and our community end of life services and our acute wards for adults of working age and psychiatric intensive care unit as good overall.

The CQC praised the trust's work and said:

*“it is a remarkable achievement to merge trusts at the beginning of a national pandemic and yet Somerset NHS Foundation Trust has continued to maintain the good quality of service that we had come to expect from both Somerset Partnership NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust”.*

The CQC inspection team found outstanding practice which it highlights in the report and includes the CAMHS team's work and approach to eliminating waiting times for the service and the work of community end of life team to consider the specific needs of patient groups and better meet their needs.

As part of its consideration of how “well-led” the trust is, the CQC observed a number of meetings and met leaders across the trust. The CQC also spoke to a range of patients, carers and colleagues about our services during their inspection, as detailed in their report. The CQC's inspection team noted that:

- The trust has a clear vision and set of values that colleagues understand.
- The trust has well-embedded clinical leadership.
- The senior leadership team demonstrated a high level of awareness of the priorities and challenges facing the trust and how these were being addressed.
- Overall leaders had the skills and abilities to run the service, were visible and approachable for patients and colleagues and supported colleagues to develop their skills and take on more senior roles.
- Leaders operated effective governance processes and colleagues at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn.
- Leaders and colleagues actively and openly engage with patients, staff, equality groups, the public and local organisations to plan and manage services and collaborate with partner organisations to help improve services for patients.
- Colleagues feel respected, supported and valued.

- We promote equality and diversity in our daily work.
- Colleagues are focussed on the needs of our patients.

The CQC inspection report also provided some valuable insights about where we can improve, most notably at a trust-wide level by reviewing how we increase representation of black and minority ethnic colleagues in some areas and address the issues that black and minority ethnic colleagues report about bullying and harassment.

Within the services that it inspected, the CQC also highlighted issues for us to address which we are following up. We have taken immediate action to rectify the specific environmental issues within our mental health wards. We are also making wider improvements with the development of a new ward in Yeovil and the refurbishment of Rowan ward which cares for adults of working age who are experiencing an acute mental health problem.

#### Ratings for the whole trust

| Safe                                  | Effective             | Caring                       | Responsive            | Well-led              | Overall               |
|---------------------------------------|-----------------------|------------------------------|-----------------------|-----------------------|-----------------------|
| Requires Improvement<br>↔<br>Jan 2023 | Good<br>↔<br>Jan 2023 | Outstanding<br>↑<br>Jan 2023 | Good<br>↔<br>Jan 2023 | Good<br>↔<br>Jan 2023 | Good<br>↔<br>Jan 2023 |

#### Ratings for a combined trust

|                 | Safe                                  | Effective             | Caring                       | Responsive            | Well-led              | Overall               |
|-----------------|---------------------------------------|-----------------------|------------------------------|-----------------------|-----------------------|-----------------------|
| Acute locations | Requires Improvement                  | Good                  | Outstanding                  | Good                  | Good                  | Good                  |
| Mental health   | Good                                  | Good                  | Good                         | Good                  | Good                  | Good                  |
| Community       | Requires Improvement                  | Good                  | Outstanding                  | Good                  | Good                  | Good                  |
| Overall trust   | Requires Improvement<br>↔<br>Jan 2023 | Good<br>↔<br>Jan 2023 | Outstanding<br>↑<br>Jan 2023 | Good<br>↔<br>Jan 2023 | Good<br>↔<br>Jan 2023 | Good<br>↔<br>Jan 2023 |

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

#### Care Quality Commission Mental Health Act Assessment

During 2022/23, the CQC continued their regular Mental Health Act Assessment visits. The reports from these visits are presented and considered by the Trust's Mental Health Act Committee. No significant concerns were identified during these visits, but the Trust initiated audits and actions in relation to the recording of sharing patient rights under section 132 of the Act; availability and recording of patient leave under section 17 of the Act; and assessment and recording of capacity and consent.

## 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 2022/23 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics, which are included in the latest published data. The percentage of records in published data with valid NHS numbers and GP practitioner code were as follows:

| Indicator                                                                          | Accident & Emergency care | Admitted Patient Care | Outpatient Care |
|------------------------------------------------------------------------------------|---------------------------|-----------------------|-----------------|
| Number of records which included the patient's valid NHS Number                    |                           |                       |                 |
| % of valid NHS Numbers sent to SUS                                                 | 99.5                      | 99.9                  | 100.0           |
| Number of records which included the patient's valid General Medical Practice Code |                           |                       |                 |
| % of valid GP Practice Codes sent to SUS                                           | 99.9                      | 100.0                 | 100.0           |

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

The Somerset FT data quality maturity index (DQMI) score for the submitted data in 2022/23 was 94.5% compared to a national average of 87.4%.

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

- Extending current data quality dashboard reporting on data quality issues.
- Monitor compliance with data quality policy.
- Extend the use of spine mini services through the Trust's integration engine to improve completeness of data.
- Continue to develop the patient master index work within the warehouse to help identify duplicate records within the systems.

Somerset FT was not subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission.

## INFORMATION GOVERNANCE

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

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

In line with the DSPT reporting tool, six incidents were reported to the ICO in 2022/23. Five incidents related to information being shared in error; one incident related to members of staff accessing records inappropriately.

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

## CLINICAL CODING ERROR RATE

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

The clinical coding audit for Data Security Standard 1 Data Quality purposes was performed internally on a sample of records across a wide range of specialties within the acute and community services. The results for this again showed good overall figures, meeting the mandatory target set by the Data Security Standard 1 Data Quality in all areas.

|                     | <b>Percentage achieved<br/>2022/23</b> | <b>DSPT Standard 1<br/>Mandatory Target</b> |
|---------------------|----------------------------------------|---------------------------------------------|
| Primary Diagnosis   | 90%                                    | 90%                                         |
| Secondary Diagnosis | 87%                                    | 80%                                         |
| Primary Procedure   | 90%                                    | 90%                                         |
| Secondary Procedure | 85%                                    | 80%                                         |

The figures demonstrated above are a reflection of the current mix of experience within the Clinical Coding Team and of the Clinical Coders' understanding of the importance of coding all conditions which affect the care of the patient and all procedures performed. The better these figures are the more accurately the data reflects the complexity of the care delivered by the Trust.

In addition to this formal audit, the NHS England accredited Clinical Coding Auditors have carried out several smaller audits based on the same methodology and

percentage targets throughout the year. They also perform validation on the quality of the coded data on an adhoc basis, thereby ensuring further assurance of the quality of the data.

The Trust's NHS England accredited Clinical Coding Trainer continues to provide mandatory and supplementary training within the Clinical Coding team to develop the coders' skills and knowledge with a view to maintaining and improving the quality of the coding.

