Somerset NHS Foundation Trust	
REPORT TO:	The Trust Board
REPORT TITLE:	Quality and Performance Exception Report
SPONSORING EXEC:	Pipa Moger, Chief Finance Officer
REPORT BY:	Associate Director – Planning and Performance Senior Performance Manager Chief of People and Organisational Development Deputy Chief Nurse Director of Elective Care
PRESENTED BY:	Pippa Moger, Chief Finance Officer
DATE:	7 November 2023

Purpose of Paper/Action Required (Please select any which are relevant to this paper)		
☒ For Assurance	☐ For Approval / Decision	☒ For Information

Executive Summary and Reason for presentation to Committee/Board	Our Quality and Performance Exception Report sets out the key exceptions across a range of quality and performance measures, and the reasons for any significant changes or trends. Covid-19 continues to have a significant impact on a range of access standards, whilst restoration work is being undertaken to reduce the number of patients waiting and to shorten waiting times. As referrals recover to pre-Covid-19 levels this will also have an impact on services and numbers waiting. Urgent and emergency patients continue to be prioritised, to receive the treatments they need. Areas in which performance has been sustained or has notably improved include: • CAMHS Eating Disorders - Urgent referrals to be seen within one week and Routine referrals to be seen within four weeks, both of which are above the national standard and the national average. • The percentage of Talking Therapies patients moving to recovery, which is also above the national standard and the national average. • Patients followed up within 72 hours of discharge from an adult mental ward.

	Areas in respect of which the contributory causes of, and actions to address, underperformance are set out in greater detail in this report include: • the percentage of patients seen within four hours and spending longer than 12 hours, in our accident and emergency department and minor injury units. • Talking Therapies, percentage of people waiting under six weeks for their first therapy session. • the percentage of people waiting under six weeks for a diagnostic test. • the percentage of ambulance handovers completed within 30 minutes of arrival at our Emergency Departments.
Recommendation	The Board is asked to discuss and note the report.

Links to Joint Strategic Objectives (Please select any which are impacted on / relevant to this paper)	
☒ Obj 1	Improve health and wellbeing of population
☒ Obj 2	Provide the best care and support to children and adults
☒ Obj 3	Strengthen care and support in local communities
☒ Obj 4	Reduce inequalities
☒ Obj 5	Respond well to complex needs
☒ Obj 6	Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
☐ Obj 7	Live within our means and use our resources wisely
☒ Obj 8	Develop a high performing organisation delivering the vision of the Trust

Implications/Requirements (Please select any which are relevant to this paper)					
☐ Financial	☒ Legislation	☒ Workforce	☐ Estates	☐ ICT	☒ Patient Safety/ Quality

Details:
The report provides an update on issues relating to patient safety and quality of service delivery, in Section 1 and also in Appendices 3, 4, 5, and 6. (patient safety and quality)

The report provides an update on issues relating to staffing, in Section 1 and also in Appendix 4. (workforce)

The report provides an update, by exception, on the position relating to statutory Fire training, in Section 1. (legislation)

Equality and Inclusion

The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can. How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?
A range of key indicators, relating to waiting times for treatment including acute hospital services, cancer services, and mental health services, are routinely monitored to provide assurance that there is equity of provision and access in relation to people with protected characteristics. This includes standards delivered according to recorded ethnicity and learning disability. Our workforce measures also include indicators relating to ethnicity, gender and disability.
All major service changes, business cases and service redesigns must have a Quality and Equality Impact Assessment (QEIA) completed at each stage. Please attach the QEIA to the report and identify actions to address any negative impacts, where appropriate.

Public/Staff Involvement History How have you considered the views of service users and / or the public in relation to the issues covered in this report? Please can you describe how you have engaged and involved people when compiling this report.
Not applicable for this report.

Previous Consideration (Indicate if the report has been reviewed by another Board, Committee or Governance Group before submission to the Board or is a follow up report to one previously considered by the Board – eg. in Part B]
A report is presented to every meeting.

Reference to CQC domains (Please select any which are relevant to this paper)				
☒ Safe	☒ Effective	☒ Caring	☒ Responsive	☒ Well Led

Is this paper clear for release under the Freedom of Information Act 2000?	☒ Yes	☐ No

SOMERSET NHS FOUNDATION TRUST

QUALITY AND PERFORMANCE EXCEPTION REPORT: SEPEMBER 2023

1. BACKGROUND AND PURPOSE

1.1 Our Quality and Performance exception report sets out the key exceptions across a range of quality and performance measures, and the reasons for any significant changes or trends.

1.2 The report presents information relating to the five key questions which the Care Quality Commission considers when reviewing and inspecting services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they well-led?
- Are they responsive to people's needs?

1.3 The exception reports include run charts, produced using Institute for Healthcare Improvement (IHI) methodology, and in consultation with the Academic Health Sciences Network. An explanation of how to interpret these charts is attached as Appendix 1.

1.4 A summary of our current Care Quality Commission ratings is included as Appendix 2.

1.5 A summary of the monthly data and run charts for our key quality measures is attached as Appendix 3.

1.6 Our Corporate Balanced Scorecard is attached as Appendix 4. The measures included in the Corporate Balanced Scorecard may change during the year as new priority areas are identified.

1.7 Supporting information relating to referral levels, activity levels, lengths of stay, tumour-site-specific activity and performance, and other key measures for our community and mental health services is included in Appendix 5. The activity information in Appendix 5 shows the levels and trends for the current year and previous two years.

1.8 Appendix 6 provides additional details and commentary in relation to Infection Control and Prevention.

CHIEF FINANCE OFFICER

Overview

The table below provides a summary of key successes, priorities, opportunities, risks and threats in relation to our current levels of performance.

