REPORT TO:	**NHS SOMERSET INTEGRATED CARE BOARD** **ICB Board Part A**	**ENCLOSURE:** **H**
DATE OF MEETING:	**27 November 2025**	
REPORT TITLE:	**Integrated Board Assurance Dashboard and Exception Report from the System Assurance Forum 1 April 2025 to 30 September 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 2025 to 30 September 2025.

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 2025 to 30 September 2025.

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 30 September 2025 was £3,079,183,000 which includes Delegated Specialised Commissioning
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

September 2025

Performance declining
Performance Improving
Performance unchanged

National ambition **
Operational Plan *

NHS Somerset

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 1.59)	0	↓
• % of VTE assessments completed within 24 hours of admission (Acute setting)- (current position 89%)	95%	↔
• % of VTE assessments completed within 24 hours of admission (Community setting) - current position 73%)	95%	↓
• CLA (Children Looked After) Initial Health Assessments - (current position 23.8%)	90%	↑
• CLA (Children Looked After) Dental Checks - (current position 76.4%)	90%	↓
• Somerset Overall C.Diffs. Rate (current position 15)	12.25	↑

Performance

Areas of Focus	Current Plan/Target	Performance
• Type 1 A&E 4-hour performance (SFT)*	58.6%	↓
• All Types A&E 4-hour performance (SFT)*	76.8%	↓
• Adult G&A Bed Occupancy (SFT)*	94.0%	↓
• % of adult G&A beds occupied with NCTR patients	13%	↓
• Number of patients with No Criteria to Reside	108	↓
• Number of incomplete pahways (SFT)*	68,997	↑
• Referral to treatment - Patient waiting >52 weeks (ICB)	1,335	↑
• Referral to treatment - Patients waiting >65 weeks (ICB)	0	↓
• Diagnostics waiting list <6 weeks CT*	74.9%	↓
• Diagnostics waiting list <6 weeks Flexi Sigmoidoscopy*	80.3%	↓
• Diagnostics 6 week performance %	82%	↓
• 28 Day Faster Diagnosis Pathway - Breast cancer	77%	↑
• 28 Day Faster Diagnosis Pathway - Urological	77%	↑
• Talking Therapies 1st to 2nd treatment wait >90 days**	10%	↓
• Talking Therapies - patients seen <6 weeks **	75%	↓
• IPS (Individual Placement and Support) Access	528	↑

People

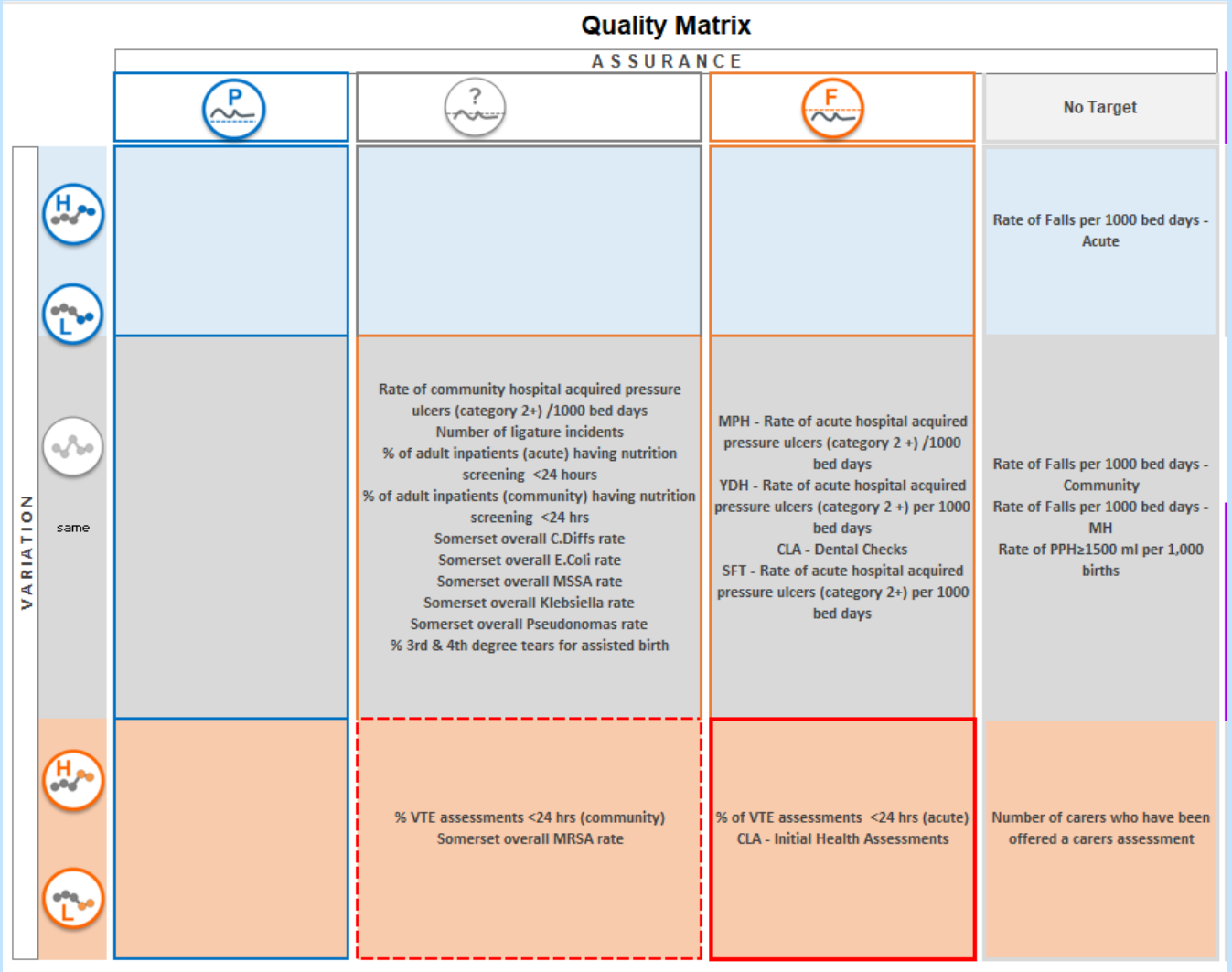
Areas of Focus	Current Plan/Target	Performance
• Workforce retention & attrition (SFT)	11.0%	↑
• Sickness absence (SFT)	5.11%	↓
• Agency WTE vs Plan (SFT)	133	↑
• Total General Practice Workforce vs Plan (Primary Care)	1,864	↓
• Use of off-framework Agency shifts (SFT)	0	↔

Finance

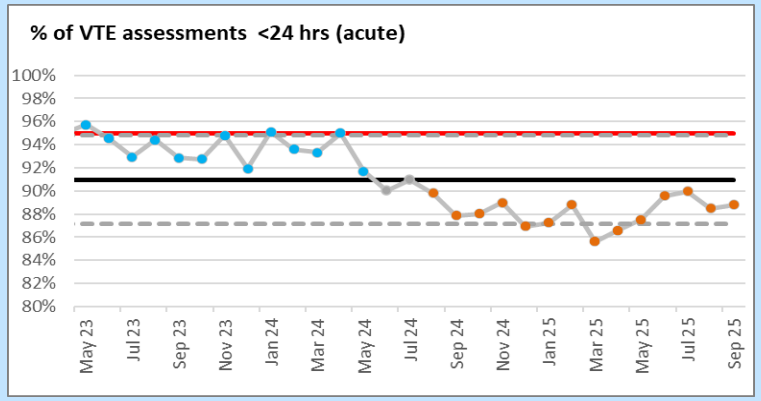
Areas of Focus	Current Plan/Target	Performance
• System underlying financial position	£42.8m deficit	↓
• System financial performance YTD & forecast vs plan (revenue)	Balanced	↓
• System financial performance YTD & forecast vs plan (capital)	Fully utilise	↓
• Agency workforce spend YTD & forecast vs plan	£17.7m plan/£22m cap	↑
• Bank workforce spend YTD & forecast vs plan	£32.5m plan/£32.5m cap	↓
• Savings Programme	£47m recurrent	↓
• Mental Health Investment Standard	£6.1m	↔
• Risks and Mitigations	£30m net risk	↔

