

Report to the NHS Somerset Integrated Care Board on 28 September 2023

Title: Chief Executive's Report	Enclosure C
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Version Number / Status:	v1
Executive Lead	Jonathan Higman, Chief Executive
Clinical Lead:	Not applicable
Author:	Jonathan Higman, Chief Executive

Summary and Purpose of Paper

This paper sets out key items for the Board to note and discuss, arising since the last meeting of the Integrated Care Board (NHS Somerset) on 27 July 2023. It focuses on relevant changes in the National and Regional context and highlights key issues to note pertaining to the Somerset Integrated Care System.

Recommendations and next steps

The Board is asked to **Note and Discuss** the Chief Executive's report.

Impact Assessments – key issues identified

Equality	Nothing specific
Quality	To note and discuss the key implications resulting from the conviction of Lucy Letby for the crimes she committed at the Countess of Chester Hospital.
Safeguarding	None identified
Privacy	Highlight any information sharing requirements and solutions.
Engagement	To note the media spotlight and key activities during the last period together with the new video being launched by SPARK, highlighting the work of the voluntary sector in Somerset.
Financial / Resource	No direct implications
Governance or Legal	To note the changes in cancer waiting time targets which come into effect on 1 October 2023, together with NHS Somerset's response to the Pre-Delegation Assurance Framework (PDAF) for specialist commissioning and the progress being made to develop the 2023/24 Winter Plan.
Sustainability	None identified

Risk Description	To note the financial risk and risk to the future delivery of the 65-week waiting time target as a result of the on-going period of industrial action by hospital consultants and junior doctors together with the outcome of the review into the presence of Reinforced Aerated Autoclave Concrete (RAAC) in NHS premises in Somerset.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
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CHIEF EXECUTIVE'S REPORT

1 INTRODUCTION

- 1.1 This report provides a summary of key items of strategic and operational note for the ICB Board for the first period since its last meeting on 27 July 2023.

2 NATIONAL CONTEXT

Immediate implications following the conviction of Lucy Letby

- 2.1 The conviction of Lucy Letby for the appalling crimes she committed at the Countess of Chester Hospital several years ago has shocked us all. The independent inquiry that has been announced will be an important source of learning, however, it's important too that we reflect now on the issues raised by the case and what we can do to address them.
- 2.2 A lot of progress has been made in the years since Lucy Letby committed her crimes - particularly on patient safety reporting, the introduction of medical examiners, and strengthened Freedom to Speak Up (FTSU) arrangements. But nobody looking at what is reported to have happened in this case, could ever be comfortable that we have done enough on issues like safety and quality, as well as culture and the confidence that both staff and patients will have any concerns that they raise listened to and acted upon.
- 2.3 It is important that we reflect on the initial implications of the case together with the learning that comes from the inquiry. These relate as much to the way that we and our partners work as statutory Boards as the culture and behaviours that we expect from all of those working in health and care in Somerset.
- 2.4 Two immediate areas of focus are ensuring that colleagues across Somerset feel able to speak up if they have concerns and a review of our arrangements under the Fit and Proper Persons framework.
- 2.5 All NHS organisations are obliged, under the Fit and Proper Person requirements, not to appoint any individual as a Board director unless they fully satisfy all of the Fit and Proper Person requirements – including that they have not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether lawful or not). The CQC can take action against any organisation that fails to meet these obligations.
- 2.6 NHS England has recently strengthened the Fit and Proper Person Framework by bringing in additional background checks, including a board member reference template, which also applies to board members taking on a non-board role. We have reviewed our arrangements and the next steps with this are subject to a separate paper and item on the agenda for this meeting.
- 2.7 In reflecting on the implications of this case it is important to recognise that much has also changed since Lucy Letby committed these crimes.

Attached as Appendix 1 is a helpful summary, produced by NHS England, of all the changes that have taken place since that time.