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

## PART THREE - OTHER INFORMATION

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

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

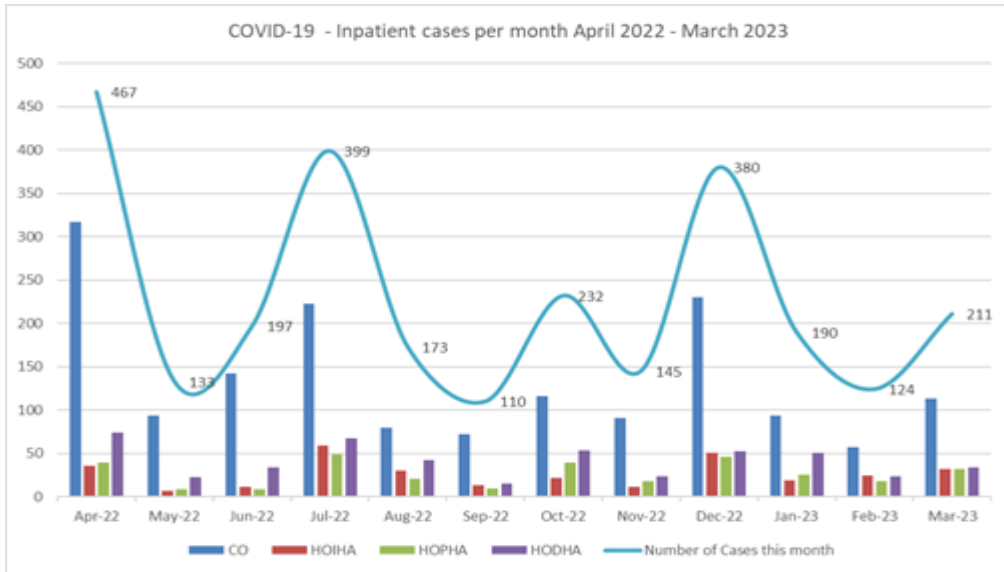
### PATIENT SAFETY

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

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

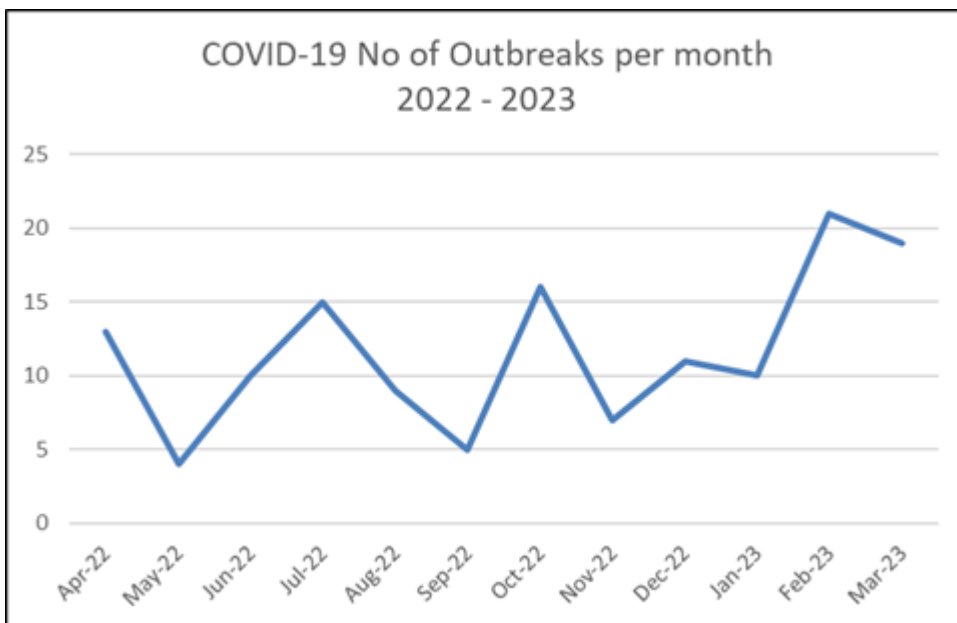
- **Community** onset, positive specimen date  $\geq$  2 days after admission or hospital attendance (CO)
- Hospital-onset **Indeterminate** healthcare-associated, positive specimen date 3-7 days after admission (HOIHA)
- Hospital-onset **Probable** healthcare-associated, positive specimen date 8-14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

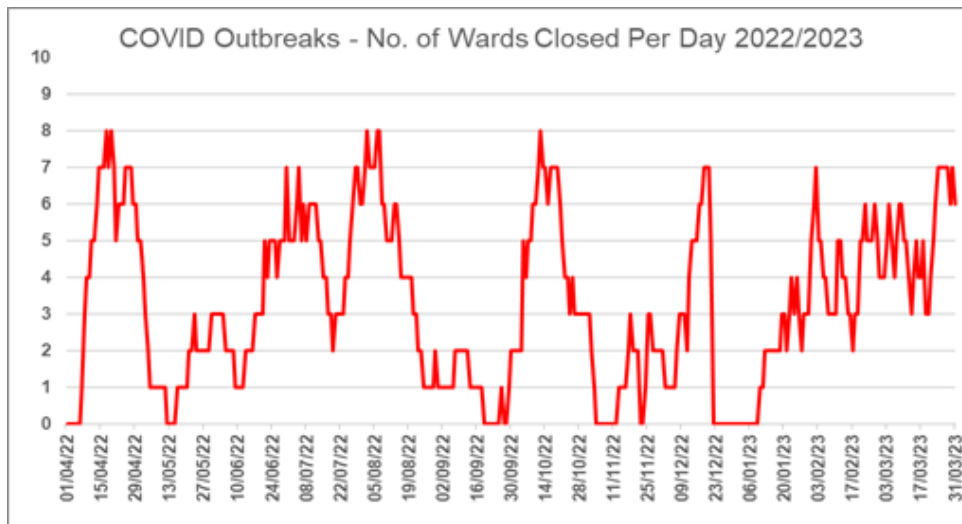
Between April 2022 and March 2023 there were 2,386 inpatients with confirmed COVID-19, an increase on the previous year where there were 1,489. The majority were community or indeterminate cases (64%) however, the portion of Trust attributable (probable and definite) increased this year to 35% compared the 23% last financial year.



During 2022-23 the COVID-19 virus continued to evolve but it was dominated by variants from the Omicron family. In general while there was an increase in identified cases of COVID-19 less patients developed severe disease than earlier in the pandemic.

Between April 2022 and March 2023 there were 128 inpatient ward closures due to COVID-19 outbreaks. Most of the outbreak occurred between October and March when there were 77 over that period.





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

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

Traditionally, those infections that are Trust apportioned have been investigated using a recognised national process known as post infection review. This process was introduced during the mid-2000s in response to high levels of MRSA bloodstream infections in the UK. In partnership with other strategies this was successful in driving down case numbers of this infection. As a result, this method has gradually spread to include other infections. However, over the last few years, this process has become more time consuming and is no longer proving effective in terms of infection reduction. Similar themes are identified and despite actions, overall case numbers are not reducing.

