

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE:
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DATE OF MEETING:	28/11/2024	
REPORT TITLE:	Integrated Board Assurance Dashboard and Exception Report from the System Assurance Forum 1 April 2024 to 30 September 2024	
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 30 September 2024

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 30 September 2024.

**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 was £1,374,824,000
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

September/October 2024



Quality

Areas of Focus

- Complaints
- Patient Safety Incident Investigations (PSIIs)
- Infection Prevention Control
- Safeguarding
- Medicines Management
- Maternity Services at Somerset Foundation Trust
- Paediatric audiology services
- Patient Safety Specialists report
- 3rd and 4th degree tears
- General practice
- Care sector
- Annual reports

Performance

Areas of Focus

- 65- & 78-Week Elective Waits – **behind plan and national ambition**
- A&E 4-hour performance – **behind plan and national ambition**
- Patients in hospital with No Criteria To Reside – **behind plan and national average**
- Dementia diagnosis – **behind plan and national ambition**
- Talking Therapies 1st to 2nd treatment wait >90 days – **behind national ambition**
- CYP Access – **on plan**
- Overall Waiting list – **behind plan**
- Elective Recovery Fund – **on plan**
- Diagnostic waiting list – Echo – **behind plan and national ambition**
- Cancer – 28 Faster diagnosis - **behind plan and national ambition**
- 62-day combined standard – **on plan, but behind national ambition**

People

Areas of Focus

- Workforce retention and attrition (SFT) – **on plan**
- Sickness absence (SFT) – **slightly behind plan**
- Agency WTE vs plan (SFT) – **on plan**
- Total Workforce vs plan (SFT) – **on plan**
- Primary Care – GP workforce WTE vs plan – **on plan**
- Unplanned service closures due to Workforce Capacity (community pharmacy)
- Ceasing use of Off Framework contracts by July 2024 (SFT) – **behind plan (break glass exception usage only)**

Finance

Areas of Focus

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

Quality Summary

Complaints: Complaints team workforce issues remain across the Somerset system. During quarter two 2024/25, 14 new ICB-managed complaints were opened, and 345 PALS (Patient Advice and Liaison Service) contacts were received. Combined themes include patient transport, mental health, access to primary care (including NHS dental services) and COVID vaccination access for housebound patients.

Patient Safety Incident Investigations (PSIIs): The ICB has been made aware of two PSIIs commissioned between the months of September and October 2024, both declared by Somerset Foundation Trust, including one death which meets Mental Health Homicide criteria. The other is a potentially preventable death related to prescribed drug toxicity. As at the end of October 2024, there are a total of 13 PSIIs open and ongoing across the county.

Infection Prevention Management (IPM): The IPM team continue to adapt to changing guidelines as the Mpox situation develops, the focus is on readiness, education and monitoring. Mpox was identified as an international incident in July 2024 due to rapid spread of Clade I Mpox in the African region. UKHSA alerts have been cascaded as directed. National and local pathways have been developed in line with DOH, UKHSA and NHSE guidance including procurement of vaccine nationally for targeted individuals identified as per criteria. Cases have been identified within Europe which have been related to travel with the latest case identified in London following return from an African Country with confirmed cases within the community. The individual is currently undergoing treatment on the High Consequence infectious Disease Unit at the Royal Free Hospital with contacts being supported by UKHSA and partner agencies.

Safeguarding: Following the JTAI (Joint Targeted Area of Inspection) into the multi-agency response to Serious Youth Violence in May 2024, a comprehensive action plan has been developed which includes a Health system response led by the ICB. Progress on the agreed actions were submitted to the inspection team at the end of September 2024 and the Somerset Safeguarding Children Partners received a response on 15 October 2024 that the plan demonstrates an accurate understanding of the findings of the joint inspection team. Work is continuing at pace across the Health system to implement the actions. An all-age Exploitation Strategic Group has been developed as part of this plan, its scope will be to prevent and reduce harm in Somerset caused by exploitation. The main purposes will be to understand the risks and effectiveness of response activity in respect of exploitation across the county and to inform and influence strategic direction relating to the prevention of exploitation through existing multi-agency arrangements. The first meeting is scheduled for 19 November 2024 and the ICB will be represented at this group.

