REPORT TO:	**NHS SOMERSET INTEGRATED CARE BOARD** **ICB Board Part A**	**ENCLOSURE:** **J**
DATE OF MEETING:	**25 September 2025**	
REPORT TITLE:	**Integrated Board Assurance Dashboard and Exception Report from the System Assurance Forum 1 April 2024 to 31 July 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 July 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 July 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 July 2025 was £3,103,816,000 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

July 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 1.31)	0	↑
• % of VTE assessments completed within 24 hours of admission (Acute setting)- (current position 86%)	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 36.4%)	90%	↑
• CLA (Children Looked After) Dental Checks - (current position 79.7%)	90%	↓
• Somerset Overall C.Diffs. Rate (current position 24)	12.25	↓

Performance

Areas of Focus

	Current Plan/Target	Performance
• Type 1 A&E 4-hour performance (SFT)*	59.1%	↓
• All Types A&E 4-hour performance (SFT)*	75.6%	↓
• Adult G&A Bed Occupancy (SFT)*	90.30%	↓
• % of adult G&A beds occupied with NCTR patients	14%	↓
• Number of patients with No Criteria to Reside	116	↓
• Virtual Wards (SFT)*	70.30%	↑
• Number of incomplete pahways (SFT)*	69,836	↔
• Referral to treatment - Patient waiting >52 weeks (ICB)	1,407	↓
• Referral to treatment - Patients waiting >65 weeks (ICB)	0	↓
• 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

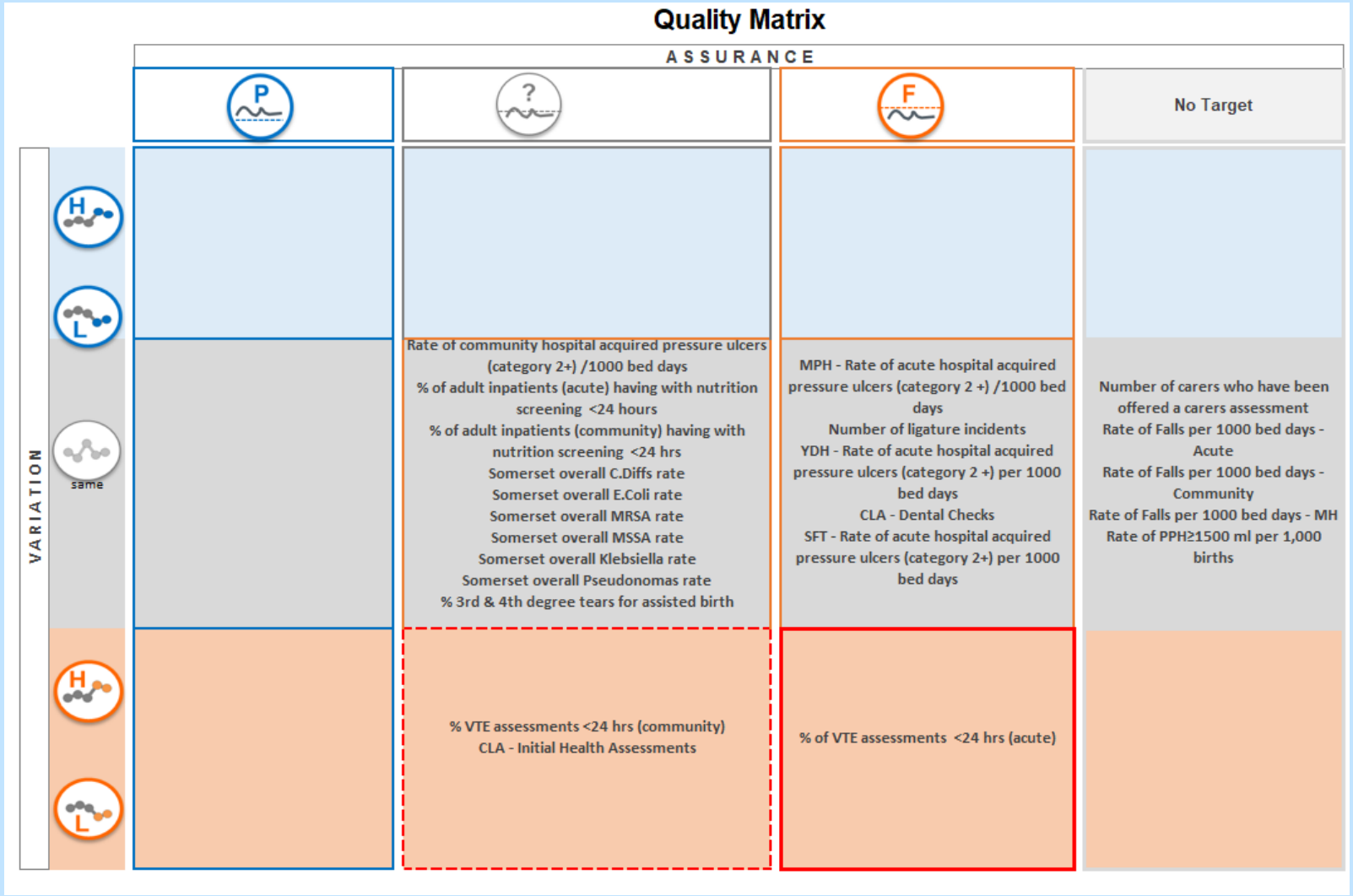
	Current Plan/Target	Performance
• Workforce retention & attrition (SFT)	11.0%	↑
• Sickness absence (SFT)	5.21%	↑
• Total Workforce WTE vs Plan (SFT)	13,076	↑
• Agency WTE vs Plan (SFT)	135	↑
• Total General Practice Workforce vs Plan (Primary Care)	1,864	↑
• Use of off-framework Agency shifts (SFT)	0	↑

Finance

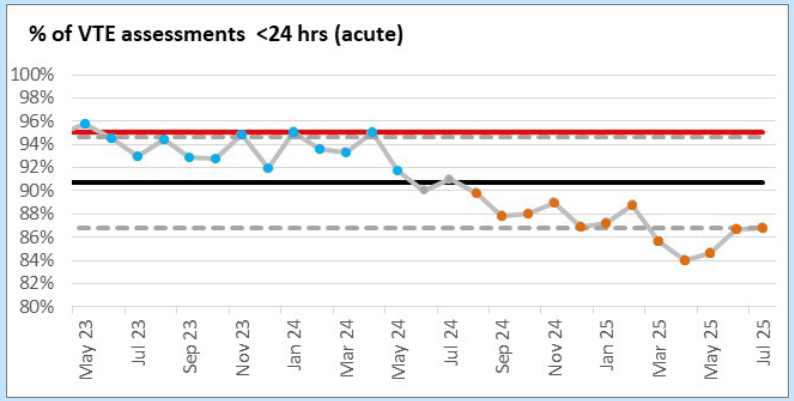
Areas of Focus

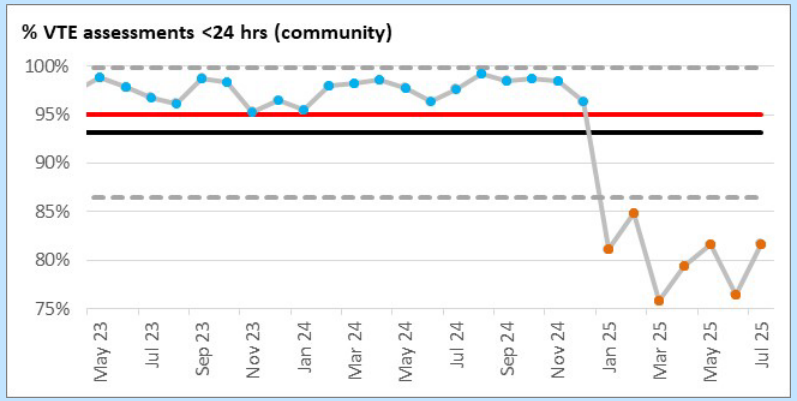
	Current Plan/Target	Performance
• System underlying financial position	£42.8m deficit	↔
• System financial performance YTD & forecast vs plan (revenue)	Balanced	↓
• System financial performance YTD & forecast vs plan (capital)	Fully utilise	↔
• Agency workforce spend YTD & forecast vs plan	£17.7m plan/£22m 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	↔