In August 2022, it was agreed to stop post infection reviews as there was no longer a national mandate to undertake them. The process was replaced locally with a shortened, targeted review. This aims to identify the source (where possible) and collect wider information that led to the infection. Rather than focusing on every



infection, this information is thematically analysed to inform improvements. Although this process is still new several key themes have been identified:

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

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

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

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

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

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

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

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

These include:

- Wrap around care provided by colleagues recruited, trained, and supervised by the Community Eating Disorders (CED) team, but working within the acute paediatric team to provide continuity of care, education, and care to this specific patient group. This has received positive feedback from both patients and colleagues worked well and relieved exposure to nursing staff that were feeling stressed and demoralised by the work being requested.
- Implementing bespoke “Positive Behaviour Management” educational courses, that include de-escalation and safe holding training for use with CAMHs and CED patients, for all our colleagues in acute paediatric wards at MPH and YDH.
- Prioritising supporting young people to share their views and experiences. We do this through anonymous feedback services such as 'care opinion' and weekly face to face engagement sessions led by a ward based youth worker. On admission, or ideally before, we look to create individualised and collaborative care plans with our young people and members of our integrated care team.
- CAMHS liaison practitioners operate across both paediatric sites in Somerset. We operate a fully integrated eating disorder service spanning community and acute settings. A ward based RMN guides the inpatient management for young people admitted with an eating disorder alongside the specialist consultant, a specialist paediatric nurse and trained Health Care Assistant.
- Liaison with Children’s Social Care (CSC) regarding complex and potentially violent patients, those who may have no safe place to reside, including the provision of two places of safety houses available in Somerset offering therapeutic education avoiding prolonged stays in the hospital environment. There is planning in place for a further 6 houses.
- Where hospital admission is not deemed to be therapeutic, we aim to avoid through regular high intensity user group meetings (HIUG) between paediatrics, CAMHS liaison and the Emergency Department, where bespoke plans are designed to be implemented. Alternative provisions are actively sought when

deemed more appropriate through effective joined up systems including social care, mental health and therapeutic educational settings, such as those established by the unique project 'Homes and Horizons'. This project's success rests on an innovative ten-year partnership between Somerset county council, Homes2Inspire and NHS Somerset and will provide 10 homes in Somerset offering high needs foster care for the most vulnerable.

- Where severe mental health illness prevents a safe discharge home, we are working collaboratively with the provider collaborative and our local tier 4 GAU Wessex House to ensure safe and effective shared care arrangements when needed, specifically for those under the mental health act who require physical healthcare alongside mental healthcare in our "blended care" model.
- We are in the process of creating sanctuary spaces on our wards and our Emergency Departments, away from the "hustle and bustle" and highly stimulating sensory environment, to aid with de-escalation in a crisis. We have secured all entrances and exits, and risk assess the environment on a regular basis. It does however remain a challenging environment to work with at times due to historical design and layout.
- Within the community we have refined and built on the *Children and Young People's Neurodevelopmental Partnership (CYPNP)*, creating a single point of access, triage, and educational packages to schools.
- We have secure links with liaison psychiatry and are establishing synergistic relationships with our colleagues in Wessex House (tier 4 General Adolescent Unit) to ensure safe and effective shared care arrangements when needed, specifically for those under a mental health act. There has been opportunity for our staff nurses to shadow nurses in Wessex House and vice versa. We support regular opportunity for reflective practice for all. Training includes online "we can talk" modules, experiential learning and situational SIMs. Rolling medical teaching schedules cover aspects of mental health.

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

- **FIRST RESPONSE SERVICE**

The First Response Service (FRS) has been developed over 2022/23 and has already been well utilised since it's official launch in 2023, taking over 1000 calls a week from the two hubs in the East and West of the County.

The purpose of the FRS is to improve access to mental health services for service users and their families requiring urgent mental health support and reduce the number of people attending Emergency Departments in a mental health crisis, by increasing the support available in the community. This is underpinned by the 'No wrong door' ethos in Somerset. The service works closely with the Home Treatment Service, signposting appropriate referrals to them for urgent face to face assessment.

The service is still developing and the data we are capturing will allow us to monitor the impact the service has had across the urgent care pathway, but initial feedback has been positive. Service users have told us they have had better response times to their calls and professionals have commented that it is generally quicker and easier to make referrals in a timely manner. One worker from a GP surgery praised the service for its "responsiveness, compassion and follow-up".

The FRS is available 24 hours a day on 0300 1245016 and we welcome calls from family/ carers/ concerned others as well as calls from individuals themselves. Professionals can make telephone referrals for any patient in urgent mental health need.

- **MATERNITY SERVICES**

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

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

In Somerset, both Musgrove Park Hospital and Yeovil District Hospital have previously signed a commitment to the UNICEF Baby Friendly Initiative. This is a global initiative which builds upon interlinking evidence-based standards for maternity, neonatal and paediatric services, designed to provide parents with the best possible care to build a close and loving relationship with their baby and to feed their baby in ways which will support optimum health and development. In this last year, there have been four successful assessments across the organisation, in both the neonatal and maternity services, with the maternity service at Taunton achieving reaccreditation of Gold sustainability for another three years. This is an incredible achievement and is evidence of the high level of Trust commitment towards these standards, acknowledging the positive impact on future health and wellbeing of both mothers and babies and supporting the initiative with staff, patients and visitors to our services. The success of this will underpin the next steps for the neonatal and maternity systems on both sites to continue their accreditation journey and reach the ambition of becoming a Gold Sustainable County with achievement across all domains, to include health visiting.

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

## **PATIENT EXPERIENCE**

- **TOM'S STORY**

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

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

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

- **GROWING THE USE ON ONLINE PATIENT FEEDBACK – THE STORY OF OUR ACUTE CHILDREN’S UNIT**

Over the last year, our Families Service Group Associate Medical Director together with a very dedicated and passionate trainee Paediatric Doctor embarked on a journey of improvement with patient and family feedback. A project was established to relaunch the use of care opinion into the children’s unit at Musgrove Park Hospital and as described by the project team ‘Care Opinion became more than just a means to collect patient feedback: it created all kinds of impacts far beyond what the team expected at the start.’

Care Opinion is an independent feedback website, enabling anyone to share their experiences of healthcare services through storytelling with the fundamental belief that by sharing honest experiences of care, we learn to see the world differently and to see how the telling of stories, both good and not so good, are leading to change.

**“Hear the patient voice at every level – even when that voice is a whisper”  
Berwick Report, August 2013**

The team started small by introducing care opinion into the Paediatric Admissions Unit (PAU). Here, Care Opinion captures the feedback from patients and families at the point of care delivery from the community and the Emergency department. Building on this, the team have now established Care Opinion within the High dependency unit (HDU) and the acute Paediatric wards, Acorn, and Oak and are now looking to expand across other services within the service group.

The team focused on increasing the accessibility of care opinion by spending time explaining how we use patient and family feedback and sort to make this discussion part of everyday conversations across all specialities and colleagues in the paediatric unit. An iPad was mounted on the wall at the entrance to the unit which linked directly to the care opinion site to make it as easy as possible for anyone to leave feedback. There was a real focus on the use of QR codes and the care opinion helped the team create unique QR codes for each ward and department so that the feedback was going to the correct team.