Medicines Management: Somerset ICB is currently ranked as the highest performing ICB against the 12 national medicine optimisation metrics. Workstreams are in place to ensure continued improvement in all areas including those where Somerset is currently not in the top quartile of systems. Somerset has the lowest prescribing costs per head of population in the SW region. Work continues to address unmet need as our population ages. A recent Antimicrobial Stewardship Report demonstrates the quality improvement work being done to reduce inappropriate antibiotic use.

Quality Summary

Maternity Services at Somerset Foundation Trust (SFT): The maternity safety support programme visit was conducted in early November which included a diagnostics exercise at both acute sites. ICB colleagues joined this visit to combine it with the annual insight visit to reduce the burden on the units. The outcomes will be communicated in due course.

Paediatric audiology services: NHSE have mandated that all paediatric audiology services be reviewed. In Somerset the service has been rated as partially assured following a desktop review, opportunities for improvement were identified and have since been put in place. A site visit is planned for January 2025, the results of which will determine which cohort review process will be followed next.

Patient Safety Specialists report: A newly developed patient safety report sets out the actions that are being taken by the ICB in line with the national NHS Patient Safety Strategy and its accompanying patient safety priorities for leaders. The Primary Care Patient Safety Strategy was published in September 2024 and the team are working towards implementing its requirements. A new system wide patient safety meeting has been developed to bring those working in patient safety together to share learning.

3rd and 4th degree tears: 3rd and 4th degree tears during assisted births within maternity appear to have increased again in recent months, work is underway to understand whether the data is accurate and that necessary actions are being taken. Regionally and nationally Somerset is not an outlier, though the range is large, and this is discussed at the Local Maternity and Neonatal System (LMNS) with a report due to be presented back to the LMNS in December to clarify the issues before putting an improvement plan in place.

General practice: Recruitment efforts continue for the practice in West Somerset that had previously reported staffing difficulties. This now seems to be an improving picture; it is hoped that a stable workforce will reduce the risk of decline in quality of patient care. The ICB continue to work with those practices where document management issues have been highlighted, and improvement processes have been aligned with the practices and with CQC who continue to monitor the situation.

Care sector: Two CQC reports for care homes in Somerset have been published this reporting period, both with the result of Requires Improvement. Ongoing quality concerns include governance and training and the ICB are involved with reestablishing the joint Quality Improvement process for these homes with the Local Authority.

Annual reports: The second of the two presentation sessions of the Quality, Safety & Improvement Annual Reports 2023/24 has now been held, providing rich detail of the work taking place across the organisation and how we are meeting our statutory requirements.

Performance Summary

65 & 78 Week waits behind plan - Somerset ICB had 9 patients waiting over 78 weeks as at 30th September (8 at Somerset FT and 1 at Shepton Mallet) on a trust wide basis Somerset FT had 11 patients waiting over 78 weeks against a plan of 0. The most pressured speciality is trauma and orthopaedics at Somerset FT. On a trust-wide basis at Somerset FT is predicted that there will be 4 patients breaching at the end of December (all due to complexity). Somerset ICB had 258 patients waiting over 65 weeks as of 30th September, against a plan of 0 (223 at Somerset FT and 35 at other providers). On a trust wide basis, Somerset FT had 247 patients waiting >65 weeks and have forecasted 121 patients breaching at the end of December vs plan of 0. Somerset ICB and Somerset FT have identified T&O and some ENT capacity at London and Midlands providers and SFT has undertaken a digital questionnaire to identify patients who will be appropriate to these providers. Additional T&O capacity has also been sought at Somerset Surgical Services. North Bristol Trust have also agreed to provide capacity for clinically complex patients; however, this will not be for the longest waiting patients but will contribute to easing the overall waiting list pressures.

Overall Waiting list - behind plan

In September 2024 Somerset ICB's overall waiting list increased by 3% since April 2024 and Somerset FT's overall waiting list increased by 6.2%, as such both provider and ICB are worse than the 2024/25 plan, this is in part due to the increase in the waiting list for the Dermatology service following the repatriation of the service in November 2023. Other specialties contributing to this increase on both basis are Cardiology, Gastroenterology, Gynaecology, Neurology, other Surgical and other Paediatric services, work is underway to understand the increases in these waiting lists. The Elective care delivery board oversees a programme of improvement work to support elective care recovery and Somerset FT undertake waiting list validation. Somerset ICB has commissioned South Central and West Commissioning Support unit to undertake a 10-year Demand and Capacity analysis to understand what demand will look like in the future and the capacity available to enable the ICB to identify gaps in service provision and develop a plan to mitigate capacity shortfalls.