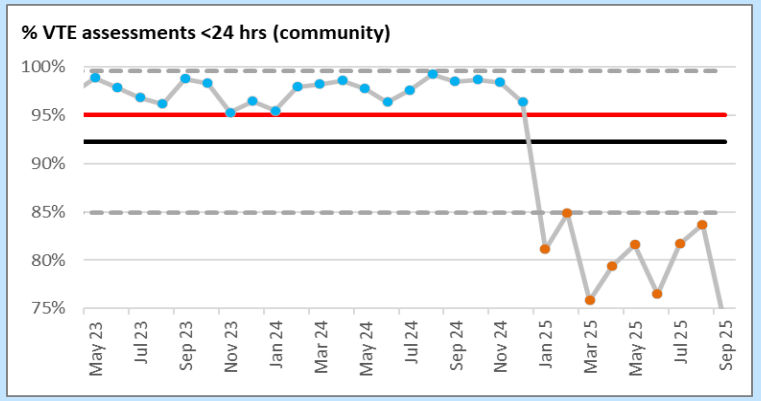
Quality Summary

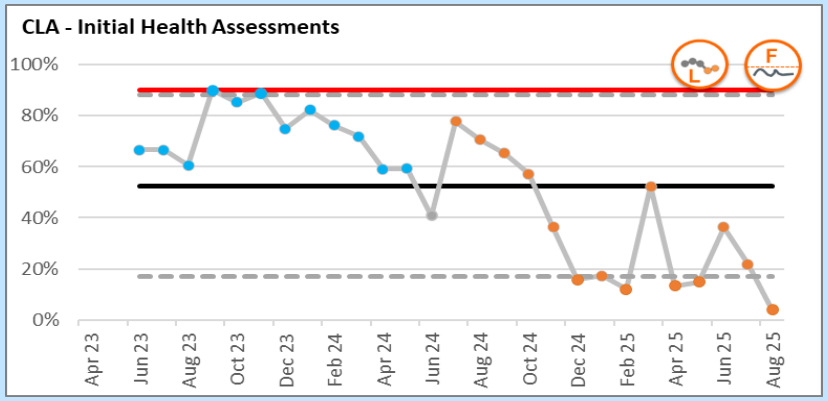
Quality Matrix



Quality Summary







VTE (Venous Thromboembolism) assessment

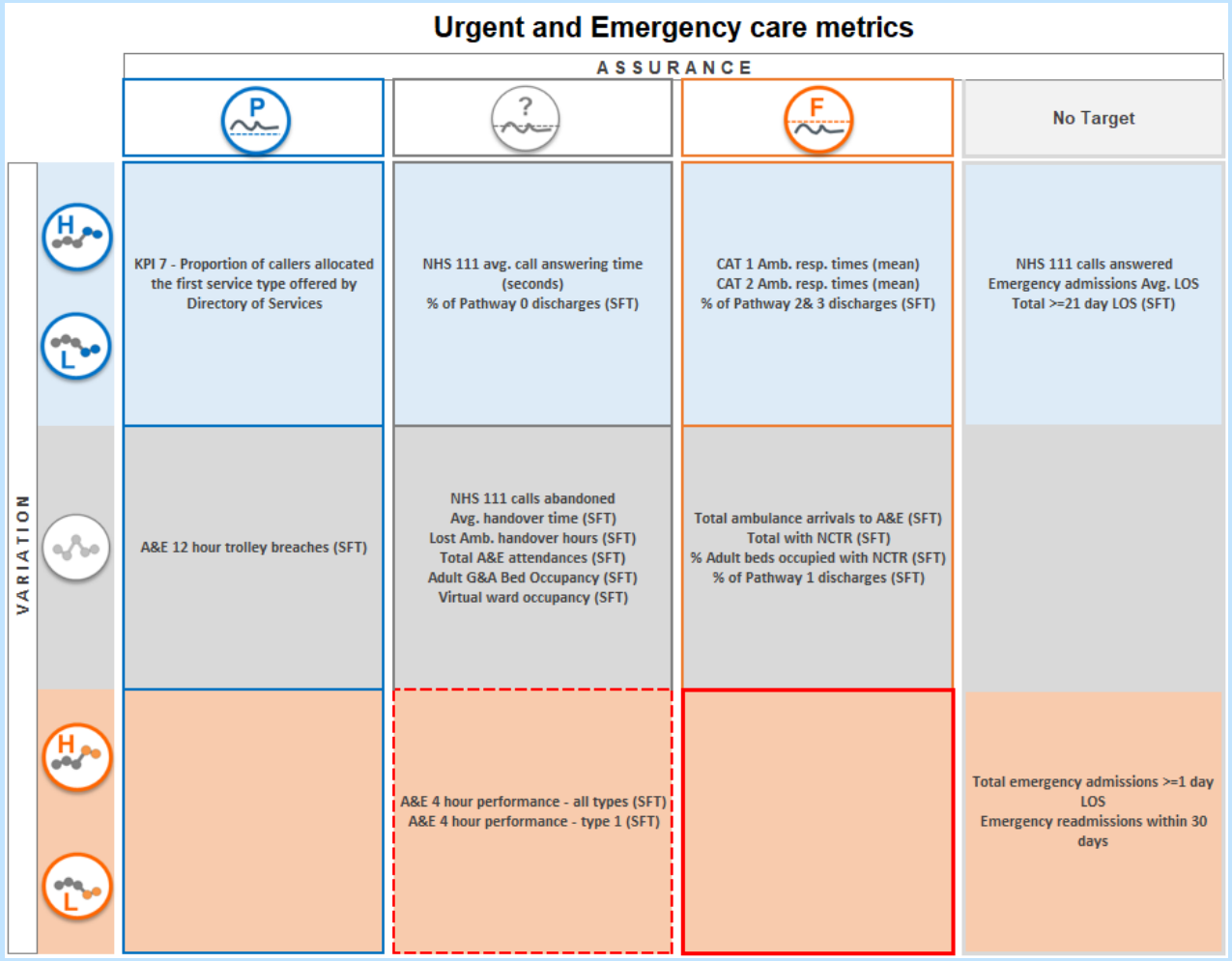
SFT continues to fall short of the national 95% standard for VTE assessment. The national dataset for Quarter 1 of 2025/26 indicates 84.6% overall compliance. Improvement work is ongoing, particularly through the implementation of digital VTE charts via the Better Portal helping to standardise data collection and reporting methods across both acute sites. Despite these efforts, local data shows that compliance at YDH has remained unchanged over the past couple of months, while MPH has seen a slight decrease (1%). In contrast, community hospital data shows an improvement, with compliance increasing to 83% (previously 76%) over the same quarter. Improvement work continues supporting the digital VTE assessment within RiO for community settings. A pilot is underway using the Better Portal in mental health settings to establish whether all community settings would migrate to this in the future enabling a single system across the Trust. ICB representation continues at SFT's bi-monthly VTE Meeting, the workplan has been shared and being reviewed by the Quality Lead. Following discussion in Septembers Regional Quality Group, ICBs have been requested to provide an update on their providers performance and next steps at the next meeting.

Children Looked After (CLA) – initial health assessments

Following a review of the paperwork used by Social Workers to request Initial Health Assessments over the summer, the revised form was implemented across Children's Social Care teams in September 2025. Data from October 2025 indicates improvements in the timeliness of Initial Health Assessment requests, as well as higher rates of returned consent and parental health forms. This also reflects a strengthened collaboration between the CLA Health Service and the Safeguarding and Assessment Social Care Teams, who support children entering care. A multi-agency follow-up meeting is scheduled for January 2026 to conduct a comprehensive review of the data and, if necessary, make further refinements to the paperwork and associated processes.