Reinforced Aerated Autoclave Concrete (RAAC)

- 2.8 Following recent guidance published by the Department of Education regarding the presence of RAAC in the school estate an assurance exercise has been undertaken on all NHS premises in Somerset.
- 2.9 Initial desktop reviews have taken place of all Somerset NHS Foundation Trust premises and all general practice premises in the county. The desktop review has been followed by targeted structural engineering reviews where necessary.
- 2.10 These reviews have not identified the presence of RAAC in any NHS premises within Somerset. ¹

Changes to Cancer Waiting Time Targets

- 2.11 A set of changes to National cancer waiting times standards have been agreed between NHS England and the Department of Health and Social Care (DHSC), which come into effect from 1 October 2023.
- 2.12 These changes follow a review by Professor Sir Steve Powis, NHS England's Medical Director. The review aimed to make sure that the standards were appropriately aligned with modern clinical practice and take into account the recommendations of the 2015 Independent Cancer Taskforce (chaired by Sir Harpal Kumar, then Chief Executive of Cancer Research UK). This recommended the removal of the two-week wait standard in favour of a new Faster Diagnosis Standard.
- 2.13 There are currently 10 different waiting times standards applied to NHS cancer diagnosis and treatment. This set of standards has grown over time. Increasingly it is acknowledged that the standards have become unwieldy for trusts to manage and confusing for patients.
- 2.14 The changes that have been announced include the removal of the two-week wait standard in favour of a focus on the Faster Diagnosis Standard, and the rationalisation of those standards into three core measures for the NHS:
 - The 28-day Faster Diagnosis Standard (75%)
 - One headline 62-day referral to treatment standard (85%)
 - One headline 31-day decision to treat to treatment standard (96%)
- 2.15 These changes to the way cancer waiting times are measured and performance managed will come into effect from 1 October 2023. In support of this, NHS England has released a new version of the cancer waiting times guidance, setting out how providers should give effect to the changes.

¹ Post Meeting Addendum – See Appendix 3

3 REGIONAL DEVELOPMENTS

Specialist Commissioning Delegation

- 3.1 In early September all Integrated Care Boards were required to submit a Pre-Delegation Assurance Framework (PDAF) relating to the proposed delegation of Specialist Services Commissioning from NHS England to ICBs on 1 April 2024.
- 3.2 After careful consideration NHS Somerset has indicated that it does not support formal delegation at this time, preferring to work towards delegation in April 2025.
- 3.3 NHS Somerset remains committed to the direction of travel and eventual delegation of specialised commissioning at a later date. Further discussion will take place with the Regional NHS England team over the coming weeks.
- 3.4 As previously reported NHS Somerset has been successful in its expression of interest to host the Regional Collaborative Commissioning Hub on behalf of all the South West Integrated Care Boards and we welcomed hub colleagues working on dental, pharmacy and optometry commissioning, GP transformation and complaints into NHS Somerset on 1 July 2023. The transfer of other hub staff has been delayed to April 2025, which would align with our proposed timetable for taking delegated commissioning responsibility for specialist commissioning.

4 SOMERSET SYSTEM

Operational Overview

- 4.1 The Somerset system has continued to experience sustained operational pressures during the period, with the combined challenge of on-going demand pressures and periods of industrial action.
- 4.2 Despite a challenging context the system continues to make progress against its plans to reduce the number of patients waiting over 65 weeks for planned treatment in line with our March 2024 ambition.
- 4.3 As has been widely reported there is no obvious end in sight to the industrial action by junior doctors and hospital consultants. The period from 19 to 22 September represents a further escalation in the industrial action, with hospital consultants striking on 19 and 20 September. This is coordinated with a further round of junior doctor strikes which are taking place from 20 to 22 September.
- 4.4 Mitigation plans have been put in place for this period with a focus on ensuring the on-going safe delivery of emergency services. As well as the risks to patient safety which are being actively managed it should be noted that the cumulative impact of the strike action poses a significant financial risk and a risk to the on-going recovery of elective waiting times. A verbal update will be provided at the meeting.

