

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE:
		H
DATE OF MEETING:	22 May 2025	
REPORT TITLE:	Integrated Board Assurance Dashboard and Exception Report from the System Assurance Forum 1 April 2024 to 31 March 25	
REPORT AUTHOR:	Alison Henly – Chief Finance Officer and Director of Performance and Contracting	
EXECUTIVE SPONSOR:	Alison Henly – Chief Finance Officer and Director of Performance and Contracting	
PRESENTED BY:	Alison Henly – Chief Finance Officer and Director of Performance and Contracting	

PURPOSE	DESCRIPTION	SELECT (Place an 'X' in relevant box(es) below)
Approve	To formally receive a report and approve its recommendations, (authorising body/committee for the final decision)	
Endorse	To support the recommendation (not the authorising body/committee for the final decision)	
Discuss	To discuss, in depth, a report noting its implications	
Note	To note, without the need for discussion	
Assurance	To assure the Board/Committee that systems and processes are in place, or to advise of a gap along with mitigations	X

SELECT (Place an 'X' in relevant box(es) below)	Links to Strategic Objectives (Please select any which are impacted on / relevant to this paper)
X	Objective 1: Improve the health and wellbeing of the population
X	Objective 2: Reduce inequalities
X	Objective 3: Provide the best care and support to children and adults
X	Objective 4: Strengthen care and support in local communities
X	Objective 5: Respond well to complex needs
	Objective 6: Enable broader social and economic development
	Objective 7: Enhance productivity and value for money

PREVIOUS CONSIDERATION / ENGAGEMENT

Following discussion at the Finance Committee meeting, System Assurance Forum, People Board and the Quality Committee the enclosed paper provides a summary of escalation issues for quality and performance against the constitutional and other standards, for the period 1 April 2024 to 31 March 25

REPORT TO COMMITTEE / BOARD

The report provides an overview for the following areas:

- Quality
- Performance
- Workforce
- Finance

The Board is asked to discuss the performance position for the period 1 April 2024 to 31 March 25.

Impact Assessments – key issues identified
(please enter 'N/A' where not applicable)

Reducing Inequalities/Equality & Diversity	Equality and diversity are at the heart of Somerset ICB's work, giving due regard to eliminate discrimination, harassment, and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it, in its functions including performance management
Quality	Decisions regarding improvements against the performance standards are made to deliver regarding the best possible value for service users.
Safeguarding	We are dedicated to ensuring that the principles and duties of safeguarding children and adults are applied to every service user and that safeguarding is integral to service development, quality improvement, clinical governance, and risk management arrangements
Financial/Resource/Value for Money	ICB revenue resource limit as of 31 March 2025 was £1,469,475.
Sustainability	Outline how you have considered the underlying objectives of the Somerset ICS Green Plan 2022-2025. This includes core work elements around sustainable healthcare, public health and wellbeing, estates and facilities, travel and transport, supply chain and procurement, adaptation and offsetting and digital transformation.
Governance/Legal/Privacy	Financial duties of NHS Somerset not to exceed its cash limit and comply with relevant accounting standards.
Confidentiality	No issues are identified
Risk Description	NHS somerset must ensure it delivers financial and performance targets

Integrated Board Assurance

Exception Report

March 2025



Quality

Areas of Focus

Current Plan/Target | Performance

- SFT - Rate of acute hospital acquired pressure ulcers (category 2 and above) per 1000 bed days - (current position 1.5)
- % of VTE assessments completed within 24 hours of admission (Acute setting)- (current position 86%)
- % of VTE assessments completed within 24 hours of admission (Community setting)
- CLA (Children Looked After) Initial Health Assessments - (current position 12%)
- CLA (Children Looked After) Dental Checks - (current position 12%)
- Somerset Overall C.Diffs. Rate (current position 16)

0	↓
95%	↓
95%	↓
90%	↓
90%	↑
12.25	↑

Performance

Areas of Focus

Current Plan/Target | Performance

- Type 1 A&E 4-hour performance (SFT)*
- G&A Bed Occupancy (SFT)*
- 12 Hour Trolley Breaches (SFT)**
- Virtual Wards (SFT)*
- Number of incomplete pathways (SFT)*
- Referral to treatment - Patients waiting >65 weeks (SFT)*
- Diagnostics waiting list <6 weeks CT*
- Talking Therapies 1st to 2nd treatment wait >90 days**

65.4%	↓
95.20%	↓
0	↑
80.00%	↑
62,034	↓
0	↑
93.0%	↓
10%	↓

People

Areas of Focus

Current Plan/Target | Performance

- Workforce retention & attrition (SFT)
- Sickness absence (SFT)
- Agency WTE vs Plan (SFT)
- Total Workforce WTE vs Plan (SFT)
- GP Workforce vs Plan (Primary Care)
- Unplanned Service Closures (Community Pharmacy) due to Workforce
- Use of off-framework Agency shifts (SFT)

11.8%	↓
4.80%	↑
181	↑
12,505	↑
390	↓
N/A	
0	↑

Finance









Areas of Focus

Current Plan/Target | Performance

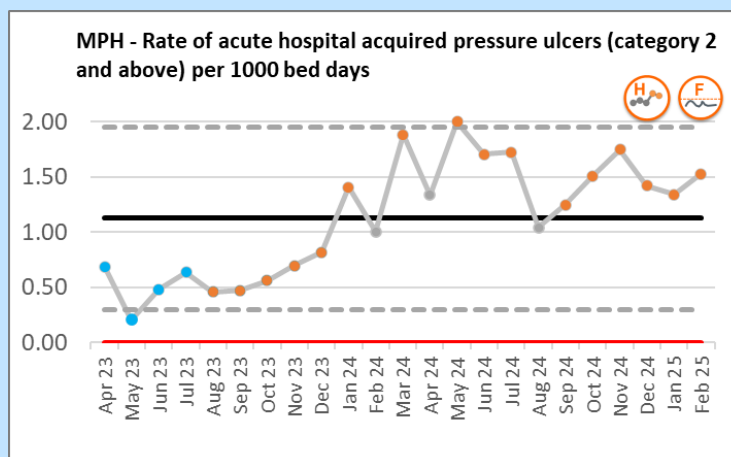
- System underlying financial position
- System financial performance YTD & forecast vs plan (revenue)
- System financial performance YTD & forecast vs plan (capital)
- Agency workforce spend YTD & forecast vs plan
- Savings Programme
- Mental Health Investment Standard
- Risks and Mitigations

£65.5m deficit	↓
Balanced	↔
Fully utilise	↑
£38.2m	↑
plan/£27.4m cap	
£50.6m recurrent	↑
£7.8m	↑
£24.9m gross risk	↑