Elective Recovery Fund (ERF) - on plan

NHSE calculated ERF performance for July 2024 shows Somerset as just below the July operational plan 116.7% vs plan 116.9%, The latest local data is calculated to August 2024 which shows 118.3% vs a plan of 116.7%. ERF calculations are subject to change throughout the year as reported cumulatively and is impacted by uncoded activity data.

Performance Summary

Diagnostic Waiting list behind Plan – Discussed at SAF in July 2024 -The overall 6-week performance has declined since May 2024 to 78.5% vs plan of 86.8% in September 2024. The modality with the greatest pressure remains Echocardiography. Echo was initially above plan in April 2024 but has since declined to 50.4% vs plan of 85.85% in September 2024. A majority of Somerset patients are seen at Somerset FT, their Echo performance was 41.9% (+6.6% improvement on August). Drivers for this decline are staff shortages due to sickness and leavers. Somerset FT have put an insourcing contract in place which will now be extended to the end of the year. Waiting list initiatives have started and the trust have sought capacity in the Independent Sector. A recovery trajectory has been established which recovers the position to reach the 95% national standard by March 2025. Other modalities also contributing to the decline in performance with the largest backlog is MRI. Actions are in place to mitigate the backlog in this modality and weekly data indicates that performance is improving.

Cancer 28 Day Faster Diagnosis Behind plan – Discussed at SAF in July 2024 – Somerset ICB's 28 Day Faster Diagnosis Standard (FDS) performance has improved to 75% vs a plan of 77% in September 2024 from its decline in July 2024. Somerset FT's performance has also seen an improvement to 75.8% vs a plan of 77.1% in September. The tumour sites with the biggest challenges are Lower Gastrointestinal, Skin and Urological, this is due to an increase in demand which had impacted on diagnostic waiting times therefore elongating the pathway, however Endoscopic capacity is seeing an improvement which should positively impact this diagnostic phase of the pathway. A new cancer front door is under development (already live for Urology) which will streamline the first part of the pathway including a nurse-led triage and management of the diagnostic phase of the pathway. Additional capacity for the Lower Gastrointestinal pathway continues to be established and a self-referral pilot has commenced in Bridgwater. In the Skin pathway SFT have undertaken demand and capacity modelling and continue to established additional capacity and the new Tele-dermatology system is live across the county which will help to manage routine demand. In the Urological pathway, redesign continues. Performance is set to improve in October and continue thereafter.

Cancer 62 Day combined standard behind plan/ Cancer 62 Day backlog - The 62-day combined standard is currently performing worse than plan for Somerset ICB declining to 63.9% vs a plan 66.9% in September from 71.1% in August. Somerset FT has also seen a decline in this standard to 64.3% vs plan of 66.5% from 72% in August, this is due to pressures in Lower Gastrointestinal , Skin and Urological pathways. Poorer performance in the 62 day pathway for the Skin and Urological pathways is in part, due to a reduction in the 62 day backlog throughout September. Latest data shows that the 62 day Cancer backlog increased to 253 by the end of October (compared to the end of September 224) and has since increased again to 258 as at 03/11/2024. Skin, Urological, Lower GI and Head and Neck suspected cancers making up 85.3% of the backlog. It is expected that the planned mitigations (as noted under the 28 day Faster diagnosis section) will deliver the operational plan.

Performance Summary

A&E 4 Hour Performance behind plan - A&E (combined ED and UTC) performance in October 2024 was 73.5% against the 78% plan, which shows a decline on the previous month. ED performance declined at both Somerset FT sites (Musgrove Park Hospital (MPH) 51.3%, Yeovil District Hospital (YDH) 65.2%) and UTC performance remains above 95%. This is in a backdrop of increased demand (A&E attendances and high levels of NCTR). Improvement actions include: a programme of work to increase weekend discharges to improve flow across the hospital site, a UTC pilot at YDH has been approved and will be in place from approximately February and recruitment is underway to strengthen the ED workforce. In addition, discussions are underway to explore options to support minor demand differently across Winter to provide resilience ahead of the UTC being in place and similar discussions are underway to explore alternative options throughout Winter at MPH ED whilst exploring the longer-term arrangements needed to accommodate a UTC. The Junior Doctor rota change in August 2024 has significantly improved available doctor hours in the YDH ED in-hours, and work will be undertaken to focus on out-of-hours next. YDH has successfully recruited three new middle grade doctors to join over the next few months. Two ED Consultant posts are out for advert. A middle grade rota proposal has also been developed for YDH. Work is being undertaken to focus on GP shift time cover at MPH, to cover where highest demand is (afternoon and evening hours), and to increase contracts to cover late shifts. MPH held interviews for two ED consultant posts in October 2024, and a middle grade post is also on track for recruitment. There has been a relaunch of more frequent safety huddles at MPH to ensure appropriate and timely pathways for patients.