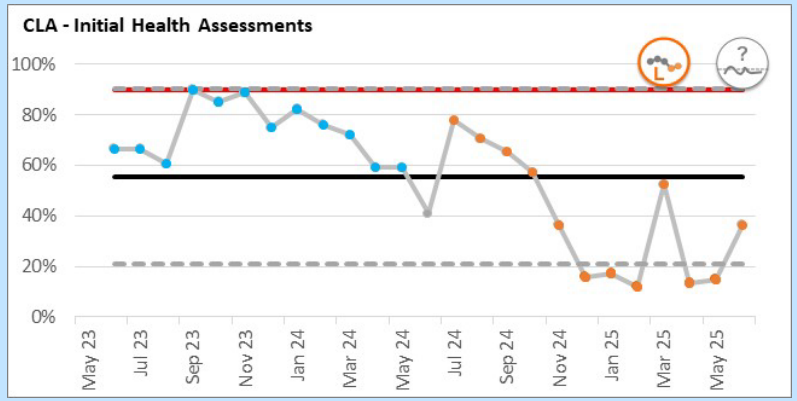
Quality Summary



Quality Summary







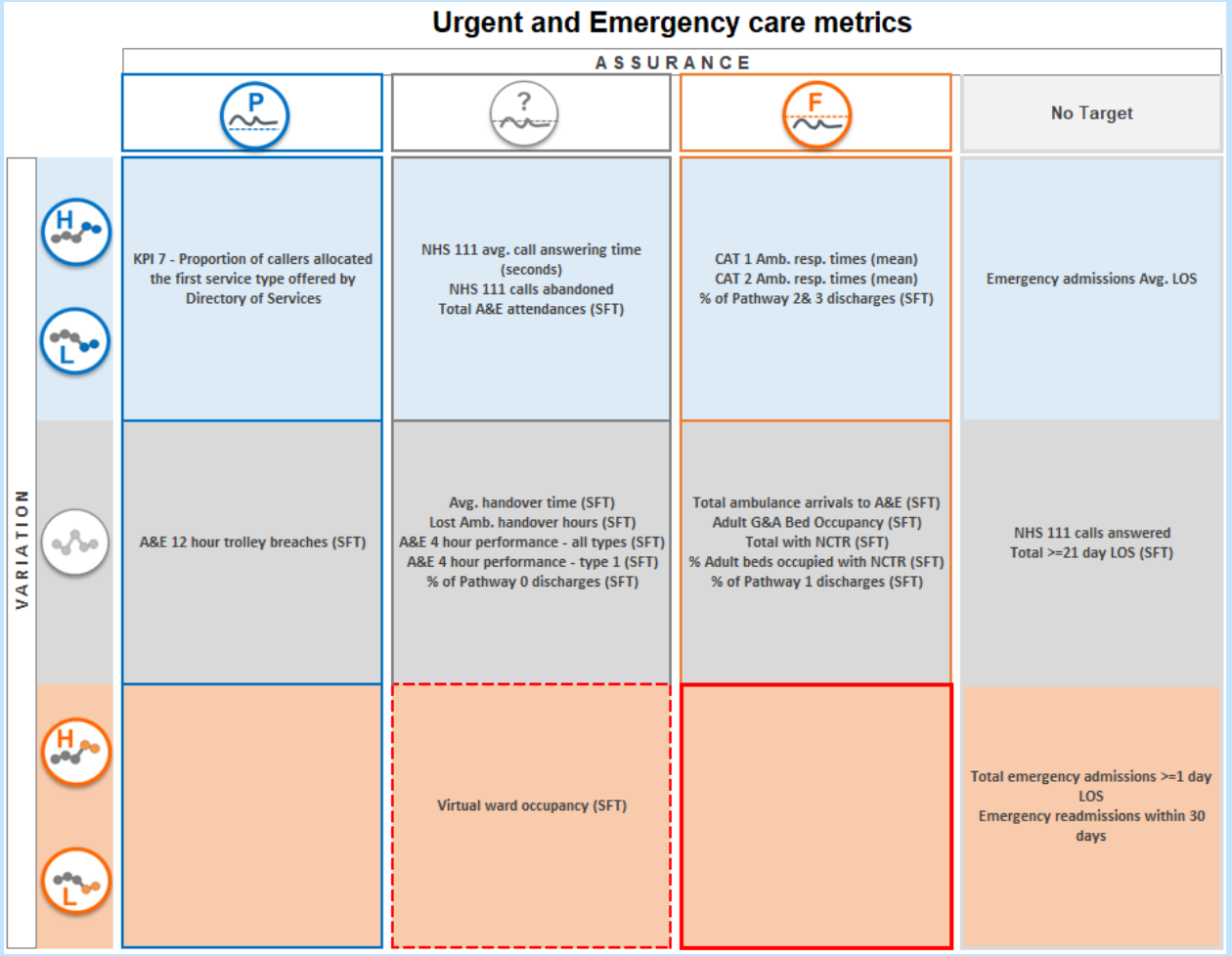
VTE assessment

The national submission of VTE data was reinstated from April 2024 with the first submission in July 2024. This monitors the percentage of adult inpatients risk assessed. SFT continue not to meet the national 95% standard, however they do benchmark 7/13 within the Southwest region, which demonstrates the proactive effort from SFT and the challenge for all trust providers. Local data split across the two acute sites shows a 2% improvement in compliance in MPH, and a 4% improvement in YDH in June. MPH at 86% and YDH at 81%. Additional requests for information have been requested from Somerset ICB to understand the improvement work underway to improve this compliance. Community hospital data remains variable; however, it should be noted that the data is not necessarily a true indication of those assessments completed. This is because the Performance Team are no longer reviewing cases for evidence of VTE assessment within progress notes (on RiO) and are solely reporting the number on the specific VTE form in the digital format (RiO). Improvement work to embed this approach continues.

Children Looked After – initial health assessments

Performance in relation to the delivery of Initial Health Assessments (IHA's) for Children Looked After within the statutory 20-day timeframe remains challenging. There are several contributing factors involved in this complex pathway however, the most significant factor is the late request for an IHA by Somerset Council. A multi-agency meeting was held 08.08.25 to scrutinise the process and streamline the paperwork to ensure a timely request including all the required information and consents. The revised paperwork has now been rolled out to Social Workers. The Head of Service for CLA and the Designated Nurse will be closely monitoring performance over the next few weeks and any further actions of revisions taken forward.

