REPORT TO:	**NHS SOMERSET INTEGRATED CARE BOARD** **ICB Board Part A**	**ENCLOSURE:** **J**
DATE OF MEETING:	**24 July 2025**	
REPORT TITLE:	**Integrated Board Assurance Dashboard and Exception Report from the System Assurance Forum 1 April 2024 to 31 May 2025**	
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 May 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 2024 to 31 May 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 31 May 2025 was £3,077,556,000. From 1 April 2025, Somerset ICB became principal commissioner for Delegated Specialised Commissioning services across the South West region – included within the total ICB revenue resource limit is the Delegated Specialised Commissioning revenue resource limit of £1,597,129,000.
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

May 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 1.46)	0	↑
• % of VTE assessments completed within 24 hours of admission (Acute setting)- (current position 85%)	95%	↑
• % of VTE assessments completed within 24 hours of admission (Community setting) - current position 81%)	95%	↑
• CLA (Children Looked After) Initial Health Assessments - (current position 14.8%)	90%	↑
• CLA (Children Looked After) Dental Checks - (current position 80.1%)	90%	↑
• Somerset Overall C.Diffs. Rate (current position 13)	12.25	↑

Performance

Areas of Focus

	Current Plan/Target	Performance
• Type 1 A&E 4-hour performance (SFT)*	59.6%	↑
• G&A Bed Occupancy (SFT)*	95.10%	↑
• 12 Hour Trolley Breaches (SFT)**	0	↑
• Virtual Wards (SFT)*	80.00%	↑
• Number of incomplete pahways (SFT)*	69,836	↑
• Referral to treatment - Patients waiting >65 weeks (SFT)*	0	↓
• Diagnostics waiting list <6 weeks CT*	69.1%	↓
• Talking Therapies 1st to 2nd treatment wait >90 days**	10%	↓

People

Areas of Focus

	Current Plan/Target	Performance
• Workforce retention & attrition (SFT)	11.0%	↑
• Sickness absence (SFT)	5.21%	↑
• Total Workforce WTE vs Plan (SFT)	13,180	↑
• Agency WTE vs Plan (SFT)	140	↓
• Total General Practice Workforce vs Plan (Primary Care	1,761	↑
• Use of off-framework Agency shifts (SFT)	0	↑

Finance

Areas of Focus

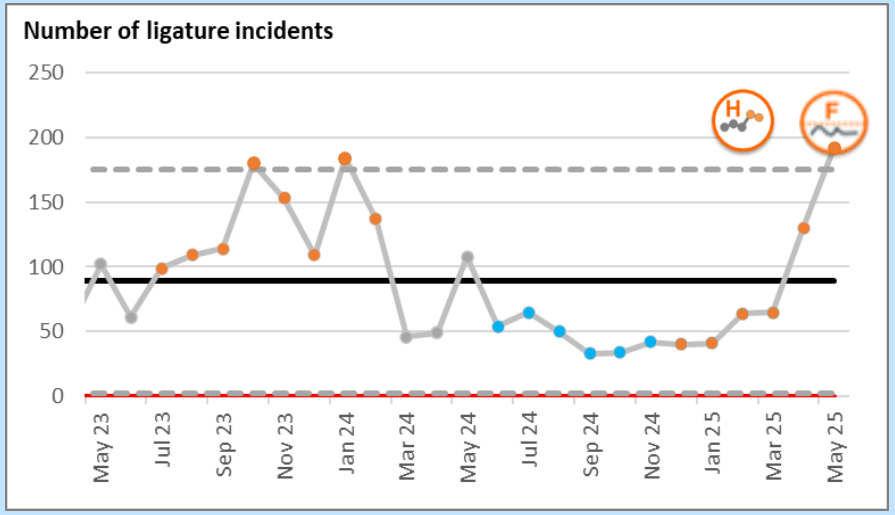
	Current Plan/Target	Performance
• System underlying financial position	£42.8m deficit	↔
• System financial performance YTD & forecast vs plan (revenue)	Balanced	↔
• System financial performance YTD & forecast vs plan (capital)	Fully utilise	↓
• Agency workforce spend YTD & forecast vs plan	£17.7m plan/£22m cap	↓
• Bank workforce spend YTD & forecast vs plan	£32.5m plan/£32.5m cap	↓
• Savings Programme	£47m recurrent	↓
• Mental Health Investment Standard	£5.4m	↔
• Risks and Mitigations	£30m net risk	↑

