

<b>REPORT TO:</b>	<b>NHS SOMERSET INTEGRATED CARE BOARD</b> ICB Board Part A	<b>ENCLOSURE:</b>
		N
<b>DATE OF MEETING:</b>	27 March 2025	
<b>REPORT TITLE:</b>	Integrated Board Assurance Dashboard and Exception Report from the System Assurance Forum 1 April 2024 to 31 January 25	
<b>REPORT AUTHOR:</b>	Alison Henly – Chief Finance Officer and Director of Performance and Contracting	
<b>EXECUTIVE SPONSOR:</b>	Alison Henly – Chief Finance Officer and Director of Performance and Contracting	
<b>PRESENTED BY:</b>	Alison Henly – Chief Finance Officer and Director of Performance and Contracting	

<b>PURPOSE</b>	<b>DESCRIPTION</b>	<b>SELECT</b> (Place an 'X' in relevant box(es) below)
<b>Approve</b>	To formally receive a report and approve its recommendations, (authorising body/committee for the final decision)	
<b>Endorse</b>	To support the recommendation (not the authorising body/committee for the final decision)	
<b>Discuss</b>	To discuss, in depth, a report noting its implications	
<b>Note</b>	To note, without the need for discussion	
<b>Assurance</b>	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 January 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 January 25.

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

<b>Reducing Inequalities/Equality &amp; Diversity</b>	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
<b>Quality</b>	Decisions regarding improvements against the performance standards are made to deliver regarding the best possible value for service users.
<b>Safeguarding</b>	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
<b>Financial/Resource/Value for Money</b>	ICB revenue resource limit as of 31 January 2025 was £1,440,73,000
<b>Sustainability</b>	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.
<b>Governance/Legal/Privacy</b>	Financial duties of NHS Somerset not to exceed its cash limit and comply with relevant accounting standards.
<b>Confidentiality</b>	No issues are identified
<b>Risk Description</b>	NHS somerset must ensure it delivers financial and performance targets

# Integrated Board Assurance

## Exception Report

January 2025














## Quality

### Areas of Focus

- Patient Safety – Patient Safety Incident Investigations (PSIIs)
- Infection Prevention Management
- Safeguarding
- Medicines management
- Maternity services
- Paediatric services
- General practice
- David Fuller mortuary inquiry – phase 1
- Clinical interventions in education
- System pressure







## Performance

### Areas of Focus

	Current Plan/Target	Performance
• Type 1 A&E 4-hour performance (SFT)*	64.9%	
• G&A Bed Occupancy (SFT)*	96.50%	
• 12 Hour Trolley Breaches (SFT)**	0	
• Ambulance lost hours >30 minutes (SFT)*	5.00%	
• Ambulance average handover times (SFT)*	30 minutes	
• Number of incomplete pathways (SFT)*	62,034	
• Diagnostics waiting list <6 weeks MRI*	93.9%	
• Diagnostics waiting list <6 weeks CT*	91.5%	
• Talking Therapies 1 <sup>st</sup> to 2 <sup>nd</sup> treatment wait >90 days**	10%	
• CYP access to mental health services*	7,479	
• Referral to treatment - Patients waiting >65 weeks (SFT)*	170	

## People

### Areas of Focus

	Current Plan/Target	Performance
• Workforce retention & attrition (SFT)	12%	
• Sickness absence (SFT)	4.80%	
• Agency WTE vs Plan (SFT)	220	
• Total Workforce WTE vs Plan (SFT)	12,614	
• GP Workforce vs Plan (Primary Care)	386	
• Unplanned Service Closures (Community Pharmacy) due to Workforce	N/A	
• Use of off-framework Agency shifts (SFT)	0	

## Finance

### Areas of Focus

	Current Plan/Target	Performance
• System underlying financial position	£65.5m 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	£38.2m plan/£27.4m cap	
• Savings Programme	£50.6m recurrent	
• Mental Health Investment Standard	£7.8m	
• Risks and Mitigations	£24.9m gross risk	

## Quality Summary

**Patient Safety Incident Investigations (PSIIs):** The ICB has been made aware of 12 PSIIs between the months of January and February 2025: Six from Somerset Foundation Trust (SFT), five from Practice Plus Group (PPG) Shepton Mallet, and one from Nuffield Health Taunton. Not all 12 occurred during the months of January and February, the majority have been reported retrospectively. Three of the 12 are Never Events: one wrong-site surgery at SFT, and two wrong-implants at PPG. One of the 12 reported is a homicide. As at the end of February 2025 there are a total of 21 PSIIs open and ongoing across the county.

**Infection Prevention Management (IPM):** Somerset system has seen high numbers of respiratory infections (Influenza A, Respiratory Syncytial Virus, and Covid) across the system affecting both secondary and primary care services with patient activity, hospital admissions, outbreaks and staff sickness across all services. This reflects the national picture. Somerset has seen an increase in Norovirus infections across the population which has impacted on both primary and secondary care services due to patient activity, outbreaks and staffing levels across all services. This reflects the national picture. A review of future vaccination plans and anti-viral medication supply is being undertaken.