A note of caution: in October 2025, there was an unprecedented volume of requests for Initial Health Assessments (IHAs). To date, sixty-two children have required an IHA, including five Unaccompanied Asylum-Seeking Children (UASCs), who require double appointments. Early indications suggest some improvement in the timeliness of IHA requests; however, the medical team continues to manage a backlog originating from the summer. This has been further compounded by the recent increase in demand, which, due to the unpredictability of children entering care, is difficult to plan for. Based on trends observed in previous years, it is likely that this high level of demand will persist throughout the winter months.

Urgent & Emergency Care Matrix



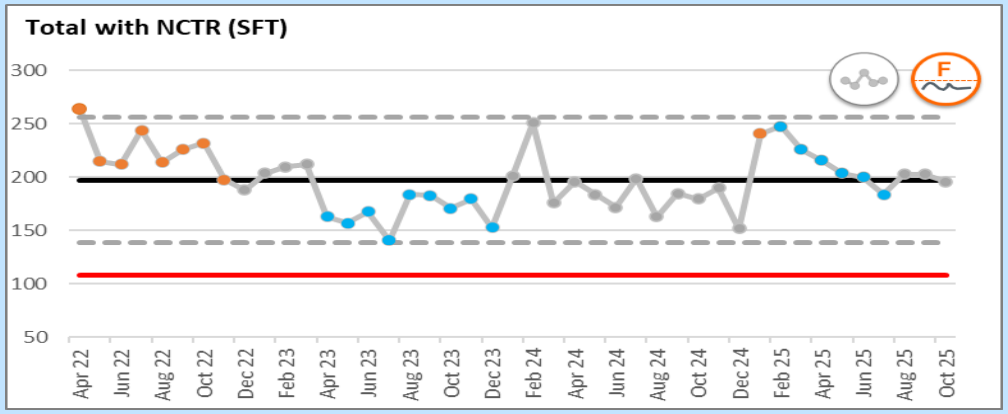
In October 2025 no urgent and emergency care metric are demonstrating special cause concerning variation and consistently failing the plan/target.

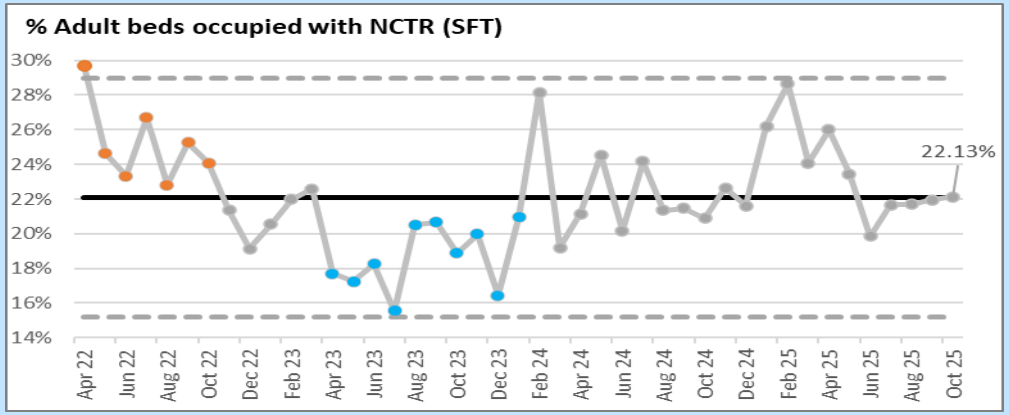
Those measures contained within the dotted red box have triggered special cause variation but have not consistently failed the 2025/26 Operational plan and if performance does not improve will be re-assessed as a metric with special cause concerning variation **and** not achieving the plan/target.

In addition, the following measures are kept under observation:

- A&E 4-Hour Performance (Type 1 and all types)
- Number of patients with NCTR
- % Adult beds occupied (bed occupancy)
- % Adult beds occupied with NCTR patients

Urgent & Emergency Care Performance Summary





Patients in hospital with No Criteria To Reside (NCTR) - the number of patients with NCTR at Somerset FT remains significantly above (higher) than plan. The average Adult G&A beds occupied by patients with NCTR in October was 22.1% against the October 25/26 plan of 12.7% (optimum level). On the 30th October (weekly census date), there was 196 patients with NCTR against the plan of 108, who occupy 22.2% of the adult beds against the plan of 12.7%, and non-delivery is impacting on the performance of other UEC measures including ambulance handovers and 4-hour performance.

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.

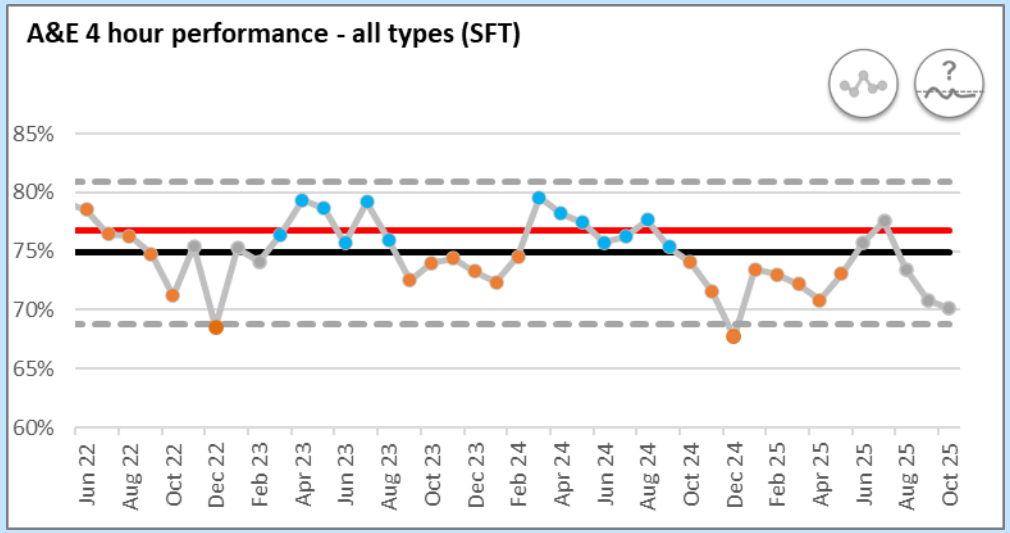
Key Achievements within last reporting period

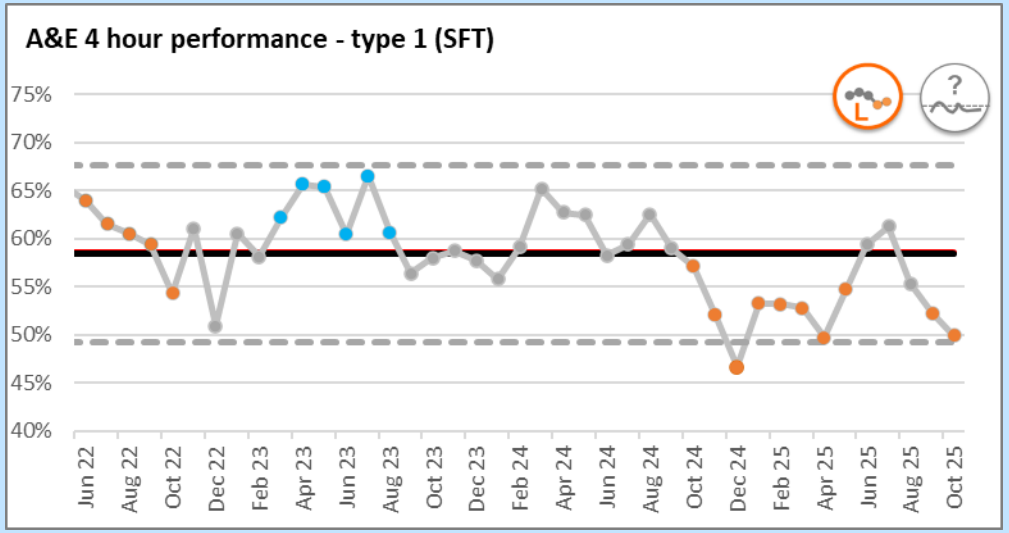
- The transfer of care hub new operating model continues to strengthen acute decision-making, with discharge by pathway percentages now being more aligned to national guidance.
- High levels of patients returning directly home from hospital – at times more than 95% of patients are being discharged on pathway 0 and 1 (Pathway 0 is a simple discharge from a hospital straight to a person's home with no additional health or social care needs, while Pathway 1 is a discharge to home with support from health and/or social care services to help the person recover).
- Patients who are clinically ready to be discharged (no criteria to reside – NCTR) but still in community beds has fallen (from 92 to 76 during M7)
- The new pathway 3 (patients who need ongoing, long-term care) beds are in place, average length of stay is on target, and this model of care is preventing multiple moves for patients needing long term 24-hour care.
- In the last reporting period, pathway 1 has achieved the target weekly volumes of discharges as set out in the 2025/26 expansion plan.