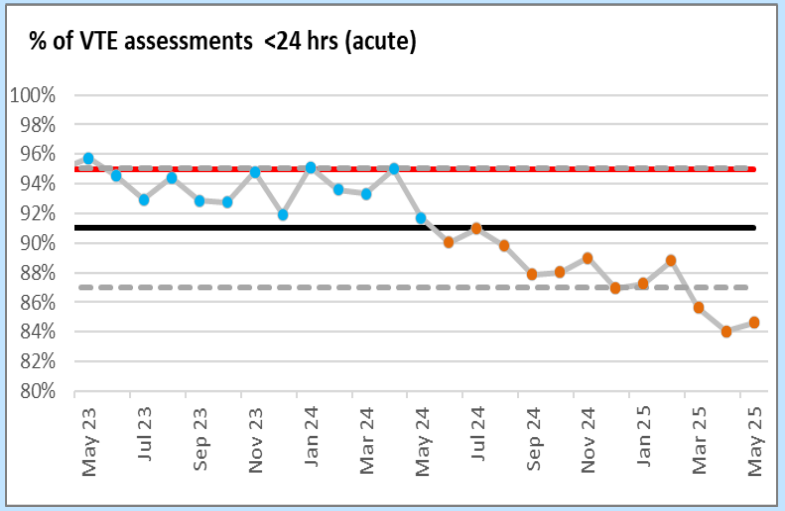
Quality Summary

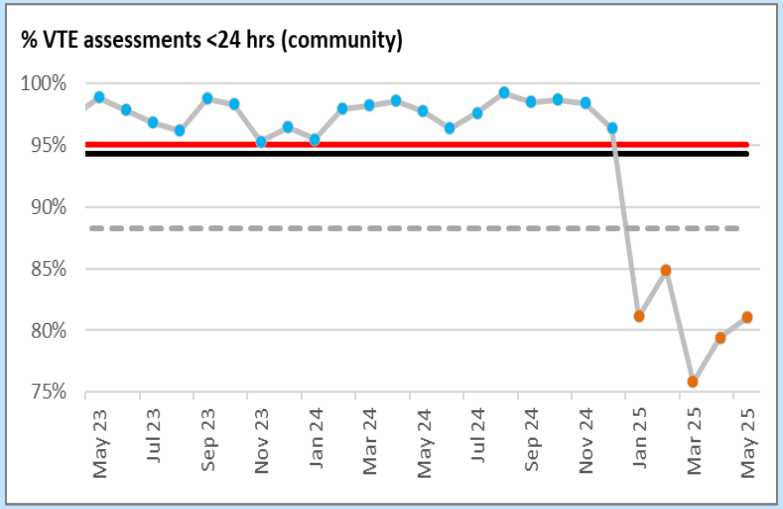
Quality Matrix

VARIATION \ ASSURANCE	P	?	F	No Target
H / L				Rate of Falls per 1000 bed days - Acute
same		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.Diffs rate Somerset overall E.Coli rate Somerset overall MRSA rate Somerset overall Klebsiella rate Somerset overall Pseudonomas rate % 3rd & 4th degree tears for assisted birth	MPH - Rate of acute hospital acquired pressure ulcers (category 2 +) /1000 bed days YDH - Rate of acute hospital acquired pressure ulcers (category 2 +) per 1000 bed days 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 PPH≥1500 ml per 1,000 births
H / L		% of VTE assessments <24 hrs (acute) % VTE assessments <24 hrs (community) Somerset overall MSSA rate CLA - Initial Health Assessments	Number of ligature incidents	Rate of Falls per 1000 bed days - MH

Quality Summary







Number of ligature incidents

During May 2025 there were 192 incidents with 177 occurring at Rowan. SFT are undertaking a more in-depth review of the incidents; no serious harm has been reported as a result of these incidents and initial data suggests that this relates to a small number of patients, where the risk is being managed by the wards. Reassurance has been provided from the Trust that all incidents involving ligatures are reviewed to ensure that assessments and care plans accurately reflect observation levels and the management of identified risk. A review of risks and observation levels is also undertaken at all handovers for each individual patient.

Risk management plans will be in place and are carefully managed in order not to adopt an overly restrictive approach. This will be presented at a forthcoming meeting within the Service Group. ICB has offered support and sought further assurance.

VTE assessment

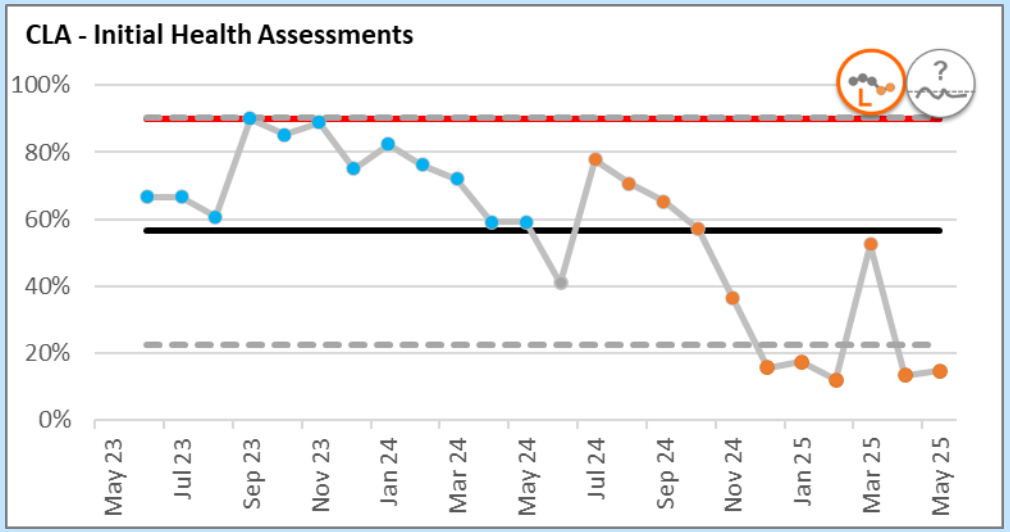
NHS England digital services re mandated the collection of VTE assessment data from 1 April 2024, with first submission in July 2024. The target is 95% of patients to be assessed within 24 hours of admission.

Data submitted indicates an improved trajectory over the last quarter for community settings %VTE assessments <24hrs, previous special cause variation was identified as a change in process for data collection which is beginning to demonstrate improving compliance to the new process.

Within acute settings compliance is at 85%, Somerset FT continue to work on standardising the process for data collection and reporting across their acute services.

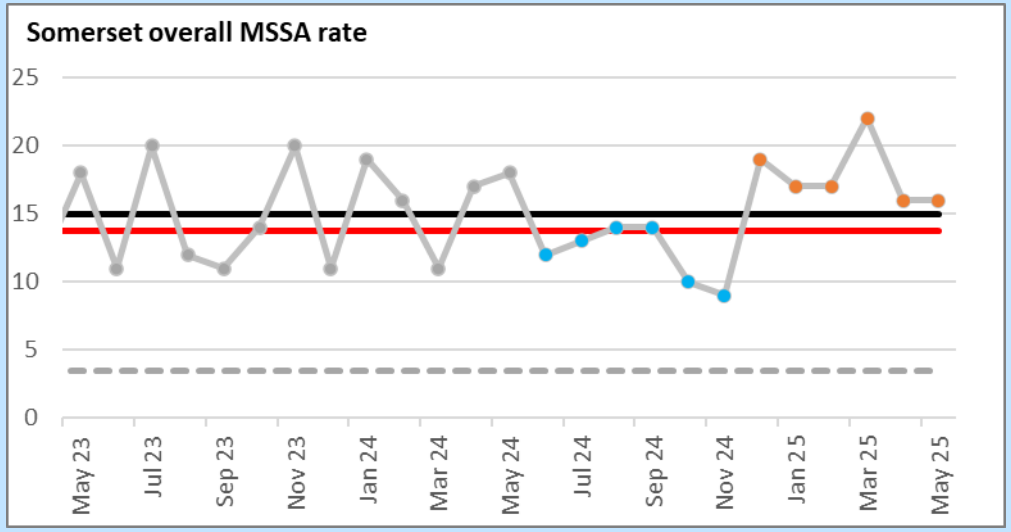
National data indicates that NHS Somerset benchmark third in compliance to percentage of hospital admissions risk assessed for VTE in the Southwest region. Only one ICB area fully compliant with the target threshold in the region.