Urgent & Emergency Care Matrix



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

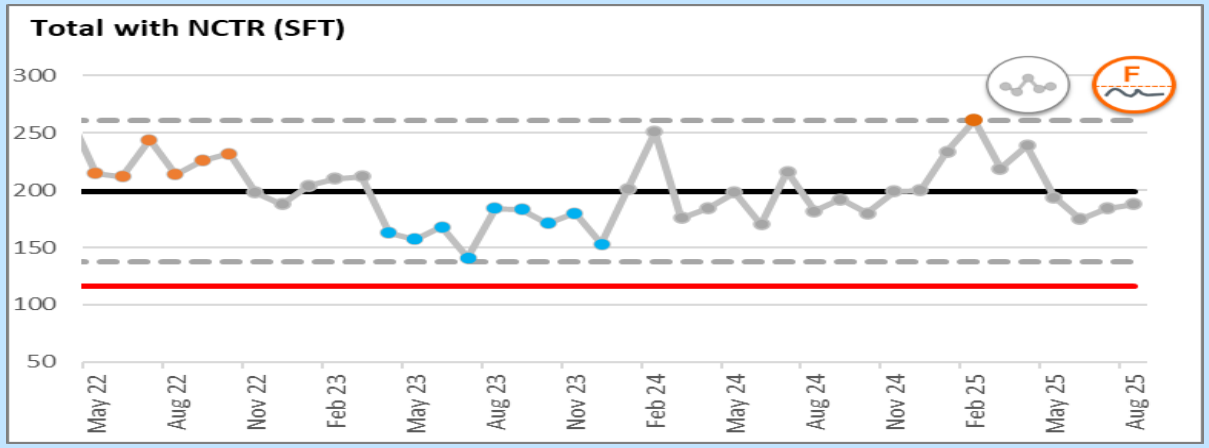
Those measures contained within the dotted red box have triggered special cause variation but have not consistently failed the 2024/25 Operational plan and if performance does not improve will be re-assessed as a metric with special cause concerning variation **and** not achieving the plan/target:

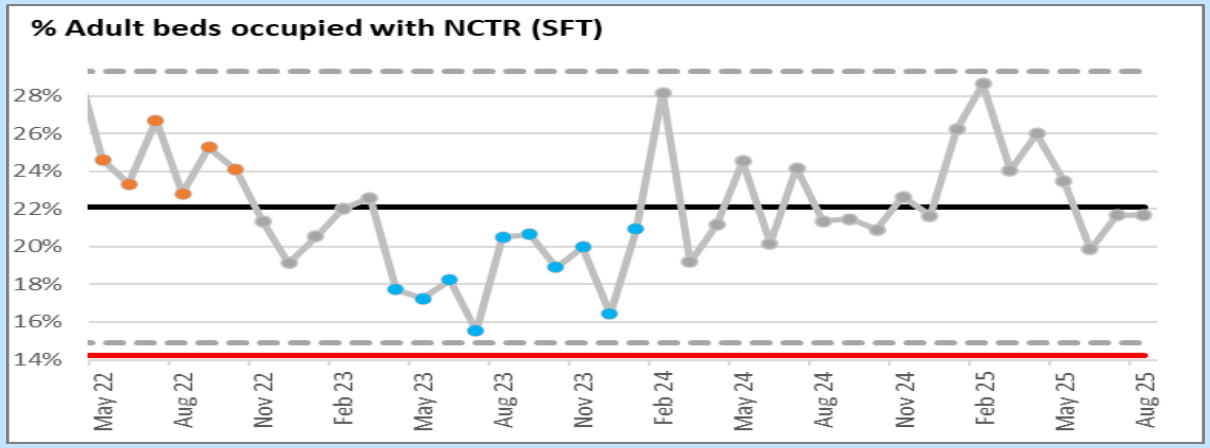
Virtual ward (Hospital at Home) service occupancy

In addition, the following measures are kept under observation:

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

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, and at the end of August we remain above plan. The average Adult G&A beds occupied by patients with NCTR in August was 21.7% against the August 25/26 plan of 14.2%. The operational plan in 2025/26 is to reduce NCTR bed occupancy to 13% by the end of September 2025. The latest data as of the 4th September shows 199 patients with NCTR against the plan of 108, and these patients occupy 23.7% of the adult beds against the plan of 13%.

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 ward rounds on both acute sites, with the view to ensuring a proportion of patients are referred to the transfer of care hub have a DRD (discharge ready date) within 48 hours.

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 (Following a life changing event; home is not an option at point of discharge).demand below 1% and support from regional colleagues has been requested.

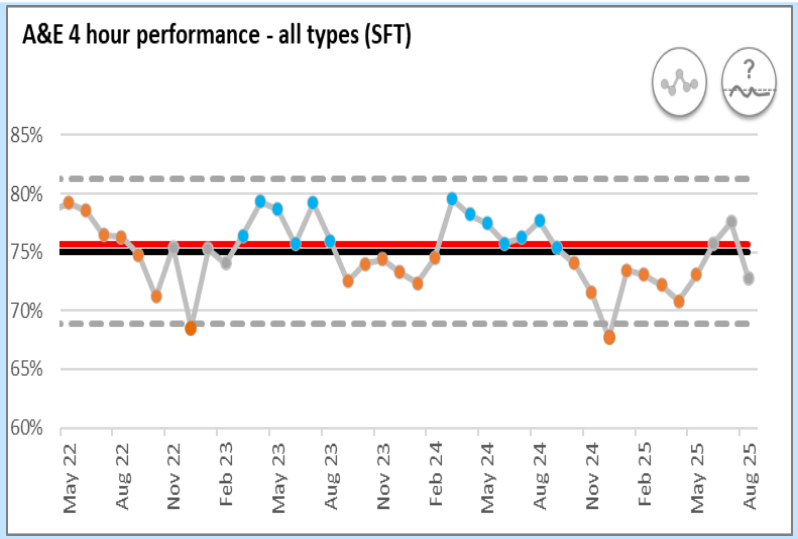
Right sizing Pathway 1 (Support to recover at home, with input from health and / or social care) is ensuring that there is sufficient Pathway 1 capacity in all geographies. Demand and capacity modelling is now complete, and the Pathway 1 service will be fully expanded in July 25, supporting 85 new discharges per week. This is likely to have a significant impact on the reduction of pathway 1 NCTR in Somerset

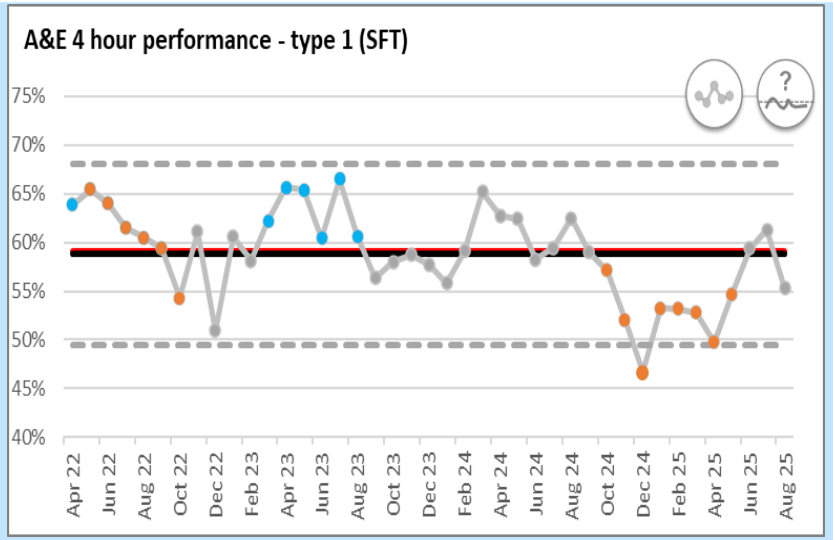
Pathway 2 (Pathway 2– Rehabilitation in a bedded setting) plan focuses on improving the transition from acute to community Pathway 2 beds, reducing length of stay and NCTR in these beds and reviewing the distribution of Pathway 2 beds in Somerset. Community NCTR (and extended LOS) remains the highest risk and therefore greatest area of focus for Q1 and into Q2 2025/26.