Areas of improvement focus for the next reporting period:

- Continue to manage P1 demand and maximise utilisation of the expanded capacity – investigate the increasing demand for P1 from P2 beds
- Continue to work towards reducing the time to access a long-term care bed (Pathway 3)
- To provide closer support to ward-based staff to reduce the in-hospital process delays.
- Continuous learning and improvement during the test and learn period.

Urgent & Emergency Care Performance Summary





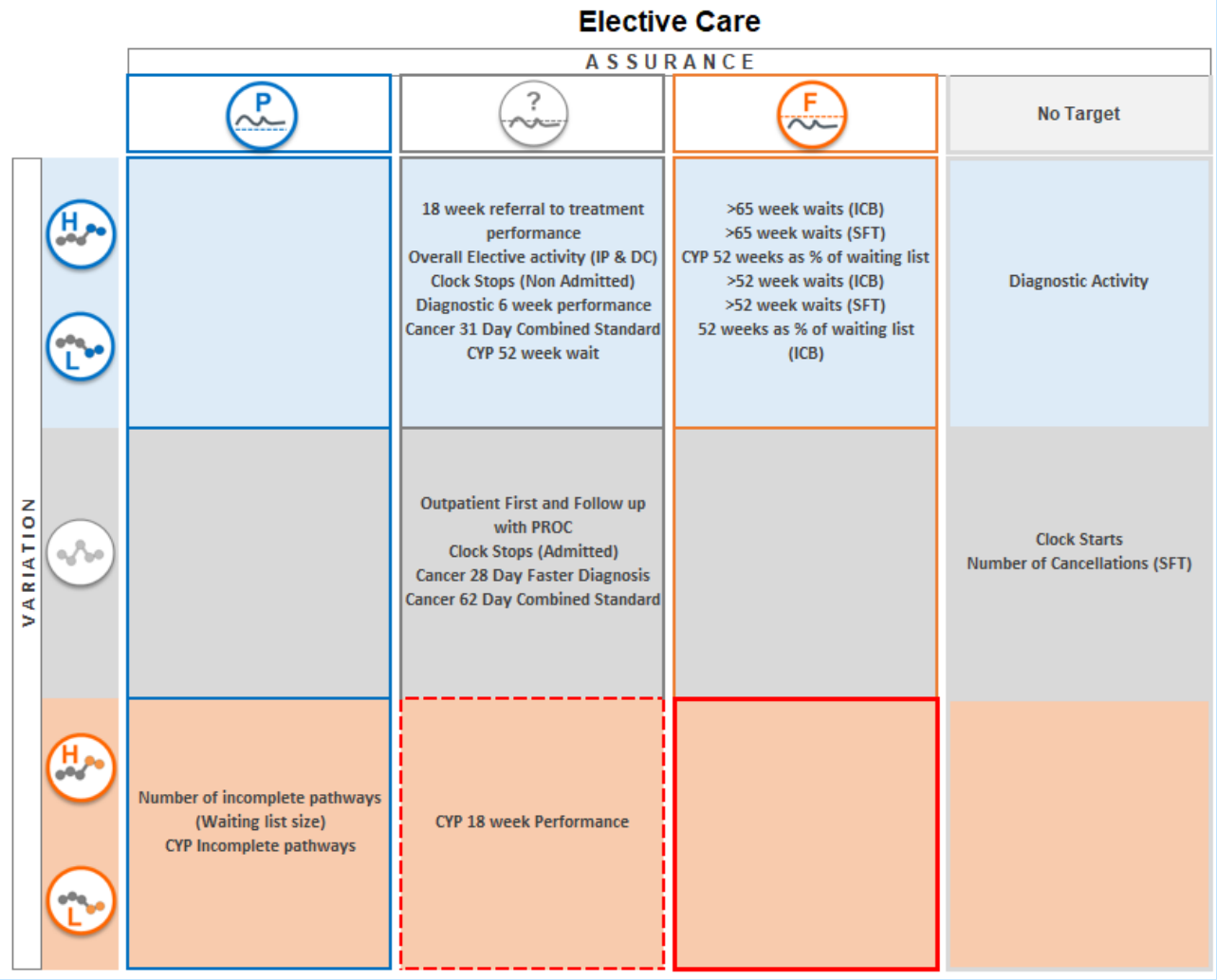
The proportion of patients seen, admitted or discharged within 4 hours in A&E (Type 1 Emergency Departments) and in combined (All Types) Urgent Treatment Centres and Emergency Departments combined deteriorated compared to September, with performance in October 2025 of 70.6% against the 76.8% plan, and Type 1 A&E performance was 49.9% against the plan of 58.6% (MPH 48.1% and YDH 52.8%). The statistical process control charts above show challenged performance particularly during the autumn and winter period. The 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:

- Option for AI technologies are being explored (triage and streaming, chest pain and head injury pathways and staffing models)
- YDH co-located UTC opened early November 2025.
- Call Before Convey launched in August, redirecting non-life threating cases to alternative community pathways
- MPH ED consultant recruitment (re-advertisement in November)

There is a commitment to deliver improved A&E 4-hour performance ahead of the winter period, returning performance in line with trajectory.

Elective Care Matrix



Any measures contained within the dotted red box have triggered special cause variation but have not consistently failed the 2025/26 Operational plan. Currently no measures overall are seen within this area or in the solid red line box.

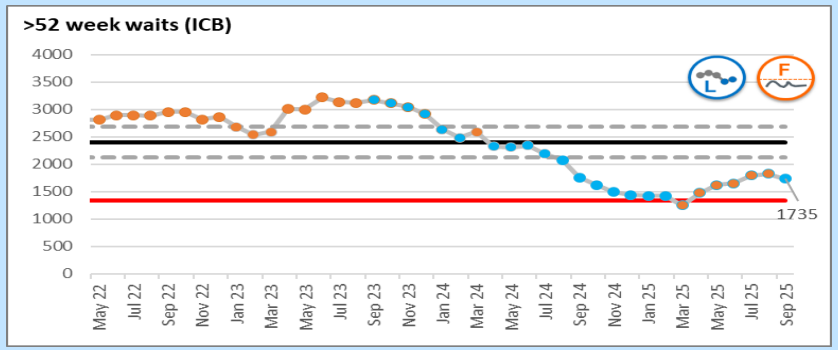
In addition, the following measures are kept under observation:

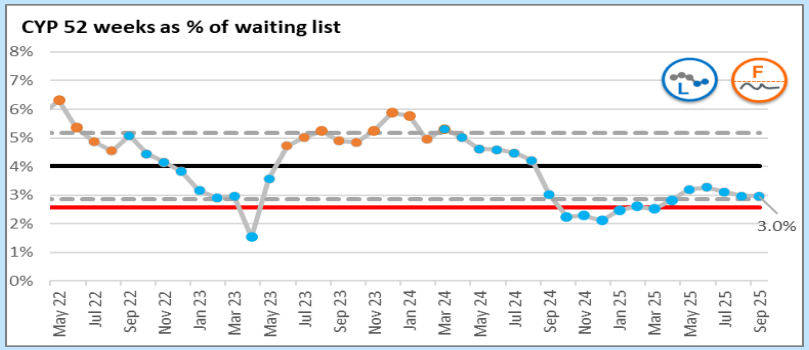
- **Referral to treatment Overall waiting list**
  We have reviewed this metric at a speciality level, and no specific area is flagging as not meeting the plan **with** special cause concerning variation. Some specialties have seen increased waiting lists however overall; the waiting list is better than the operational plan.