Successes	**Priorities**
• our eating disorders service for children and young people continued to exceed the national waiting times standards for both urgent and routine appointments. • the national 28-day Faster Diagnosis Standard for cancer pathways was met in the month. • compliance remains high in respect of mental health inpatients receiving a follow-up within 72 hours of discharge. • our Talking Therapies service continues to maintain recovery rates which are above the national standard and national average. • the compliance level in respect of mandatory training remains high despite the operational challenges faced by services. • No mental health patients were placed out of county during September 2023.	• continue to maintain a safe service and making sure urgent patients are treated as quickly as possible within the context of the challenges the current coronavirus outbreak brings. • continue to support the health and wellbeing, both physically and psychologically, of colleagues across the Trust, as they continue to deliver high quality care to patients whilst managing significant and ongoing pressures associated with COVID-19 and rising levels of demand. • continue to restore and expand capacity above pre-COVID-19 levels, to address backlogs in routine elective work. • work with the Somerset system to encourage continued referrals and presentations at hospital where needed and appropriate, especially in respect of urgent or emergency care.
Opportunities	**Risks and Threats**
• continue to progress the health and wellbeing plans for our colleagues at pace; this includes the psychological support offered alongside practical aspects of support such as accommodation provision and nutrition. • continue with new ways of working, particularly through the use of technology. • continue to adapt our recruitment practice, developing more innovative arrangements and reducing time to hire significantly. • develop reporting solutions to improve robustness of recording and reporting.	• COVID-19 continues to have a significant impact on clinical capacity and the Trust's ability to recover elective activity, which will continue to have a negative impact on waiting times. • delays in discharge of medically fit patients needing domiciliary care will result in further cancellations of surgery which will reduce our capacity to treat long waiting patients. • significantly increasing levels of demand, particularly for urgent care and mental health services, leading potentially to increased pressures on teams and longer waiting times. • nursing vacancy levels remain challenging. Sickness / absence also presents a challenge for colleagues within some critical areas, and we need to ensure that we continue to support colleagues accordingly.

Safe

Infection Prevention and Control (IPC) performance is assessed by means of the numbers of key healthcare associated infections (HCAI) (Trust apportioned) against agreed thresholds. These are: MRSA bloodstream infections (BSI): zero tolerance, Clostridioides difficile (C. diff) infection (CDI): 54 cases, MSSA BSIs: 64, E. coli BSIs: 105 cases, Klebsiella BSIs: 31 Pseudomonas aeruginosa BSIs: 15.

Current performance (including factors affecting this)

- **MRSA:** There were no Trust-attributed MRSA bloodstream infection (BSI) reported in September 2023, leaving the total since 1 April 2023 at two.
- **C. diff**: There were six Trust-attributed cases reported in September 2023, bringing the total to 44 against a threshold for the year of 54.
- **MSSA:** There were six Trust-attributed MSSA BSIs reported in September 2023, bringing the total to 34 against an internal threshold for the year of 64.
- **E. coli**: There were 11 Trust-attributed E. coli BSIs reported in September 2023, bringing the total to 79 against a threshold for the year of 105.
- **Klebsiella:** There were three Trust-attributed Klebsiella BSIs reported in September 2023, bringing the total to 21 against a threshold for the year of 31.
- **Pseudomonas:** There was one Trust-attributed Pseudomonas aeruginosa BSI reported in September 2023, bringing the total to 10 against a threshold for the year of 15.

Appendix 6 provides further details.

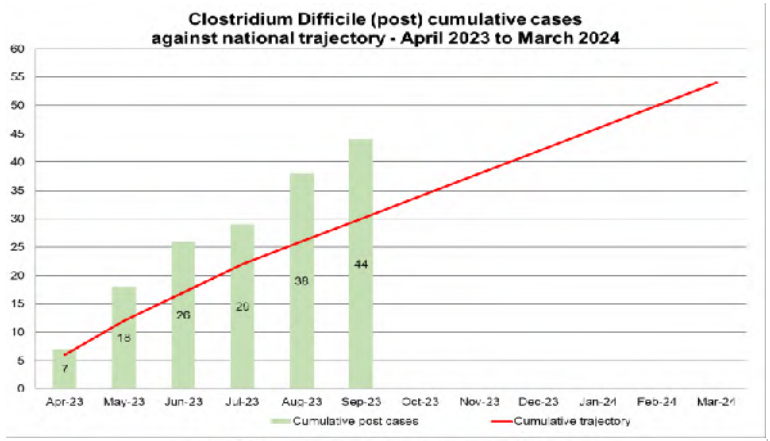
Respiratory Viral Infections

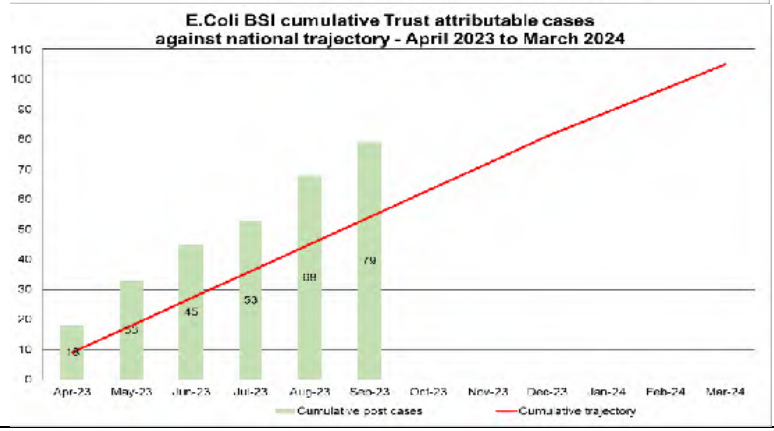
- **COVID-19:** 308 inpatient cases of COVID-19 were identified during September 2023, of which 106 were healthcare-attributed.
- **Influenza:** Four inpatient cases were identified during September 2023.
- **Respiratory Syncytial Virus (RSV):** Ten inpatient cases of RSV were identified during September 2023.

Outbreaks

- During September 2023 a total of 21 outbreaks affected inpatient wards, all of which were due to COVID-19.

Line/Bar Charts





Recent performance

Area	Apr	May	Jun	Jul	Aug	Sept
MRSA	0	1	0	0	1	0
C.Diff	7	11	8	3	9	6
MSSA	6	6	4	6	6	6
E.coli	18	15	12	8	15	11

Safe

Medication Incidents – Drug Errors: Total number of incidents reported via RADAR. Our aims are to maintain high rates of reporting, and have a low proportion of serious incidents.

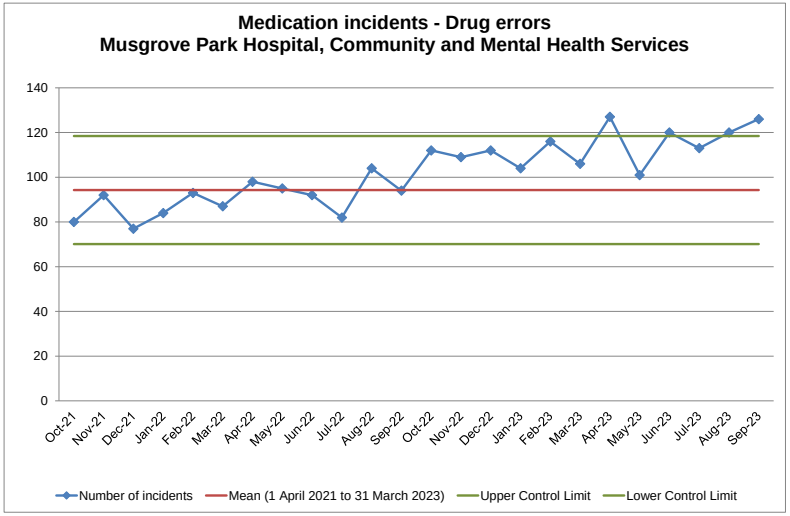
Current performance (including factors affecting this)

- Of 176 incidents reported in September 2023, a total of 126 related to drug errors, representing 71.6% of the total reported numbers. The number reported in August 2023 was 120, which was 71.0% of the 169 incidents recorded that month.
- Of the 126 incidents recorded in September 2023, 36 (28.6%) resulted in minor harm and one (0.8%) resulted in moderate harm. There were no incidents of major harm or above recorded.