Most of the Care Opinion posts have been very positive about paediatric unit, and can be very specific, naming individual staff members. Feedback is very much valued in the department, and everyone is very appreciative of the feedback, a really lovely way to boost staff morale. Feedback is shared in a timely way with all team members, usually within 24 hours and is also shared in the paediatric improvement group and service group governance meeting to highlight achievements and where we can improve our care. The team are very open and transparent to all the comments made, helping to improve patient care as a team.

A more recent development is the use of colleague certificates when they are individually named in posts, including the specific feedback about them. This has been really valued by the whole multidisciplinary team and it has begun to be included in individual appraisals.

Initially, it was expected that the Care Opinion stories would only focus upon the paediatric department. When parents post feedback they include their child’s whole

journey, mentioning other specialities and departments who looked after their child. They may talk about their A&E experience, because very often a child will be assessed first in the emergency department and then referred to paediatrics. The paediatric team may also need to refer other specialties, including ENT or surgery, and parents will include these teams within their story. Stories are now being shared beyond the walls of the paediatric unit and has helped to foster better working relationships with other specialities as cross-specialty feedback highlights how we all work as one big team when caring for patients and their families.

Sometimes the feedback received highlight a need to improve areas of our care. Care Opinion has allowed us to provide real-time and meaningful responses to be given directly to parents which has helped to rebuild and restore trust which may have been lost during the difficult time a patient and their family may have experienced during their stay with us. Care Opinion has been a hugely useful platform in giving the team the opportunity to able to response again to the family, updating them about any changes we have made later. People can see we are listening, and we want to do something about the issue, and make things better for other families. We have had a parent respond back and say: "well it wasn't a good experience, but I can see you are listening, and that means something".

What started as a creative mission to improve feedback opportunities for patients and families has become far more than just that. One patient story, be it sharing a kind word or encouraging a change for better care, creates a wonderful ripple effect. The positivity it creates grows and expands, touching an individual member of staff, the paediatric department, cross-speciality departments, and colleagues and most importantly the patients and families we care for. The team have seen their feedback grow from 1 story every 3 months to 3 to 4 stories per week.



- **DISCHARGE TO ASSESS (D2A)**

We know that staying in hospital too long can result in poorer health and longer recovery times and so as soon as a person is well enough, the multi-disciplinary team within the hospital work together to facilitate a discharge to the best possible place to support a person's recovery; in most cases, this will be a person's home.

Discharge to Assess, also known as D2A has been created to help people get home more quickly, offering a range of services including assessment which focus on measuring a person's health and ability to perform everyday tasks, and rehabilitation to enable people to get back to normal life.

Discharge to Assess supports more than 150 people to leave hospital every month and obtaining feedback from service users is a high priority and helps to shape the ever-evolving service. People using the service are therefore offered a telephone call review after the service has ended to provide verbal feedback on their experiences. The telephone call feedback process enables the service to 'do more' of what works well, as well as learn from experiences which may not have gone as well as they could have. Between August 2021- March 2023, 253 feedback calls have taken place.

The initiatives below describe some of the ways in which acute and community services are striving to improve discharge planning experiences for the people of Somerset based on the service feedback:

1. **Discharge Facilitator role** – there has very recently been an increase in the workforce by 25% at Musgrove Park Hospital and have introduced this role to selected pathway 2 units. The capacity of the weekend discharge facilitator role at Musgrove Park Hospital has been doubled. These roles act as the communication link between families/care givers and the hospital ward teams. Their role aims to improve communication and improve the effectiveness of transfers of care (discharge).
2. **Transport** – it is recognised that transport home from hospital can be a challenge. To improve this part of discharge planning, access to a late transport crew is available for times of increased demand. Both Yeovil District Hospital and Musgrove Park Hospital were successful in obtaining extra funding for Red Cross transport-home services during autumn / winter 2022/23 which helped an additional 22 people per month to return home with transport support, and after hospital care if required. The new discharge lounge at MPH has dedicated parking bays outside the lounge to make the collection of patients easier for families / care givers. People are now requesting for their relative to be sent to the discharge lounge because of the ease of collection!
3. **Discharge Lounge** – in addition to the transport / collection benefits, the discharge lounge provides an opportunity for patients to leave the ward earlier on the day of discharge. The discharge lounge has a dedicated team of staff and volunteers who are there to double check actions for discharge have been completed, additional explanation around changes to medication and after hospital care instructions. The infrastructure within the discharge lounge provides a peaceful environment and the flexibility for people to either sit out in a chair or rest in bed ahead of the journey home.

4. **Ready to Go Units** – Strategic plans are underway in Somerset to reduce the delays in transfers of care, particularly for those needing Pathway 1 & 2 services. Whilst those plans are underway, delays are unwanted, but inevitable. To mitigate the risks associated with staying hospital longer than needed, Ready to Go units have been created. With the support of reablement-trained staff and volunteers such as Age UK, patients are being kept active whilst remaining in hospital. In many examples, care needs have been reduced following a stay on the Ready to Go units.

## People’s stories that bring outcomes to life

A man in his 70s was admitted to YDH with pneumonia and increased confusion. He had been struggling to cope at home and was reluctant to accept help. In hospital he was very confused, at risk of falls and was receiving 1:1 care on the ward. He was transferred to a PW2 unit where clear goals to improve his orientation and strengthen his mobility were set. He was discharged home after 28 days with PW1 support. The physiotherapist in PW2 (who knew him best) acted as his PW1 keyworker helping him to re-orientate at home.

**“The Intermediate Care Team saw the potential in my Father, they understood his needs. Without this he would never have made it home”**



A woman in her 90s was admitted to MPH with urosepsis. She lived in sheltered housing and had a twice-a-day care package. She was discharged with PW1 support from a reablement provider who worked alongside her usual care agency. Her key goal was to return to toileting independently, although she also had goals about eating and drinking. She was discharged after 8 days having achieved her goal of independent toileting. She went back to her twice a day care package.

**Before this model I would have had an increased care package and would not have regained independence with toileting.**



A woman in her 60s was admitted to MPH. She had progressive MS with complex care needs and safeguarding concerns. Time was precious due to the stage of her MS. Her needs were so high, it was uncertain whether she would cope at home and the extent of the safeguarding concerns were also unknown. Having a D2A PW1 service meant these uncertainties didn't need unpicking in hospital. Instead she returned home quickly. Day and night support were provided initially. PW1 worked closely with safeguarding teams and gradually the level of support was reduced.

**Before I would have stayed longer in hospital due to my complex situation. I would have gone home with a larger private package of care.**



## CLINICAL EFFECTIVENESS

### • TREATING TOBACCO DEPENDENCY

Within the NHS Long-Term Plan, smoking is seen as a chronic, relapsing medical condition, not a lifestyle choice, requiring treatment just like any other disease or illness. In fact, more than 700 Somerset residents die every year as a direct consequence of smoking (Public Health Somerset) with more than 5,700 hospital admissions in Somerset attributable to smoking in 2021/22.