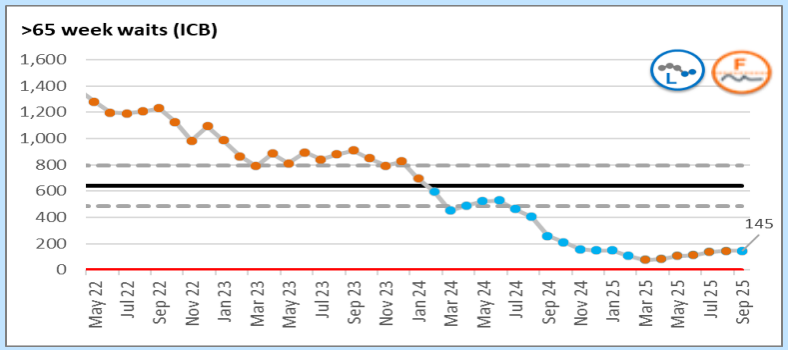
- **RTT 18-week Performance for Children and Young People**
  This metrics has been flagged as “at risk” of special cause concerning variation with 2 data points below the mean, however weekly data indicates this metric is improving although remains below plan. We continue to monitor.

- **Cancer**
  28-day Faster diagnosis has seen an improvement in July 25. We have reviewed this metric at a Tumour site level with Breast Symptoms flagging with special cause concerning variation. The Suspected Urological pathway is also included as although not showing special cause concerning variation, this tumour site has been low performing consistently.

Elective Care Performance Summary







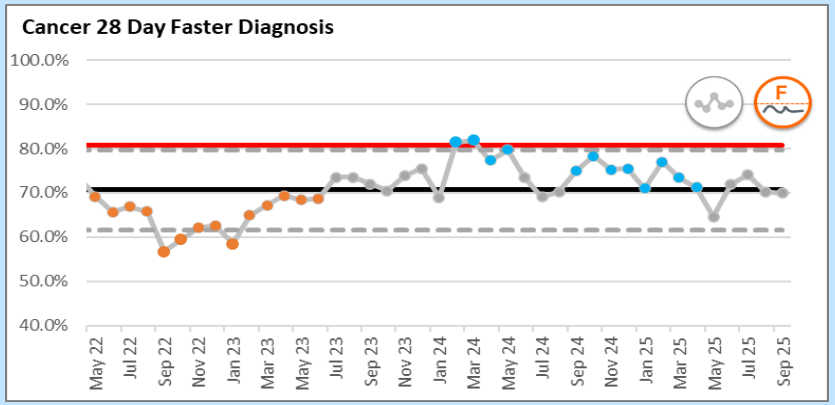
>52 week waits & 52 weeks as % of overall waiting list

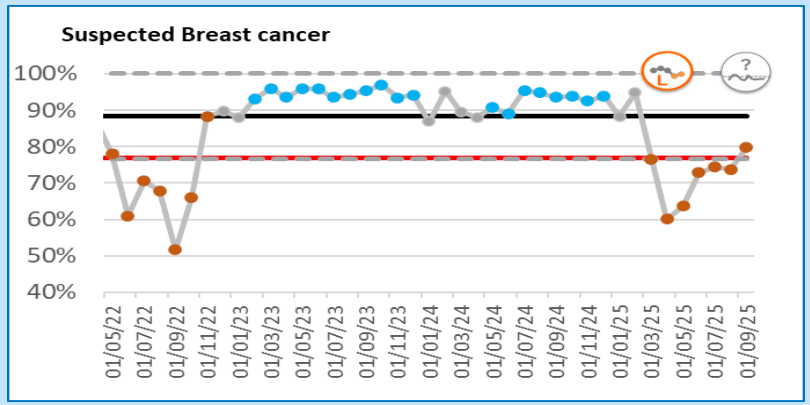
- There is significant national focus on the clearance of long waits; with a commitment to eliminate 65 week waits by mid-December and to meet the 52 week wait 1% of waiting list ambition by 31 March 2026, alongside maintaining focus on 18-week delivery and managing the overall size of the waiting list. In addition, ICBs will be required to ensure plans are in place to address demand growth and ensure that Advice and Guidance is optimised across their system
- The numbers of patients waiting > 52 weeks has increased on both a trust and ICB basis from April 25 by 258 patients to 1,735 and is above the ICB operational plan of 1,335 in September. 90% of 52-week waits are at Somerset FT with the remainder at other providers. This equates to 2.56% of the overall waiting list which is above the September plan of 1.95%, with the deterioration due to the increase of long waits. Somerset FT has submitted a revised 52 week wait trajectory which brings them back on track with their March 26 trajectory, currently SFT are meeting their revised September trajectory.
- The Overall waiting list size has reduced to below the level set out in the operational plan (67,883 vs plan 68,997), this will also be impacting the proportion of patients waiting >52 weeks
- Most breaches are across Trauma and Orthopaedics, Urology, Upper GI, ENT and Gynaecology and actions are in place at Somerset FT which include (but not limited to), recruitment of 2 T&O consultants, increased capacity in the above-named specialties, increased number of clinics for T&O and actions to increase outpatient capacity through validation of the waiting list and the implementation of Advice and Refer across 6 specialties.
- Other specialties that will impact 52 weeks are Maxillofacial, Endocrinology (weight management) and Pain Management. Group clinics are being implemented in Pain management alongside waiting list validation. Reviews of referrals against referral criteria being undertaken in weight management and Pain management by SFT/ICB and use of Ambient Voice in clinics to replace dictation of letters and improve patient throughput in specialties including Maxillofacial.

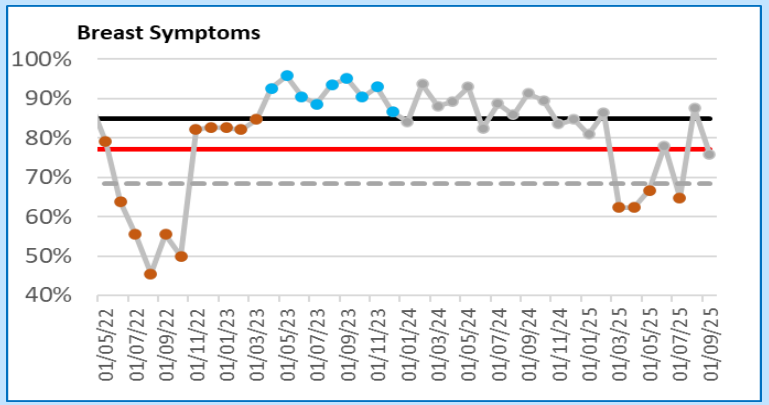
>65 week waits

- The numbers of patients waiting > 65 weeks has increased slightly a trust basis and remained static at 145 on an ICB Basis in September
- Somerset ICB is tracking above the national ambition of 0 with 145 breaches remaining. 88.3% of breaches are at Somerset FT with the remaining breaches at providers outside of Somerset.
- Somerset FT currently have 128 breaches with a forecast of 114 reporting for the end of November
- Somerset FT project a small number of patients to exceed 65 weeks by the end of December and this trajectory