Quality Summary

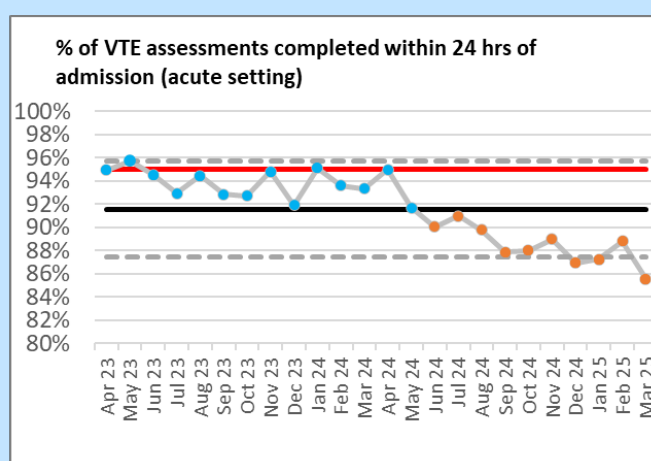
Quality Matrix				
ASSURANCE				
VARIATION				No Target
	 		Number of ligature incidents	Rate of Falls per 1000 bed days - Acute
		Rate of community hospital acquired pressure ulcers (category 2+) /1000 bed days % of adult inpatients (acute) having with nutrition screening <24 hours % of adult inpatients (community) having with nutrition screening <24 hrs Somerset overall C.Diff's rate Somerset overall E.Coli rate Somerset overall MRSA rate Somerset overall MSSA rate Somerset overall Klebsiella rate Somerset overall Pseudomonas rate % 3rd & 4th degree tears for assisted birth	CLA - Dental Checks SFT - Rate of acute hospital acquired pressure ulcers (category 2+) per 1000 bed days	Number of carers who have been offered a carers assessment Rate of Falls per 1000 bed days - Community Rate of Falls per 1000 bed days - MH Rate of PPH≥1500 ml per 1,000 births
	 	% of VTE assessments <24 hrs (acute) % VTE assessments <24 hrs (community) CLA - Initial Health Assessments	MPH - Rate of acute hospital acquired pressure ulcers (category 2+) /1000 bed days	

Quality Summary



Pressure ulcers

Somerset FT was noted to be in the upper limit in November 2024, this has decreased in subsequent months although remains high within inpatient wards at Musgrove Park. Somerset FT Board papers indicate this is a consequence of staffing challenges stating a number of quality improvement projects are in progress. There are also noted ongoing issues with quality and accuracy of pressure ulcer data whilst working towards a single approach to assessment, documentation and reporting. The Head of Tissue Viability is involved in the Intentional Rounding Steering Group, aiming to review and improve a key processes for pressure ulcer prevention.

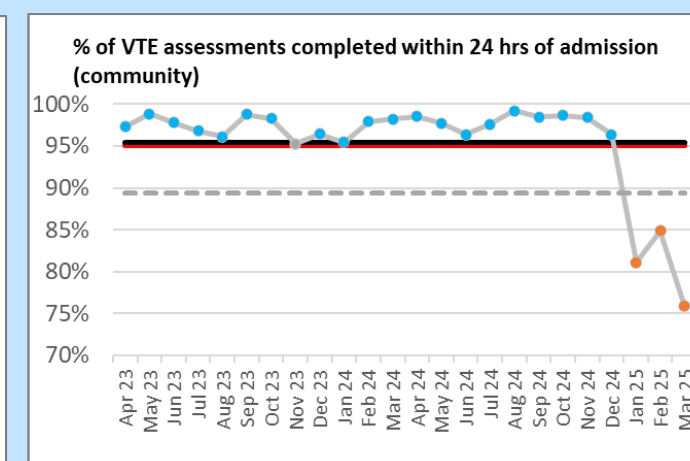


VTE assessment

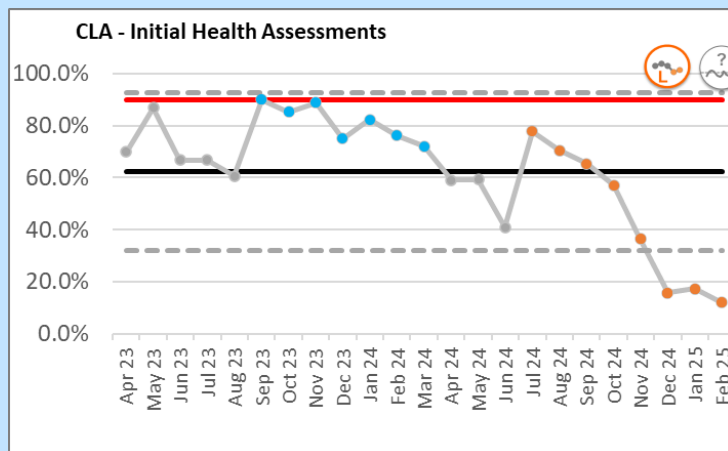
NHS England Digital services re-mandated the collection of VTE assessment data from 1 April 2024, with first submission July 2024. The target is 95% of patients are to be assessed within 24 hours of admission.

Data submitted indicates concerning special cause variation across acute and community settings.

Somerset FT continue to work on standardising the process for data collection and reporting.

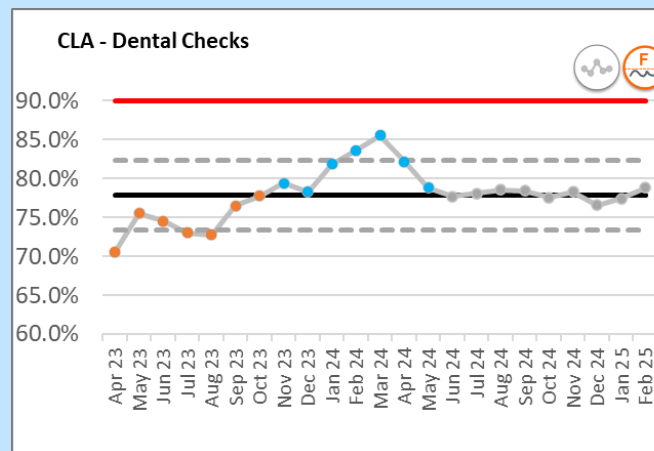


Quality Summary



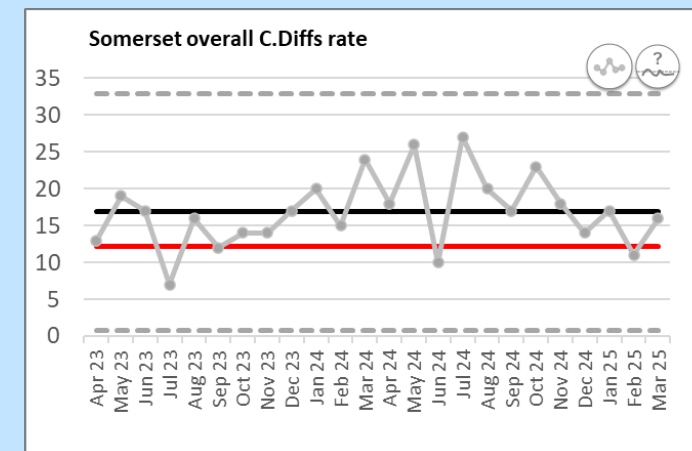
Children Looked After – initial health assessments