We know that stopping smoking is one of the best things people can do to improve their physical and mental health and wellbeing, and it also helps to reduce health inequalities, and increase life expectancy by reducing the burden of tobacco-related disease.

Research shows that most people who come into hospital who smoke, want to stop – and that's where our tobacco reduction team come in.

We are required by NHS England to identify all smokers who come into our services and deliver our tobacco reduction interventions. However, at the heart of what we do, is supporting patients as best we can during a difficult time – and using the opportunity to help them to stop smoking or reduce the harm from tobacco and improve their health outcomes in the future.

In July 2022, Somerset FT and Yeovil Hospital launched a new tobacco reduction programme, aiming to tackle the significant health inequalities associated with smoking, and offer support to both colleagues and our patients across Somerset to quit smoking.

As part of the programme, we have introduced new tobacco reduction practitioners, who will support any patients who are admitted to our wards who smoke, and would like to quit, with additional support for any patients who are pregnant and smoke. The service covers all wards at Yeovil District Hospital and Musgrove Park Hospital, along with some of our mental health inpatient wards.

The extensive programme of work around treating tobacco dependency includes the following:

- Training packages and guidance available for all colleagues.
- The Trust is participating in Wave 1 of the Royal College of Psychiatrists national *Quality Improvement in Tobacco Treatment (QuITT)* programme which aims to reduce health inequalities experienced by people with severe mental illness, involving staff and patients.
- A quality improvement project ongoing at St Andrews ward in Wells as part of the overall Trust Quality Improvement programme.
- Tobacco treatment pathways developed for acute, mental health and maternity, with stop smoking medication protocols developed for nicotine replacement therapy and vapes.
- Full vape offer now available for patients to help reduce smoking-related incidences of violence and aggression.

- Fire Home Safety Checks offered to patients, supported by Devon and Somerset Fire service.
- New, clearer smokefree signage being rolled out across all of our sites, with vaping allowed areas planned to reduce smoking on sites.

- **SUPPORTING ROUGH SLEEPERS**

In Somerset, there are hundreds of people affected by homelessness or rough sleeping. While this number is relatively small in comparison to other groups of patients, they are some of our most vulnerable in our county, with complex and vast health needs.

People who are homeless or sleeping rough face huge barriers to accessing healthcare, and as such, can potentially only live until their mid-40s – around 30 years younger than the general population. Drug and alcohol disorders are common amongst the homeless population, and they are also more likely to struggle with their mental health. In fact, homeless people are more than nine times more likely to complete suicide.

Supporting homeless people to access healthcare when they need it can make all the difference to their lives – so it's important that we get it right, to give them the care that they so desperately need yet struggle to access.

Our homeless and rough sleepers service is a community-based, intensive outreach service, which has been supporting people across Somerset who are homeless or sleeping rough for the past two years. It provides a range of healthcare services, from general health assessments, wound care and dressings, to help with medical appointments, sexual health testing, mental health first aid, and much, much more.

Like many of our services, the team works closely with several partners across the Somerset health and care system, the police service, as well as charities – and now that our merger has created one, large NHS trust for Somerset, the hope is that there will be no wrong door when it comes to accessing services for this group of people.

Clinical lead for the homeless and rough sleepers service, Karen George, has grown the team to 14-strong since she started her role at the beginning of 2022. She shares how, together, Somerset is finding the forgotten.

“Whether it’s a park bench in Taunton, a field in Wincanton, or one of the hostels in Yeovil, we will deliver care to those who need it, wherever we can,” explains Karen. “There are hundreds of people in Somerset who are in difficult situations, and it’s important to remember that it’s not just people living on the streets that struggle. There are people living in hostels or sofa surfing, gypsies, travellers, and those who have just been released from prison – these people usually don’t have a permanent home.

“When someone doesn’t have a fixed address, the barriers they face to accessing healthcare can be impossible to navigate. This often means they end up coming through ‘the front door’ at an emergency department (ED), when they don’t need to be there, or sadly, simply not accessing healthcare at all.

“Our goal as a team is to join up the gaps, by working closely together with our partners across Somerset. We link in with our colleagues at Avon and Somerset Police, with charities such as the Somerset Drug and Alcohol Service (SDAS), and with other healthcare services such as the South Western Ambulance Service

(SWAST). Now that we are one, merged trust, we also want to create a ‘no wrong door’ approach within our own organisation.”

The homeless and rough sleepers service link closely with both EDs at Musgrove Park and Yeovil Hospital, and discharge teams from across the trust – supporting any patients who don’t have a fixed address, once they leave hospital, to continue getting the care they need out in the community.

Due to the nature of their situation, people who are homeless or sleeping rough are also likely to struggle with alcohol and drug addictions, as a way of coping. This is where teams such as the substance misuse team at Yeovil Hospital, and the alcohol practitioners at Musgrove Park, play a huge part in offering this joined-up care.

“Being able to share patient information, and work together with teams from across the trust, will be a huge step forward in ensuring we can deliver care to all our patients – breaking down the barriers of inequality that we unfortunately still see,” Karen continues. “My own personal background working in ED, for the police, and in the substance misuse team at YDH, before becoming clinical lead for the homeless and rough sleepers service, means that I understand how we can all help and support each other to benefit the people we care for.”

The safeguarding service and mental health services in Somerset are also key partners helping to care for people who are homeless or sleeping rough. Karen has introduced new mental health practitioners and peer support workers to the team, providing a bridge to these services and making it easier for patients to access support.

“We are essentially creating a one-stop-shop for people with no fixed abode, enabling them to access various mental and physical health care, without the need to attend a hospital or GP. Little things can make a huge difference to the lives of these people – and that’s why we do what we do.

“The perception of people who are homeless is often fairly negative. Many assume that these people got themselves into this situation, and aren’t helping themselves to get out of it. It’s simply not the case. Some of the stories we hear are truly heartbreaking, and you can fully understand why they are living as they are. But at the end of the day, they are people, and people have healthcare needs. We are building a joined-up service in Somerset that is showing them that they haven’t been forgotten, and that they can get the care and support they need, just like anyone else.”

- **ACUTE FRAILTY SERVICES**

Older people living with frailty are getting extra support if they need care at Musgrove Park Hospital's emergency department (A&E) as an existing service at the hospital has been repurposed to focus on patients with frailty instead of those who are elderly. The term frailty or 'being frail' is often used to describe the health of older people, but this isn't quite right as frailty is about a person's overall resilience and how quickly they can recover following a minor health problem – in fact, some frail patients could be younger, but frailty is more likely to occur in the very old.

For many years, an older person's assessment and liaison (OPAL) team has been helping older people who present to Musgrove Park Hospital's emergency department to get the right care and treatment.

But with the introduction of a new Acute Frailty Unit at the hospital in early 2022, the four-strong team of acute frailty practitioners have refocused their efforts on identifying those older patients presenting to hospital with frailty.

It's just one of a series of intensive support services that we are putting in place, alongside our partners across the wider healthcare system in Somerset, to help keep people in their own home setting or avoid a long stay in hospital.