Quality Summary



Children Looked After – initial health assessments

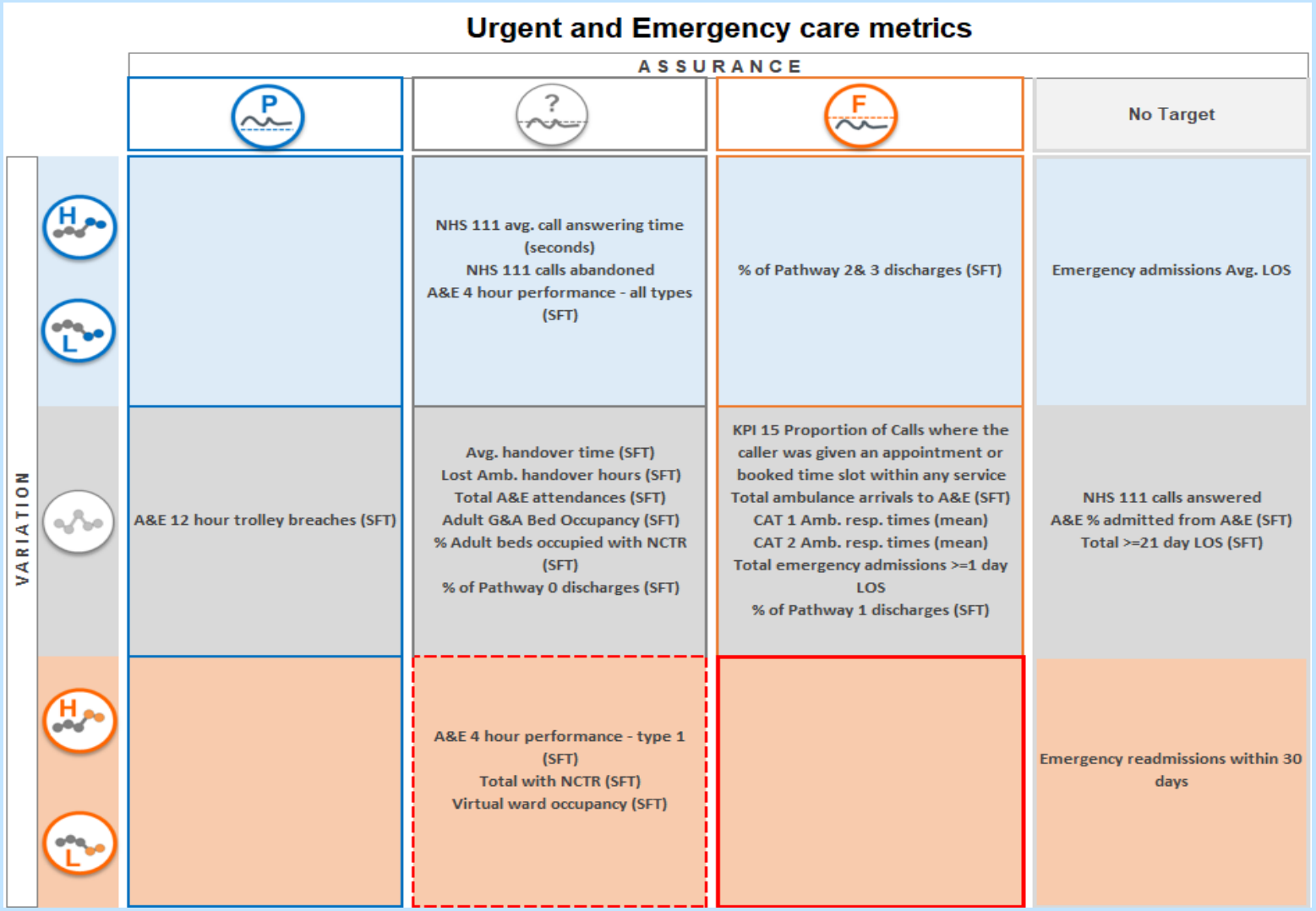
Interim workarounds remain in place but completion of Initial Health Assessments (IHAs) for Child Looked After within the 20 days timeframe remains challenging. Data for March has now been validated and shows 52% of IHAs were completed within 20 days, an improvement that was unable to be maintained, as data for April shows this dropped to and stayed (for May) at 18%. No reported harm to date. A further meeting with Somerset Council's CLA Head of Service has been scheduled to resolve these issues from a multi-agency perspective and to learn from what worked better in March.



MSSA rate

There has been a notable increase in MSSA bloodstream infection cases, rising from 38 in Q3 to 56 in Q4. This is reflected in the Statistical Process Control (SPC) chart, with several points breaching control limits, indicating special cause variation. Somerset's regional benchmark position has moved from 3rd to 2nd highest, though we remain in the 3rd quartile nationally. Attribution shows 20 Hospital Onset Healthcare Acquired, 9 Community Onset Healthcare Associated, and 27 Community Onset Community Associated cases this quarter. Sources remain varied, with skin and soft tissue most common, followed by bone and joint infections. Improvement work is ongoing with a focus on Peripheral Venous Catheter (PVC) management. An Intravenous (IV) access audit has been completed, and national definitions for catheter-related infections (Catheter-Related Bloodstream Infection (CRBSI) - definite, Catheter-Associated Bloodstream Infection (CABSI) - probable) are being adopted to support accurate attribution and targeted prevention.

Urgent & Emergency Care Matrix

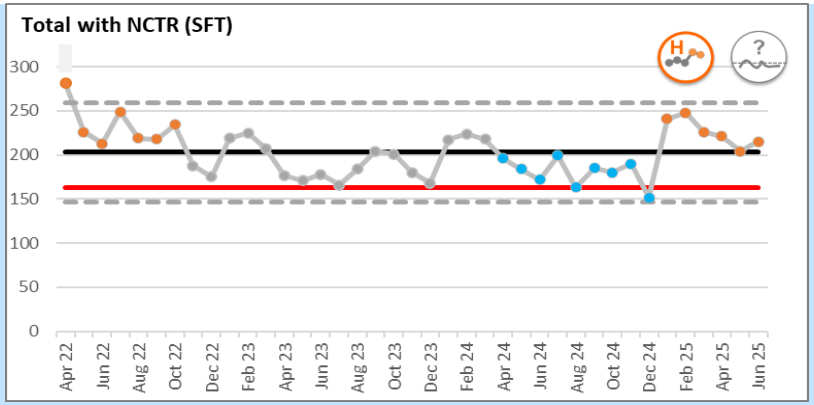


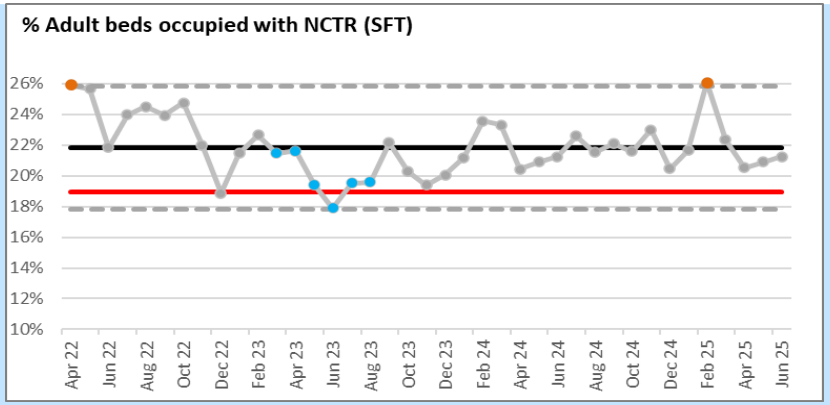
In June 2025 no urgent and emergency care metric is demonstrating special cause concerning variation and consistently failing the plan/target.