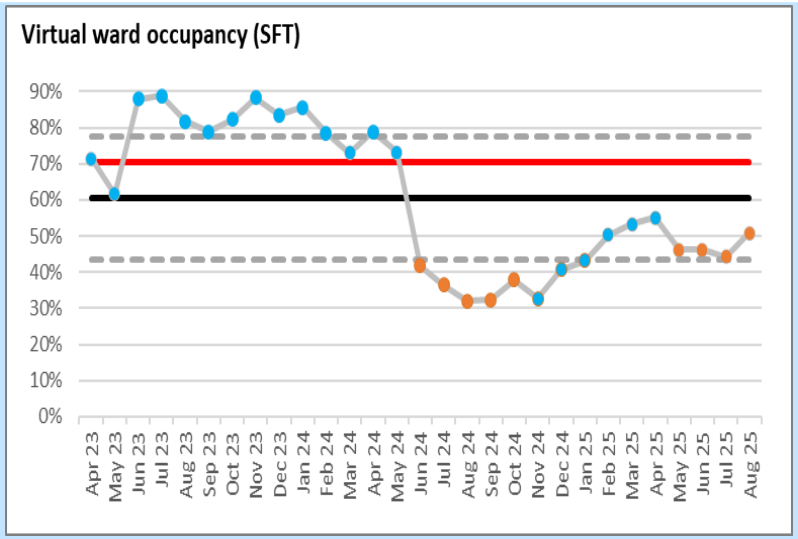
The distribution of community beds is currently under review, and tracking against the following success metrics included within the weekly Flow Data Pack cascaded across the system

P2 demand of 4%, Community NCTR <70, Community bed LOS (length of stay) <30 days (working towards 28 days), P1 capacity at 83 new starts per week, Dedicated Pathway 3 is a new spot purchased model which went 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 Pathway2 beds.

Urgent & Emergency Care Performance Summary





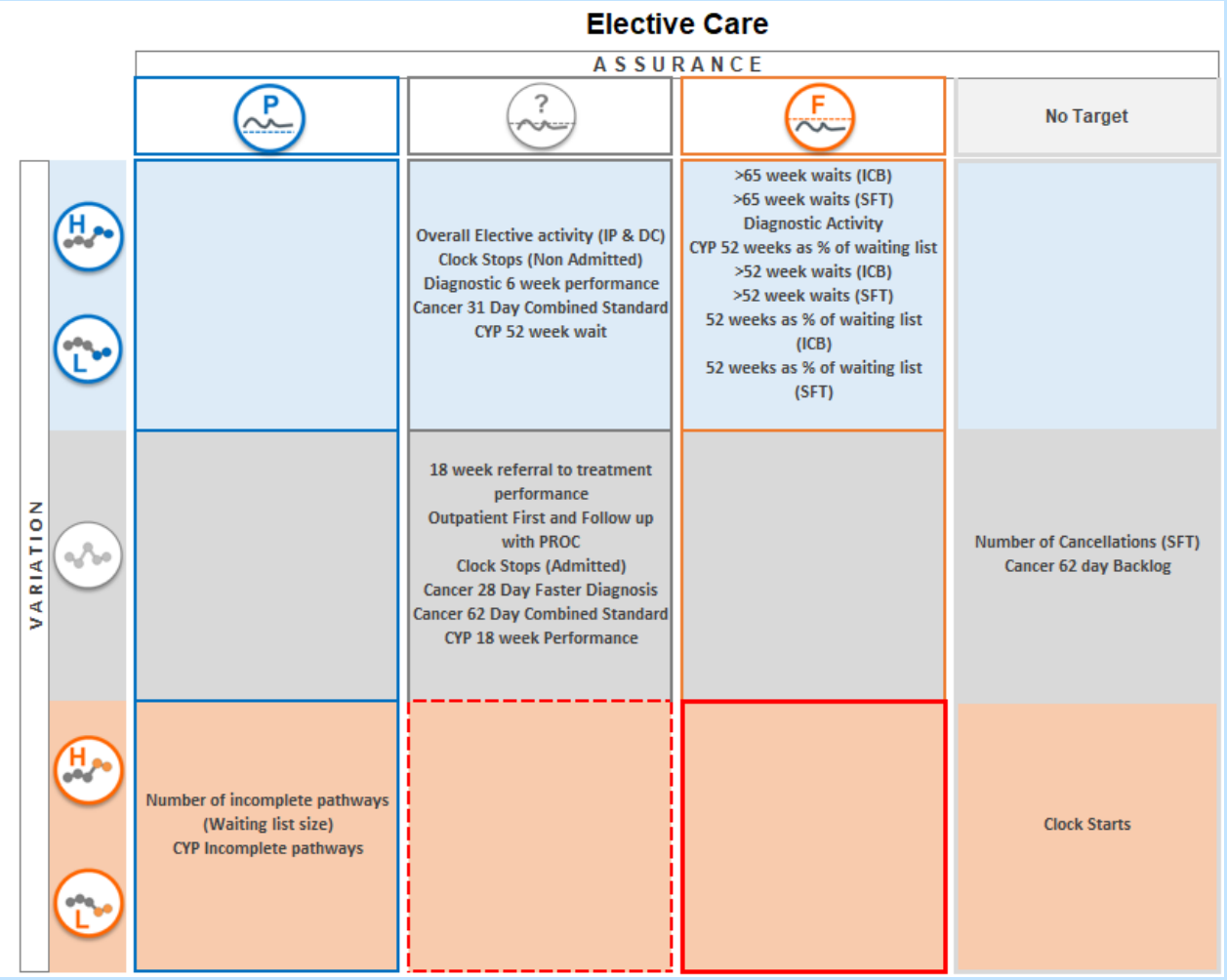


The proportion of patients seen, admitted or discharged within 4 hours in A&E (Type 1 Emergency Departments) and in combined (All Types) Urgent Treatment Centres and Emergency Departments combined deteriorated compared to July. All Types A&E performance in August 2025 was 72.6% against the 75.6% plan, and Type 1 A&E performance was 54.4% against the plan of 59.1% (MPH 51.6% and YDH 58.4%). %). 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:

- An updated 4-hour improvement plans has been developed by Somerset FT with their Senior Team
- Additional clinical space for ambulatory majors (patients with serious but non-life-threatening conditions who are mobile) 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 (first date and time when a care professional authorised to discharge patients from ED)
- Call Before Convey is aimed to launch in September
- To support flow AAU (Acute Assessment Unit) converted be ambulatory majors, reducing the risk to corridor care.
- Work is ongoing at MPH to reduce length of stay at the acute admission unit to aid improved flow from ED
- No Criteria To Reside Improvement programme - internal and external actions ongoing to reduce occupied beds of a maximum of 13% by end of September 2025

Virtual Ward occupancy (Hospital at Home) - Hospital at Home performance as of August was 50.9% against the plan of 70.3%, with a caseload of 85 vs a plan of 117. Whilst referrals into the service have gradually increased these have not been in line original plans. A revised trajectory has been developed for referrals from all sources, which sees a sustained increase over the coming 10 months. This is supported by a range of actions from the team and the ICB. It is understood that the service is currently recruiting to a number of vacancies which further impacts performance. The trajectories and risks to these formed the basis of the discussion at the System Assurance Forum in August.