The service has adapted to support frail patients to target support to those who need it most, enabling us to make more of an impact by directly seeing older patients living with frailty as they arrive in our emergency department. With the specialist expertise, they offer a comprehensive geriatric assessment within the emergency department, alongside our joint emergency therapy team (JETT).

As part of the re-launch of the service, the acute frailty practitioners are assigned as named clinicians for patients at the hospital's emergency department for the first time ever.

This is a new part of the role where the acute frailty practitioners hold responsibility for the patient's care and assessment, which could involve a transfer to the hospital's acute frailty unit or discharging them home or to an alternative care setting if safe and appropriate to do so.

The service is also being extended back to seven days a week, 8am to 6pm, so patients can be assessed by our frailty team if they arrive at the emergency department over the weekend.

The assessments are holistic in nature as they look at every aspect of a patient's care, including their physical health, functional, social and environmental history, psychological components and a medication review. This includes working together with our JETT colleagues who assess the patient's therapy needs.

The frailty team work closely with the patient flow team so when a bed becomes available on the acute frailty unit, the patient's transfer can be sped up to avoid them needing to move across different areas of the hospital. The aim is for the patient to be discharged home, or to an alternative care setting, within 72 hours.

Following the assessment of a patient in our emergency department, any specific frailty issues are identified early, which leads to a reduction in their length of stay in hospital if an admission is needed or can avoid an admission altogether if care could be managed in the community.

Colleagues in the new team have a wealth of knowledge between them as they've all worked in many different areas and specialities, including acute medicine, care of the older person, same day emergency care, community services. They are advanced clinical practitioners, with strong autonomous clinical decision-making skills who holistically assess patients, request diagnostics and prescribe medication, or more importantly for our patients, look to reduce the amount of medication they might need where appropriate, all with a patient centred frailty focus.

In addition, they work closely with the dementia and delirium team, which supports our patients in the emergency department.



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

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

In 2022/23 the five CQUIN indicators selected for the contract were across Acute, Community and Mental Health Services and included the following programmes:

- Staff flu vaccinations
- Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service
- Use of anxiety disorder specific measures in IAPT
- Biopsychosocial assessments by Mental Health liaison services
- Assessment, diagnosis and treatment of lower leg wounds

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

## **ORGAN DONATION**

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

The Trust has continued to support organ donation during 2022/23, with activity surpassing pre-COVID19 levels. An outstanding 96% of patients meeting the referral criteria had discussions with the organ donation service. Fifteen families have been approached to explore organ donation with 100% of these approaches being collaborative with the Specialist Nurse for Organ Donation.

The consent rate for organ donation within the Trust is above the national average. As a result, the Trust continues to perform well in terms of organ donation with a total of 25 transplants enabled over the year.

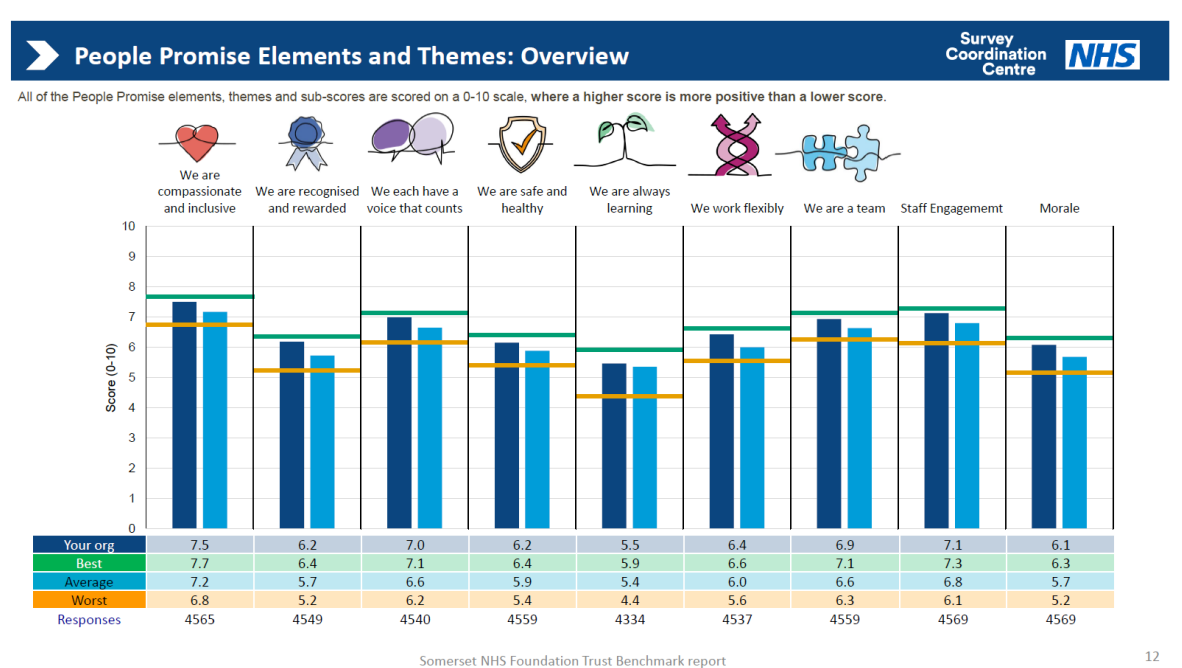
Key work for 2023/24 will be to continue to ensure all suitable patients are offered the option of organ donation at the end of their life, ensuring maximal adherence to national guidance on donor identification and referral as well as continuing to focus on minimising the time taken for the donation process. Tissue donation is another focus for the organ donation committee, and we will work toward all suitable patients having this offered as an option at the end of life. The last year has seen the formation of a single trust-wide organ donation committee. Work continues commissioning a donor memorial for Musgrove Park, and on promoting organ donation around the hospital.

## STAFF ENGAGEMENT

- NHS STAFF SURVEY**

The 2022 NHS Staff Survey was completed between September and December 2022 with a 45% response rate which is in line with the 2021 response rate and 1% higher than the average for the comparator group nationally. The response rate for the comparator group nationally has declined by 2%.

The NHS Staff Survey has 9 themes in total, 7 are the People promise themes with Staff Engagement and Morale as the additional themes. The 2022 survey results were positive with all 9 themes scoring better than the national average. This can be seen in the table below.



The strongest themes for the Trust in 2022 remain the People Promise of, we are compassionate and Inclusive, with the Trust scoring better than the comparator group in all 17 questions that contribute to this theme. The second strongest theme is Staff Engagement again with the Trust scoring better in all 9 questions that contribute to this theme than the comparator group.

The area of focus following the 2022 Staff Survey results is in the theme of We are always learning, this covers two sections, development, and appraisals. The Trust has made a slight improvement in both areas however continued focus is required as the theme score remains the lowest of all nine.