Revised paperwork was launched in December 2024 with limited support for implementation, compounded by IT difficulties signatures resulted in incomplete forms and delays to health assessments. Interim workarounds have been developed to improve performance, with preliminary data for March (67% unvalidated) demonstrating a significant increase in assessments being undertaken within the timeframe. Concerns regarding missing statutory timescales have been escalated, there has been no reported harm to date.



Children Looked After – dental checks

There are ongoing challenges in relation to children looked after being able access annual dental checks and emergency treatment. Safeguarding are working closely with the Primary Care Team having developed an action plan last year to improve access. Regionally performance averages at 72% of children having an annual dental check compared to a figure of 76% nationally.












C.Difficile

There has been a year-on-year increase in C.diff cases exceeding trajectory thresholds. Somerset remains the lowest regionally but has moved into the second quartile nationally. Retrospective analyses are underway to identify trends, particularly focusing on issues linked to certain surgical procedures and waiting lists. Notable improvements have been observed following antibiotic reviews for specific procedures, although further investigations are continuing.

Urgent & Emergency Care Matrix

Urgent and Emergency care metrics

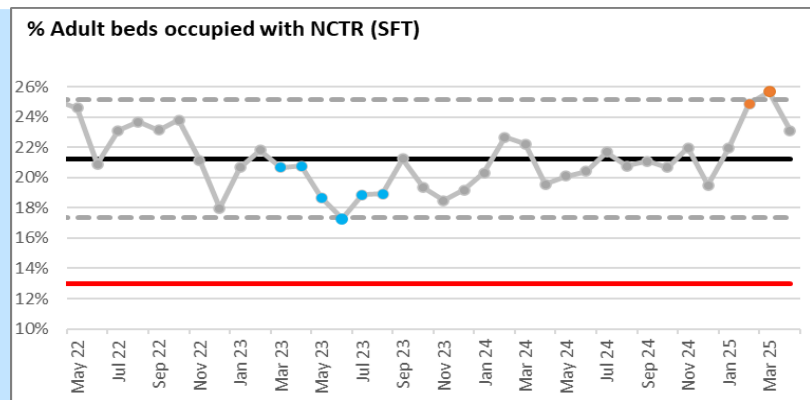
ASSURANCE				
				No Target
VARIATION	 	NHS 111 avg. call answering time (seconds) NHS 111 calls abandoned % of Pathway 0 discharges (SFT) Virtual ward occupancy (SFT)	CAT 1 Amb. resp. times (mean) % of Pathway 2&3 discharges (SFT)	Emergency admissions Avg. LOS
	 	Avg. handover time (SFT) Lost Amb. handover hours (SFT) Total A&E attendances (SFT) Adult G&A Bed Occupancy (SFT) Total with NCTR (SFT) % Adult beds occupied with NCTR (SFT)	KPI 15 Proportion of Calls where the caller was given an appointment or booked time slot within any service Total ambulance arrivals to A&E (SFT) CAT 2 Amb. resp. times (mean) % of Pathway 1 discharges (SFT)	NHS 111 calls answered Total emergency admissions >=1 day LOS Total >=21 day LOS (SFT)
	 	A&E 12 hour trolley breaches (SFT)	A&E 4 hour performance - all types (SFT) A&E 4 hour performance - type 1 (SFT)	A&E % admitted from A&E (SFT) Emergency readmissions within 30 days

In April 2025 no urgent and emergency care metric is demonstrating special cause concerning variation and consistently failing the plan/target.

Those measures contained within the dotted red box have triggered special cause variation but have not consistently failed the 2024/25 Operational plan and if performance does not improve will be re-assessed as a metric with special cause concerning variation **and** not achieving the plan/target:

- A&E 4-Hour Performance (All Types & Type 1)

Urgent & Emergency Care Performance Summary



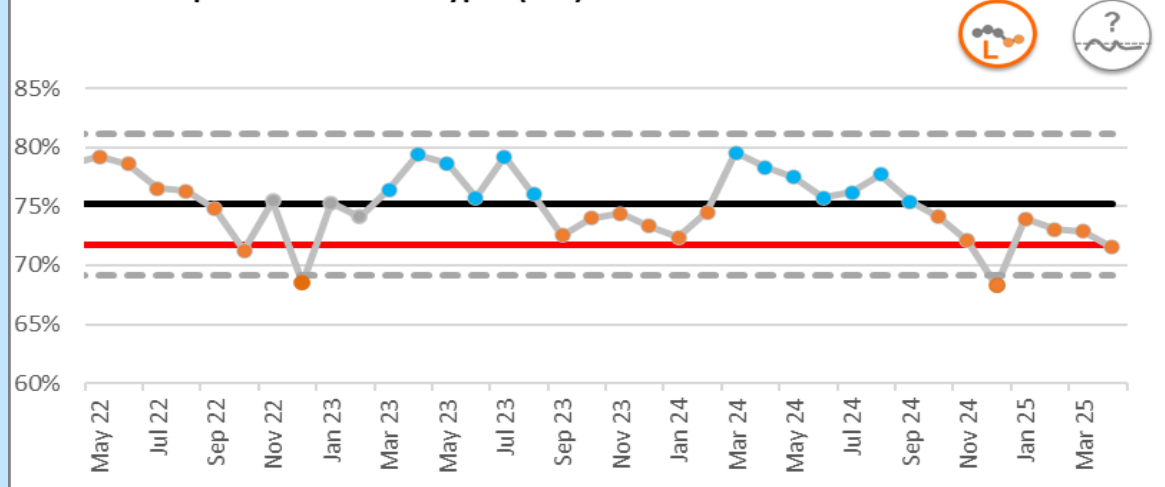
Patients in hospital with No Criteria To Reside (NCTR) behind plan - The number of patients with NCTR at Somerset FT is significantly above plan. The number of lost beds has increased and breached the upper confidence level in Quarter 4, however as of the census date at the end of April 2025 patients with NCTR occupied 23.1% of adult G&A beds against the April 25/26 plan of 24.8%. The operational plan in 2025/26 is to reduce NCTR bed occupancy to 13% by the end of September 2025. Latest data as at 8th May shows 209 patients with NCTR against the plan of 190, and these patients occupy 22.7% of the adult beds against the plan of 22%.