Focus of improvement work

- Reported incidents are managed at department level with local investigations and actions put in place. Significant events are subject to a 72-hour report and where appropriate further investigation.
- Medication incidents are reviewed quarterly by topic leads to identify common themes and system-wide learning. The Medicines Incidents Review Group provides overarching scrutiny of reported incidents and arrangements are proceeding to provide this scrutiny across reported incidents throughout the entire Trust.
- The Governance Support Team will be developing a specific medication analytics dashboard within our incident reporting system, RADAR, to aid the review of common themes and trends.
- Indicators of reported incidents are more of a measure of a safety culture (recognition of safety-related incidents and openness) rather than patient harm. Work to encourage reporting of medication incidents is ongoing and has recently been a focus of our Integrated and Urgent Care matrons and as a result of the implementation of the electronic prescribing and medicines administration (ePMA) solution in the acute setting.

SPC Chart



How do we compare

The number of reported incidents during September 2023 increased compared to August 2023.

Recent performance

The monthly numbers of incidents in recent months were as follows:

Area	Apr	May	Jun	Jul	Aug	Sep
Total reported	127	101	120	113	120	126

Safe

Ligatures and ligature point incidents – monthly numbers of incidents reported via our RADAR reporting system. Our aims are to maintain high rates of reporting, have a low proportion of incidents which result in harm, and minimise the use of ligatures.

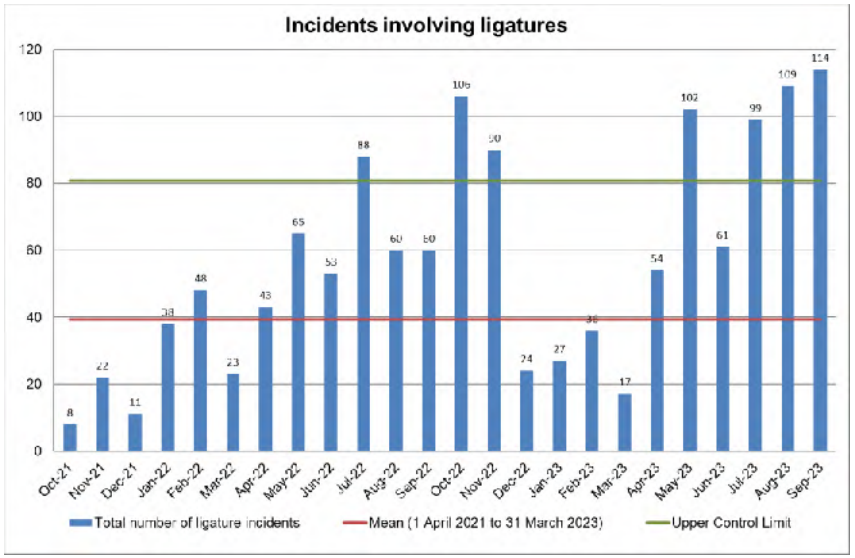
Current performance (including factors affecting this)

- During September 2023 a total of 114 ligature incidents were reported. There were no reported ligature point incidents.
- Of the 114 ligature incidents 65 occurred at Rydon Ward 1 Ward, with 58 relating to one patient, who during August 2023 accounted for 52 incidents. St Andrews reported 36 incidents, with 34 relating to one patient.
- Of the 114 ligature incidents, seven resulted in minor harm. No harm above minor was recorded.

Focus of improvement work

- All incidents involving ligatures are reviewed to ensure that assessments and care plans accurately reflect observation levels and the management of identified risk. A review of risks and observation levels is also undertaken at all handovers for each individual patient.
- The Rydon Ward 1 patient who was involved in 110 reported incidents during August and September 2023 is diagnosed with Recurrent Depressive Disorder and has been involved in a total of 173 incidents since May 2023. The risks presented by this patient have increased since being in hospital, so a Senior Clinical Review Panel is being considered to support a decision about discharge from hospital.
- Risk management plans are in place, and are being carefully managed in order not to adopt an overly restrictive approaches, which would severely impact on either patient's privacy and dignity.
- Potential technological solutions to reduce the risk of fixed ligature incidents are currently available including door-top alarms, and room monitors which will continue to be evaluated, to be used as an addition to evidenced-based risk assessment and appropriate observation and engagement.

SPC Chart



How do we compare

The latest NHS Benchmarking Network report, covering the year 2021/22, showed that Somerset NHS Foundation Trust had similar levels of ligature incidents to peer providers nationally.

Recent Performance

The monthly numbers of incidents in recent months were as follows:

Area	Apr	May	Jun	Jul	Aug	Sep
Number of Ligature incidents	54	102	61	99	109	114
Number resulting in harm	8	9	12	12	21	7

responsive

The Accident & Emergency (A&E) 4-hour standard is a measure of the length of wait from arrival in an Emergency Department (ED) to the time the patient is discharged, admitted or transferred to another provider. The target is that at least 76% of patients will wait less than four hours in the Emergency Department by March 2024.

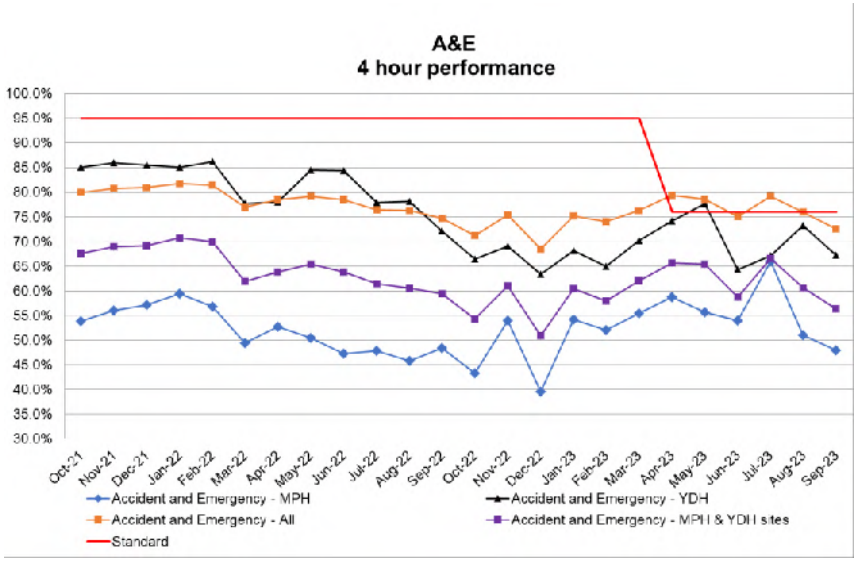
Current performance (including factors affecting this)