**Safeguarding:** Assurance has been provided on health system recommendations within the Joint Targeted Area Inspection (JTAI) action plan on a quarterly basis, with the focus now on evaluating impact on practice. A positive safeguarding insight visit to both Emergency Departments within SFT was undertaken as part of a new quality assurance initiative within the Somerset Safeguarding Children Partnership (SSCP). NHSE South West's Safeguarding Team is visiting in June, preparation includes a benchmarking exercise against the NHSE safeguarding protocols. Serious safeguarding issues have been raised regarding a Somerset patient at an out of county Medium Secure Unit, a review of which is being led by the host commissioner with Somerset ICB support. The Designated Doctor for Safeguarding Children has received a highly commended at the South West Integrated Personalised Care Awards for the Supporting New Fathers project.

**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 the quality and safety of prescribing including addressing unmet need. Somerset has the lowest prescribing costs per head of population in the South West region and is one of only two of 42 ICBs where prescribing costs are lower than costs in 2023/24. It has been recognised that we must also focus on areas where under-prescribing may be affecting patient outcomes and this area of review is being scoped.

## Quality Summary

**Maternity Services:** 80% of the CQC 'must do' and 'should do' actions have now been completed, 13 have been peer reviewed and closed. It was agreed at the Local Maternity and Neonatal System (LMNS) Board that there is insufficient evidence to declare compliance with the Saving Babies Lives Care Bundle, however an improvement plan has been developed and the ICB Perinatal Team are taking forward the LMNS programme oversight. The Maternity Safety Support Programme diagnostic report is expected imminently. Following a review of the evidence SFT are expecting to declare compliance with seven of the 10 Maternity Incentive Scheme safety actions.

**Paediatric services:** SFT have received and are acting upon initial feedback following the CQC inspection in January.

**General practice:** Significant progress has been made with the document backlog across one Somerset provider, the quality and primary care teams continue to monitor to ensure improvement is sustained. Although efforts continue, recruitment remains challenged for a practice in West Somerset and the quality team continue to support the provider and practice team with their quality improvement plans.

**David Fuller mortuary inquiry – phase 1:** Positive assurance visits have taken place to both acute sites following the inquiry to ensure that the recommendations made by NHS England in their letter dated October 2021 had been implemented and sustained. There is one outstanding action at one site regarding CCTV which has been escalated.








**Clinical interventions in education:** There are emerging challenges relating to meeting the health needs of children with medical conditions in education settings resulting in a risk that these children may not be in school, thus disadvantaging them in terms of education and social support. A working group is looking to seek a regional resolution.

**System pressure:** Somerset is starting to see an improving picture from the winter period. Feedback from frontline staff continues to be that the acuity of patients accessing healthcare is high. Since the last report SFT have had two periods where they've declared Business Continuity Incidents due to significant pressures. Infection prevention and control issues have added a further layer of complexity to patient flow, most recently due to Norovirus. The SCC has coordinated two gold calls due to patients being held in ambulances for in excess of 6 hours. The ICB are working with system partners to maximise the 4-hour target to 78% by the end of March 2025. The ICB Quality Team are looking at trends in patient harm and any actions required.



## Urgent & Emergency Care Matrix

### Urgent and Emergency care metrics

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

In February 2024 no headline urgent and emergency care metrics are demonstrating special cause concerning variation and improvements have been seen in both Category 2 (Mean) Ambulance Response Times and Virtual Wards (Hospital at Home)

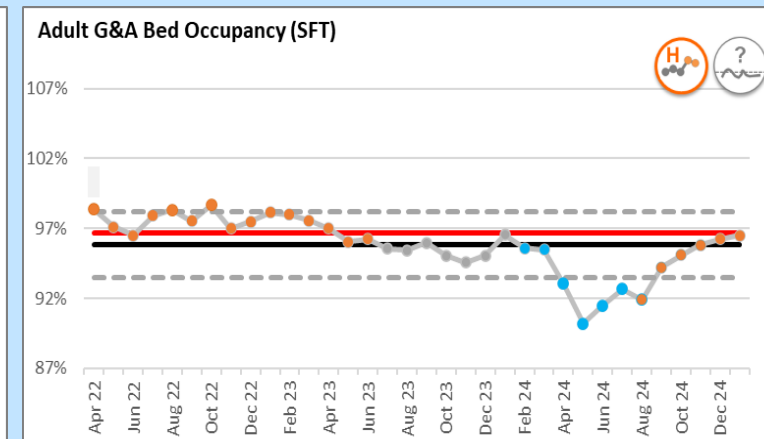
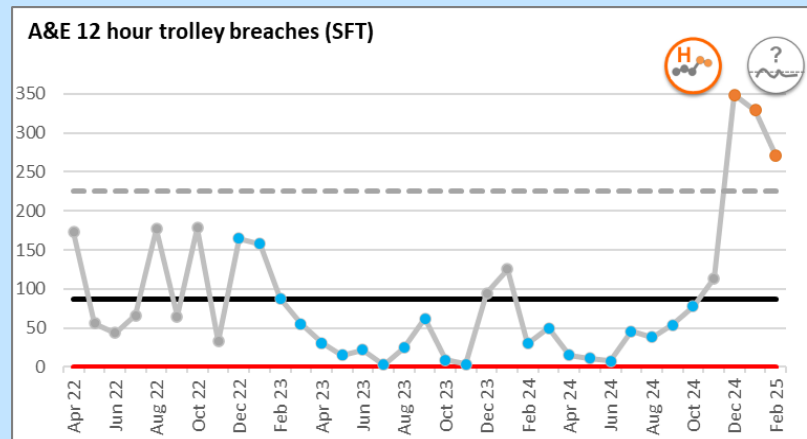
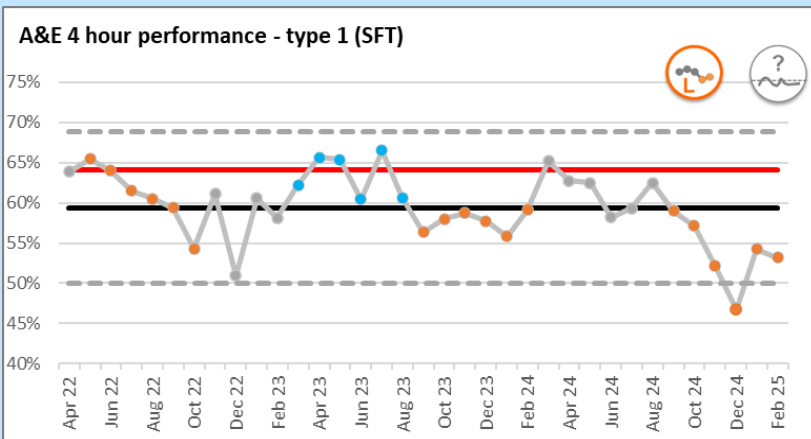
- Category 2 response times has improved for 2 consecutive months and has fallen below the mean (positive improvement) with performance of 42.5 minutes. Despite the improvement, we remain significantly behind the national standard of 18 minutes
- Virtual Ward (Hospital at Home) service occupancy has incrementally increased over the past 4 months and is above the mean in February with performance of 50.3%