Winter Planning

- 4.5 Delivering operational resilience across the NHS is a key priority this Winter and in line with the National timetable work is underway to finalise the Winter plan for Somerset.
- 4.6 This year's Winter plan builds on the delivery plan for recovering Urgent and Emergency Care (UEC) services which was published by NHS England earlier in the year, together with the Primary Care Recovery Plan and Elective Recovery Plan.
- 4.7 This year's Winter plan needs to reflect what is expected to be an incredibly challenging winter – with high rates of infectious disease, industrial action and capacity constraints due to on-going challenges discharging patients, especially to social and community care.
- 4.8 Systems will be assessed through the achievement of two key ambitions which are consistent with the recovery of urgent and emergency care:
- 76% of patients being admitted, transferred, or discharged within four hours by March 2024
 - Reducing ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24
- 4.9 Systems have been asked of focus on the following four areas to help prepare for winter:
1. **Continued delivery of the Urgent and Emergency Care Recovery Plan** by ensuring high-impact interventions are in place. This includes the implementation of 10 evidence-based high-impact interventions focused around reducing waiting times for patients and crowding in A&E departments, improving flow and reducing length of stay in hospital settings.
 2. **Completing operational and surge planning** to prepare for different winter scenarios including how we will mobilise additional capacity across all parts of the NHS should it be required to respond to peaks in demand driven by external factors, for example very high rates of influenza or COVID-19 or potential further industrial action.
 3. ICBs are being asked to play a vital role in **system leadership and co-ordination**. This will take place through System Co-Ordination Centres and an updated Operational Pressures Escalation (OPEL) Framework to ensure we are taking a consistent and co-ordinated approach to managing pressures. Work is underway to ensure that the Somerset co-ordination centre meets the national requirements.
 4. **Supporting our workforce to deliver over winter**. This year colleagues have continued to work incredibly hard in the face of increased demand. We know how much supporting your workforce matters to you, and it is crucial that employers ensure that they take steps to protect and improve the wellbeing of the workforce. This includes ensuring protecting the public and the health and care workforce against flu and COVID-19 vaccination.

Autumn and Winter Seasonal Flu and COVID-19 Vaccination Campaign

- 4.10 The Flu and COVID-19 vaccination campaigns for adults will commence in October and Flu vaccines for children are planned to start later in September.
- 4.11 In line with final Joint Committee for Vaccination and Immunisation (JCVI) advice the groups to be offered a COVID-19 booster vaccine are:
- Residents in a care home for older adult
 - All adults aged 65 years and over
 - Persons aged 6 months to 64 years in a clinical risk group
 - Frontline health and social care workers
 - Persons aged 12 to 64 years who are household contacts of people with immunosuppression
 - Persons aged 16 to 64 years who are carers and staff working in care homes for older adults.

Voluntary Sector in Somerset – Video Launch

- 4.12 Spark Somerset have developed a new video, providing a series of case studies that highlight the invaluable work of the voluntary sector in Somerset. The video is being formally launched today and can be accessed via the link <https://youtu.be/vfKJt8IAFR0>

Communications and Engagement Activity

- 4.13 Our communications and engagement spotlight is attached as Appendix 2.

Jonathan Higman
Chief Executive
21 September 2023

APPENDIX 3

POST MEETING ADDENDUM:-

- 2.9 Initial desktop reviews have taken place of all Somerset NHS Foundation Trust premises. The desktop review has been followed by targeted structural engineering reviews where necessary. A similar process is now being implemented for GP premises.
- 2.10 These reviews have not identified the presence of RAAC in any NHS premises within Somerset to date.

Board level guide to NHS patient safety strategy priorities

The following describes priorities for NHS leaders and their patient safety specialists to consider during 2023 and 2024, based on the NHS Patient Safety Strategy.

Implementing the Patient Safety Incident Response Framework (PSIRF)

All providers should be planning and working towards [Patient Safety Incident Response Framework](#) being implemented in their organisation from autumn 2023, subject to working with and agreement from their integrated care boards (ICBs). PSIRF represents a significant shift in how the NHS plans for and responds to patient safety incidents.

Boards and safety leaders should be paying particular attention to PSIRF implementation. PSIRF replaces the Serious Incident Framework (SIF) and all NHS trusts and ICBs have been preparing to introduce the framework in their organisations from this autumn. The independent evaluation of PSIRF showed it was 'the right thing to do' and early adopters of PSIRF are reporting improved safety cultures, identification of more effective risk reduction strategies and early signs of harm reduction, due to their revised approach.