- Trust-wide A&E 4-hour performance for September 2023 was 56.4%, the lowest reported rate since December 2022 when compliance was 50.9%. Compliance within our Minor Injury Units (MIUs) was 95.1%. Overall compliance across all attendance types was 72.5%, thus below the revised national standard.
- Compliance in respect of our two A&E departments was:
  - Musgrove Park Hospital (MPH): 48.0%.
  - Yeovil District Hospital (YDH): 67.3%.
- Although the combined year-to-date A&E attendances at MPH and YDH to 30 September 2023 were only 1.6% higher than those for the same period in 2022, both sites have experienced several pronounced daily 'spikes' in activity levels, which have affected performance against the four-hour standard.
- The position has also been significantly affected by an increase in the numbers of inpatients at both sites who do not meet the criteria to reside.
- The number of patients spending more than 12 hours in the departments was 4.7% at MPH and 3.2% at YDH.

Focus of improvement work

- Work is ongoing with the Site Director and the ED senior team to review escalation/flow processes.
- The implementation of a new ambulance arrivals programme is underway, potentially to go live at the start of November 2023. The review of all handover processes is also on schedule to go live.
- On the MPH site, work is progressing in respect of the new urgent care CT scanner.
- A joint-site Same Day Urgent Care (SDEC) task and finish exercise is planned, to aim towards a seven-day service, 12 hours per day. A vision and planning meeting is planned for 8 November 2023.

Line Chart



How do we compare

In September 2023, the national average performance for Trusts with a major Emergency Department was 57.6%. Our performance was 56.4%. We were ranked 68 out of 122 trusts. With Minor Injury Unit attendances included, we were ranked 36, with performance of 72.5%.

Recent performance

Area	Apr	May	Jun	Jul	Aug	Sep
A&E only	65.6%	65.4%	58.7%	66.5%	60.6%	56.4%
Including MIU	79.3%	78.7%	75.1%	79.2%	76.0%	72.5%

Responsive

Ambulance handovers are to be completed within 30 minutes of arrival at an Emergency Department (ED). The target is that at least 95% of patient handovers are within the 30 minute standard.

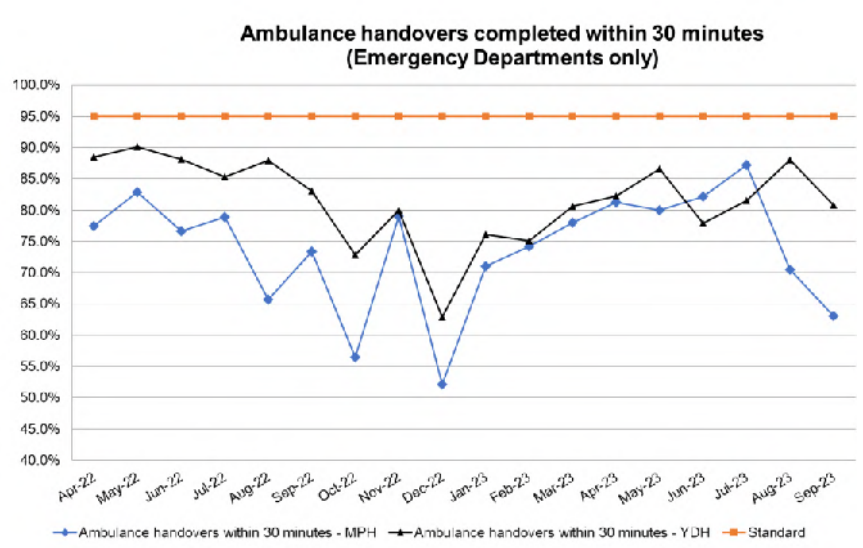
Current performance (including factors affecting this)

- During September 2023, performance for the handover within 30 minutes of patient arrivals by ambulance received into our Emergency Departments (EDs) at Musgrove Park Hospital (MPH) and at Yeovil District Hospital (YDH) decreased compared to August 2023. Compliance in September 2023 was as follows:
  - MPH: 63.1% (1,476 out of 2,340 handovers were within 30 minutes).
  - YDH: 80.8% (1,058 out of 1,309 handovers were within 30 minutes).
- The average performance across all hospitals served by SWAST in September 2023 was 54.1%.
- During September 2023, arrivals by ambulance accounted for 30.6% of all patients attending the MPH ED, down from 32.5% in August 2023. The percentage of arrivals by ambulance at our YDH ED was 24.2%, down slightly from 24.7% in August 2023.

Focus of improvement work

- The South Western Ambulance Service NHS Foundation Trust (SWAST) and acute sites are working together to improve ambulance handover times. A new ambulance arrival screen is aimed to go live at the beginning of November 2023. All ambulance handover processes are currently being reviewed.
- Acute sites are working with SWAST and community partners to look at alternative pathways for patients to follow. This has seen a reduction in conveyances, and work on this project will continue.
- Both acute sites are working with SWAST to streamline and improve direct access pathways to Same Day Emergency Care (SDEC).
- The Rapid Assessment and Triage (RAT) process is to be reviewed and streamlined.
- A review and redesign of ED escalation is underway, which will include internal response to ambulance handover delays.

Line Chart



How do we compare

In September 2023, 63.1% of all ambulance handovers at Musgrove Park Hospital and 80.8% of all ambulance handovers at Yeovil District Hospital were completed within 30 minutes. The average performance across all hospitals served by SWAST was 54.1%.

Recent performance

Performance in recent months against the 30-minute standard was as follows:

Area	Apr	May	Jun	Jul	Aug	Sep
MPH	81.2%	80.0%	82.1%	87.2%	70.5%	63.1%
YDH	82.2%	86.6%	77.9%	81.5%	88.0%	80.8%

Responsive

Referral to Treatment Time (RTT) is a measure of the length of time a patient waits from the point of referral through to receiving treatment. The target is for at least 92% of patients, who have not yet received treatment, to have been waiting less than 18 weeks at the month-end. Trusts should have no patients waiting over 65 weeks for treatment by 31 March 2024.