Elective Care Matrix

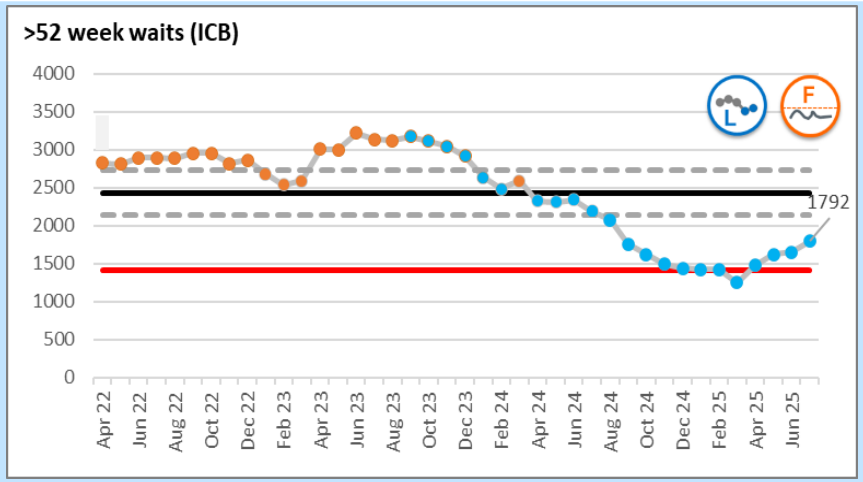


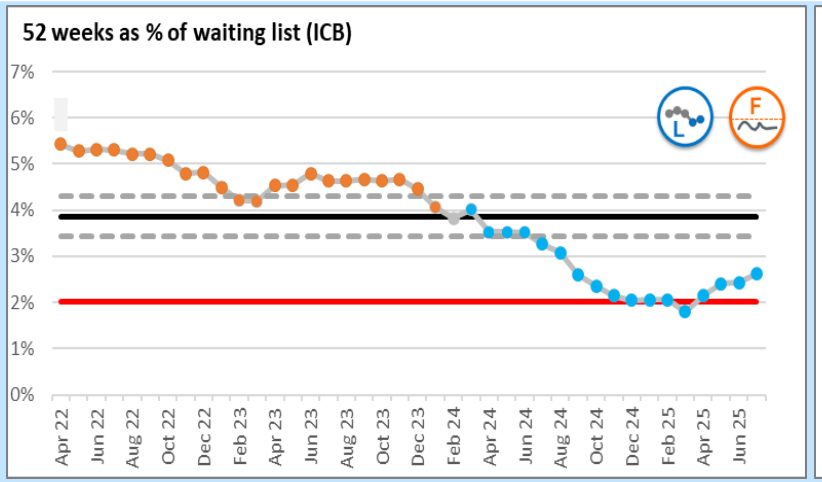
Any measures contained within the dotted red box have triggered special cause variation but have not consistently failed the 2025/26 Operational plan. Currently no measures overall are seen within this area or in the solid red line box.

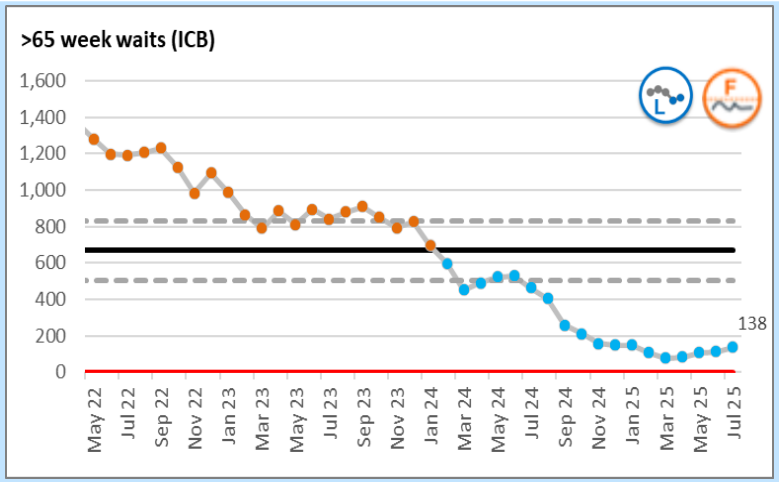
- **Referral to treatment Overall waiting list**
  We have reviewed this metric at a speciality level and no specific area is flagging as not meeting the plan **with** special cause concerning variation. Some specialties have seen increased waiting lists however overall, the waiting list is better than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

- **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







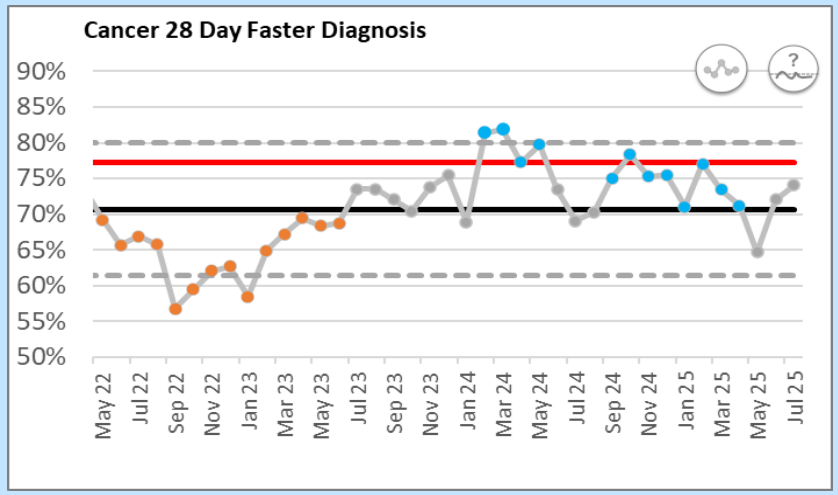
>52 week waits & 52 weeks as % of overall waiting list

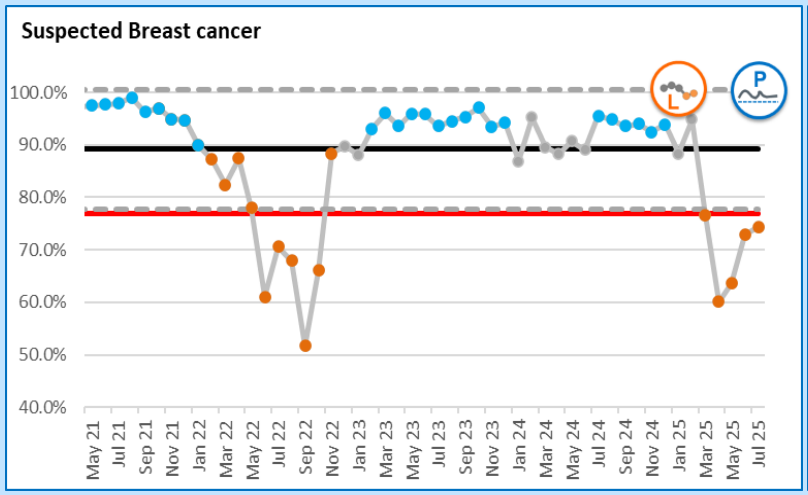
- This measure is not yet triggering special cause concerning variation, but we are behind our operational plan and continues to be a Regional and National focus. The numbers of patients waiting > 52 weeks has increased on both a trust and ICB basis from April 25 by 539 patients to 1,792 and is above the operational plan of 1,369 in July. 86% of 52 week waits are at Somerset FT with the remainder at other providers.
- Patients waiting >52 weeks make up 2.6% of the overall waiting list which is above the July plan of 1.9%, this is due to the increase of long waits but performance is compounded by the reduction in the overall waiting list size to below the level set out in the operational plan (68,298 vs plan 69,360).
- Most of the breaches are across Trauma and Orthopaedics, ENT, Other surgical services, and Urology
- 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.
- Looking forward Somerset FT report Maxillo Facial, Endocrinology (weight management) and Pain Management may impact on achieving the national ambition of 52 week waits at 1% of the overall waiting list.