**Appraisals** – This remains an area of focus into 2023 and work continues ensuring that the quality of the conversation as well as numbers completed are a priority. The working group looking at aligning both Somerset Foundation Trust and Yeovil have come together and along with the Staff Survey results, and the recommendations from the Internal Audit carried out in 2022 in Somerset Foundation Trust a work plan had

been developed. This sits alongside the work already underway as part of the People Promise exemplar site in terms of ways of retaining colleagues.

The work around the development of the People Strategy is due to be completed by May 2023 alongside the metrics to track progress.

The work of the engagement champions will continue after the merger date and conversations have taken place with this group to ensure agreement. This group will continue to provide rich feedback monthly around colleague engagement and wellbeing and will be used to drive colleague engagement such as People Pulse and NHS Staff Survey as well as other initiatives.

**Table below indicates the score for the benchmarking group for each of the nine indicators in the staff survey report for the current and the prior year and the 10 indicators for the year before.**

| People Promise Theme               | SFT 2022 | Benchmark 2022 | +/- Difference |
|------------------------------------|----------|----------------|----------------|
| We are compassionate and inclusive | 7.5      | 7.2            | +0.3           |
| We are recognised and rewarded     | 6.2      | 5.7            | +0.5           |
| We each have a voice that counts   | 7.0      | 6.6            | +0.4           |
| We are safe and healthy            | 6.2      | 5.9            | +0.3           |
| We are always learning             | 5.5      | 5.4            | +0.1           |
| We work flexibly                   | 6.4      | 6.0            | +0.4           |
| We are a team                      | 6.9      | 6.6            | +0.3           |
| Staff Engagement                   | 7.1      | 6.8            | +0.3           |
| Morale                             | 6.1      | 5.7            | +0.4           |

- **OVERALL STAFF ENGAGEMENT**

Colleague Wellbeing remains a high focus and the colleague support line is in place in the current format until March 2024. The Service continues to provide the phone line service to all Health and Social Colleagues within the Somerset System and plans are now in place to expand interventions such as Compassion Circles and Staff Support post incident into the system from April 2023.

In addition to the focus on colleague wellbeing other work has taken place including:

**Resolution Services** – the resolution service uses the skills of trained internal coaches and accredited internal mediators to offer a several interventions to support colleagues who may be experiencing some difficulties within their teams and supports the avoidance of taking colleagues through formal processes. Interventions include:

- **Resolution Coaching** – supporting colleagues through a coaching approach to resolve conflicts by providing them with the tools to have the right conversations.
- **Facilitated Conversation** – Supporting two or more colleagues through a conflict by facilitating a conversation where they can hear the needs of the others and try to reach an agreeable solution.

- **Mediation** – Supporting 2 or more colleagues through an informal resolution process. Mediation would also include colleagues having resolution coaching as part of this pathway.

The Leadership and Organisational Development team have also focussed on the development of the Rising Star Programme. A programme that takes colleagues through a period of development in a cohort to prepare them for the next step in their career. This was piloted with nurses at Band 5 level and in 2022 has been expanded to include colleagues who are looking to step into their first management role.

In 2023 there is a plan to further develop the internal leadership offering with the introduction of a programme that will aim to develop leaders across the new merged Trust in how to continue to have a positive leadership impact for all colleagues in a large, geographically dispersed Trust.

### **Facilitated Conversations**

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

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

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

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

Communication remains key in 2022 and the Trust continue to use various channels to ensure colleagues are kept informed. Main channels used remain Staff News which from April 2023 will be available for all colleagues across the new Trust and Live Team Brief, this has been available for all colleagues to engage with since 2022.

Senior leaders across Somerset NHS Foundation Trust and Yeovil District Hospital come together regularly to meet with Executive Team members to discuss financial, performance, operational and other issues of importance at Senior Management Operational Team Meeting. Development of this group takes place on a quarterly basis and a programme of development is planned to start from May 2023.

The Somerset Operational Partnership meeting takes place monthly which is a forum where Trade Union colleagues and Senior Managers from Somerset NHS Foundation Trust and Yeovil District Hospital meet.

## APPENDICES

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



Our Ref: SM/sp

08 August 2022

Phil Brice  
Director of Corporate Services  
Somerset NHS Foundation Trust

Wynford House  
Lufton Way  
Lufton  
Yeovil  
Somerset  
BA22 8HR  
Tel: 01935 384000  
somicb.enquiries@nhs.net

Dear Phil

#### **Somerset NHS Foundation Trust (SFT) Quality Account for 2022-23**

NHS Somerset (ICB) welcome the opportunity to review and comment on the Somerset NHS Foundation Trust (SFT) Quality Account for 2022/ 2023. In so far as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the ICB via contractual monitoring, quality monitoring and involved assurance, and is presented in the format required by NHSE/I presentation guidance.

The ICB recognises that 2022/2023 has continued to be a difficult year due to the workforce pressures, operational pressures and the continued recovery of services following the COVID-19 Pandemic. The ICB would like to thank colleagues at SFT for their continued contribution to supporting the wider health and social care system during this last year.

It is the view of the ICB that the Quality Account reflects SFT'S on-going commitment to quality improvement and addressing key improvement objectives in a focused and innovative way, utilising Quality Improvement methodology, and clearly aligning to the Trusts Vision and Strategy.

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

**Priority 1: Using the time waiting for surgery to optimise people's health and wellbeing both now and for the future.** It is great to see that this programme which recognises the importance of peri-operative care, the comprehensive management of patients before, during and after surgery is aiming to enable better outcomes from surgery including a reduction of length of stay, speedier recovery, reduced re-admissions plus better long-term outcomes. While this priority is in its early stages with work to be done it is encouraging to see that a core team has been established working on 14 workstreams with leads identified for each. It is also encouraging to see that c. 55+ tests of change have been undertaken to date.

**Priority 2: Helping older people to live as they wish, giving them time to do what is important to them.** This programme of work recognises that Somerset has a higher-than-average elderly population with 24.8% aged 65 and over. The ambition of this work is commendable in aiming to ensure quick and accurate identification of vulnerable people and to provide alternatives to hospital admission that are more responsive and better able to meet the needs of the frail person. It is great to see that in the last year there has been a determined focus on how services can more effectively manage frailer individuals at home to reduce potentially harmful lengthy hospital stays.

The achievements to be noted are those that have enabled early identification, provision of community alternatives and robust training and support for colleagues. It is noted that the aim for early identification in the Emergency Department using the Rockwood Clinical Frailty Scale (CFS) unfortunately did not achieve its target to screen all over 65's attending ED due to work pressures and flow issues. A review of this target however led to an agreement that community teams would rollout the CFS for all frailty patients age 65+ who come onto the caseload.

It is commendable that Frailty and Respiratory Hospital at Home pathways commenced in late 2022 supported 452 patients saving in excess of 3000 acute bed days. It is also great to hear that the preparation for the merger between YDH and SFT enabled Hospital at Home to introduce a Geriatrician from YDH to support the service alongside the existing Consultant Geriatrician, to provide consistent cover across Somerset.

It is great to hear that Frailty Advanced Clinical Practitioners (ACP's) have been employed across ED and community services and that a monthly community falls and frailty clinic at Shepton Hospital with an MDT approach has been established.