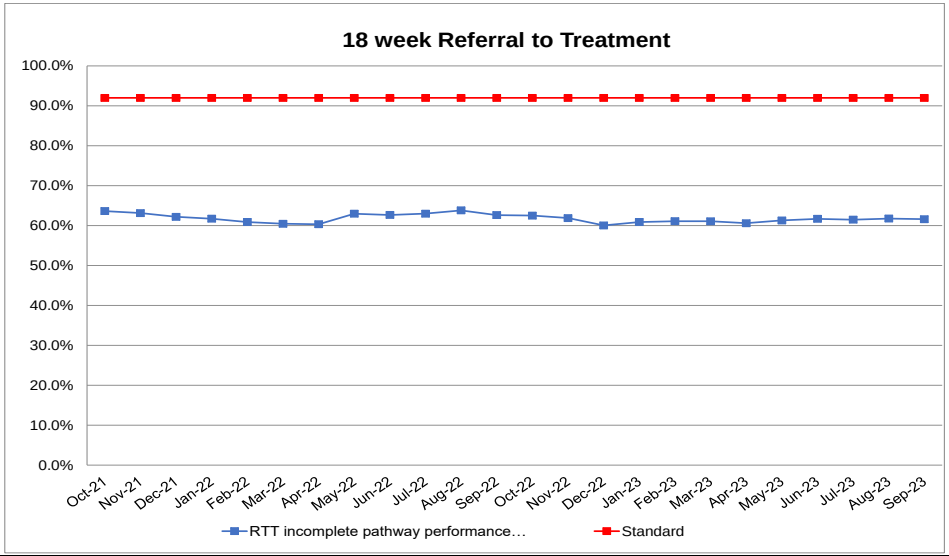
Current performance (including factors affecting this)

- The percentage of patients waiting under 18 weeks RTT was 61.6% (combined acutes + community) in September 2023.
- The total waiting list size increased by 546 pathways, but was 2,172 lower (i.e. better) than the planning trajectory (55,532 actual vs. 57,704).
- The number of patients waiting over 52 weeks increased by 85 pathways in September 2023 to 2,504 pathways, against a trajectory of 3,723 or fewer. The number of patients waiting over 65 weeks was 741 at month-end, 299 better than the trajectory (1,040). The number of patients waiting 78+ weeks increased by four to 70 and was worse than the trajectory for September 2023, of 17 or fewer. We reported one patient waiting over 104 weeks, unfortunately related to an administrative error.
- Until November 2021, Musgrove remained one inpatient theatre's worth of capacity down due to the conversion of a theatre into critical care capacity. This, along with other factors, has resulted in a backlog of more complex, longer routine cases on the waiting list.

Focus of improvement work

- The number of patients needing surgery this year to avoid becoming a 65-week RTT waiter by March 2024 has been quantified for each specialty, and detailed plans continue to be progressed to manage these volumes through improved productivity, increased capacity (including use of the Independent Sector) and reprioritisation of available theatre capacity across the System.
- A significant programme of work to support elective care recovery in the medium and long-term is in place.
- A programme of waiting list validation has been established, which includes contacting patients to check they still need to be seen.
- The Trust is currently implementing the national patient choice programme (PIDMAS).

Line Chart



How do we compare

The national average performance against the 18-week RTT standard was 58.0% in August 2023, the latest data available; our performance was 61.8%. National performance deteriorated by 0.6% between July and August 2023 the number of patients waiting over 52 weeks across the country increased by 6,691 to 396,643 (representing 5.1% of the national waiting list compared with 4.5% for the Trust). The number of patients waiting over 78 weeks nationally increased by 1,709 to 8,998.

Performance trajectory: 78week and 65 week wait performance

Area	Apr	May	Jun	Jul	Aug	Sep
78-week trajectory	0	0	65	55	31	17
78-week actual	84	87	61	49	66	70
65-week trajectory	1,105	1,352	749	836	933	1,040
65-week actual	714	710	712	659	724	741

Appendix 5a shows a breakdown of performance at specialty level.

Responsive

Percentage of stroke patients directly admitted to an acute stroke ward within four hours – Patients who have had a stroke should be admitted directly to a specialist acute stroke unit. Our aim at least 95% of patients are so admitted.

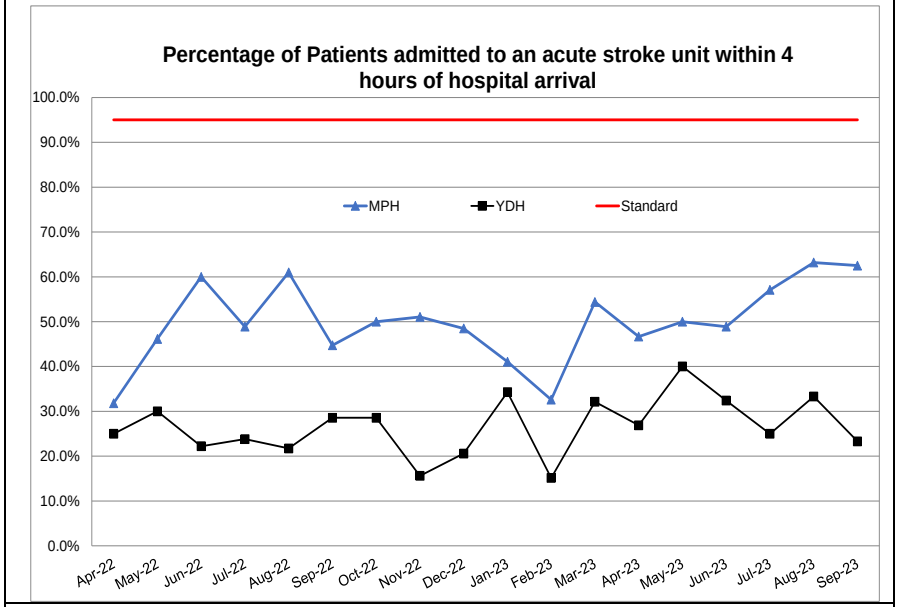
Current performance (including factors affecting this)

- During September 2023, compliance decreased at both Musgrove Park Hospital and at Yeovil District Hospital when compared to August 2023. Both sites remained below the reporting standard of 95% with performance as follows:
  - Musgrove Park Hospital (MPH): 62.5%
  - Yeovil District Hospital (YDH): 23.3%
- Compliance at YDH was significantly affected by the stroke ward being closed to new admissions due to a COVID outbreak for two to three weeks. During this time, actions undertaken included regular testing, closure of the bays / ward, reduced footfall of staff and visitors as appropriate, wearing of masks, PPE and hand hygiene and minimising internal transfers.
- Performance continues to be heavily influenced by bed availability (i.e. no stroke beds being available at the time), clinical presentation that may not immediately suggest stroke on admission, and medical decisions as when appropriate to move/transfer patients from the emergency departments (EDs) to the wards.