Elective Care Performance Summary







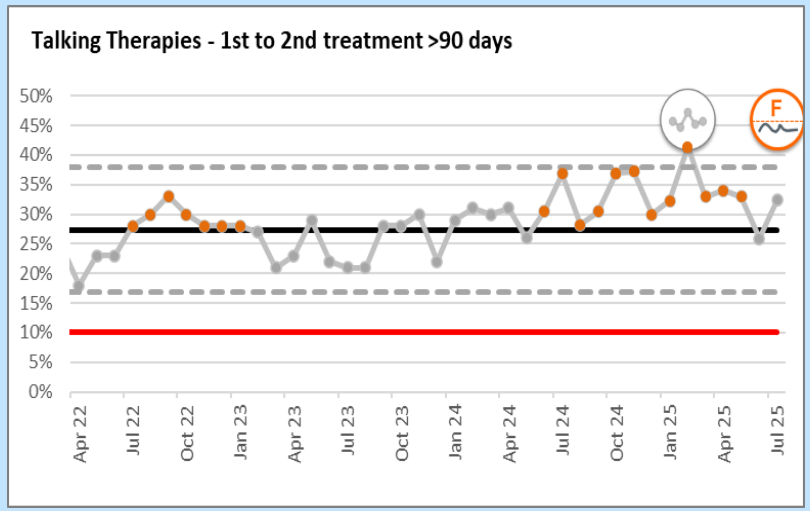
Cancer 28 day Faster diagnosis

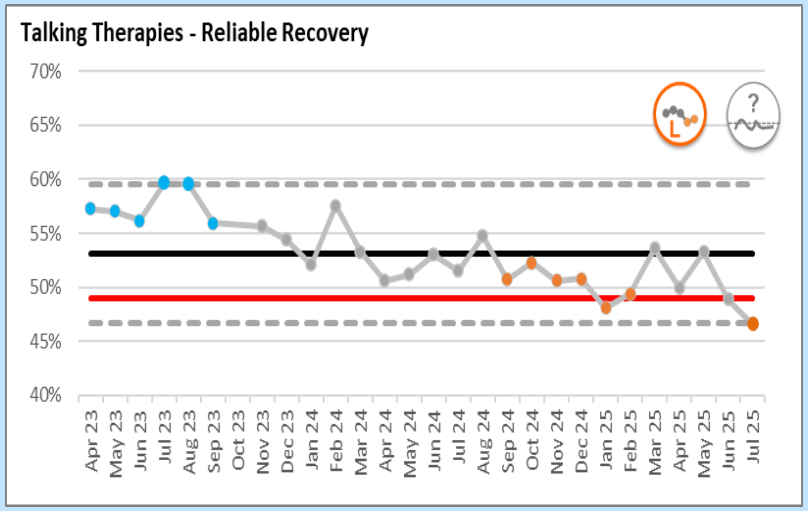
- Cancer 28 day Faster Diagnosis performance has not trigged special cause concerning variation but has been included due to Somerset FT moving into Tier 2 targeted support for cancer due to the decline in performance in May 2025. This causation is due to issues in the suspected breast cancer pathway, suspected lower gastrointestinal pathway and suspected head and neck cancer pathway. September has seen a further decline to 69.9% vs plan of 80.8% on a Somerset ICB basis, this is impacted by performance at Somerset FT which is at 71.9% and Royal United Hospitals Bath which has declined to 56.9% for Somerset patients.

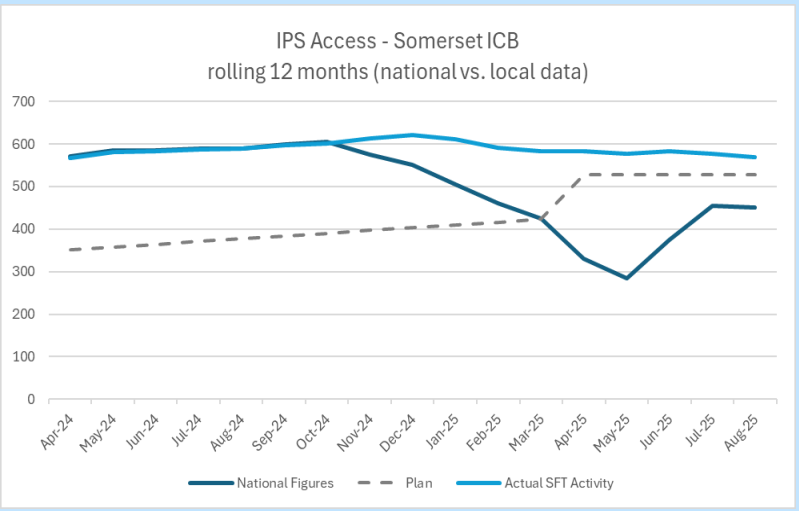
- Issues at SFT include:
  - Delays in the diagnostic phase of the pathway, particularly in Endoscopy where Somerset FT were experiencing capacity shortfalls and equipment failure.
  - Capacity shortfall due to vacancy at Somerset FT in the breast cancer pathway
  - The head and neck and gynaecology pathways have experienced increase demand
  - Cancer pathways were also affected by summer annual leave and unexpected sickness through August

- Actions at SFT to improve the position include:
  - Supplementing staff from other areas in the breast cancer pathway, moving capacity from Taunton to Yeovil, adopting a one-stop approach to bring the wait under 28 days and recruitment of an additional breast radiologist and return of staff from sick leave.
  - In Endoscopy action include (but not limited to) pathway developed to ensure patients go straight to CT within the same day or within 48 hours, implementation of Dragon software to support admin processes alongside weekly breach avoidance meetings, aligning triage protocols across the county
  - Colorectal and Urology team are taking part in the 100 days matter national challenge which aims to deliver a 5% improvement in the Faster Diagnosis Standard.
  - A review of demand is being undertaken for the Gynaecology pathway
  - Somerset FT are in the process of recruitment to ENT and an insourcing contract has been awarded which will free capacity for the cancer pathway.

Mental Health Performance Summary







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

- The national ambition for this metric is that no more than 10% of patients should be waiting greater than 90 days for their second treatment. Performance in Somerset has seen a decline in July 2025 to 32% against the 10% threshold and is worse the National average of 23% and the regional average of 27%
- Almost all cases are very complex and require highly skilled therapists.
- Actions to improve performance include work on the Step 2 offer which include courses, workshops and low intensity Cognitive Behavioural Therapy (CBT) Bespoke assessment training is also being offered to ensure people are on the right pathway.

Talking Therapies – Reliable Recovery

- This metric measures the proportion of patients that have moved from being a clinical case at the start of treatment to not being a clinical case at the end of treatment.
- Reliable recovery had declined in July 25 below the 48% standard and operational plan in recent months for the first time since October 2018. Local data indicates Somerset FT has recovered to 48% in September however national reporting has not been updated.
- Actions to improve performance include recruitment of 3 additional therapists, productivity improvements over the last year moving from 9 hours patient facing time per week to 17.5 per week per WTE which will support reduction in the waiting list and waiting times

Individual Placement Support (IPS)

- A data quality issue has been identified, which has resulted in an incorrect decline in IPS Access being reported within national data dipping below the operational plan since March 25.
- As a result of the rules on how the data is refreshed, NHSE are unable to correct the nationally reported position
- Local reporting shows August 2025 as 569 vs plan 528.

People Summary (SFT Workforce)

Somerset FT Workforce Overview: For the 2025/26 financial year, Somerset FT is focusing on reducing temporary staffing spend and non-clinical / corporate workforce spend, whilst also reducing risks relating to key clinical (primarily Medical and Nursing) vacancies. Strong controls exist across the Trust to authorise both substantive vacancies, and for agency usage.

Workforce Turnover rate (SFT) and Sickness absence 12-month rolling (SFT):
- In September 2025 (M6), Turnover at SFT was 10.30%, lower than the planned 11.00%.
- In September 2025 (M6), Sickness at SFT was 5.22%, higher than the planned 5.11%.

Total Workforce vs 2025/26 Operational plan (SFT) **WTE figures rounded to nearest integer*

2025/26 Operational Plan	Total Workforce	Substantive	Agency	Bank & Medical Locums
In Month Actual (WTE)	12,974	12,322	113	539
In Month Plan (WTE)	13,084	12,423	133	527
Variance to Plan (WTE)	-110	-101	-20	+12
Temporary Staffing (WTE) as a Percentage of Total Workforce			0.87%	4.15%

Ceasing use of Off Framework Agency contracts (SFT):
In September 2025 there were 0 off framework shifts within the Trust.