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:

- Avg. Handover Time
- A&E (Type 1) 4-Hour Performance
- A&E 12-hour Trolley Breaches
- Adult G&A Bed Occupancy



## Urgent & Emergency Care Performance Summary



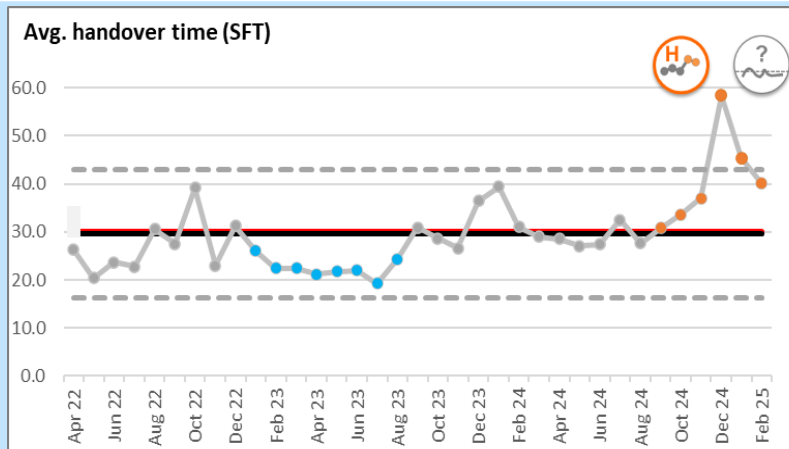
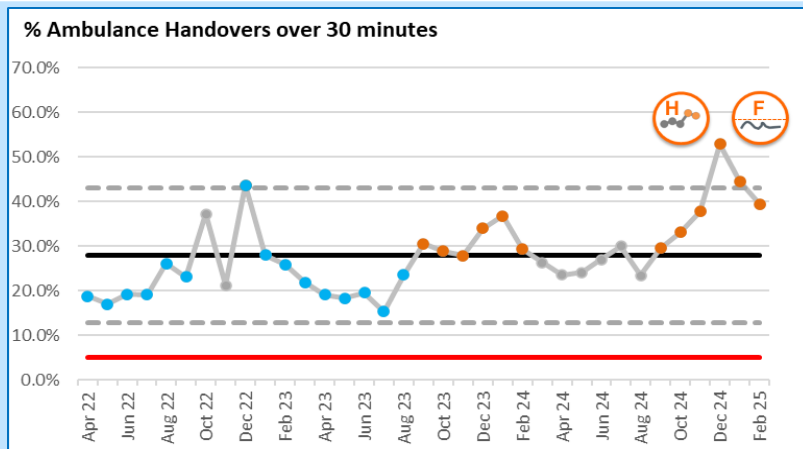
The impact of winter pressures can be seen in A&E Type 1 4-hour performance and shows a month on month decline between September and December 2024 falling below the lower control limit at the end of this period. Performance has marginally improved in Quarter 3 and in February 2025 was 53.2% against a plan of 64.9% (Musgrove Park Hospital 49.8%, Yeovil District Hospital 57.7%). Combined (all types) performance is at 73.0% and remains significantly behind the plan of 78%

Alongside the challenge with 4-hour performance we have seen a significant increase in the number of patients spending more than 12 hours in the A&E department (from decision to admit to admission) and in December 2024 breached the upper control limit. The number of breaches has started to reduce but remains above the mean and upper control limit; in February 2025 there were 271 patients compared in February 2024 (and 1,313 during the cumulative period April 2024 to February 2025) and represents 1% of A&E attendances compared to 3% Nationally

Underpinning the decline in A&E performance is challenges with flow across the hospital sites with high levels of patients with No Criteria to Reside and increased levels of staff sickness. Actions to improve performance include recruitment of medical posts, ahead of UTC pilot at YDH additional Urgent Treatment Capacity established, new respiratory hub to launch in Yeovil PCN in January and pathway improvement works underway across both sites