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 (Type 1)
- Number of patients with NCTR
- Virtual ward (Hospital at Home) service occupancy

Urgent & Emergency Care Performance Summary



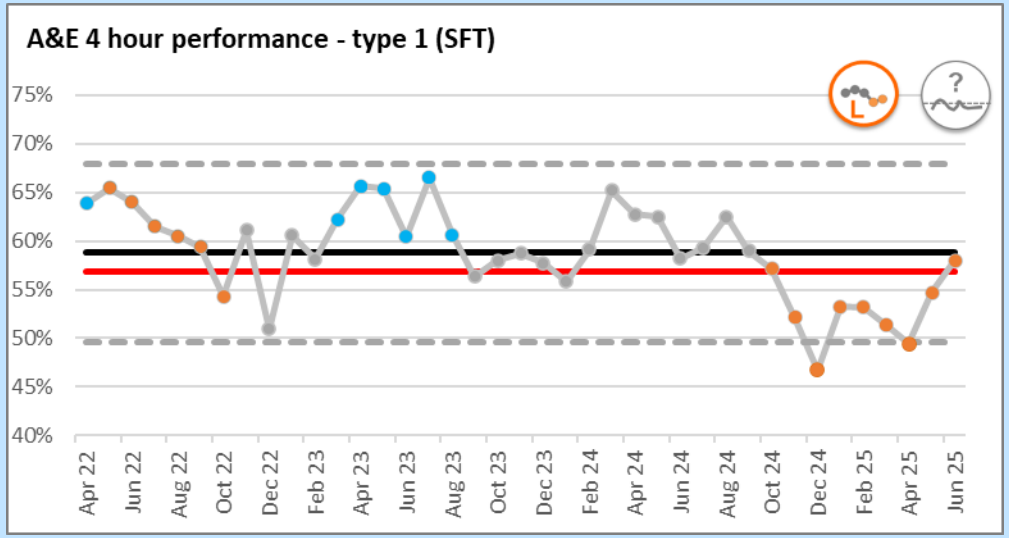


Patients in hospital with No Criteria To Reside (NCTR) behind plan - the number of patients with NCTR at Somerset FT remains significantly above (higher) than plan. The number of beds occupied by patients with NCTR increased and reached the upper confidence level in Quarter 4, however as of the census date at the end of June 2025 whilst we remain above plan there has been improvement. Adult G&A beds occupied by patients with NCTR as at the June census was 21.3% against the April 25/26 plan of 18.9%. The operational plan in 2025/26 is to reduce NCTR bed occupancy to 13% by the end of September 2025. The latest data as at 3rd July shows 201 patients with NCTR against the plan of 136, and these patients occupy 25% of the adult beds against the plan of 16.2%.

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:

- The reduction of hospital process NCTR delays continues. There is an ongoing focus on board rounds on both acute sites, with the view to ensuring a proportion of patients are referred to the transfer of care hub 48 hours had of DRD.
- The new transfer of care hub (TOCH) operating model went live in February 2025 with good success. NCTR delays within the TOCH are no longer a concern in Somerset. There is more work to do within the TOCH to keep pathway 3 demand below 1% and support from regional colleagues has been requested.
- 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 fully expanded in July 2025 on a test and learn basis, supporting 85 new discharges per week. This is likely to have a significant impact on the reduction of pathway 1 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. Community NCTR (and extended LOS) remains the highest risk and therefore greatest area of focus for Q1 and into Q2 2025/26.
- The distribution of community beds is currently under review, and tracking against the following success metrics included within the weekly Flow Data Pack cascaded across the system P2 demand of 4%, Community NCTR <70, Community bed LOS <30 days (working towards 28 days), P1 capacity at 83 new starts per week, 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. The implementation of this pathway 3 model is a key dependency for reducing NCRT and LOS in P2 beds.

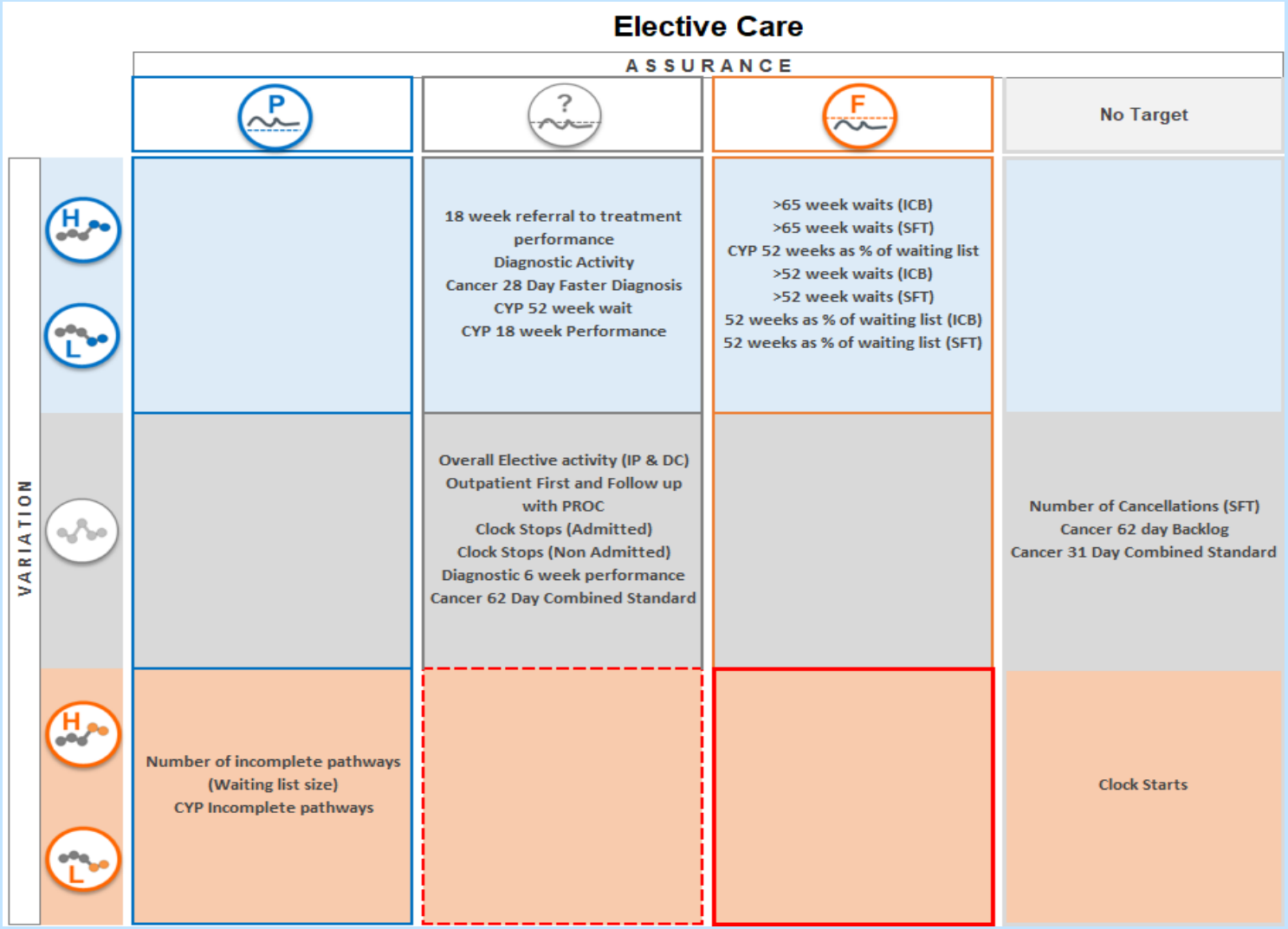
Urgent & Emergency Care Performance Summary