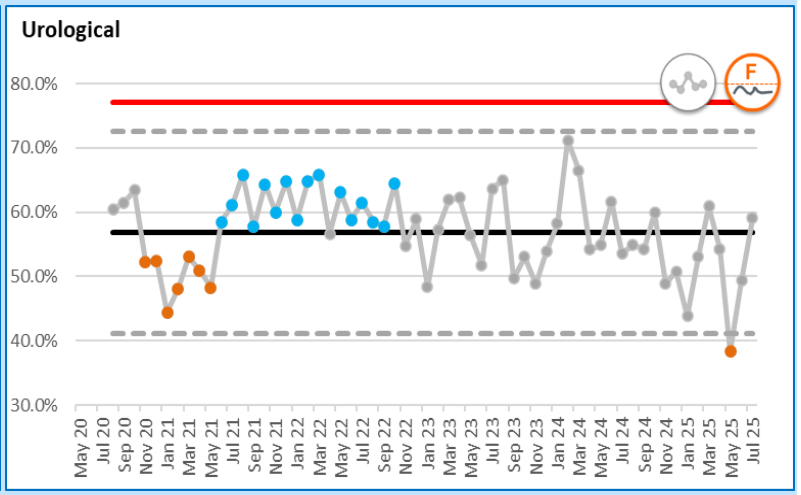
>65 week waits

- This measure is not yet triggering special cause concerning variation, but we are behind the national ambition of zero and continues to be a Regional and National focus
- The numbers of patients waiting > 65 weeks has increased slightly on both a trust and ICB basis.
- Somerset ICB is tracking above the national ambition of 0 with 138 breaches remaining. 85.5% of breaches are at Somerset FT with the remaining breaches at providers outside of Somerset.
- Somerset FT currently have 136 breaches with a forecast of 152 reporting for the end of August.

Elective Care Performance Summary







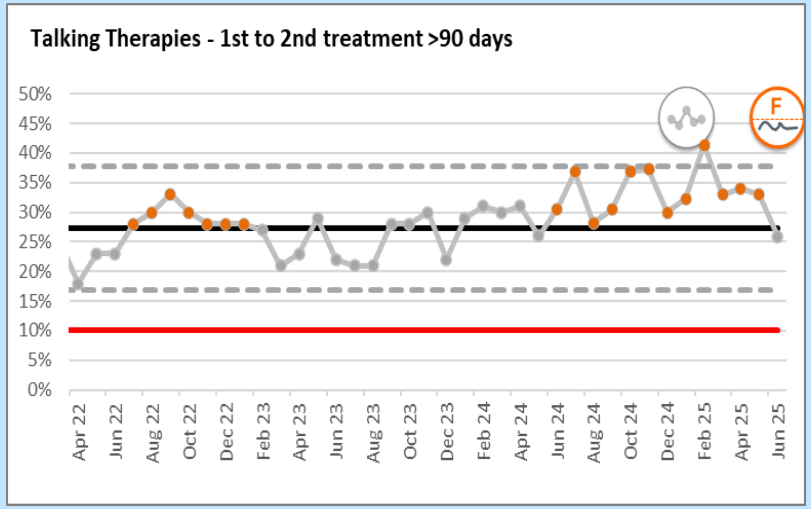
Cancer 28 day Faster diagnosis

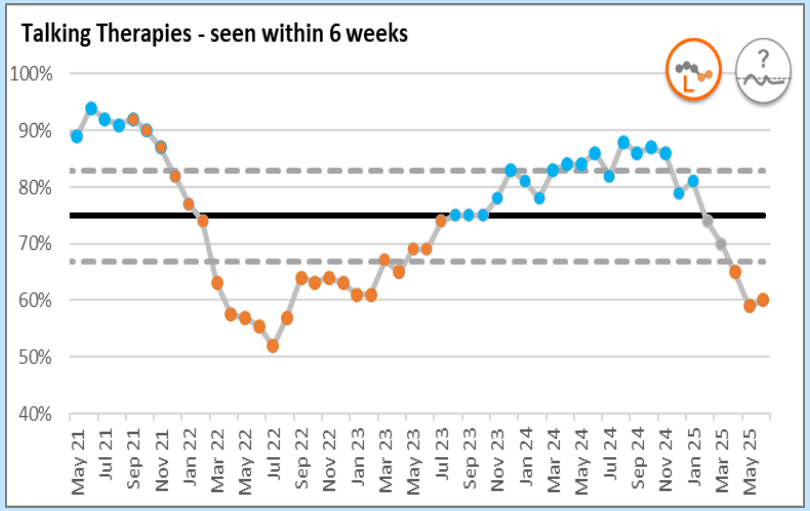
- Cancer 28 day Faster Diagnosis performance has not trigged special cause concerning variation but has been included due to Somerset FT moving into Tier 2 targeted support for cancer due to the decline in performance in May 2025. This causation is due to issues in the suspected breast cancer pathway, the suspected urological cancer pathway and suspected lower gastrointestinal pathway. July has seen an improvement from 64.6% in May to 74.0% and continues to track above the mean.

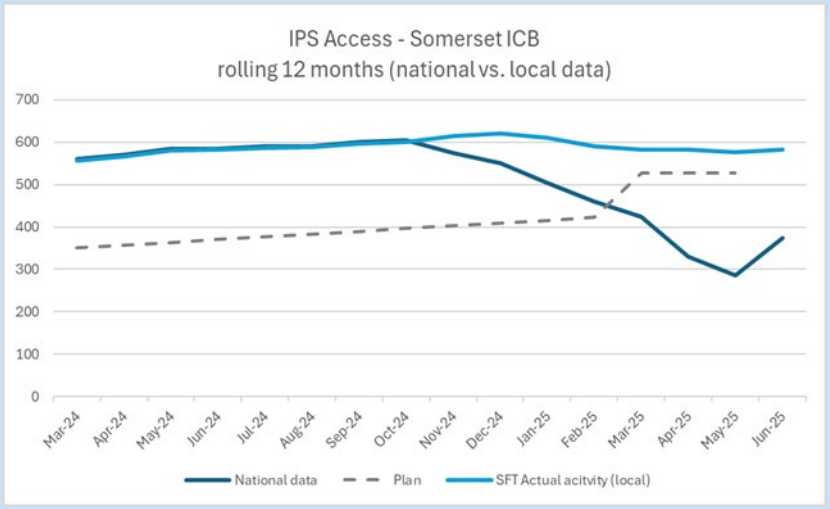
- Issues include:
  - Delays in the diagnostic phase of the pathway, particularly in Endoscopy where Somerset FT were experiencing capacity shortfalls and equipment failure (broken washers).
  - Lack of capacity at Somerset FT in the urological pathway with 3 consultants on maternity leave
  - Vacancy and sickness at Somerset FT in the breast cancer pathway

- Actions 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 – Performance has now improved in this tumour site from 63.7% in May to 74.4% in July.
  - Return of staff to the urological cancer pathway with additional appointments being made in September and October – Performance has now improved in this tumour site from 38.4% in May to 59.1% in July 2025
  - In Endoscopy, washers have now been fixed and are planned to be changed, insourcing has restarted and work on in-week training is progressing

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 significant improvement in June 2025 to 26% against the 10% threshold and is more in line with the National average of 25% and better than the regional average of 27%
- Almost all cases are very complex and require highly skilled therapists.
- Actions to improve performance include an increase in group work and a review of productivity across the service.