Focus of improvement work

- The Stroke team are proactive in aiming to identify promptly patients who present to ED with stroke symptoms, to ensure that any delays to transferring to a stroke unit are minimised.
- Current performance levels are reflective of wider pressures on the hospital rather than a disjointed pathway of treatment for patients, and when bed availability and flow are favourable, the four-hour target is achieved in the majority of cases. On review, the majority of those who are not admitted to a stroke bed within the four-hour standard transpire to be patients with stroke-like symptoms who have not actually had a stroke.
- Workforce review plans are in progress to ensure that vacant posts are appointed to, and two specialist grade doctors with September and October 2023 start dates.

Line Chart



How do we compare

During September 2023 compliance decreased at both Musgrove Park Hospital and at Yeovil District Hospital when compared to August 2023.

Performance over the last six months

Area	Apr	May	Jun	Jul	Aug	Sep
% compliance MPH	46.7%	50.0%	48.9%	57.1%	63.2%	62.5%
% compliance YDH	26.9%	40.0%	32.4%	25.0%	33.3%	23.3%

Responsive

Patients spending >90% of time in stroke unit – Stroke units are able to offer the best quality of stroke care both acutely and in the long-term. Management of eligible patients in a stroke unit will result in long-term reductions in death, dependency and the need for institutional care. Our aim at least 80% of patients spend more than 90% of their pathway in designated stroke wards.

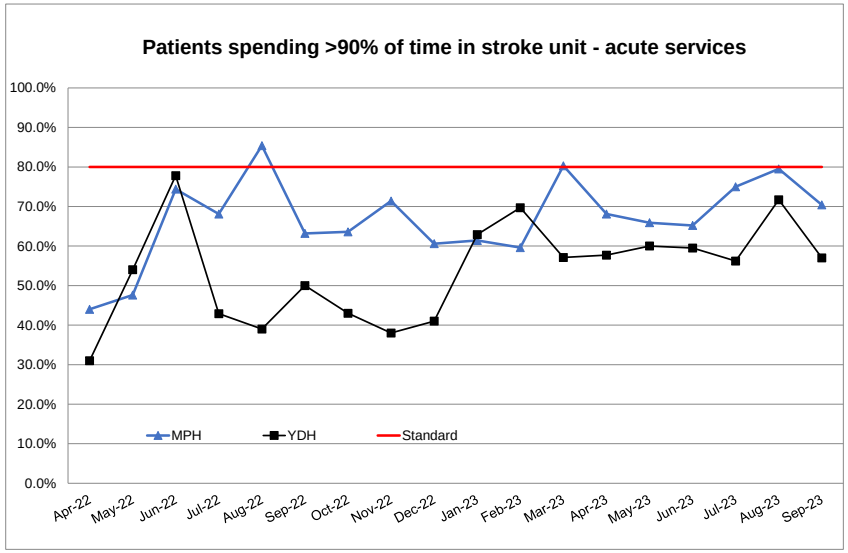
Current performance (including factors affecting this)

- During September 2023, compliance decreased at both Musgrove Park Hospital and at Yeovil District Hospital when compared to the previous month and remained below the 80% standard. Performance at the two sites was as follows:
  - Musgrove Park Hospital (MPH): 70.4%
  - Yeovil District Hospital (YDH): 57.0%
- As is the case with the four-hour standard, performance in respect of this reporting standard is heavily influenced by the availability of stroke beds.

Focus of improvement work

- For details of the improvement work being undertaken, please refer to the report on the four-hour direct admission standard.
- It should be noted that, regardless of whether or not they are on a Stroke ward, all patients remain on a stroke pathway throughout the whole time of their care, and are seen by specialist stroke practitioners on non-Stroke wards and also throughout their time with our community Stroke rehabilitation services.

Line Chart



How do we compare

During September 2023, compliance decreased at both Musgrove Park Hospital and at Yeovil District Hospital when compared to August 2023.

Performance over the last six months

Area	Apr	May	Jun	Jul	Aug	Sep
% compliance MPH	68.1%	65.9%	65.2%	75.0%	79.5%	70.4%
% compliance YDH	57.7%	60.0%	59.5%	56.2%	71.7%	57.0%

Responsive

Talking Therapies (formerly Improving Access to Psychological Therapies [IAPT]) service – Beginning treatment within six weeks of referral. The target is for at least 75% of patients who are discharged during the reporting month to have had their first treatment within six weeks of referral.

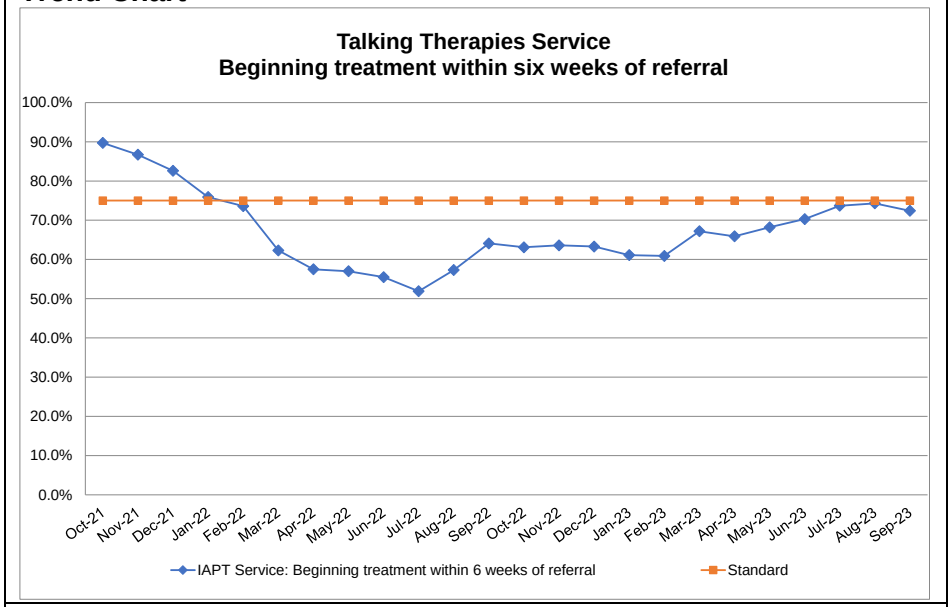
Current performance (including factors affecting this)

- During September 2023, compliance was 72.4%, down from 74.6% in August 2023.
- The fall in compliance that occurred from February 2022 which was primarily due to rising levels of demand and a shortfall in capacity within the service. Between 1 April 2021 and 31 March 2022 referrals into the service increased by 26.7% compared to the same months of 2020/21 and by 17.1% compared to same months of 2019/20.
- Referrals between 1 April 2022 and 31 March 2023 were 2.6% lower than the same months of 2021/22, but 14.0% higher than the same months of 2019/20.
- The position had been exacerbated by vacancy levels, long term sickness and insufficient cover for colleagues on maternity leave. However, following successes in appointing new staff, plus other accompanying actions, waiting times have improved but remain challenging, especially with an increase in referrals between 1 April and 30 September 2023 of 16.2% compared to the same months of 2022.