Adult A&E bed occupancy has been increasing since later summer (August 2024) and has breached the mean, and nearing the upper control limit; in February 20235 bed occupancy was 97.7% (MPH 97.6% and YDH 97.9%) with reliance on escalation bed capacity

## Urgent & Emergency Care Performance Summary










The proportion of ambulance handovers taking more than 30 minutes increased since September 2024 and saw a further deterioration in December 2024 where the upper control limit was breached. The proportion of handover exceeding 30 minutes remains above the mean and in February 2025 represented 39.5% of all handovers. This pattern is also observed in average handover time, which in February was 40.1 minutes against the 30-minute ambition and an improvement of 18.4 minutes on December

Performance continues to be impacted by high numbers of patients waiting to be seen due to limited flow out of the A&E department and an increase in the number of patients presenting with more severe illnesses or medical conditions

Actions to improve performance include implementation of the actions from the Front Door Audit, delivery of Hospital Flow Programme actions to improve bed occupancy, SWAST 'Timely handover' has been utilised where safe and the System has worked closely to embed the new escalation process for delayed ambulances

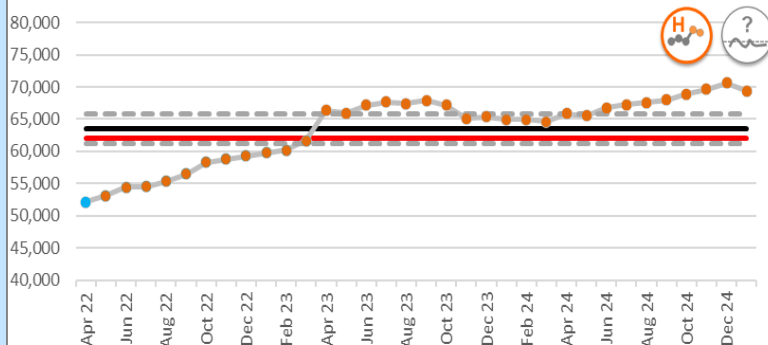
## Elective Care Matrix

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

- There are no headline elective metrics that are not achieving the 2024/25 operational plan/target **and** flagging special cause concerning variation
- **Diagnostics**  
We have reviewed Diagnostic > 6 week waits by modality and both MRI and CT have flagged as areas not meeting the operational plan and showing special cause concerning variation.
- **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.
- **Incomplete pathways (waiting list size)**  
This metric has flagged as having special cause concerning variation and is at risk of deteriorating further.

## Elective Care Performance Summary

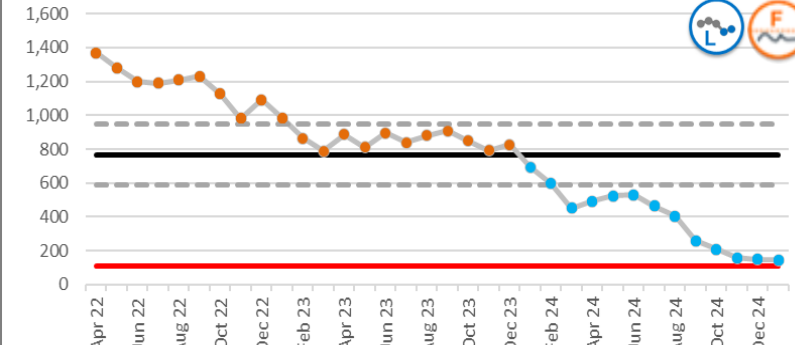
Number of incomplete pathways (Waiting list size)



### Number of incomplete Pathways

- Somerset ICB waiting list has increased by 7.4% since March 2024 and is above (worse than) the 2024/25 operational plan.
- This is due to increases in the Dermatology waiting list following the repatriation of the service in November 2023, other specialties increasing are Cardiology, Gastroenterology, Gynaecology, Neurology, other Surgical and other Paediatric services.
- The Elective Care Delivery Board oversees a programme of improvement work to support elective care recovery.
- Somerset ICB has commissioned SCW CSU to undertake a 10-year Demand & Capacity analysis to enable gaps to be identified in service provision and develop a plan to mitigate capacity shortfalls.

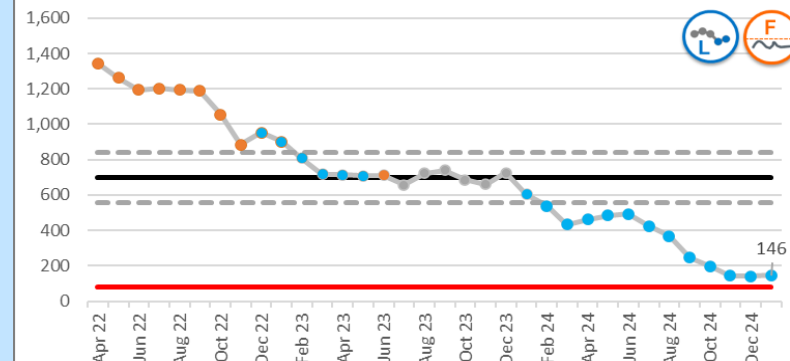
>65 week waits (ICB)