NHS 111 – Clinical call back <20 minutes (KPI5a) performance has declined from 72.5% in August to 48% in September and October. This is due to unforeseen consequences following a number of changes the provider instigated early September, including creating a combined clinical advisor queue and capping agency spend, which resulted in lower rota fill. This is in addition to a reported increase in 111 activity particularly on certain days (e.g. Mondays). To address this, the provider has reviewed the level of agency spending cap and reviews rota fill position weekly to determine any required flex to that to increase clinical rota fill as needed. In addition, the provider has negotiated revised lower rates with agencies alongside ongoing recruitment of clinical advisors into substantive roles. The provider has also disaggregated the clinical queue, so these are, again, separate including a specific Somerset queue. Non-clinical floor-walkers are now available to support health advisors in a bid to reduce non-clinical queries entering the clinical queue, thereby alleviating pressure. The remedial actions should show improvement in performance in the coming weeks and is monitored by the ICB weekly.

Patients in hospital with No Criteria To Reside (NCTR) behind plan - The number of patients with NCTR at Somerset FT as at the end of October 2024 remains significantly above plan and these patients are occupying 22.4% of adult G&A beds against the plan of 10%. However, this trajectory has been revised as part of the 6-month review with NHSE to achieve 15% by March 25. One of Somerset ICS priority areas for 2024/25 is System Flow and a new Associate Director of Strategic Programmes has been appointed who will oversee the delivery of a programme of work to reduce NCTR. A working Group has been established to conduct a rapid review of the Pathways to define the individual pathway criteria and future capacity requirements. A dashboard is in development to track the benefits of the Intermediate Care Service and the costs of ongoing care (at home with support, care home placements and within community hospitals) as pathways evolve. From the end of August, a combined NCTR dataflow established across MPH and YDH which reports acute hospital delays by pathway and locality which compliments other locality reporting to provides granularity at a geography level.

CYP Access – on plan - For YTD 2024/25 to August, Somerset delivered 6,780 contacts (90.7% of the annual target of 7,479 contacts) representing a year-on-year increase of 30%. To improve performance further an ongoing programme of work is focused on data quality, completeness, and flow of new activity data from Voluntary Sector providers (such as Barnardo's and SWEDA).

Dementia diagnosis behind plan - Performance in September was 56.1% against the improvement plan ambition of 57.26%. The key issues underpinning Somerset's challenged performance is diagnosis coding and a fortnightly Huddle is in place to monitor progress of the improvement actions.

Talking Therapies - 1st to 2nd treatment within 90 days behind national ambition - August national data shows 27% against the ≤10% national ambition. Almost all cases are very complex and require highly skilled therapists. This demand and capacity mismatch mirrored across many systems throughout the Southwest Region.

People Summary

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

Workforce Turnover rate (SFT): The turnover rate has been below (better than) plan since April 2024. At September 2024 performance was 11.3% against a plan of 12%.

Sickness absence 12 month rolling (SFT): The 12 month rolling sickness absence rate has decreased to 5.1% in September (slightly worse than plan of 4.9%)

Total Workforce vs 2024/25 Operational plan (SFT): The full year plan WTE (12,505) is the workforce target SFT have committed to achieve by the end of March 2025 in the Operational Plan submission. As of September 2024 SFT are at 12,561 WTE which is 95 WTE below (better than) the planned September position of 12,656 WTE and is on course to meet the year end plan. The Trust continues to exercise control over its workforce numbers and is ahead of plan on workforce CIP schemes.

Agency WTE vs 2024/25 Operational plan (SFT): In September 2024 Agency staffing was 163.8 WTE in total which is 1.3% of total workforce WTE and is 31 WTE (16%) lower (better) than plan. Vacancies continue to be the largest driver of agency use with continuing pressure on hard to recruit medical roles. Effective controls and authorisation protocols remain in place.