Focus of improvement work

- There have been some successes in recruitment, although several posts remain vacant and recruiting continues to be challenging, which is also the case nationally.
- Once new colleagues commence in post, their contribution is gradual until they are fully up to speed.
- The service has reasserted the commissioned eight-session treatment model, to offset against too many extensions to treatment.
- Several months ago, all four team bases commenced a countywide waiting list protocol whereby referrals are solely dealt with by length of wait rather by than team base and then length of wait. This change has had a significant impact on the management of the waiting lists.

Trend Chart



How do we compare

National average performance against the six-week standard in July 2023 (the latest published data) was 89.7%; our performance was 73.7%.

Recent Performance

Area	Apr	May	Jun	Jul	Aug	Sept
Total Discharges	487	585	657	628	674	433
First treatment inside of six weeks	321	399	462	463	503	598
Compliance %	65.9%	68.2%	70.3%	73.7%	74.6%	72.4%

Responsive

Older Persons Mental Health Waiting Times – One of our key priorities is to ensure that patients are able to access our services in as timely a manner as possible, and without unnecessary delays. Our aim is to ensure that at least 90% of people are seen by our mental health services within six weeks of being referred. The data shown relates to our mental health services for children & young people, adults and older persons.

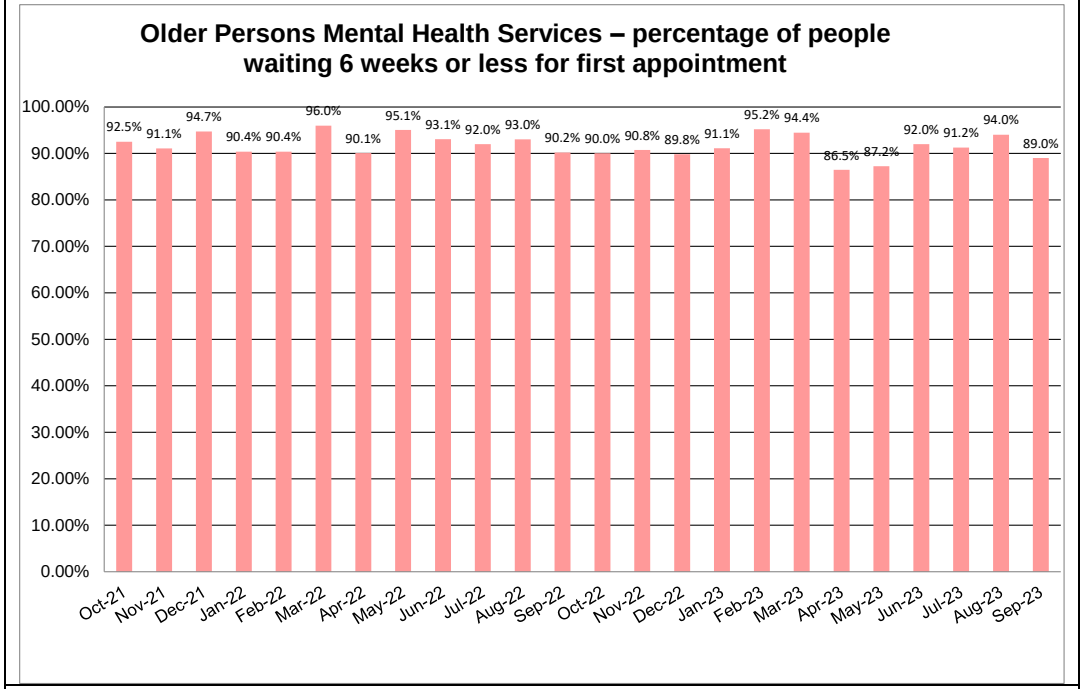
Current performance (including factors affecting this)

- As at 30 September 2023, 178 out of 200 people waiting (89.0%) were reported as waiting under six weeks, below the 90% standard.
- The performance of older persons mental health services has been particularly affected by the continued level of vacancies which has impacted on the capacity of the services to meet levels of presenting demand.

Focus of improvement work

- Services continue to work on recruitment to fill vacancies, and to review skill mixing where appropriate. Bank and agencies have also been engaged with, to look at providing cover until posts can be recruited to.
- Reviews have been undertaken of the efficiency of processes, ensuring that patients are contacted prior to their appointments to discuss the appointment with them, and also to advise that families and friends may also attend, if the person is happy for them to do so.
- The services continue to review caseloads and activity schedules for clinicians and are appointing engagement workers who will work closely with patients, families and carers to improve engagement and attendance at initial appointments (thereby reducing the rates of patients not attending their appointments).

Run Chart



How do we compare

The latest NHS Benchmarking Network data shows our older people's median waiting time is near the best quartile.

Recent performance

The performance against the waiting time standard in recent months was as follows:

Area	Apr	May	Jun	Jul	Aug	Sep
All mental health services	86.5%	87.2%	92.0%	91.2%	94.0%	89.0%

Responsive

Waiting Times – One of our key priorities is to ensure that patients are able to access our services in as timely a manner as possible, and without unnecessary delays. Our aim is to reduce the number of people waiting over 18 weeks from being referred to having treatment. The data shown relates to our Somerset and Dorset Dental services, specifically children and young people waiting 18 weeks or more from assessment for an appointment to have a procedure requiring a general anaesthetic (GA).