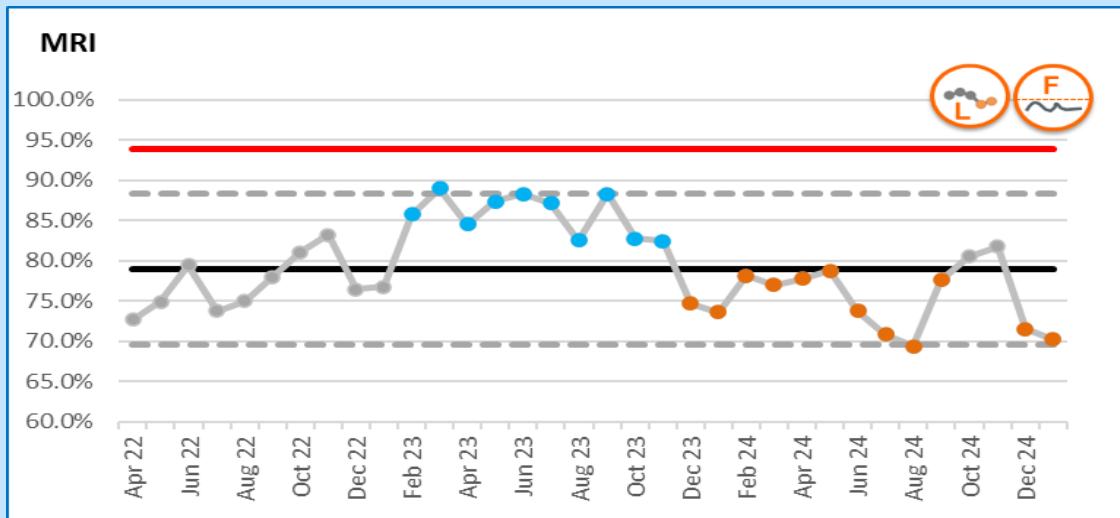
### >65 week waits

- The numbers of patients waiting > 65 weeks continue to reduce on both a SFT and ICB basis.
- Somerset FT is tracking slightly above the updated plan with a forecast of 67 patients breaching March 25.
- A majority of the remaining breaches are complex cases in Trauma and Orthopaedics and Urology.
- There was no requirement for the operational plan to be updated on an ICB basis and the ICB is therefore still above (worse than) the original plan and ambition of 0 by September 2024.
- Whilst 90% of Somerset ICBs patients waiting longer than 65 weeks are at Somerset FT, a small proportion are located outside of Somerset and are across a range of specialties.
- We continue to monitor this position weekly and monthly on a specialty level basis.

>65 week waits (SFT)

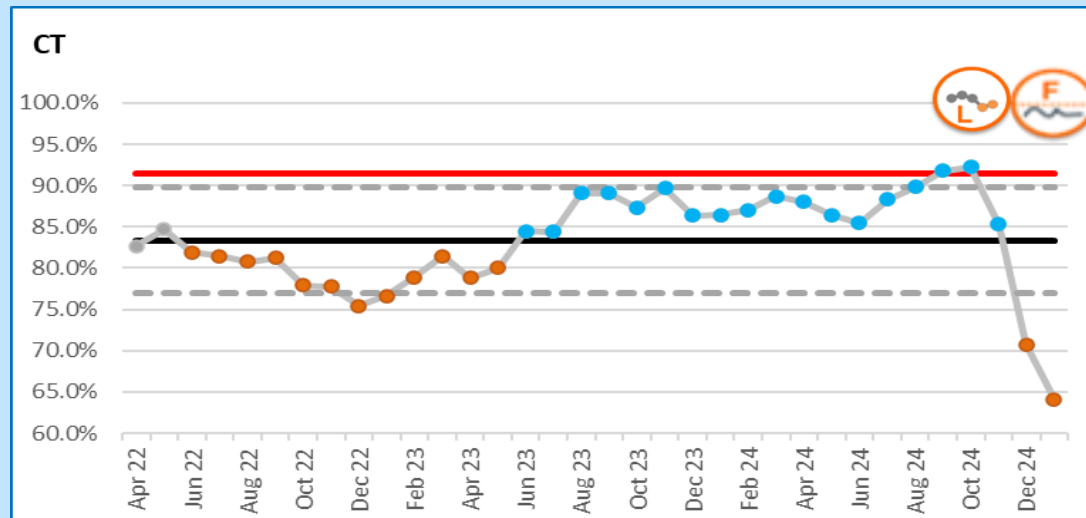


## Elective Care Performance Summary



### Magnetic Resonance Imaging (MRI)

- The above diagnostic modality is performing below the individual operational plan and are showing concerning variation.
- Performance in MRI is impacted by very high demand for more complex scans continuing at Somerset FT which was further compounded by capacity lost over the Christmas period due to bank holidays and sickness.
- The Trust have swapped the MRI Scanner at Bridgwater hospital for one that can undertake more complex scans and access to scans are being increased from 5 to 7 days per week.
- We will continue to monitor performance of this modality