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 improving since April. All Types A&E performance in June 2025 was 75.8% against the 75.3% plan, and Type 1 A&E performance was 59.4% against the plan of 57.5% (MPH 49.9% and YDH 69.2%). 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:

- An updated 4-hour improvement plans has been developed by Somerset FT with their Senior Team
- Successful and ongoing recruitment of consultants, and a new operational Support Manager in post at the YDH site
- Additional clinical space for ambulatory majors and integrated front door patients is planned at the Musgrove Hospital site, and includes dedicated paediatric staffing
- 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
- To support flow AAU (Acute Assessment Unit) converted be ambulatory majors, reducing the risk to corridor care.
- No Criteria To Reside Improvement programme - internal and external actions to reduce occupied beds of a maximum of 13% by September 2025

Elective Care Matrix



- **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**

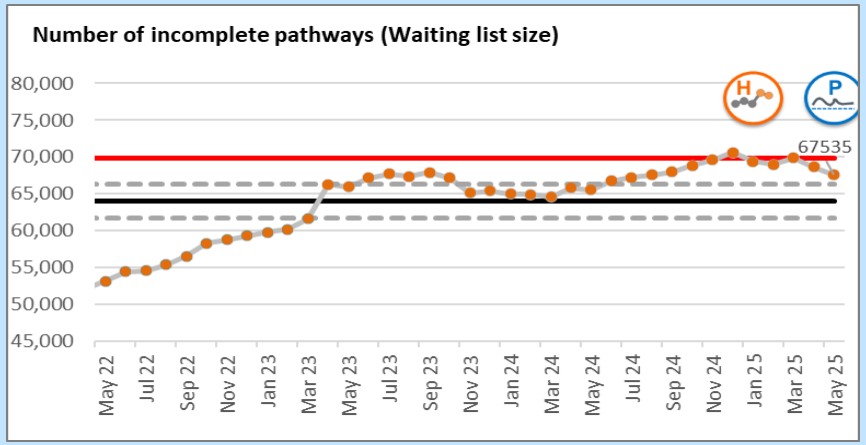
  We have reviewed Diagnostic > 6 week waits by modality. Computed Tomography continues to show special cause concerning variation as data points remain below the mean, however performance has improved to above the operational plan.

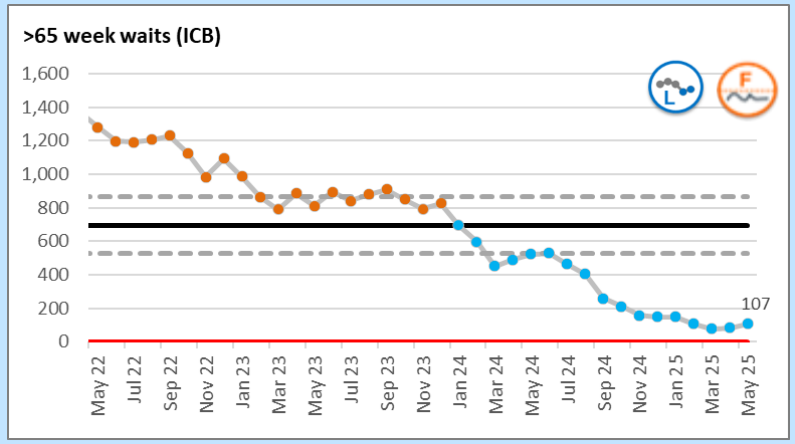
- **Cancer**

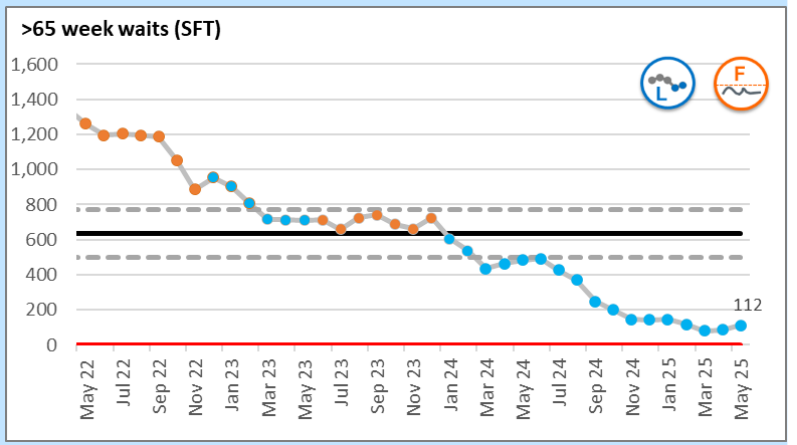
  The Suspected Urological Cancer 28 day pathway has flagged as performing below the 77% 25/26 standard and showing special cause concerning variation. The Suspected Breast Cancer Pathway is also showing some special cause concerning variation.