Talking Therapies – Seen within 6 weeks

- Compliance for this metric is based on discharge data which means the current performance is reflecting an issue which impacted the service around 12 months ago.
- There was a capacity shortfall with the service struggling to recruit.
- This measure is likely to continue to show undercompliance but will improve as Talking therapies report current in month performance is above the national standard.

Individual Placement Support (IPS)

- A decline in IPS Access has been reported with national data dipping below the operational plan since March 25.
- This has been identified as a data quality issue, impacted by a change to the way the data is recorded on the electronic patient record.
- Somerset FT ensure us that NHSE have the data available to them but due to refresh rules NHSE are unable to correct the nationally reported position
- Local reporting shows June 2025 as 582 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 July 2025, Turnover at SFT was 10.40%, lower than the planned 11%.

Sickness data is not available for Month 4 at the time of report submission; however, sickness performance is currently on-plan for the year-to-date.

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)	13,027	12,311	134	582
In Month Plan (WTE)	13,076	12,394	135	546
Variance to plan (WTE)	49	83	1	-36
Temporary Staffing (WTE) as a Percentage of Total Workforce			1.03%	4.47%

Ceasing use of Off Framework Agency contracts (SFT):
In July 2025 there were 2 off framework shifts within the Trust, both within Neonatal Services.

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 increase in Practice Nursing, and 3.0% of that growth coming through an increase in GPs.

General Practice June 2025 Workforce vs Operational Plan:

2025/26 Operational Plan	GPs	Nursing	Direct Patient Care	Admin / Non-Clinical	Overall
Planned (WTE)	411	241	252	960	**1,864**
Actual (WTE)	400	219	244	896	**1,759**
Vs. Previous Month (WTE)	+4	-7	0	-4	**-7**
Variance to Plan (WTE)	-8	-12	-8	-60	**-88**

•GP Workforce: We're seeing a slightly positive trend from M3 to M4, but the position has fluctuated by small margins all year (and indeed last year). The key dynamic is that turnover from retirements and partial retirements / reducing hours etc, is being offset by an increased number of new trainees feeding the pipeline. Whilst headcount of the GP Workforce has been increasing slightly over a longer time horizon, the overall experience level of the workforce is decreasing.
•Nursing Workforce: The trend here is slightly more concerning, though it reflects well-understood demographic challenges within the Primary Care Nursing workforce. Plans to boost pipelines are ongoing (e.g. by taking more student nurses on placements, employing more nursing apprentices etc) but are challenged by both supervision and estate capacity, and the retirement / demographic challenges are such that this is a challenge to tread water in terms of overall headcount at the moment - even with the increased pipeline work.
•Admin Workforce: Being under plan here isn't necessarily negative. It reflects the national drive from NHS England to reduce non-clinical costs through efficiency and digitalisation etc, however this trend seems to have accelerated faster than we expected - which is likely being driven by rising employment costs (largely from NI increases back in April) hence the gap to plan being higher than expected.

Finance Summary

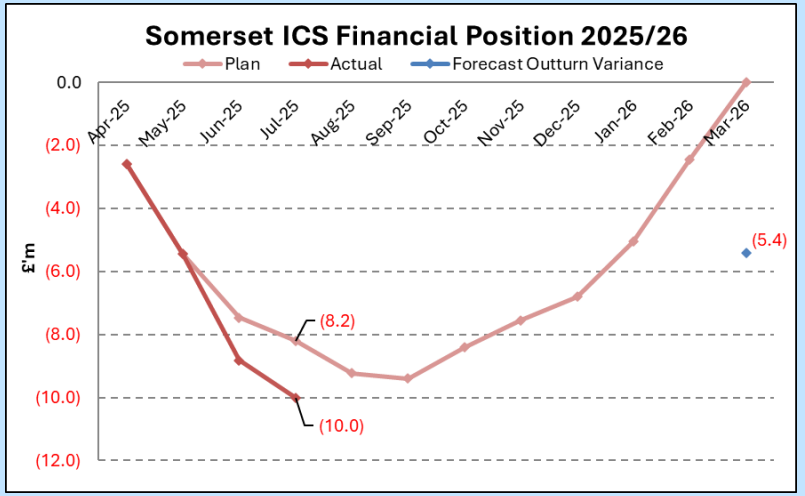
- **System underlying financial position – on plan**

Included within the 2025/26 financial plan was an assessment of the system underlying deficit position at £42.8m. As at month 4, there has been no deviation from this underlying position. NHS Somerset is currently reviewing the system underlying position for updated national principles with any amendments included within our month 6 position.

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

Performance against organisation-specific and system control totals									
£'m	Month 4			YTD Month 4			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	(0.7)	(0.7)	0.0	(8.2)	(8.2)	0.0	0.0	0.0	0.0
Somerset Council*	0.0	(0.5)	(0.5)	0.0	(1.8)	(1.8)	0.0	(5.4)	(5.4)
Somerset ICS	**(0.7)**	**(1.2)**	**(0.5)**	**(8.2)**	**(10.0)**	**(1.8)**	**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 4, Somerset ICS is forecasting a £5.4m 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**

At month 4, NHS Somerset's capital scheme expenditure is £11.9m behind plan year-to-date, predominantly relating to routine maintenance. This is driven by updated timing differences since the start of the financial year. The system capital programme is currently forecasted to be £1.7m below CDEL (Capital Departmental Expenditure Limits) this financial year at month 4. This is partly resulting from revised forecast expenditure on the national return to constitutional standards and digital schemes based on agreed MOUs.

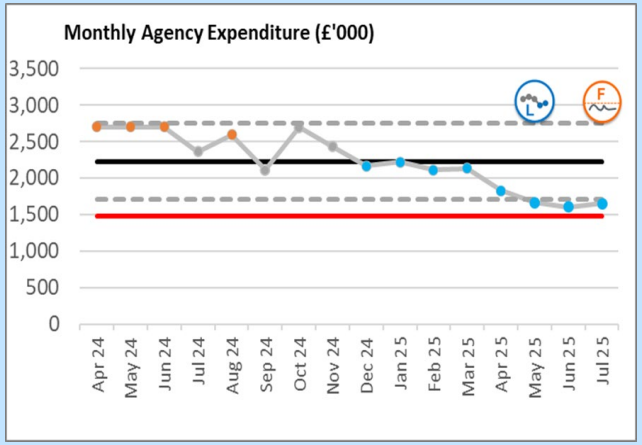
Finance Summary

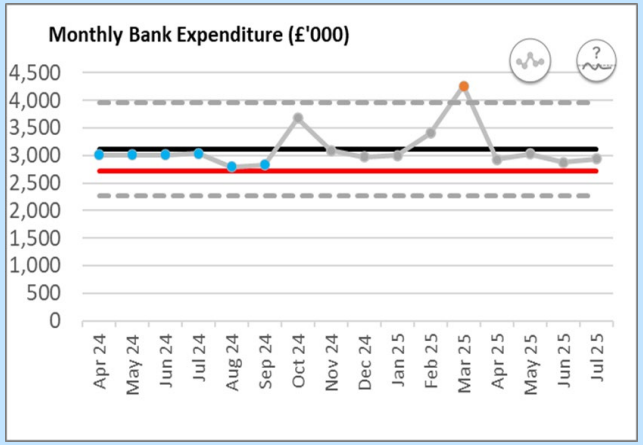
- **Agency workforce spend YTD & forecast vs plan – marginally above plan**

At month 4, spend is marginally above plan with a year to date overspend of £0.1m, total agency spend is forecasted to be £0.2m above plan this financial year (£4.1m below cap) – a 1.1% overspend against plan.