One of Somerset ICS priority areas for 2025/26 continues to be System Flow and the Associate Director of Strategic Programmes is working alongside the dedicated SRO to oversee the delivery of a programme of work to reduce NCTR. A multi-partner working Group meets weekly to review the detailed NCTR dataflows; these dataflows report MPH and YDH acute hospital and Intermediate Care (Community Hospital and Care homes) delays by pathway and by locality which compliments other locality reporting to provide granularity at a geography level. The 5 key projects within the system flow programme developed to deliver the updated 2025/26 improvement trajectory are:

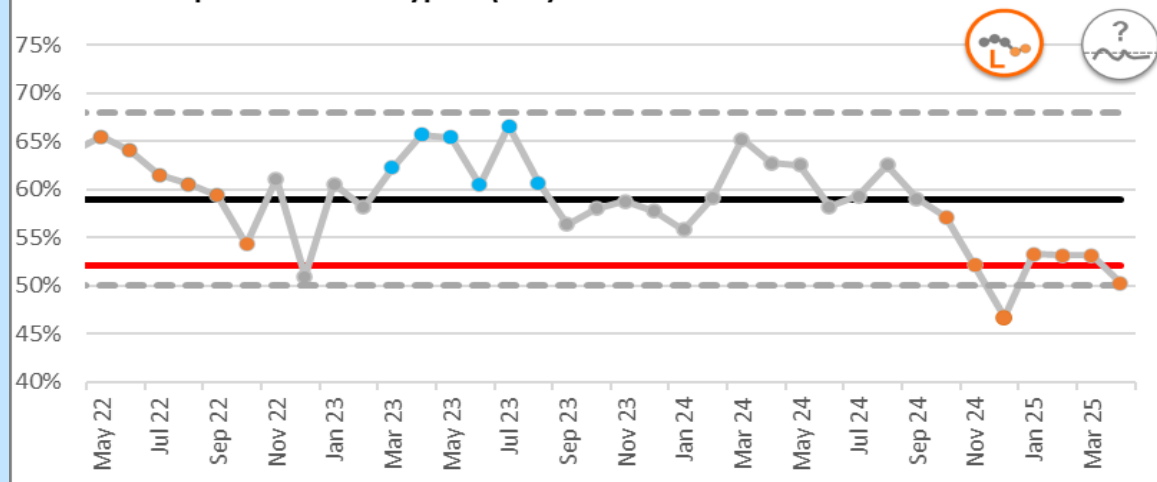
- 100-day sprint commenced in February 25 and ends on 7th June 2025 which aims to reduce hospital process NCTR delays from 126 to 20 ((61 on the 8th May position)
- Transfer of care hub (TOCH) is operationalising a new improved transfer of care hub that is digitally enabled to reduce duplication. Decision-making processes that strengths community and ward voices whilst allowing seamless movement for people returning home. This was implemented in February 25 and TOCH delays now feature minimally in NCTR
- Right sizing Pathway 1 is ensuring that there is sufficient Pathway 1 capacity in all geographies. Demand and capacity modelling is now complete, and the Pathway 1 service will be expanded in July 25, supporting 85 new discharges per week. This is likely to have a significant impact on the reduction of NCTR in Somerset
- Pathway 2 plan focuses on improving the transition from acute to community Pathway 2 beds, reducing length of stay and NCTR in these beds and reviewing the distribution of Pathway 2 beds in Somerset. The average length of stay improvement is on but community NCTR remains the highest risk and therefore greatest area of focus for Q1 2025/26. The distribution of beds will be reviewed in 2025/26.
- Dedicated Pathway 3 is a new spot purchased model which will go live in 2025/26 to support people to be discharged from hospital to care home closer to where they live and will segregate the Pathway 3 beds from Pathway 2

Urgent & Emergency Care Performance Summary

A&E 4 hour performance - all types (SFT)










A&E 4 hour performance - type 1 (SFT)



The proportion of patients seen, admitted or discharged within hours in A&E (Type 1 Emergency Departments) and in combined (All Types) Urgent Treatment Centres and Emergency Departments combined declining since January. All Types A&E performance in April 2025 was 71.5% against the 72.3% plan, and Type 1 A&E performance was 49.4% against the plan of 54.2% (MPH 46% and YDH 54.5%). The statistical process control charts above show challenged performance particularly during the autumn and winter period and alongside the patterns of attendance an underpinning factor affecting flow out of the emergency department is the high level of patients with No Criteria To Reside and resulting high bed occupancy within the Acute Hospitals. Focused actions to improve A&E performance include:

- No Criteria To Reside Improvement programme - internal and external actions to reduce occupied beds of a maximum of 13% by September 2025
- Successful and ongoing recruitment including consultant and SAS posts
- Workstream launched to align 'clinically ready to proceed' definitions
- Call Before Convey is aimed to launch during Quarter 1 2025/26 and discussions continue between Somerset ICB, Somerset FT and SWAST regarding the model
- Data to enable an analysis of the impact of the front door scanner has been reviewed and further patient-level analysis is underway by the Trust

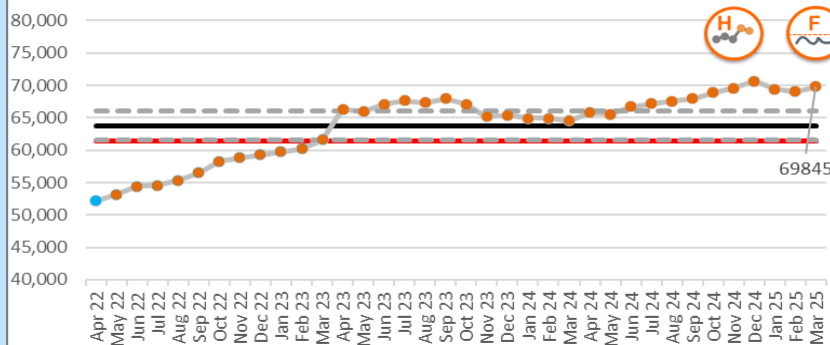
Elective Care Matrix

Elective Care				
ASSURANCE				
VARIATION				No Target
	 		>65 week waits (ICB) >65 week waits (SFT) 18 week referral to treatment performance	
	Day Case Theatre Utilisation	Overall Elective activity (IP & DC) Outpatient First and Follow up with PROC Clock Stops (Admitted) Clock Stops (Non Admitted) Cancer 28 Day Faster Diagnosis Cancer 62 Day Combined Standard	Diagnostic Activity Diagnostic 6 week performance	Number of Cancellations (SFT)
	 	Number of incomplete pathways (Waiting list size)		Clock Starts Cancer 62 day Backlog