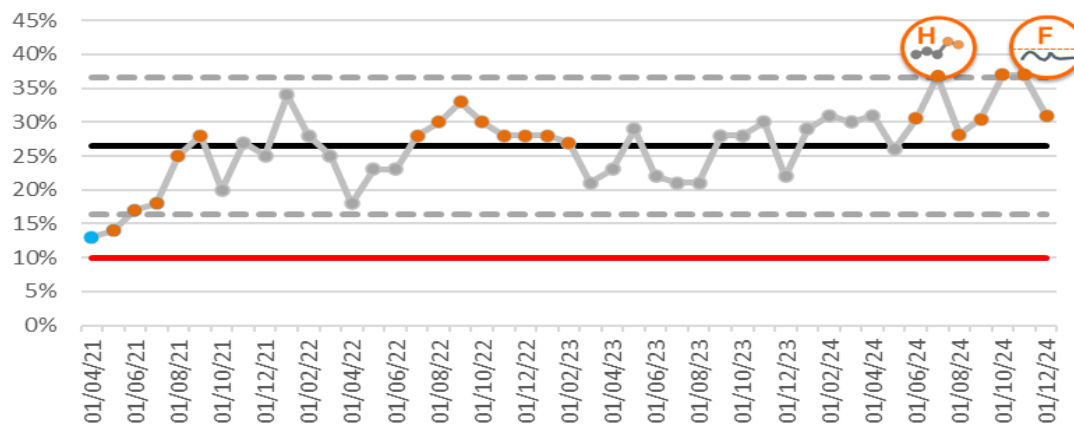


### Computed Tomography (CT)

- The above diagnostic modality is performing below the individual operational plan and are showing concerning variation.
- Performance in CT is impacted by the capacity lost over the Christmas period due to bank holidays and sickness at Somerset FT.
- A mobile CT scanner has been hired and is in place at Bridgwater community hospital.
- We will continue to monitor performance of this modality

## Mental Health Performance Summary

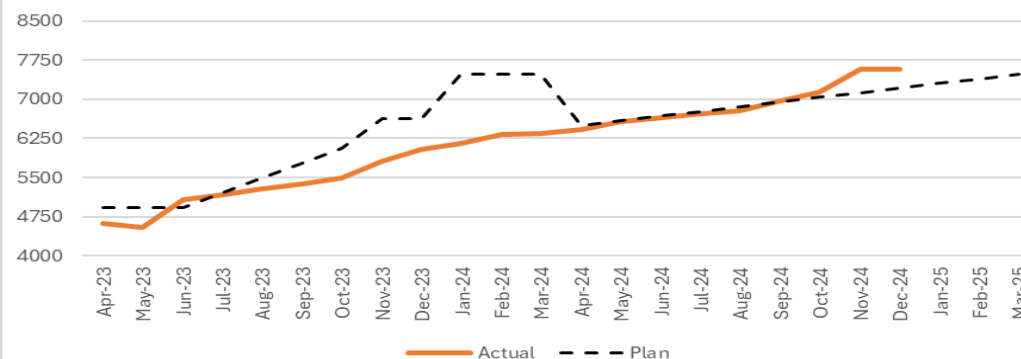
### Talking Therapies - 1st to 2nd treatment >90 days



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

- Mean performance of 26% in Somerset (since April 2021) is higher (worse than) the ≤10% national ambition, and performance has been deteriorating with performance of 31% in December 2024.
- Almost all cases are very complex and require highly skilled therapists.
- This demand and capacity mismatch mirrored across many systems throughout the Southwest Region, this is a national issue, with the England performance at 24.9%.
- Actions to improve performance include an increase in group work and a review of productivity across the service.

### Number of CYP aged under 18 supported through NHS funded MH services receiveing at least one contact - national data



### Children & Young Persons (CYP) Access to Mental Health services

- CYP access reports a 12-month rolling position each month and therefore not suitable for SPC logic
- Performance has continued to show a significant improvement throughout the financial year; on a rolling 12-month basis to December 2024, Somerset delivered 7,575 contacts which represents 101.3% of the annual target
- This performance improvement has been achieved by an ongoing programme of work focused on data quality, completeness, and flow of new activity data from Voluntary Sector providers (such as Barnardo's and Mind).
- We aim to continue to build on this success and it is anticipated that Somerset will meet the annual target by the end of the financial year.

## 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 February 2025 performance was 11.0% against a plan of 11.6%.

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

**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 January 2025 SFT are at 12,614 WTE which is 5 WTE above the planned January position of 12,609 WTE. 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 November 2024 Agency staffing was 188 WTE in total which is 1.5% of the total workforce WTE and is 32 WTE (19%) lower (better) than the plan of 220 WTE. Vacancies continue to be the largest driver of medical and other clinical agency use with continuing pressure on hard to recruit medical roles. For nursing roles the drivers are more mixed, including sickness absence in key specialist areas. 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 January 2025 (399.8 against the plan of 386), 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; Southwest PCNs are in the process of taking this up.

All GPs	GP Partners	Salaried GPs	GPs in Training	GP Retainers	GP Locums
399.8	173.0	129.7	92.7	2.3	2.1

**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	Oct-24	Nov-24
Community Pharmacy Closures (hr:min)	13:30	38:30	90:30	75:00	164:00	84:00	114:00	53:30

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 Southwest Collaborative Commissioning Hub 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 NHSE requirement for removal of off-framework agency after July 2024.

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

Off-framework agencies have been used in all 7 systems in the South West region since July. Somerset's performance is in line with the regional average. Off-framework agency use deteriorated from November and peaked in January due to the increasing impact of sickness (including flu) together with significantly increased operational activity. The situation has improved significantly in February. As before, SFT still reports zero off-framework usage for Medical, Healthcare Science, Allied Health Professional or non-clinical roles. The off-framework agency shifts reported here are all within Nursing/Midwifery and all were authorised at Executive level as break-glass action to prevent significant risk to patient care, due to last-minute need (e.g. sickness absence) in specialist areas.