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

At month 4, bank expenditure is £0.8m overspent against plan year-to-date. However, total bank spend is currently forecasted to be below plan/cap by £0.4m 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 4, year-to-date NHS Somerset's total savings programme is in line with plan, with a shortfall of £3.0m in recurrent savings to plan. Somerset FT currently have £11.4m of additional savings to be identified to achieve their full programme. 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 4, NHS Somerset currently has an adverse net risk position of £23.0m - a reduction of £2.9m 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 12 SEPTEMBER 2025

1 ITEMS DISCUSSED

1.1

- Somerset ASD/ADHD services
- Somerset Foundation Trust maternity services
- Somerset Foundation Trust Paediatric services
- Blood safety
- Quality report
- Quality risk report
- Feedback from System and Regional Quality Groups
- System Mortality Group
- Patient experience and complaints
- Equality Impact Assessment policy and supporting documents
- Lower limb pathway review
- Safeguarding quarterly report
- WellBN gender affirming services
- Somerset's winter plan

2 NEW ISSUES AND/OR NEW RISKS IDENTIFIED

2.1 The Committee heard about the outcomes of a recent quality visit looking at blood safety at Somerset Foundation Trust and the actions required.

2.2 The Committee heard about the informed consent pathway for gender affirming care, piloted in Somerset via **WellBN** with positive initial feedback. WellBN is a network of GP practices in the Brighton and Hove area that specialist in gender affirming care. An audit has been undertaken to ensure that no under 18s had received medication through this service and no breaches in protocol were found.

2.3 Concerns around the sustainability and resilience of a **pharmacy provider** in Somerset were discussed. A rapid quality review meeting was held on 9 September, and the regional clinical commissioning hub continues to actively work with the provider. A formal and detailed update will be presented at the next meeting

3 DECISIONS TAKEN BY THE ICB QUALITY COMMITTEE UNDER DELEGATED AUTHORITY

3.1 The Committee approved the reviewed **terms of reference** which has been aligned with the ICB's Strategic Commissioning Committee.

3.2 The Committee received and approved the new **Equality and Quality Impact Assessment (EQIA) policy**, developed in response to NHS England's updated framework. The policy integrates quality and equality

considerations into service change decisions, supported by a fortnightly review panel and evolving training programme. Collaborative efforts with regional clusters aim to standardise the approach, and further refinements are underway to improve accessibility and early engagement with quality leads. EQIA activity and outcomes would be reported through the quality report going forward.

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

4.1 The Committee received an update on the interim National framework Agreement established earlier in the year to streamline the provision of **autism and ADHD assessments.** This is expected to significantly change requirements around diagnosis before treatment, particularly for adults. Whilst awaiting the national directive local programmes of work continue including a triage pilot within primary care aimed at reducing waiting times.

4.2 The Committee heard that the **maternity services** closure review meeting was held in August. There have been two phased opening proposals considered however it was agreed to continue with the current model towards full re-opening, which would be reviewed again in a further three months. An enhanced maternity oversight group will be established for the scrutiny and assurance of services being delivered which will feed into the overarching perinatal improvement plan. The format of meetings will also allow the alignment with the Paediatric Quality Improvement Group.

4.3 The Committee were pleased to note the positive response to recruitment efforts into **paediatric services**, and that the ICB Chief Nursing Officer will be chairing the newly formed Maternity Enhanced Oversight Group and the Paediatric Quality Improvement Group going forward. The Committee await further update regarding the Paediatric CQC action plan.

4.4 The **Quality Report** outlined key areas of concern and progress across services. **Continuing Healthcare** remains under pressure due to staffing and performance issues; a comprehensive recovery plan is in place. Further funding has been secured for Tier 2 **Oliver McGowan** training to enhance workforce skills in learning disability and autism. In primary care **Minehead Medical Centre** received a “Good” CQC rating, the team are also supporting **Wellington Medical Practice** with the list dispersal ahead of the closure of **Luson Surgery**. The 111 out of hours service provided by **HUC** continues to face some operational challenges, though some pilot projects are showing early signs of improvement.

4.5 Somerset has been identified as an outlier in terms of major amputations, prompting a review of the **lower limb pathway**. The Committee were pleased to note the quality improvement projects are underway, including a wound care strategy and a revised diabetic foot pathway. Engagement with primary care is essential to ensure early intervention and prevention. The Committee also discussed linking with the homeless outreach team to share best practices and improve access to care for vulnerable populations.

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 with maternity and paediatric services, urgent and integrated care, EQIA outcomes, lower limb review and pharmacy resilience.

Chair: Caroline Gamlin

Date: 16 September 2025

REPORT OF THE FINANCE COMMITTEE MEETINGS HELD ON 16 JULY AND AUGUST 2025

1 ITEMS DISCUSSED

1.1
- Dental Budgets (1)
- Prescribing Budgets (2)
- Savings Programme (3)
- Financial Position (4)
- Financial Performance, including Specialised Services (5)
- Review of ToRs
- Activity Contracts (6)
- Minehead Medical Centre Contract Award Recommendation (7)
- Contracts Oversight reports were reviewed.
- 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 Minehead Medical Centre Contract Award – see 5 (7) below.

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 received an update on dental budgets and was assured that access improvement is the highest priority in a very challenging situation where the structure of dental contracts limits progress. Some limited financial adjustments can lead to improvements but this is constrained until/unless there is national contract reform. The committee asked for a further update in 3 months.

(2) Welcoming further improvement in Somerset's GP prescribing benchmarking position to 3rd out of 42 ICBs, work was noted to address unmet needs in some areas where prescribing is lower than

expected. The budget is now reset and more realistic than previously, with a modest underspend at end of month 1. Noting the well-established reporting of primary care prescribing the committee asked for a report on high-cost drug usage in secondary care.

(3) Savings remains a key risk to delivery of the financial plan in year with the ICB programme including both medium and risk. The CHC budget remains under pressure with an update to committee planned for September.

SFT's savings delivery was reviewed, noting it was behind in delivery of recurrent savings. The committee noted that SFT has set up a Financial Recovery Group, meeting weekly, to address the CIP challenge.

(4) The committee received assurance that at the end of Quarter 1 the ICB is on track to deliver its year end position, noting continuing risks and mitigations. Pressures include CHC, elective care delivery and costs of transition without funding.

At quarter 1, the Underlying Position (ULP) shows a small deterioration of £100k. It was agreed that this would be kept under review.

The Committee welcomed the recent regular involvement and helpful updates from Somerset Council.

(5) At Month 3 it was reported that capital expenditure is slightly below plan, workforce costs below plan with agency spending below cap although bank usage slightly above plan.

(6) An initial update was received on the move to activity-based NHS provider contracts rather than block funding. This includes specialised commissioning. Further updates are expected in September.

(7) The Committee (with the withdrawal of those with a Conflict), under delegated authority for decision from the Board, considered the scoring matrix, assessment and recommendation for award of this contract. The Committee noted that the evaluation team was appropriately skilled and that the process was robust, considering 23 areas of the assessment. The Committee raised a number of points and questions before accepting the recommendation for the contract award.

Chair: Christopher Foster

Date: 10 September 2025