People Summary (General Practice Workforce)

General Practice Workforce Overview: For the 2025/26 financial year, the General Practice workforce is planned to grow by 1.5% overall, with 6.5% of that growth coming through an increasing in Practice Nursing, and 3.0% of that growth coming through an increase in GPs.

General Practice Workforce vs Operational Plan (as of M6):

2025/26 Operational Plan	GPs	Nursing	Direct Patient Care	Admin / Non-Clinical	Overall
Planned (WTE)	411	241	252	960	**1,864**
Actual (WTE)	426	218	243	888	**1,775**
Vs. Previous Month (WTE)	0	-1	-4	-2	**-7**
Variance to Plan (WTE)	+15	-23	-9	-72	**-89**

Finance Summary

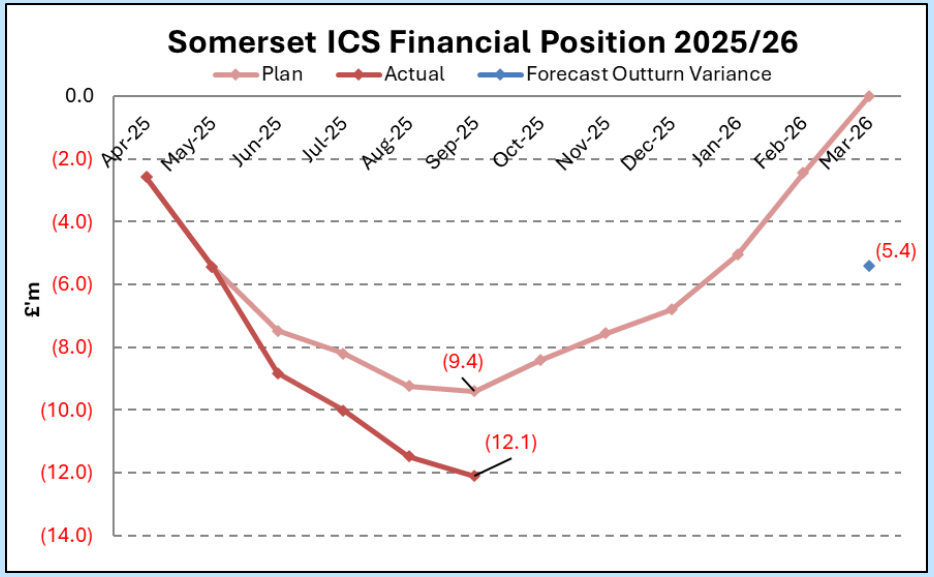
- **System underlying financial position – above plan**

Included within the 2025/26 financial plan was an assessment of the system underlying deficit position at £42.8m. As at month 6, there has been a deterioration in the underlying position to £56.1m deficit at month 6. The main drivers of this change relate to the shortfall in recurrent savings delivery of £10.2m and IT Licences of £3.0m initially assumed non-recurrently pending the implementation of the Electronic Health Record system.

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

Performance against organisation-specific and system control totals									
£'m	**Month 6**			**YTD Month 6**			**Forecast Outturn 2025/26**		
	Plan	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**
NHS Somerset ICB	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Somerset NHS FT	(0.2)	(0.2)	0.0	(9.4)	(9.4)	0.0	0.0	0.0	0.0
Somerset Council*	0.0	(0.5)	(0.5)	0.0	(2.7)	(2.7)	0.0	(5.4)	(5.4)
Somerset ICS	**(0.2)**	**(0.6)**	**(0.5)**	**(9.4)**	**(12.1)**	**(2.7)**	**0.0**	**(5.4)**	**(5.4)**

*Somerset Council forecast outturn relates to month 3 budget reporting, with monthly/year to date positions pro rated from forecast outturn



At month 6, Somerset ICS is showing a £2.7m deficit position this financial year. This is driven from the Somerset Council month 3 budget reporting that is forecasting a £5.4m overspent position in 2025/26. NHS Somerset is currently in a balanced year-to-date position and is forecasting to deliver a balanced outturn position for the 2025/26 financial year.

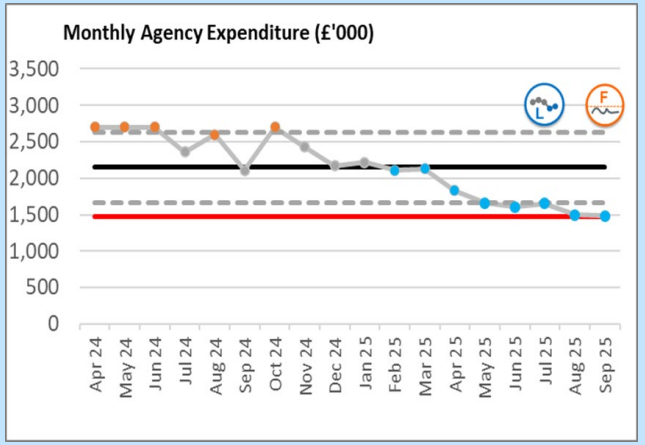
- **System financial performance YTD & forecast vs plan (capital) – below plan**

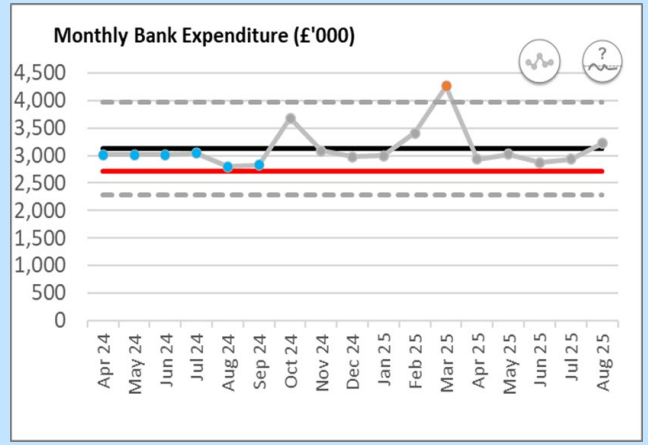
The system 2025/26 capital programme is currently forecasted be £23.4m below CDEL (Capital Departmental Expenditure Limit) this financial year. This is primarily due to £17.4m for Electronic Health Record being deferred into 2026/27 and a £5.5m reduction against Elective schemes relating to new theatre build.

Finance Summary

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

Agency spend is below plan at month 6, with a £0.2m year-to-date underspend against plan. Total agency spend continues to be forecasted at £0.2m above plan this financial year – a 1.1% overspend against plan.





- **Bank workforce spend YTD & forecast vs plan – above plan YTD**

NHS Somerset bank expenditure run rate continues to be above plan with a £1.4m year-to-date overspend. Despite this year-to-date position, total bank spend is still forecasted to be £0.4m below plan this financial year – a 1.3% underspend against plan.

The charts opposite detail the monthly agency and bank expenditure since the start of the last financial year (the red target line is a 12th of the 25/26 plan)

- **Savings Programme – below plan recurrently**

NHS Somerset has total savings programme of £83.0m this financial year. At month 6, year-to-date NHS Somerset's total savings programme is ahead of plan by £2.9m, however, there is a shortfall of £5.4m in recurrent savings to plan. Forecasted annual recurrent savings have reduced by a further £1.2m in September with current forecasts detailing a £16.0m under delivery against recurrent savings plan. There has been an improvement against unidentified savings this month, with a further £2.8m decrease to £7.4m. Additional work is ongoing to identify further schemes and de-risk existing schemes.

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

NHS Somerset are forecasting to comply with the requirements of the MHIS to increase MH spending rising by 4.93% (£6.1m) this financial year.

- **Risks and Mitigations – on target**

At month 6, NHS Somerset has an adverse net risk position of £18.7m - a reduction of £3.1m compared to last month. Included within our risk position are risks relating to system elective care programme, savings programme, resident doctors industrial action, ICB cost of change and other system cost pressures.