- There are no measures at an aggregate level showing special cause concerning variation or consistently failing the operational plan/national target. We will continue to monitor all metrics contained within the matrix.

Elective Care Performance Summary







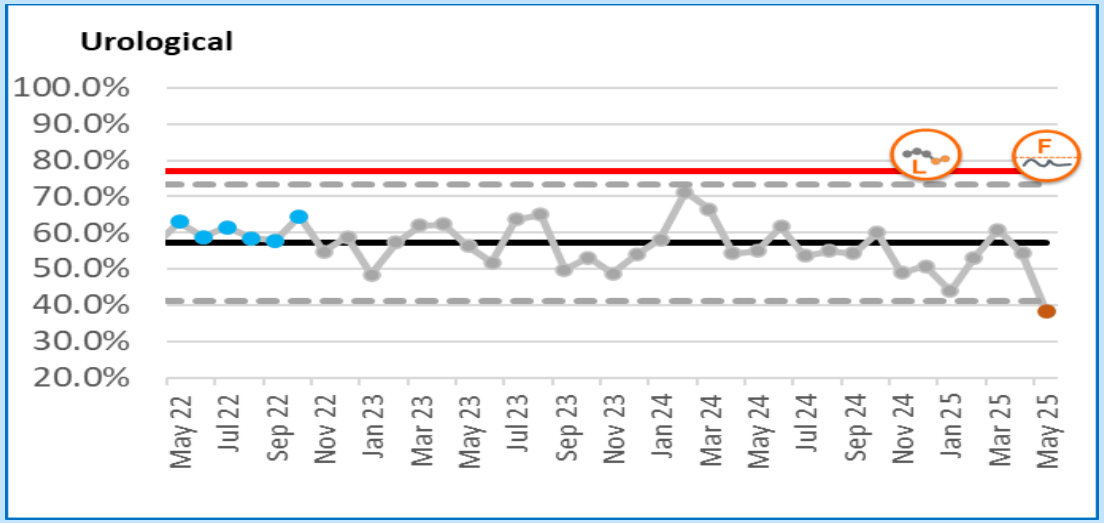
Number of incomplete Pathways

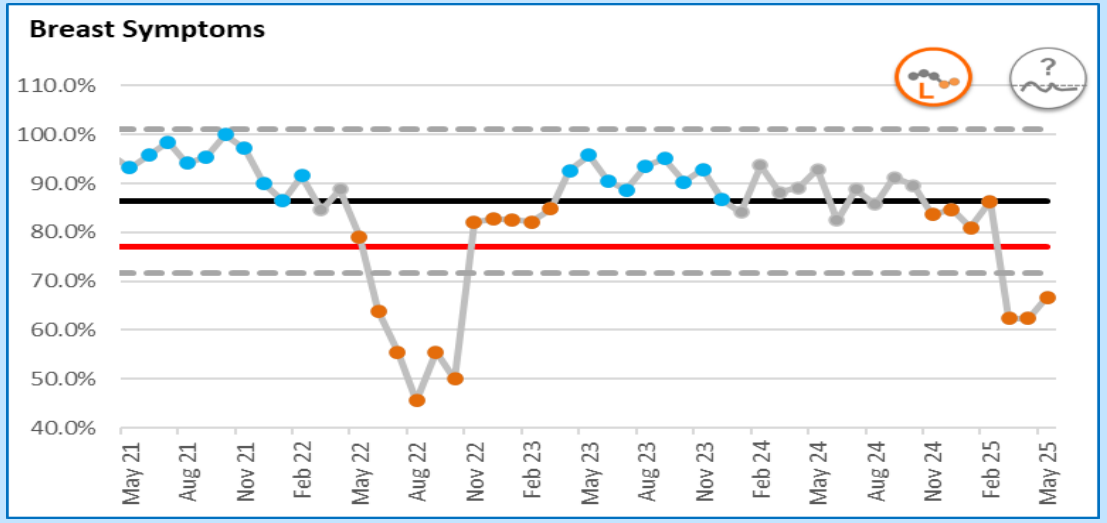
- Somerset ICB waiting list has decreased by 3.1% (1,396) since March 25. Some of this decrease is due to the national validation sprint undertaken in Q1.
- A reduction has been seen across most specialties, except for Trauma and Orthopaedics and ENT which have increased by 2.6% and 3.6% respectively however this is consistent with patterns in previous years. Rheumatology and plastic surgery have also seen a very slight increase.
- The latest weekly data indicates a slight increase in the waiting list however this is an unvalidated position.
- We will continue to monitor this metric at a specialty level.

>65 week waits

- The numbers of patients waiting > 65 weeks have increased slightly on both a trust and ICB basis.
- Somerset ICB is tracking above the May 25 ambition of 0 with 107 breaches remaining. 95.5% of breaches are at Somerset FT with the remaining breaches at providers outside of Somerset. Somerset FT currently have 112 breaches with a forecast of 127 by the end of July
- A majority of the breaches are across Trauma and Orthopaedics, ENT, Urology and Upper GI Surgery and are across choice, complexity and Capacity.
- Actions are in place at Somerset FT to address the backlog of long waiting patients (both 65 and 52 week breaches) which include, recruitment to T&O, ENT and urology, standardisation of clinic templates across the specialities mentioned above, 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 (specifically ENT which should reduce outpatient referrals).
- 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.

Elective Care Performance Summary





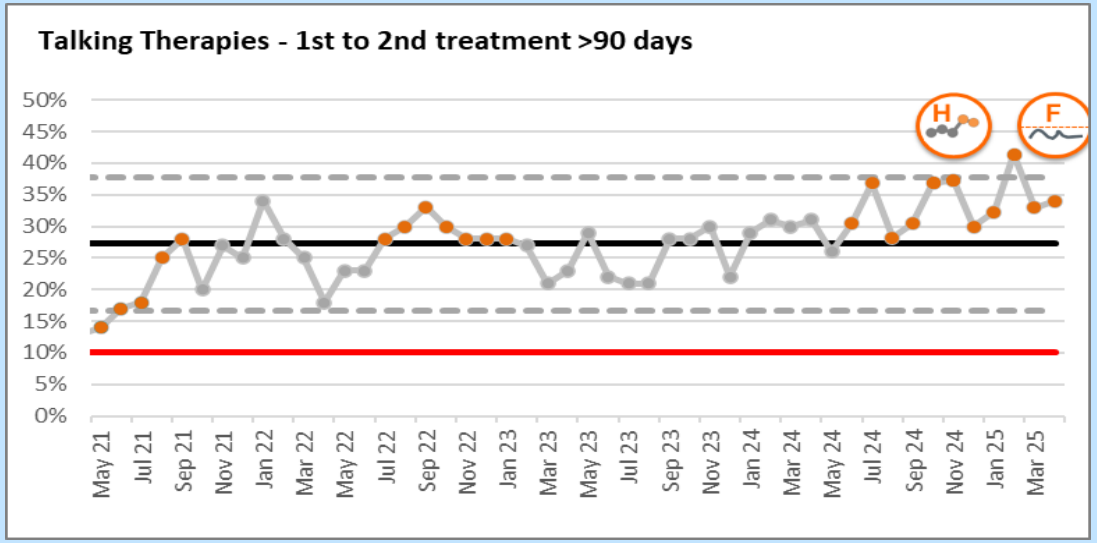
Urological 28 Day Faster Diagnosis Pathway