- **Referral to treatment > 65 week waits**
We have reviewed this metric at a speciality level and no specific area is flagging as not meeting the plan **with** special cause concerning variation.
- **Diagnostics**
We have reviewed Diagnostic > 6 week waits by modality and CT has flagged as areas not meeting the operational plan and showing special cause concerning variation.
- **Cancer**
The Suspected Breast Cancer 28 day pathway has flagged as performing below the 77% 24/25 standard and showing special cause concerning variation.
- Those measures contained within the dotted red box have triggered special cause variation but have not consistently failed the 2024/25 Operational plan and if performance does not improve will be re-assessed as a metric with special cause concerning variation **and** not achieving the plan/target:
 - Incomplete pathways (waiting list size)

Elective Care Performance Summary

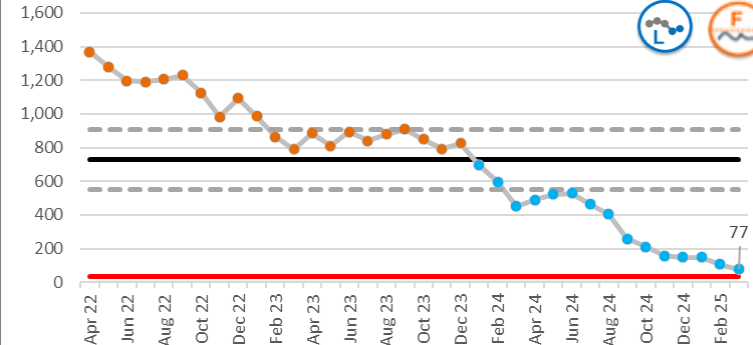
Number of incomplete pathways (Waiting list size)



Number of incomplete Pathways

- Somerset ICB waiting list has increased by 7.2% since March 2024 and is above (worse than) the 2024/25 operational plan.
- This is due to increases in the Dermatology waiting list following the repatriation of the service in November 2023, other specialties increasing are Cardiology, Gastroenterology, Gynaecology, Neurology, Oral Surgery, Trauma and Orthopaedics, other Medical and other Surgical services.
- The latest weekly data indicates a reduction in the waiting list which is partly down to Somerset FT undertaking a sprint of validation on the waiting list as are all providers across the country.
- We will continue to monitor the waiting list into 2025/26 against the new operational plan.

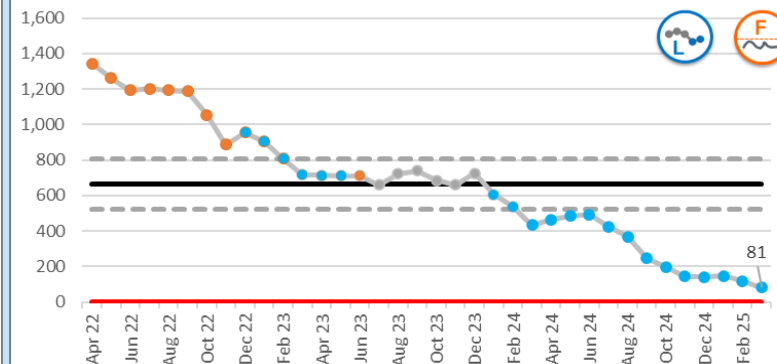
>65 week waits (ICB)



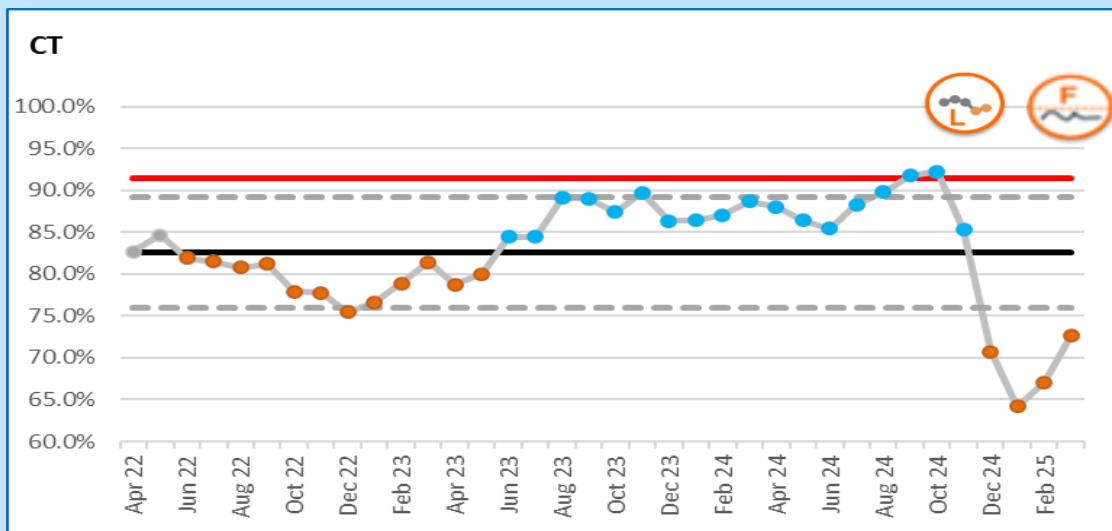
>65 week waits

- The numbers of patients waiting > 65 weeks continue to reduce on both a SFT and ICB basis.
- Somerset FT is tracking slightly above the updated plan with a forecast of 79 patients breaching May 25.
- Somerset ICB is also tracking above the March 25 ambition of 0 with 77 breaches remaining. 92% of breaches are at Somerset FT with the remaining breaches at providers outside of Somerset.
- A majority of the breaches are across Trauma and Orthopaedics, Urology and ENT and are across choice, complexity and Capacity.
- We continue to monitor this position weekly and monthly on a specialty level basis.
- In 2025/26, the 65 Week waits metric is not part of the operational plan, however 52 week waits remains, therefore we will continue to monitor this cohort of patients.