Improving the quality of patient safety incident reporting and supporting transition to the Learn from Patient Safety Events (LFPSE) service

The objective of incident reporting is to highlight opportunities for patient safety to be improved both locally and nationally and to enable that information to be shared. Leaders and specialists should focus on ensuring good quality, timely incident report information is collected and used to inform improvement.

All organisations are required to transition to the new [Learn From Patient Safety Events](#) service.

Organisations connected to the legacy system, the National Reporting and Learning System (NRLS), via a local risk management system were asked, as a minimum, to begin local testing of LFPSE-compliant local risk management systems from the end of March 2023 and to be implementing LFPSE within their local risk management systems by the end of September 2023. A growing number of organisations have already successfully completed their transition to LFPSE.

Medical examiners

[Medical examiners](#) are senior medical doctors who provide independent scrutiny of the causes of non-coronial deaths. In scrutinising deaths, they:

- seek to confirm the proposed cause of death by the medical doctor and the overall accuracy of the medical certificate of cause of death
- discuss the proposed cause of death with bereaved people and establish if they have questions or any concerns relating to the death
- support appropriate referrals to senior coroners



- identify cases for further review under local mortality arrangements and contribute to other clinical governance processes.

Medical examiner scrutiny of deaths is now being extended from deaths in the acute setting to deaths in non-acute settings.

Leaders should be ensuring that all non-coronial deaths are receiving medical examiner scrutiny and that information and intelligence from medical examiner offices is feeding into clinical governance, patient safety and quality surveillance processes.

National Patient Safety Alerts

A key feature of [National Patient Safety Alerts](#) is the need for executive oversight and for senior leaders in each organisation to manage the implementation of all relevant actions for each alert.

It is vital that organisations put the right systems and process in place to ensure alert implementation is centrally managed, the required actions are embedded into practice and compliance sign-off has executive oversight.

Patient safety culture development

There are many aspects to a good safety culture and leaders need to play a key role in championing its development. Ensuring a [just culture guide](#) or equivalent is in place, alongside learning from best practice and monitoring safety cultures to identify where work is needed to improve, are key actions.

The National Patient Safety Team has published a [Patient Safety Culture Practical Guide to support organisations to improve safety culture](#).

Implement the framework for involving patients in patient safety

The [Framework for Involving Patients in Patient Safety](#) published in 2021 is supporting NHS organisations to ensure the vital perspective and insight patients bring is embedded into local patient safety work. The framework asks all trusts, ICBs and regions to appoint at least two 'patient safety partners' to their relevant patient safety committee(s) to ensure the patient perspective is heard.

All providers should be including a minimum of two patient safety partners on their safety related clinical governance committees. It is intended this will become a contractual requirement in the NHS Standard Contract for 2024/25.

The Framework also sets out how providers should support patients to be more involved in their own safety. Detailed guidance as well as patient information [leaflets and videos](#) have been produced.

Patient safety education and training

The first ever [NHS Patient Safety Syllabus](#) was published in May 2021. The syllabus is a structured approach to building knowledge, capability and capacity in patient safety science and 'systems-thinking'. Developed with HEE and the Academy of Medical Royal Colleges,

the syllabus supports training of all NHS staff in the fundamentals of patient safety, as well as more specialised training for certain roles.

[Level 1 \(Essentials for patient safety\)](#) and [Level 2 \(Access to practice\)](#) training, suitable for all NHS staff, were launched in October 2021. This eLearning has evaluated exceptionally well. Latest available data to May 2023 shows that the courses have been launched over 1.4 million times and completed almost 700,000 times.

Our ambition is for all NHS staff to undertake Patient Safety Syllabus Level 1 (essentials) training.

Level 2 (access to practice) is designed for those who have an interest in understanding more about patient safety and/or who want to go on to access the higher levels of training.

Training in levels 3 and 4 will be launched for patient safety specialists from September 2023 ensuring they are fully trained in patient safety science and systems thinking. This is being developed and delivered by Loughborough University and involves online and face-to-face elements.