- The above Tumour site is performing below the 77% 2024/25 national target and showing special cause concerning variation. The breaches are mainly in the diagnostic phase of the pathway.
- Demand is high due to high-profile cases in the media. Capacity is low due to consultants' maternity leave and sickness. To address this additional consultant urology posts have been filled (substantive as well as fixed-term contracts).

Breast Symptoms 28 Day Faster Diagnosis Pathway

- The above Tumour site is performing below the 77% 2025/26 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.
- Performance issues are anticipated to be temporary, with recovery expected once short-term absences are resolved. In the interim temporary capacity has been sought and capacity at the YDH site is being utilised to support.

Mental Health Performance Summary



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

- 1st to 2nd treatment within 90 days has seen slight improvements over the last two months, however performance is still above (worse than) than the 10% standard at 34% in April 2025. Othe providers in the South West are also experiencing similar issues in this standard with South West regional performance at 27%.
- Almost all cases waiting are very complex (step 3) and require highly skilled therapist.
- The service is currently working on patients starting at Step 2 which include group work and using online resources (Silvercloud) which has less waiting times.
- The service is also embarking on a “what we do” piece of work to ensure they are providing the right care to patients and will aim to utilise specialist/Voluntary sector organisations where these are more appropriate.
- Online resources through the Talking Therapies website are available to patients whilst they are on the waiting list and where appropriate patients will be signposted by the service to resources they can access whilst on the waiting list.

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 May 2025, Turnover at SFT was 10.60%, lower than the planned 11.03%.

In May 2025, the rolling 12-month sickness absence was 5.1%, slightly lower than the planned 5.18%

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)	12,980	12,324	147	509
In Month Plan (WTE)	13,180	12,486	140	555
F/(A) Variance (WTE)	200	162	(7)	46
Temporary Staffing (WTE) as a Percentage of Total Workforce			1.13%	3.92%

Ceasing use of Off Framework Agency contracts (SFT):
In May 2025 there were 8 off framework shifts within the Trust, down from the 12 used in April 2025 (M1). All the off-framework use in May 2025 was within Neonatal and Paediatric Nursing.

Further to this, no off-framework agency has been used by the Trust since 17th May 2025 (*full details will be in M3 report*).

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 May 2025 Workforce vs Operational Plan:

2025/26 Operational Plan	GPs	Nursing	Direct Patient Care	Admin / Non-Clinical	Overall
Planned (WTE)	404	238	252	960	1,854
Actual (WTE)	395	225	245	896	1,761
Variance (WTE)	-9	-13	-7	-64	-93

Finance Summary

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

Included within the 2025/26 financial plan was an assessment of the system underlying deficit position at £42.8m. As at month 2, there has been no deviation from this underlying position.

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

Performance against organisation-specific and system control totals									
£'m	Month 2			YTD Month 2			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	(2.8)	(2.8)	(0.0)	(5.4)	(5.4)	0.0	0.0	0.0	0.0
Somerset Council									
Somerset ICS	**(2.8)**	**(2.8)**	**(0.0)**	**(5.4)**	**(5.4)**	**0.0**	**0.0**	**0.0**	**0.0**

At month 2, Somerset ICS is breakeven year-to-date and is forecasting to deliver a balanced outturn position for the 2025/26 financial year. Please note, Somerset Council's month 2 financial position is not yet available, therefore no forecast has been included within the ICS financial position above.

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

The system capital programme is currently forecasted to be £2.3m below CDEL this financial year at month 2. This is based on the revised forecast expenditure on the national estates safety fund schemes based on agreed MOUs.

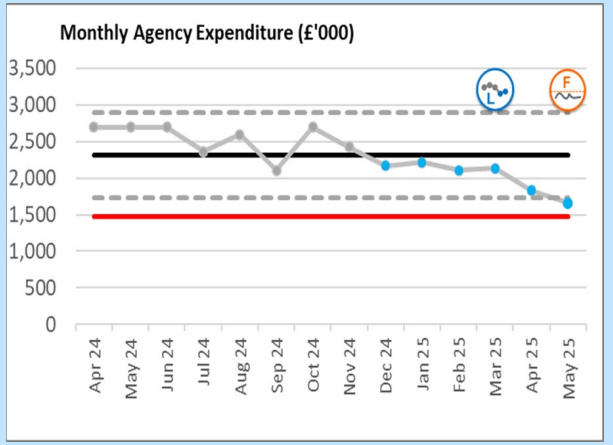
Finance Summary

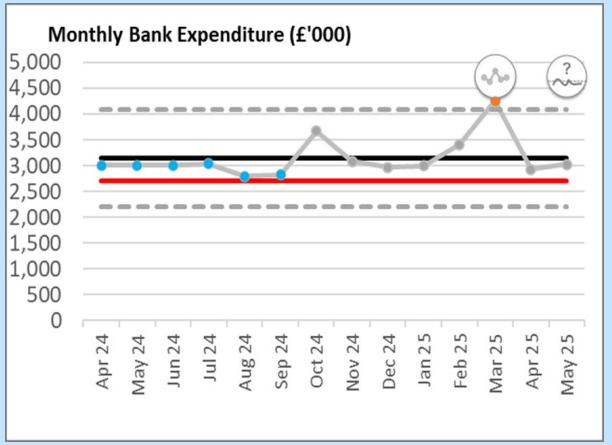
- **Agency workforce spend YTD & forecast vs plan – marginally above plan**

NHS Somerset has an agency expenditure ceiling of £22.0m this financial year, a reduction of 30% against last year's outturn. At month 2, there is a £0.1m year to date overspend against plan. The annual plan has been set £4.3m below the nationally set ceiling.

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

At month 2, bank expenditure is £0.4m overspent against plan year to date (with annual plan in line with ceiling of £32.5m, a 15% annual reduction).