>65 week waits (SFT)

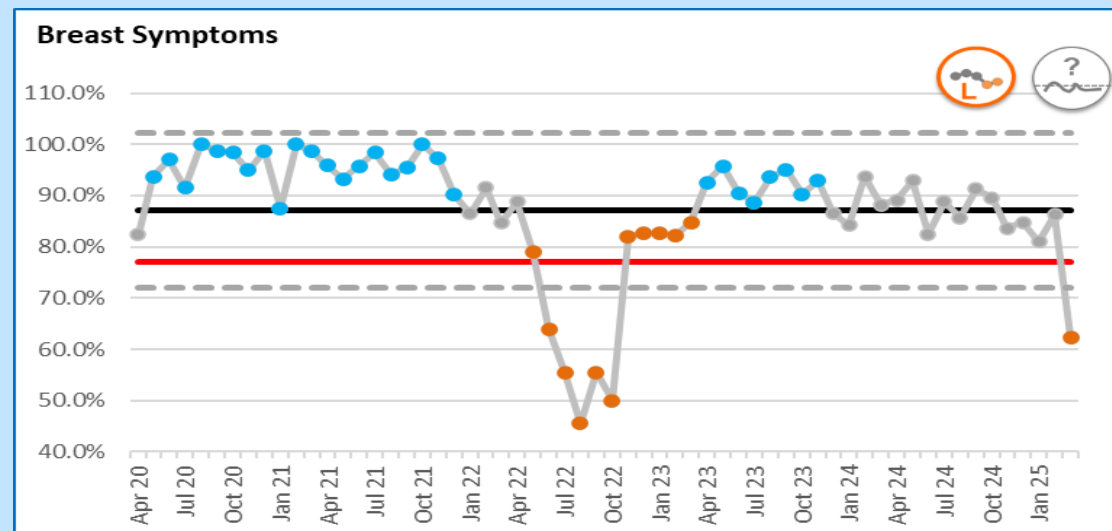


Elective Care Performance Summary



Computed Tomography (CT)

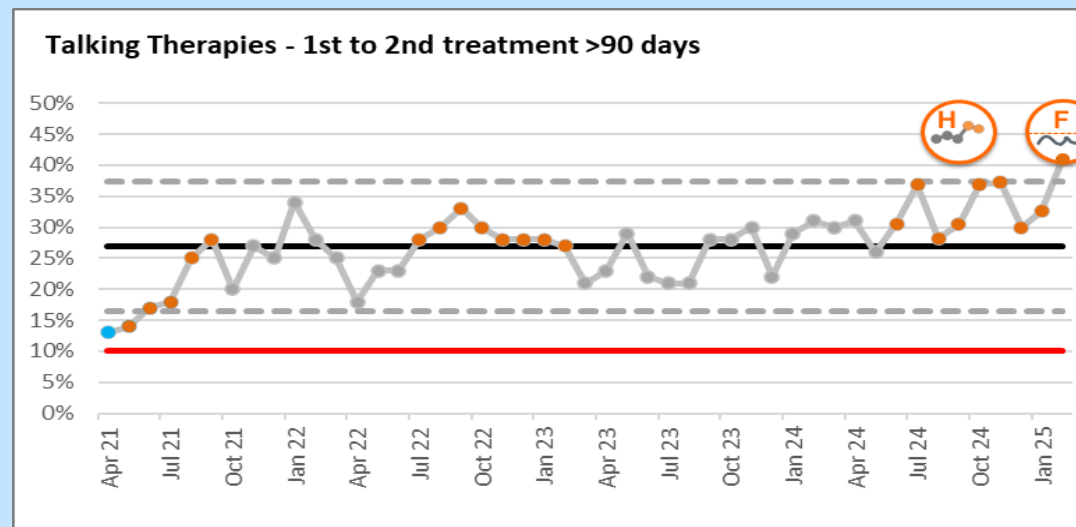
- The above diagnostic modality is performing below the individual operational plan and are showing concerning variation, however performance is starting to improve.
- Performance in CT is impacted by the capacity lost over the Christmas period due to bank holidays and sickness at Somerset FT, however weekly data continues to show improvement from the 72.6% in March 25 to 73.5% at the end of April 25.
- The 6 week backlog has reduced by 38.5% since January 2025 (from 964 down to 595)
- A mobile CT scanner has been hired and is in place at Bridgwater community hospital.
- We will continue to monitor performance of this modality



Breast Symptoms 28 Day Faster Diagnosis Pathway

- The above Tumour site is performing below the 77% 2024/25 national target and showing special cause concerning variation.
- There are acute issues with capacity at the MPH site in particular, due to sickness and other staffing issues within Radiology primarily. These are expected to recover and further capacity is being sought on a short term basis while recruitment is ongoing.

Mental Health Performance Summary



Talking Therapies - 1st to 2nd treatment within 90 days

- Mean performance of 26% in Somerset (since April 2021) is higher (worse than) the ≤10% national ambition, and performance has been deteriorating with performance of 41% in February 2025.
- Almost all cases are very complex and require highly skilled therapists.
- This performance is mirrored across many systems throughout country with the England performance at 25.3%.
- Actions to improve performance include an increase in group work and a review of productivity across the service.

People Summary

Somerset FT Workforce Overview: Somerset FT is focusing on reducing workforce risks relating to key medical vacancies and staff retention, balanced against the planned requirement for workforce productivity and WTE reduction. They continue to explore recruitment opportunities overseas and investigate different staffing models in areas where there are national shortages of medical staff. Strong controls exist across the Trust to authorise agency use and ensure regular reviews where agency staff are being used.

Workforce Turnover rate (SFT): The turnover rate has been below (better than) plan since April 2024. At March 2025 performance was 10.9% against a plan of 11.8%.

Sickness absence 12 month rolling (SFT): The 12-month rolling sickness absence rate was 5.2% at March 2025 (slightly worse than plan of 4.8%).

Total Workforce vs 2024/25 Operational plan (SFT): As of March 2025, SFT are at 12,531 WTE which is 26 WTE higher (worse) than the planned March position of 12,505 WTE. This is largely due to exceptionally high escalation in March at Yeovil District Hospital. This was unplanned and has necessitated the use of additional bank staff to support the extra beds, leading to the additional WTEs in March. The Trust continues to exercise control over its workforce numbers and is ahead of plan on workforce CIP schemes.

Agency WTE vs 2024/25 Operational plan (SFT): In March 2025 Agency staffing was 158.5 WTE in total, which is approximately 1.3% of the total workforce WTE, and is 22.5 WTE lower (better) than the plan of 181.0 WTE. Vacancies continue to be the largest driver of both medical and nursing agency use with continuing pressure on hard to recruit medical roles. Effective controls and authorisation protocols remain in place.