## Finance Summary

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

Following the refresh of the system MTFP in September NHS Somerset’s 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									
£'m	Month 10			YTD Month 1-10			Forecast Outturn 2024/25		
	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	2.2	2.2	0.0	(6.0)	(6.0)	0.0	0.0	0.0	0.0
Somerset Council	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Somerset ICS</b>	<b>2.2</b>	<b>2.2</b>	<b>0.0</b>	<b>(6.0)</b>	<b>(6.0)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

At month 10, NHS Somerset is breakeven year-to-date and is forecasting to deliver a balanced outturn position for the 2024/25 financial year. Somerset Council’s are forecasting to deliver a balanced outturn position this financial year with a reduced draw on Reserves of £25.8m compared to plan.

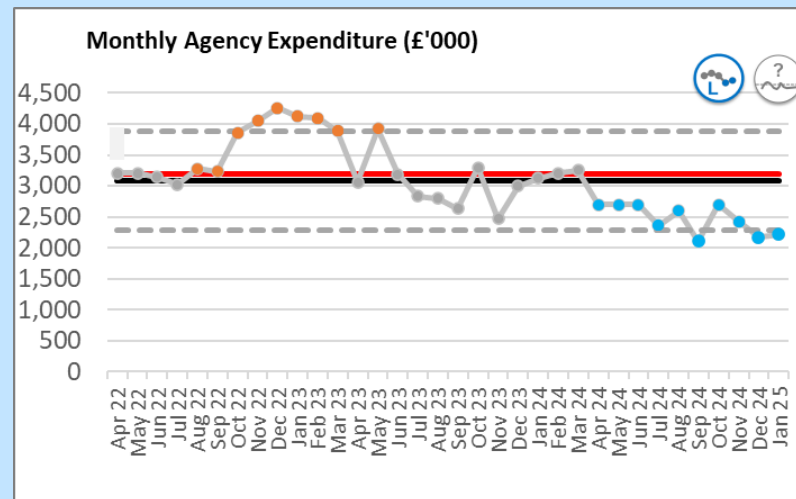
- **System financial performance YTD & forecast vs plan (capital) – slightly behind plan**

At month 10, NHS Somerset’s capital programme is £15m behind plan year-to-date. NHS Somerset is currently forecasting to spend in line with CDEL this financial year – with underspends against SFT CDEL offset by additional capital expenditure within Somerset ICB.

## Finance Summary

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

NHS Somerset 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 10, total system agency costs are £7.0m below plan year to date (£2.1m over cap); and are forecasted to be £6.5m lower than plan this financial year (£4.3m above cap). The chart opposite highlights the reduction in monthly agency spend seen this financial year (the Red target line is a 12<sup>th</sup> of the 24/25 plan)



- Savings Programme – behind plan recurrently**

At month 10, year-to-date NHS Somerset total delivery of efficiencies is on plan, although there is a shortfall of £7.4m in delivery of recurrent savings. This financial year, NHS Somerset is forecasting to deliver total efficiencies in line with plan. However, recurrent savings are forecasted to be £9.6m below plan, with non-recurrent savings making up a greater proportion of total savings than planned.

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

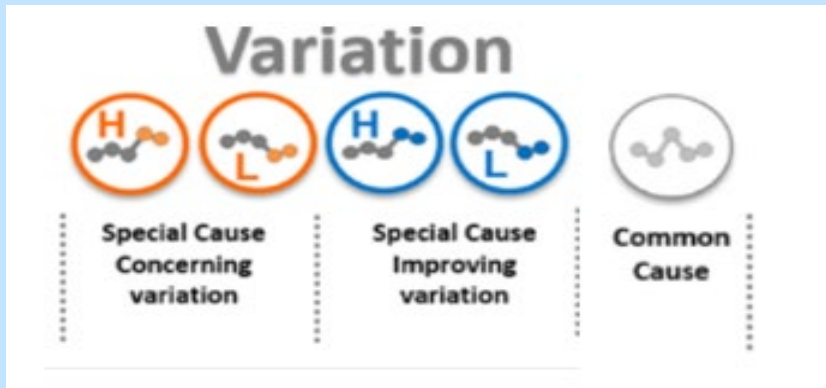
NHS Somerset is expecting to exceed the MHIS target of a 7.26% / £7.8m (increased in-year following pay award allocations) additional investment into Mental Health this financial year by £0.3m predominantly relating to spend against S.117 placements above plan.

- Risks and Mitigations – on target**

At month 10, NHS Somerset has a fully mitigated risk position, with gross risks of £8.7m before mitigations – this solely relates to the New Hospital Programme. This net nil risk position is reduction of £14.8m compared to the 24/25 plan.

## 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 26 FEBRUARY 2024

### 1 ITEMS DISCUSSED

- 1.1
- Maternity services improvement
  - Freedom to speak up
  - Quality and safety report
  - Feedback from System Quality Group
  - Feedback from System Mortality Group
  - Quality Committee risk report
  - Patient experience and complaints quarterly report
  - Safeguarding quarterly report
  - Joint targeted area of inspection (JTAI) action plan
  - Clinical interventions in education
  - Child deaths mortality review
  - Primary care national patient safety strategy
  - Medicines management update
  - Equality impact assessment audit

### 2 NEW ISSUES AND/OR NEW RISKS IDENTIFIED

- 2.1 The Committee received an update on the CQC's inspection of **paediatric services** and Somerset Foundation Trust are acting on the initial feedback received.
- 2.2 The Committee heard about emerging challenges faced by schools, health and families of children requiring **clinical interventions in education settings**. A working group is looking to seek a regional resolution

### 3 DECISIONS TAKEN BY THE ICB QUALITY COMMITTEE UNDER DELEGATED AUTHORITY

- 3.1 The Committee approved the **patient safety improvement group** terms of reference.