Leaders are asked to maximise the ability of their staff to undertake relevant training, including supporting their patient safety specialists to be released for Level 3 and 4 training from this autumn.

Training in our new Essentials of Digital Clinical Safety course is now available for any relevant staff.

Patient safety improvement

National safety improvement priorities are aligned to the delivery of the Patient Safety Strategy, the NHS Long Term Plan and the NHS Operational Planning Guidance. They are informed by national professional leadership and policy teams across NHS England. The priorities for delivery in 2022/23 were deterioration, maternity, medication, mental health, and PSIRF, some of which continue through 2023/24.

Leaders are asked to ensure and support their organisations' work and collaboration with AHSN-based patient safety collaboratives on shared safety improvement objectives.

Communications and engagement spotlight

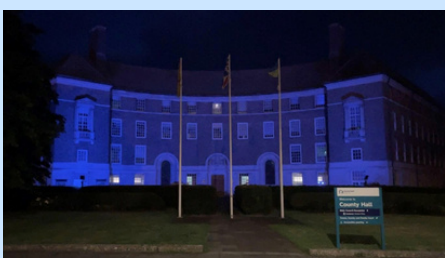
July 2023 - August 2023

Welcome to our communication and engagement spotlight report, highlighting our activity over the past two months. It features 'In The News' showcasing highlights from our recent media coverage.

5 July saw the NHS's 75th birthday. We continued to share NHS stories from across Somerset and Glastonbury footage to celebrate. Local landmarks lit up blue to support and celebrate the NHS. We also celebrated Wells Health Centre receiving great reviews in the annual GP Patient Survey. On the 31 August, we also launched our local hypertension campaign - look out for more of our campaign in September.

We also ran three engagement sessions to gather feedback from people with lived experience of local neurorehabilitation services. We also held the first of our working groups to support the transition from our Somerset Engagement Advisory Group (SEAG) to our new Citizens' Hub and Citizens' Assembly.

In the news



Landmarks across Somerset light up blue for NHS 75

Somerset Council supported the NHS by lighting up buildings across Somerset blue to celebrate the NHS's 75th birthday. This was part of a national movement with landmarks across the county lighting up blue to celebrate the NHS #LightUpBlue



Communications and engagement spotlight

July 2023 - August 2023



Somerset homeless and rough sleepers nursing and inclusion Health GP's service

On the NHS's 75th birthday a team of GPs, a system wide team from Somerset collected this prestigious Health Equalities Award at the NHS Parliamentary Awards on behalf of the service.

[Click here to view the Somerset County Gazette Article](#)

[Click here to view story on MP Rebecca Pow's page](#)



Somerset Dementia Wellbeing Service on BBC Breakfast

Lovely to see our amazing Somerset Dementia Wellbeing Service featured on BBC Breakfast. Avril and Michael Staunton stressed the importance of early diagnosis.

[Click here to view the BBC story on Facebook](#)



Communications and engagement spotlight

July 2023 - August 2023



Wells Health Centre get top marks in the national annual GP patient survey

Wells Health Centre were delighted to achieve great results in the annual GP patient survey. Their reception team achieved 100% for 'helpfulness'.

[Click here to read more](#)



Know your numbers campaign launches

Our local hypertension campaign encouraging people to check their blood pressure launched on 31 August. NHS Somerset and Somerset Council's Public Health Team encouraged Somerset residents to get their blood pressure checked for 'Know Your Numbers' week.

[Click here to read more](#)

We would like to thank our colleagues across health and care who have taken the time to share their stories. If you have a story you'd like us to highlight, or have a colleague you think we should celebrate, please get in touch with our communications team at: somicb.communications@nhs.net



Communications and engagement spotlight

July 2023 - August 2023

Social media highlights

Followers:	Facebook	Twitter	NextDoor
	3,800	7,334	83,412

Our social media posts which received the most engagement:



NHS75 birthday

Our post celebrating the NHS 75th birthday received:

- 21,278 people reached
- 16 comments
- 157 reactions
- 566 clicks



BBC interview - early diagnosis for dementia

Our post promoting the BBC Breakfast piece highlighting the need for early diagnosis for dementia received:

- 10,095 people reached
- 143 reactions



Communications and engagement spotlight

July 2023 - August 2023

Engagement highlights

8 engagement events	5 issues of engagement bulletin
1 convening of Citizens' Hub working group	1 PPG Chairs' meeting and 1 VCFSE Assembly meeting



Transformation neurorehabilitation services review

We held three engagement workshops to gather feedback from people with lived experience of neurorehabilitation services - including brain injury (ABI), stroke, MS, FND, encephelitis, spinal chord injury and Parkinsons. These three sessions are of a longer-term engagement process that will help shape the future direction of neurorehabilitation



VCFSE Assembly

We attended and supported meeting of VCFSE Assembly. Spark Somerset lead the VCFSE Assembly which is a collaborative forum for the voluntary sector to work together as part of the integrated care system. Joining the Assembly provided the opportunity to hear the perspectives of voluntary organisations both large and small who form such a vital part of Somerset's ability to care for its people and communities.



Communications and engagement spotlight

July 2023 - August 2023

Engagement highlights



Pride in Priorswood 2023

We were invited to host the Health Tent at Pride in Priorswood for five Tuesdays throughout the summer holidays. The Tent hosted colleagues from across the health and care system who came to Priorswood ready to talk to people about how they stay fit and healthy, what makes for a safe neighbourhood and where to go to look after their mental health. Thank you to everyone who helped at the tent and to everyone who took the time to come and speak to us.



On going engagement

We supported colleagues across the ICS, including supporting facilitation of West Somerset Access to Care project, working to help transform podiatry services in the county and building improved understanding of what personalised care means to people and communities. These programmes of work form a larger piece of work that is our continuous engagement with system partners each programme of work varies in length of time and depth of engagement that is needed

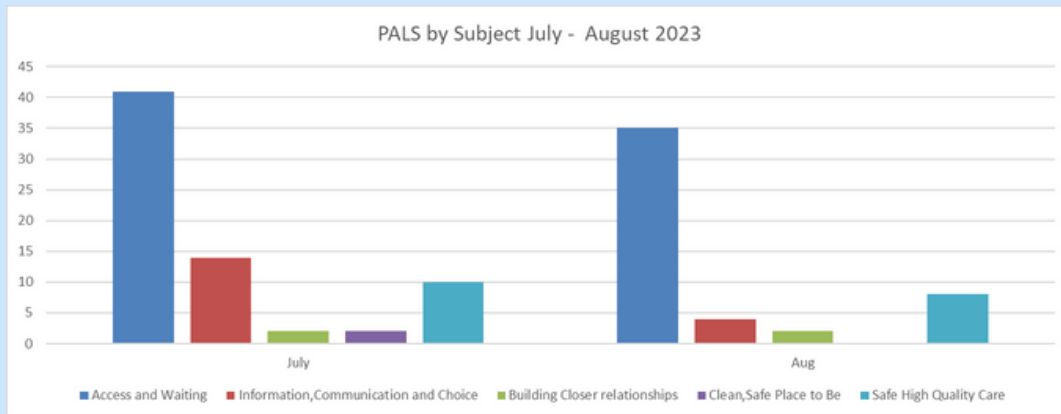


Communications and engagement spotlight

July 2023 - August 2023

PALS insights

118 enquiries for July and August 2023.



An overview of the main topics arising:

Accessing NHS dentistry especially for children.

Monica contacted PALS as she has been unable to find an NHS dentist for the family. She is especially worried about her children. PALS advised Monica that patients can contact NHS 111 for urgent appointments and gave her details of an NHS dentist taking on children.

Difficulty contacting Patient Transport Advice Centre

84 year old Charles contacted PALS as he has been unable to get through to the Patient Transport Centre to book patient transport. Charles told us he was on hold for 57 minutes and was cut off. He tried on 3 different occasions without success. PALS contacted the team at Patient Transport who made contact with Charles and transport was booked.

Difficulty accessing services

Jenny lost her hair due to chemotherapy and was prescribed a wig. Since the chemo it had grown back an inch. She is now on immunotherapy and her hair has fallen out again. She came to PALS asking if she could be prescribed another wig. Jenny has now been prescribed a new wig.