People Summary

Primary Care – GP workforce WTE vs plan: GP numbers are better (higher) than plan in March 2025 (398.6 against the plan of 390), indicating positive recruitment and more starters than leavers YTD. Please note, these GP numbers include GPs that are in training.
 From 1 October 2024 to 31 March 2025, the Additional Roles Reimbursement Scheme (ARRS) has been expanded to offer PCNs the ability to claim for reimbursement for General Practitioners from within a ringfenced GP Sum specifically for this role.

All GPs	GP Partners	Salaried GPs	GPs in Training	GP Retainers	GP Locums
398.6	172.8	129.9	91.5	2.3	2.1

Ceasing use of Off Framework Agency contracts by July 2024 (SFT): There has been a significant reduction in off-framework agency use at SFT since April 2024 in readiness for the NHSE requirement for removal of off-framework agency after July 2024.

Off-framework agencies have been used in all 7 systems in the South West region since July. Somerset’s performance is in line with the regional average.

Off-framework agency use deteriorated from November and peaked in January due to the increasing impact of sickness (including flu) together with significantly increased operational activity. The situation has continued to improve since February.

As before, SFT still reports zero off-framework usage for Medical, Healthcare Science, Allied Health Professional or non-clinical roles. The off-framework agency shifts reported here are all within Nursing/Midwifery and all were authorised at Executive level as break-glass action to prevent significant risk to patient care, due to last-minute need (e.g. sickness absence) in specialist areas.

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Number of off-framework shifts	122	33	34	24	36	23	22	33	78	89	48	40

Finance Summary

- System underlying financial position – behind plan**

During the preparation of the 2025/26 financial plan the system underlying position was updated, with NHS Somerset's underlying financial deficit increasing from £69.7m to £73.5m. The main drivers of this are additional pressures against Somerset FT's baseline costs of £4.0m and GP Prescribing of £2.0m. These increases were partially offset by previously non-recurrent pay funding of £2.3m being confirmed as recurrent.

- System financial performance YTD & forecast vs plan (revenue) – on plan**

NHS Somerset delivered a year end position within plan this financial year, with both Somerset ICB and Somerset FT ending the year with nominal underspent positions.

At month 11, Somerset Council's are forecasting to deliver a balanced revenue position this financial year with a reduced draw on Reserves of £28.3m compared to plan.

Performance against organisation-specific and system control totals						
£'m	Month 12			Outturn 2024/25		
	Plan	Actual	Variance	Plan	Actual	Variance
NHS Somerset ICB	0.0	0.0	0.0	0.0	0.0	0.0
Somerset NHS FT	3.0	3.0	0.0	0.0	0.0	0.0
Somerset Council*	0.0	0.0	0.0	0.0	0.0	0.0
Somerset ICS	3.0	3.0	0.0	0.0	0.0	0.0

*Based on Somerset Council month 11 reported financial position

- System financial performance YTD & forecast vs plan (capital) – on plan**

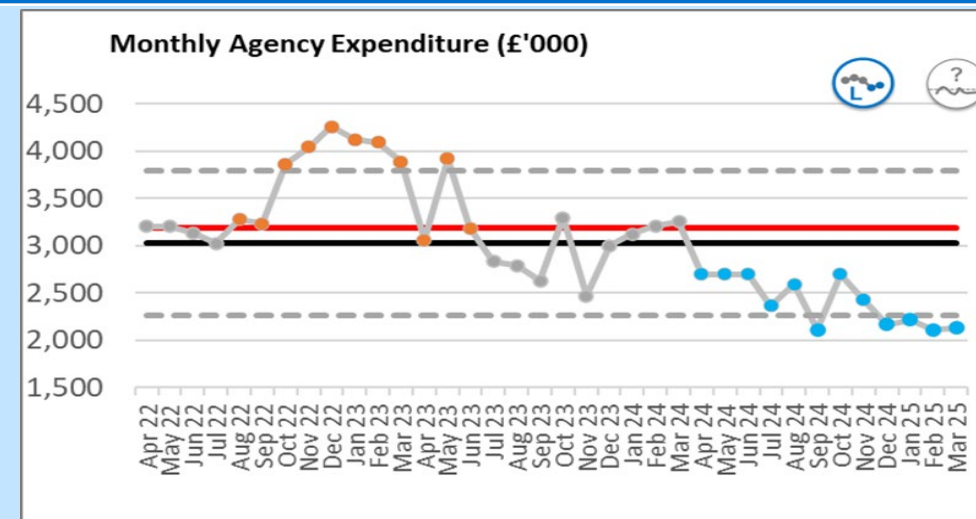
NHS Somerset fully utilised the system capital this financial year with total spend exceeding our system CDEL of £91.9m by £0.9m.

Finance Summary

- Agency workforce spend YTD & forecast vs plan – on plan**

Total agency spend this financial year was £9.3m below annual plan of £38.2m (an overspend against cap of £1.5m), with a further reduction of £1.3m in month 12. Compared to 2023/24, agency spend reduced by £7.9m (21%) this financial year.

The chart opposite highlights the reduction in monthly agency spend seen this financial year (the Red target line is a 12th of the 24/25 plan)



- Savings Programme – slightly behind plan recurrently**

Total efficiencies delivered in 2024/25 was in line with plan of £100.1m, with £50.1m of recurrent efficiencies achieved this financial year – a recurrent shortfall of £0.5m against plan.

- Mental Health Investment Standard (MHIS) – on plan**

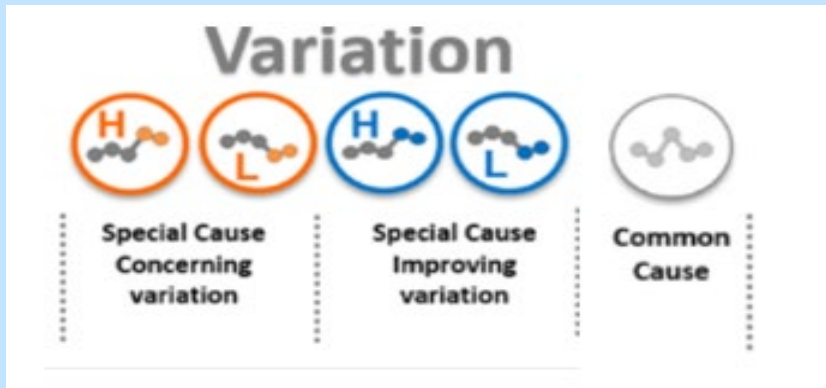
NHS Somerset complied with the requirements of the MHIS to increase MH spending rising by 7.26% / £7.8m this financial year, with actual spend increasing by £7.9m compared to 2023/24.