It is commendable that there have been improvements in the frailty interventions in ED, resulting in more streamlined care and quicker access to a specialist frailty assessment. This has included Geriatricians working in ED two hours in the morning resulted in 50% of patients seen, being discharged home, who were otherwise planned for admission. It is important that there is a plan in place to look at resources to test this model further.

**Priority 3: Helping people with mental health conditions to live longer lives.** It was great to see the progress made in this stolen year's flagship programme which pledged to co-produce projects with 'Experts by Experience'. The two main areas of focus identified were the uptake and quality of physical health checks for patients with serious mental illness and growing collaborative relationships between mental health and physical health colleagues, to improve care for patients with mental ill-health when accessing physical health services. Some excellent progress has been made working with the surgical booking teams on the expedition of elective treatment for vulnerable patients. This is drawing regional and national attention and the Trust should be commended on this important piece of work.

It is noted that In June 2022, SFT appointed a Tobacco Reduction Programme (TRP) manager to lead on work contributing to a reduction in health inequalities. It is commendable that the TRP fully mobilised its' inpatient acute and mental health pathways across all sites in 2022/23.

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

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

It is very commendable to see the improvements through the EOL Homecare pilot which commenced in November 2022 to bring about rapid discharge of EOL patients. The improvement noted from February 2023 with 68% of people getting home same day or next demonstrates the progress that has been made. It is also great to see the initiative to improve end of life care in heart failure which is underway and the launch of the Somerset End of Life Care and Bereavement Support website in March 2022.

The 'Talk About Project' looking at an advanced care planning (ACP) across Somerset using volunteers to help people personalise their care and legacy through an advanced care plan showed real collaborative working. It is sad to see that unfortunately, the funding for this work has been ceased and there is no resource in place to support advance care planning going forward. The ICB are committed to exploring further the evaluation of this work and exploring resource and funding.

It is commendable to understand that following the CQC inspection of community end-of-life care services, it was noted *'the provider had adopted a clear quality improvement approach at service level to drive development. This included the 'Last 1000 days'; a program of projects delivered across the service to improve the overall experience of people in Somerset approaching the last 1000 days of their life.*

**Priority 5: Using time well by getting together to focus on what matters to people with complex needs.** The focus of this priority on meeting the needs of this population required a switch to anticipatory not reactive care, time to develop trusting relationships, broadening the membership of the care team and communicating across different specialties and agencies. There have been recognisable improvements in the support for those identified as high-intensity service users through the Ubuntu Project. This innovative partnership project between SFT and the Community Council for Somerset (CCS) supporting high-intensity users referred with a focus on what is important to the individual, whilst developing self-activation and a subsequent reduction in health service use should be commended.

Whilst it is recognised there is still a lot of work to do in Somerset to improve the diagnosis and care of those with dementia it is great to see that the Somerset Dementia Wellbeing model is currently being launched and that a website has been developed and will be launched imminently. It is also encouraging to see the workforce has been expanded to support the increase in referrals seen over the last year.

**Priority 6: Improving life chances for children by increasing their time in school.** It is really encouraging to see that the Trailblazers programme improving the access to emotional and mental health support for children and young people within school settings has successfully transitioned from a test of change to a permanent service. It is also commendable to see that significant progress has been made in the offer to children and young people with eating disorders, which includes the commissioning of a VCSE partner for low to moderate needs. Consequently, waiting times are significantly improving for this group.

It is also commendable to see the trusts 'good' CQC rating overall and the positive comments following their CQC inspection in September 2022, including the trusts preparedness for merger with Yeovil District Hospital.

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

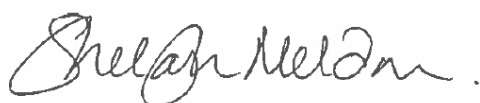
The ICB also welcomes continued engagement and focus on improvements in but not restricted to:

1. Progress in implementing the priority clinical standards for 7-day hospital services.
2. Improving Summary Hospital-Level Mortality Indicator (SHMI) rates.
3. Understanding and improving the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust.
4. Improving the collection of Patient Reported Outcome Measures (PROMS).
5. Reducing the number of patients readmitted to a hospital within 30 days of being discharged.
6. Reducing the rate of Clostridium difficile infection.
7. Increasing patient safety incidents reporting to the national reporting and learning system (in 2023 the Learning from Patient Safety Event national reporting system).
8. Reducing the number of Patient Safety Incidents that Resulted in Severe Harm or Death
9. Increasing the number of patients admitted to hospital who were risk assessed for venous thromboembolism.

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

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

With kindest regards,



**Shelagh Meldrum**  
**Chief Nursing Officer**  
**NHS Somerset ICB**

Copy to:

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



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

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



Phil Brice  
Director of Corporate Services  
Somerset NHS Foundations Trust

Please ask for: **Jamie Jackson**

Email: [Jamie.Jackson@Somerset.gov.uk](mailto:Jamie.Jackson@Somerset.gov.uk)

Direct Dial: 01823 359040

Date: 24 August 2023

Dear Phil,

### **SFT Quality Account 2023/24**

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

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

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

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

Yours sincerely,

**Jamie Jackson**  
Scrutiny Manager

## APPENDIX 3: STATEMENT FROM STAKEHOLDERS – HEALTHWATCH

25/08/2023



### Healthwatch Somerset's Response to Somerset NHS Foundation Trust's Quality Account Statement 2022-2023

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

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

We were interested to read about the perioperative services and pathways particularly in the light of the recommendations that we made in our report on waiting lists back in November 2021 and we look forward to hearing how well this works.

We note the aspiration to improve the discharge process but we have some concerns around its integration with GP practices not quite being what it should be. However, the introduction of the discharge facilitator role is welcomed in Musgrove as communication is one of the areas that we receive significant feedback about.

The End of Life Care last 1000 days flagship ambition is to be applauded. May we also commend the work of the new Acute Frailty Unit enabling older people living with frailty to get extra support if they need care at Musgrove Park Hospital's emergency department (A&E).

May we also commend the development of the new surgical decision unit at Musgrove Park Hospital which enables surgical teams to assess patients more rapidly in order to determine whether they need emergency surgery or can be safely discharged home.

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

**Gillian Keniston-Goble**  
**Manager**  
**Healthwatch**

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

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

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

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

Dr Paull Robathan  
Lead Governor

24/08/2023

## **APPENDIX 5: STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY REPORT**

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

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

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

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2022/23 and supporting guidance.
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2022 to March 2023
  - Papers relating to quality reported to the Board April 2022 to March 2023
  - Feedback from the commissioners dated 09/08/2023
  - Feedback from Local Authority Overview and Scrutiny Committee dated 24/08/2023
  - Feedback from local Healthwatch organisations dated 25/08/2023
  - Feedback from governors dated 24/08/2023
- 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.



05/09/2023

Date..... Chairman

**COLIN DRUMMOND**



05/09/2023

Date..... Chief Executive

**PETER LEWIS**