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

#### Items for Consideration/Decision

- 4.1 The Committee noted progress with the **maternity services** safety concerns following the **maternity safety support programme** onsite diagnostic visit; the perinatal team will be taking forward the local maternity and neonatal system (LMNS) work with ongoing support from Dorset. Following a review of the evidence Somerset Foundation Trust are

expecting to declare compliance with seven of the 10 **maternity incentive scheme** safety actions.

- 4.2 The Committee noted the significant improvements outlined in the **quality and safety report** with the document backlog across one Somerset primary care provider; the positive outcome from the insight visits to both acute site mortuaries as part of the David Fuller Phase 1 mortuary enquiry; and excellent care and leadership noted in the major trauma peer review at YDH. Particular areas for future update include rates of dementia diagnosis and patient transport.
- 4.3 The **safeguarding quarterly report** highlighted the approval of the ICB's safeguarding supervision policy and national sexual safety policy. NHSE Southwest Safeguarding Team is visiting in June. There is a focus on workforce and succession planning to ensure there are not significant gaps in specialist niche roles.
- 4.4 Assurance has been gained on two of the health focussed recommendations within the **joint targeted area inspection** action plan. These related to safeguarding training and oversight in emergency departments. The Committee noted ongoing work to update the child exploitation screening tool.
- 4.5 The Committee welcomed the findings of a thematic review of recommendations following reviews into **childhood mortality** which highlighted four key areas of focus to be taken forward by the service group: paediatric resuscitation, giving our patients a voice, child death review process including bereavement services and family engagement and sharing of learning.
- 4.6 The Committee received a summary of the **primary care national patient safety strategy** outlining the key commitments and plan to work with practices, the initial emphasis is on developing a safety culture.
- 4.7 The Committee were pleased to note improvements to the process for personal health budgets for CHC fast track patients highlighted in the **patient experience and complaints report**, however there is growing concern with regards to the backlog in CHC reviews. An update on the position with these reviews will be provided to the next meeting.

### **Reports for Information for Future Board Agendas**

- 4.8 None.

## **5 CHAIR'S SUMMARY**

- 5.1 I confirm that the summary above indicates the Committee's assurance in the matters listed and further work we expect in particular the quality and safety report, and the detail provided in relation to risks, patient safety and quality of care.

5.2 The Committee will expect updates on the progress of the maternity improvement programme and paediatric services provided by Somerset Foundation Trust, rates of dementia diagnosis, patient transport services, CHC review backlog, and clinical interventions within education settings.

Chair: Caroline Gamlin

Date: March 2025



**REPORT OF THE FINANCE COMMITTEE MEETINGS HELD ON 21 JANUARY  
(following verbal update at Board meeting on 23 January)  
and 19 FEBRUARY 2025**

**1 ITEMS DISCUSSED**

- 1.1
- 2025/26 Operational Guidance and Somerset Planning Principles, First cut 2025/26 Revenue Financial Plan and Capital Plan (1)
  - Scope for joint Better Care Fund Audit (2)
  - Future of the Learning Disabilities budget
  - Findings and Recommendations for ARRS Funding (3)
  - System – NHS Somerset and System Savings Programme (4)
  - Support for system procurements:
  - Community Wellbeing Service, Waste Management, GPIT Futures Framework
  - Contract Extensions
  - Contract Oversight Group ToR (5)
  - Public Facing Infrastructure Document (6)
  - Quarterly Risk Review

**2 NEW ISSUES AND/OR NEW RISKS IDENTIFIED**

- 2.1 No new risks, but 2025/26 financial and capital plan, once agreed, will require revision of risk score.

**3 DECISIONS TAKEN BY THE COMMITTEE UNDER DELEGATED AUTHORITY**

- 3.1 None

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

**Items for Consideration/Decision**

- 4.1 2025/26 Financial and Capital Plans to March Board.

**Reports for Information for Future Board Agendas**

- 4.2 None

**5 CHAIR'S SUMMARY**

- 5.1
1. First cut Financial Plans showing c£24m gap, considered at February meeting, to be further reviewed at March meeting, along with Capital Plan, prior to March Board consideration.

2. This is a joint audit with Somerset Council and the committee was assured that the final brief was appropriate and focussed.
3. The Committee received findings on use of ARR's, indicating considerable variation in the use of funds which are available directly to GP practices via national drawdown. Recognising the potential of this funding for neighbourhood and integrated working the committee was pleased to hear that Somerset is contributing to national work in developing effective use.
4. The committee continued its close monitoring of savings programmes, delivering well overall, and the continuing disappointing delivery of recurrent savings.
5. With minor amendments the Committee agreed the final terms of reference, requested a review after three months and revision of the level of contract expenditure which required Board approval.
6. This brief public facing document, following the committee and Board's previous agreement to the fuller document, was accepted by the committee with specific recommendations for future versions.

Chair: Christopher Foster

Date: 14 March 2025