- Risks and Mitigations – on target**

NHS Somerset mitigated all risks this financial year to deliver a balanced financial position.

APPENDIX - Guidance on the use of Making Data count SPC Charts and Matrix

SPC Variation Icons



- **Orange** indicates **concerning** special cause variation, requiring action.
- **Blue** indicates **improving** special cause variation, no action required.
- **Grey** indicates no significant change due to **common cause variation**

SPC Assurance Icons



- **Blue** indicates that you would consistently expect **to achieve** a target.
- **Grey** tells you that sometimes the target will be met and sometimes missed due to **random variation**.
- **Orange** indicates that you would consistently expect **to miss** the target.

REPORT OF THE ICB QUALITY COMMITTEE MEETING HELD ON 23 APRIL 2025

1 ITEMS DISCUSSED

- 1.1
- Maternity services improvement
 - Quality and safety report
 - Endophthalmitis outbreak
 - Maternity services
 - Paediatric services
 - Paediatric audiology
 - Perinatal deaths
 - Digital clinical safety
 - Patient safety specialists report
 - Feedback from System Quality Group
 - Quality Committee risk report
 - Quality assurance and improvement framework
 - Regulation 28 prevention of future deaths
 - Vaccination delegation
 - Non-emergency transport
 - Menta health South West Provider Collaborative update
 - Continuing Healthcare reviews growing concerns
 - Neurorehabilitation policy
 - Joint targeted area of inspection (JTAI) action plan

2 NEW ISSUES AND/OR NEW RISKS IDENTIFIED

- 2.1 The Committee noted the ongoing concerns with the provider of **non-emergency transport services** and agreed to the escalation of risk inline with the National Quality Board framework.
- 2.2 The Committee noted the recent **High Court decision** regarding legal definition of sex and potential implications for ICB policies, agreeing that there was a need to ensure alignment with forthcoming national guidance.

3 DECISIONS TAKEN BY THE ICB QUALITY COMMITTEE UNDER DELEGATED AUTHORITY

- 3.1 The Committee ratified the **neurorehabilitation policy** aimed to improve governance and oversight of extended neurorehabilitation placements.

The Committee approved the **Quality assurance and improvement framework** which has been developed in alignment with the National Quality Board Framework.

4 ITEMS REQUIRING ESCALATION TO THE ICB AND/OR OTHER SYSTEM BOARDS

Items for Consideration/Decision

- 4.1 The Committee noted the new areas of intensive and enhanced support within the **Quality and Safety Report**, and those de-escalated within the period. The Committee were pleased to hear the outcome and Good rating following the CQCs inspection of **Diamond Health Group**. There would be an ongoing focus on **dementia diagnosis rates**.
- 4.2 The Committee were pleased to note the closure of the review into the **endophthalmitis outbreak** at Practice Plus Group Hospital in Shepton Mallet; in particular the improvements to practice made as a result of the findings. No further incidences have been reported.
- 4.3 The Committee received an update on the progress with the **maternity services** with over 80% of the action plan now completed, although concerns were noted regarding the absence of an obstetrician within the support programme.
- 4.4 An update was provided regarding **paediatric services**, noting the commissioning of an independent consultancy to assess future service models. In addition, the Committee was pleased to hear that Somerset FT's **paediatric audiology** service has been assessed as high assurance and low risk, no longer requiring regional oversight.

The deep dive analysis into **perinatal deaths** concluded that rates within Somerset are consistently lower than national averages. No concerning patterns had been identified with findings aligning to regional comparisons with mothers and babies: reducing risk through audits and confidential enquiries across the UK (MBRACE) data.

The Committee noted the position statement with regard to **digital clinical safety** within primary care and some of the challenges faced in the absence of structured processes for the procurement and development of new technology. This workstream will be supported by the GP Support Unit.

The Committee heard the responses provided to two **Regulation 28 reports** emphasising the importance of systemic improvements and a proactive approach to prevent future deaths.

An overview was provided regarding growing concerns with the backlog of **Continuing Healthcare** reviews and improvements in progress to address this. The Committee acknowledged the performance with national key performance indicators despite the challenges faced.

Reports for Information for Future Board Agendas

- 4.8 None.

5 CHAIR'S SUMMARY

- 5.1 I confirm that the summary above indicates the Committee's assurance in the matters listed and further work we expect in particular the quality and safety report, and the detail provided in relation to risks, patient safety and quality of care.
- 5.2 The Committee will expect updates on the progress of the maternity improvement programme and paediatric services provided by Somerset Foundation Trust, rates of dementia diagnosis and patient transport services.

Chair: Caroline Gamlin

Date: May 2025

REPORT OF THE FINANCE COMMITTEE MEETINGS HELD ON 19 MARCH AND 15 APRIL 2025

1 ITEMS DISCUSSED

- 1.1
- Specialist Commissioning Operating Plan (1)
 - 2025/26 Operating Plan (2)
 - 2025/26 Budgets and Programmes (3)
 - Financial Performance (4)
 - Dental Services, Chard and Crewkerne (5)
 - Contract Extensions – noted
 - Risk

2 NEW ISSUES AND/OR NEW RISKS IDENTIFIED

- 2.1 None

3 DECISIONS TAKEN BY THE COMMITTEE/SYSTEM GROUP UNDER DELEGATED AUTHORITY

- 3.1 See approval below (5) for dental services contract.

4 ITEMS REQUIRING ESCALATION TO THE ICB AND/OR OTHER SYSTEM BOARDS

Items for Consideration/Decision

- 4.1 None

Reports for Information for Future Board Agendas

- 4.2 None

5 CHAIR'S SUMMARY

- 5.1
- (1) The Committee discussed the detail of the Operating Plan with Somerset as Principal Commissioner for the region. The committee was assured that contract envelopes had been delivered to providers and that triangulation of plans was advanced. This financial plan was presented to the ICB Board in March. The Committee's April meeting heard that Somerset had been assessed by NHSE as in tier 1, so operating with limited regional oversight in 2025/26. Any final changes will be considered at the May meeting.
 - (2) With all Board members invited to attend the Committee agreed the submission of a balanced budget plan, as reported to the Board in March, noting the areas of key challenge, the bold action required to meet the demanding reductions and savings needed (eg in bank and

agency costs) and the risks (eg in meeting the £6m elective recovery fund risk).

- (3) The Committee received, after its meeting, the detailed budget considered by the Board in March.
- (4) The Committee was assured that NHS Somerset remained on track for break even.
- (5) Subject to due diligence the Committee approved preferred bidder contract award, after open competitive tender, for dental provision in Chard and Crewkerne.

Chair: Christopher Foster

Date: 13 May 2025