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 22 OCTOBER 2025

1 ITEMS DISCUSSED

1.1

- Somerset Foundation Trust maternity services
- Somerset Foundation Trust paediatric services
- All Age Continuing Care
- Quality report
- Feedback from System and Regional Quality Groups
- SEND CQC and Ofsted thematic review
- Clinical interventions in schools update
- Somerset ICS dementia update
- Somerset Integrated Urgent Care Service update
- System flow and winter planning update
- Joint Targeted Area of Inspection, serious youth violence

2 NEW ISSUES AND/OR NEW RISKS IDENTIFIED

2.1 As part of the update from the Regional Quality Group, concerns were raised regarding the safety and quality of services provided by **supported living providers**, particularly where individuals hold tenancies in supported housing. Although these services are not directly commissioned by the NHS, the system acknowledged a shared responsibility to ensure the wellbeing of affected individuals. The matter is being explored further in collaboration with the Local Authority to determine appropriate next steps.

3 DECISIONS TAKEN BY THE ICB QUALITY COMMITTEE UNDER DELEGATED AUTHORITY

3.1 Nil

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

4.1 An update on **maternity services** was received highlighting ongoing oversight and planning following recent changes to service delivery. A new ICB led enhanced oversight group has been established and is actively assuring key areas for improvement such as induction and triage processes. Service activity remains stable. Workforce pressures and service re-opening readiness are being carefully monitored, with a focus on both operational and cultural readiness. The service is also preparing for an upcoming external review as part of the national maternity investigation.

4.2 An update on **paediatric services** noted early progress following the formation of a new ICB led quality improvement group. Staffing developments are underway, including new leadership and consultant appointments, with tailored induction plans to support service delivery across sites. Improvements have been made in child protection services and early warning systems, and work continues to strengthen sub-specialty mapping and policy implementation. Operational challenges remain, particularly around cultural change, rota development, and data quality. These are being actively addressed through leadership engagement and

system improvements. Plans for service expansion are paused to ensure safe relaunching, and a review of capacity is underway to better align resources with clinical need.

4.3 Quality improvement efforts within **All Age Continuing Care** continue with steady progress being made over the last quarter. Key performance indicators are improving, with review completion rates rising and the backlog beginning to stabilise. Half of the annual Quality Improvement Plan has been delivered, and continued progress is expected. Staffing support has contributed to improvements, and work has begun on initiatives to enhance services for individuals with learning disabilities. Benchmarking activities are ongoing, and the risk register has been updated to reflect a more stable position. Continued oversight will remain in place until sustained improvement is confirmed.

4.4 The **quality report** provided updates on key areas under quality oversight. Concerns regarding a **pharmacy provider** have been escalated due to service continuity risks. A multi-agency quality improvement response is underway, including regional and national engagement. Local mitigation efforts are being coordinated to support affected patients and ensure safe access to medication. **Blood safety** at Somerset FT remains under active review, with quality improvement initiatives and audits in place. Issues related to equipment and staffing are being addressed, and the Trust is working closely with Patient Safety Specialists and governance forums to ensure compliance with regulatory standards. **Non-Emergency Patient Transport** and delayed discharges continue to present challenges, with improvement plans in place. Quality concerns regarding **Minehead Medical Centre**, have shown sustained progress and have been de-escalated.

4.5 The Committee received an update on Somerset's participation in a national thematic review focused on **children and young people with special educational needs and disabilities** (SEND). The review explored how services work together to support children not currently in education, highlighting the need for earlier intervention and improved coordination. While challenges remain, particularly around access to specialist placements and rising numbers of children out of school, the review recognised areas of innovation and strong partnership working. The findings will help inform future planning and preparation for a full SEND inspection.

4.6 The Committee received an update on how Somerset is working to address the challenges of supporting children who require **clinical interventions during school** hours. While some schools are well-supported, others face barriers such as staffing constraints and unclear national guidance. Local multi-agency collaboration is helping to improve consistency and data collection, though legislative gaps and financial pressures remain ongoing concerns.

4.7 **Dementia services** in Somerset are under increasing pressure due to rising referrals and growing complexity of need driven by demographic changes and national policy shifts. While Somerset currently has some of the lowest dementia diagnosis rate nationally, improvements in coding, data capture, and the introduction of a single point of access are helping to address this. Ongoing challenges include long wait times for memory assessment, inconsistent coding, limited resources, and variable engagement from primary care. Improvement work is underway through

regional collaboration, pathway redesign, and targeted initiatives such as a GP pilot in Sedgemoor and the use of a tool to support diagnosis in care homes. Post-diagnostic support is in place but adds to capacity pressures. The system is also leveraging community partnerships, equality impact assessments, and national tools like the Dementia 100 to inform future commissioning and service development, with a focus on neighbourhood models and reducing health inequalities.

4.8 Somerset's **Integrated Urgent Care Service** (IUCS), including NHS 111 and the Clinical Assessment Service, helps manage lower-acuity cases and reduce pressure on emergency care. Most referrals avoid secondary care, however variations in patient behaviour are recognised due to access issues and service frustration. Key challenges include triage timeframes, rising demand, and repeat online contacts. Improvement work focuses on data analysis, service integration, service access consistency and patient feedback to enhance system efficiency and experience.

4.9 **Winter planning** is well underway, with a range of initiatives launched to support system flow and resilience. These include enhanced triage, community-based care, and mental health support. Oversight mechanisms are in place to monitor impact and adapt plans as needed. Collaborative efforts are focused on improving discharge pathways and reducing system pressures.

4.10 Progress continues with the **Joint Targeted Area of Inspection action plan**. Health-led actions are being monitored, with most on track or nearing completion which has been commended by the Somerset Safeguarding Children Partnership. A new screening tool has been developed, and a system-wide strategy is nearing finalisation. A follow-up workshop and conference are planned to support ongoing improvement.

Reports for information for future Board agendas

4.11 Nil

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 with maternity and paediatric services, All Age Continuing Care performance, blood safety, pharmacy resilience, system flow and winter pressures.

Chair: Caroline Gamlin

Date: October 2025

REPORT OF THE FINANCE COMMITTEE MEETINGS HELD ON 16 SEPTEMBER AND 15 OCTOBER 2025

1 ITEMS DISCUSSED

1.1
- CHC update (1)
- Dental update (2)
- Secondary care high-cost drug usage (3)
- Financial planning (4)
- Contracts oversight
- Risk quarterly review

2 NEW ISSUES AND/OR NEW RISKS IDENTIFIED

The committee requested an addition to the risk register to reflect the impact of transition to the new cluster.

3 DECISIONS TAKEN BY THE COMMITTEE UNDER DELEGATED AUTHORITY

3.1 None

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 noted the anticipated overspend on CHC, largely because of LD and fast track cases. There was some emerging evidence of declining rises but the committee asked for quarterly updates to monitor the position.

(2) The overall dental budget currently has a modest underspend at this point in the financial year, although it was expected to move to a break-even budget position at year end. The emphasis continues to be on improving urgent care access, although the recent national Urgent Dental Centre offer was less attractive than the local one which itself had limited impact. There was evidence of some improvement in overall dental activity in Somerset.

(3) The committee was assured of the effective management and control of the £20m budget for primary care drug prescribing. There was an underspend last year and further savings from new generic drugs are expected. Collaborative working across the system was welcomed, noting the importance of clinical engagement and sensitivity when changing patient treatments.

(4) The committee continues to monitor the developing national frameworks for forward planning, including the medium-term financial plan principles and framework published since our last meeting and to be considered in November), the underlying financial position, and the work on deconstruction of block contracts.

(5) The committee received its monthly updates on the financial position, including system cost savings and specialised commissioning. Overall, we are on course for a break-even outcome for the system, cost savings are on target though recurrent levels are lower than needed, and specialised commissions is also on track to break even and has distributed £2.5m allocation to providers to support system pressures.

Chair: Christopher Foster

Date: 16 November 2025