People Summary

Primary Care – GP workforce WTE vs plan: GP numbers are better (higher) than plan in September 2024 (396.5 against the plan of 380), indicating positive recruitment and more starters than leavers YTD. Please note, these GP numbers include GPs that are in training. The main area of increase since August has been in salaried GPs. From 1 October 2024 to 31 March 2025, the Additional Roles Reimbursement Scheme (ARRS) has been expanded to offer PCNs the ability to claim for reimbursement for General Practitioners from within a ringfenced GP Sum specifically for this role.

All GPs	GP Partners	Salaried GPs	GPs in Training	GP Retainers	GP Regular Locums
396.5	170.0	119.8	100.9	2.3	3.4

Unplanned service closures due to Workforce Capacity: This is a new measure and there is no specific target. We are reporting total hours of unplanned closures due to staffing issues within Community Pharmacies.

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Community Pharmacy Closures (hr:min)	13:30	38:30	90:30	75:00	164:00	23:00

Community Pharmacy contractors (unlike General Practice) are subject to stringent legislation relating to the operation of Registered Premises; the impact of individual pharmacist absences on service operation is therefore high risk. In Somerset there is a specific contractor with significant problems recruiting and 85% of the hours lost relate to this group of pharmacies. The SW CCH is working closely with this contractor to support them.

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

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Number of off-framework shifts	122	33	34	24	36	23

Off-framework agencies have been used in all 7 systems in the South West region since July. Somerset’s performance is in line with the regional average. In September there were 23 off-framework shifts within SFT, reduced from 36 in August and 122 in April. The Trust still reports zero off-framework usage for Medical, Healthcare Science, Allied Health Professional or non-clinical roles. The residual off-framework shifts used are all within Nursing/Midwifery and were all authorised at Executive level as break-glass action to prevent significant risk to patient care, due to last-minute need (e.g. sickness absence) in specialist areas. Paediatric and neonatal nursing continue to account for the majority of off-framework use.

Finance Summary

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

Following the refresh of the system MTFP in September the system underlying financial deficit was assessed to have increased from £65.5m to £69.7m. The main drivers of this increase relate to a £10.2m recurrent shortfall in savings delivery and recurrent pressure of £2.0m against the Learning Disabilities Pooled Budget. These increases were partially offset by Elective Recovery Fund income of £9m being assumed as recurrent.

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

Performance against organisation-specific and system control totals

£000's	Month 6			YTD Month 1-6			Forecast Outturn 2024/25		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Somerset ICB	0	0	0	0	0	0	0	0	0
Somerset FT	(445)	739	1,184	(12,601)	(12,601)	0	0	0	0
NHS Somerset	(445)	739	1,184	(12,601)	(12,601)	0	0	0	0

NHS Somerset forecasting to deliver a balanced outturn position for the 2024/25 financial year. The year-to-date position is now on plan at month 6 following national allocations to fund the cost impact of the junior doctor's industrial action in June/July.

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

At month 6, NHS Somerset's capital programme is £5.5m behind plan year-to-date. Forecasted capital outturn for 2024/25 is £1.8m below our CDEL driven by disposals and grants/donations being above plan.

Finance Summary

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

The system has an agency plan of £38.2m this financial year (this is £10.8m above Somerset's agency cap of £27.4m). This cap represents a reduction of 26% against 2023/24 agency spend of £36.8m. At month 6, total system agency costs are £3.6m below plan year to date (£3.4m over cap); and are forecasted to be £6.8m lower than plan this financial year (£4.0m above cap).

- **Savings Programme – behind plan**

At month 6, year-to-date NHS Somerset delivery of efficiencies is behind plan by £0.4m, with a shortfall of £4.7m in recurrent savings. This is due to the system being behind schedule in achieving slippage savings against the Service Development Fund.

Despite NHS Somerset forecasting to deliver total efficiencies in line with plan this financial year, the level of recurrent savings forecasted to be delivered is £9.3m below plan.

- **Mental Health Investment Standard – on plan**

NHS Somerset is expecting to meet the MHIS target of a 4.6% (£5.0m) additional investment into Mental Health this financial year.

- **Risks and Mitigations – ahead of plan**

At month 6, NHS Somerset currently has gross risks of £10.9m with a net nil risk position after mitigations. This net nil risk position is a reduction of £14.0m compared to the 24/25 plan.