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 2, year-to-date NHS Somerset's total savings programme is in line with plan, with a shortfall of £1.0m in recurrent savings to plan. At present, 20% of efficiencies are rated as high risk (£16.4m).

- **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 4.37% (£5.4m) this financial year.

- **Risks and Mitigations – on target**

At month 2, NHS Somerset currently has an adverse net risk position of £26.7m. This is a reduction of £3.3m compared to the 25/26 plan submission.

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 25 JUNE 2025

1 ITEMS DISCUSSED

1.1

- HUC and Emergency Department surveys
- Maternity and paediatric services
- Acute paediatric wards and high-risk behaviours
- Quality and safety report
- Quality Committee risk report
- Feedback from System Mortality Group
- Patient experience report
- Safeguarding quarterly report
- Medicines Management update
- Evidence Based Interventions update
- C. diff deep dive
- Child Death Review options paper

2 NEW ISSUES AND/OR NEW RISKS IDENTIFIED

2.1 The Committee received an update regarding the temporary **closure of the Special Care Baby Unit and maternity services** at Yeovil District Hospital due to fragility in the consultant paediatrician rota. Whilst services have been relocated to Musgrove Park Hospital; Dorchester and the Royal United Hospital in Bath are seeing a larger than anticipated increase in activity. The Committee noted that a dynamic quality and equality assessment process was underway, and a set of key performance metrics which centre around capacity, experience and outcome are being monitored. A 3-month formal review is set for August to assess progress towards the criteria to safely reopen the units. The committee also acknowledged that a contract performance notice has been issued regarding service continuity and a remedial action plan awaited.

3 DECISIONS TAKEN BY THE ICB QUALITY COMMITTEE UNDER DELEGATED AUTHORITY

3.1 The Committee supported option 3 of the **Child Death Review options paper** for Somerset FT to restructure the current team, within **existing resources** to provide a key worker role for 9.5 hours per week. This would be an interim solution in recognition that the current arrangements are not sustainable. A Pan Dorset and Somerset review of Child Death governance is underway, and ongoing NHS reforms may also require consideration of the Bath, Swindon and Wiltshire Child Death offer, potentially leading to further transformation and improvement.

3.2 The Committee approved the updated **Prevent Policy** which outlines the ICB's statutory duties and role in preventing terrorism. The committee noted the importance of ensuring staff awareness and the inclusion of clear escalation routes for concerns.

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

4.1 The Committee noted the update regarding the performance and quality concerns raised with Somerset's **Non-Emergency Patient Transport provider**. A Rapid Quality Review Meeting has been held in line with the National Quality Board framework with representation from NHSE and CQC. The first Quality Improvement Group agreed the terms of reference and draft improvement plan. The Committee was pleased to hear that engagement with the provider had been positive.

4.2 The Committee welcomed colleagues from Somerset FT to present an update regarding **acute paediatric wards and high-risk behaviours**, noting that good progress has been made on managing young people with high-risk behaviours. The Committee were pleased to hear about the excellent partnership working between CAMHs teams and paediatric teams. Whilst some changes have been implemented, there remain challenges to the buildings which require longer term investment to make the environment as conducive as possible for young patients. It was noted that a review of the clinical model was underway looking at the delivery of paediatric services across both acutes.

4.3 The Committee received the **Safeguarding quarterly report** noting the agreement from the GP Support Unit to fund administration hours to enable the continuation of notifications for domestic abuse.

4.4 The Committee noted an update on the deep dive into community-associated **Clostridium difficile** cases, with 25% completed so far. A patient alert system will be introduced enabling cases to be more visible in primary care records.

4.5 The **Medicines Management update** highlighted progress made with the identification of patients in relation to the MHRA alerts concerning sodium valproate and topiramate. Somerset FT also reported an increase in monitoring of NICE Technology Appraisals with those areas non-compliant largely reflecting service not yet commissioned within Somerset.

4.6 The Committee were pleased to note improvements in the **Evidence-Based Interventions** panel decision making, with funding requests being reviewed within an average of eight days, from 28 previously. The Committee acknowledged the complexity and endorsed ongoing engagement with NHS England on national alignment.

Reports for information for future Board agendas

4.7 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 reopening of the Special Care Baby Unit and maternity services at Yeovil District Hospital, the outcome of the review of paediatric service modelling, and progress with the Non-Emergency Patient Transport services improvement plan.

Chair: Caroline Gamlin

Date: 11 July 2025

REPORT OF THE FINANCE COMMITTEE MEETING HELD ON 17 JUNE 2025

1 ITEMS DISCUSSED

1.1
- Clustering Arrangements – verbal update
- Somerset Health and Care Academy (1)
- 2025/26 Operating Process (2)
- Continuing Healthcare (CHC) (3)
- Dental Update (4)
- Capital Resource Plan
- Financial Performance (5)
- Contract Extensions – recommendations of Contract Oversight Group
- Risks (6)
- BAF

2 NEW ISSUES AND/OR NEW RISKS IDENTIFIED

2.1 Risks related to the proposed clustering and merger of ICBs.

3 DECISIONS TAKEN BY THE COMMITTEE UNDER DELEGATED AUTHORITY

3.1 None.

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

Specialised Commissioning Budget.

4.1 None.

Reports for Information for Future Board Agendas

4.2 None.

5 CHAIR'S SUMMARY

5.1
1. The Committee approved for signature the Statement of Intent for the Health and Care Academy, confirming the commitment of all partners, to be followed by a Memorandum of Understanding before the end of the calendar year. The Committee noted the key risks, including if a partner withdraws, operational costs being met, and recruiting workforce to deliver the project. The Committee supported the vision of the Academy and asked for a quarterly report to the committee.

2. It was agreed that further benchmarking information would be sought to compare CIP programmes, and that further work was needed to triangulate workforce and finance.

3. The Committee received an update on the increasing demand for CHC and local challenges in recruiting nurses. Somerset continues to rank favourably in benchmarking compared to neighbouring areas, including because of upfront investment in the CHC team and the strategic decision to focus resource on Funded Nursing Care to provide more supportive and cost-effective care.

4. In advance of detail due in July the committee was pleased to know of the clear focus this year on utilising allocated funding more effectively.

5. At end Month 1 the system is on track to deliver its financial plan and there was assurance received that Month 2 looked positive with improvement in agency spend. A deep dive into CIP delivery is timetabled for the July meeting.

   The detailed Specialised Commissioning budget was reviewed prior to the July ICB Board.

6. Further refinement of the Risk report with agreement to align some risks relating to SHS and GP prescribing to other committees and to review risks related to specialised commissioning.

Chair: Christopher Foster

Date: 13 July 2025