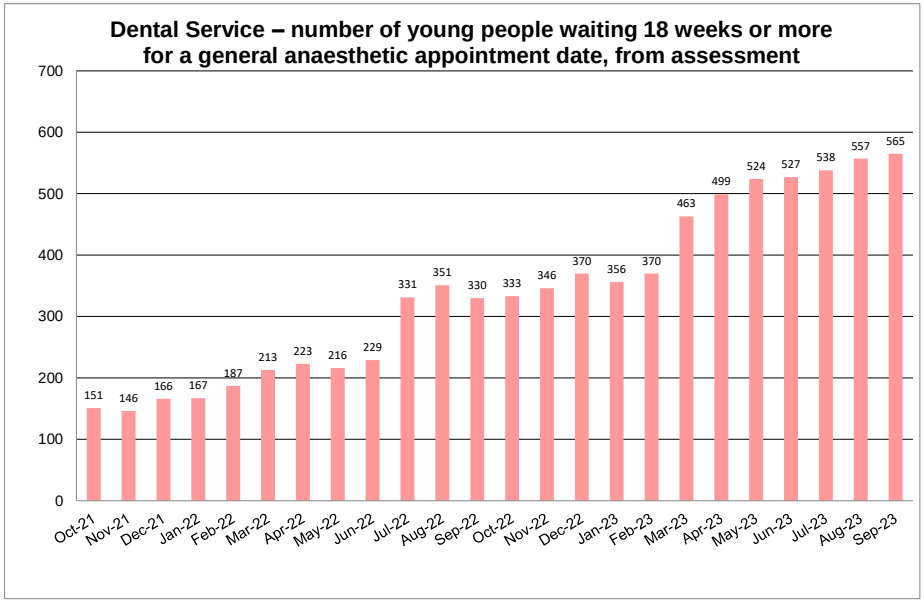
Current performance (including factors affecting this)

- As at 30 September 2023, 565 young people had waited 18 weeks or more, up slightly from 31 August 2023.
- Of the 565 patients waiting, 522 related to our Dorset service (up from 501 as at 31 August 2023), and 43 related to our Somerset service (down from 56 as at 31 August 2023).
- The service continues to have significant levels of vacancies, which is a national issue, exacerbated by sickness/absence affecting capacity within the service, as well as the loss of some theatre slots.

Focus of improvement work

- The service continually reviews its recruitment programme and clinical delivery structure and other initiatives in order to encourage applicants. When new colleagues commence in post, their contribution is gradual until they are fully up to speed. A recruitment campaign for senior specialist posts is underway.
- Following active engagement, and the development of an options appraisal to which the service contributed, the Dorset Integrated Care Board (ICB) has allocated funding for Paediatric GAs, as an active intervention to start in the Autumn of 2023, to try to clear nearly 400 patients from the wait list, as well as additional ongoing capacity.
- Across both Dorset and Somerset, a review of improving efficiencies of theatre utilisation continues to reduce loss of capacity due to the availability of anaesthetists and to ensure slots available are not lost to avoidable circumstances.

Bar Chart



How do we compare

The number of young people waiting 18 weeks or more as at 30 September 2023 increased by eight compared to 31 August 2023.

Recent Performance

The numbers of young people waiting 18 weeks or more at the month end in recent months were as follows:

Area	Apr	May	Jun	Jul	Aug	Sept
Number waiting	499	524	527	538	557	565
% > 18 weeks	63.4%	66.4%	66.0%	67.4%	66.8%	65.8%

Responsive

Intermediate Care – Our aim is to ensure that at least 95% of patients aged 65 years or over discharged from acute hospital beds are discharged home on pathway 0 or 1.

Current performance (including factors affecting this)

- During September 2023, 93.8% of patients aged 65 or over who were discharged from acute hospital beds within Somerset were transferred onto Pathway 0 or Pathway 1.

Pathway 0

These are discharges to patients' homes that are arranged at ward level and do not require core intermediate care support on discharge. These discharges are often supported by the voluntary sector and/or other community health services such as district nursing and the community rehabilitation service (CRS).

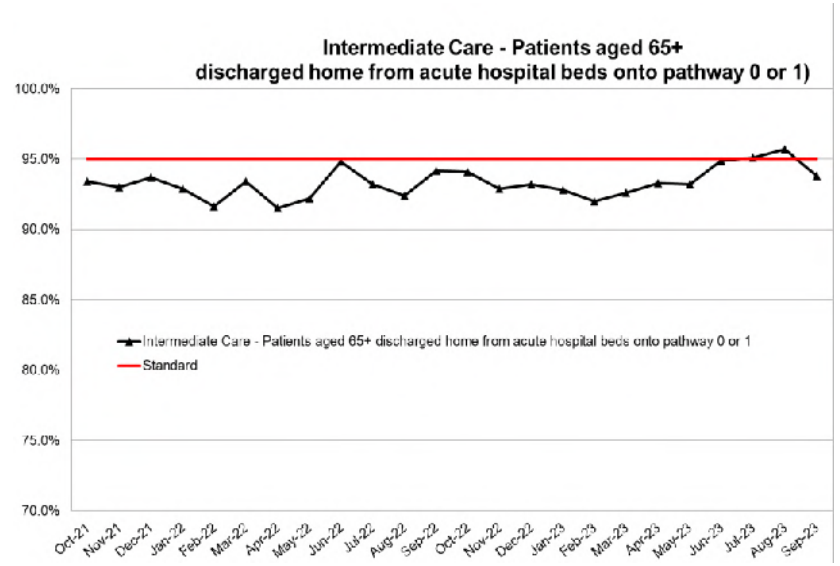
Pathway 1

These discharges are supported by the Intermediate Care Discharge to Assess Service (D2A). These people require reablement and ongoing assessment within their own home.

Focus of improvement work

1. Increase Pathway 0 discharges – whilst the volume of activity through P1 increased, the performance figures in the month of September 2023 fell as a result of reduced P0 figures.
2. Bed de-escalation programme - Admissions to the 2021/22 and 2022/23 intermediate care escalation beds have now ceased.
3. End of pathway delays – Package of care and self-funder delays remain low. Outstanding Autistic Spectrum Condition (ASC) assessments and sourcing care home placements remain the major reasons for delays for people leaving intermediate care pathways.
4. Community Hospital length of stay – trajectories have been set as part of the winter bed modelling and the Better Care Fund. This area of focus will be supported by the Integrated Urgent Care champion work.
5. Strengthening the transfer of care hub – the model is set to be strengthened by 1 December 2023. It is anticipated this will lead more people returning directly home from hospital.

Trend Chart



How do we compare

The percentage of patients aged 65 or more transferred onto pathway 0 or 1 during September 2023 decreased compared to August 2023.

Performance over the last six months

Area	Apr	May	Jun	Jul	Aug	Sep
Total Discharges	2,790	2,851	2,777	2,773	2,625	2,336
Pathway 0	2,416	2,445	2,422	2,414	2,298	1,927
Pathway 1	188	213	214	224	213	263
% onto P0 or P1	93.3%	93.2%	94.9%	95.1%	95.7%	93.8%

Responsive

The two-week wait for suspected cancer is a measure of the length of wait to see a specialist following urgent referral for suspected cancer. The target is for at least 93% of patients to be seen within 14 days of referral. This standard is the first step in the 62-day GP cancer pathway standard.

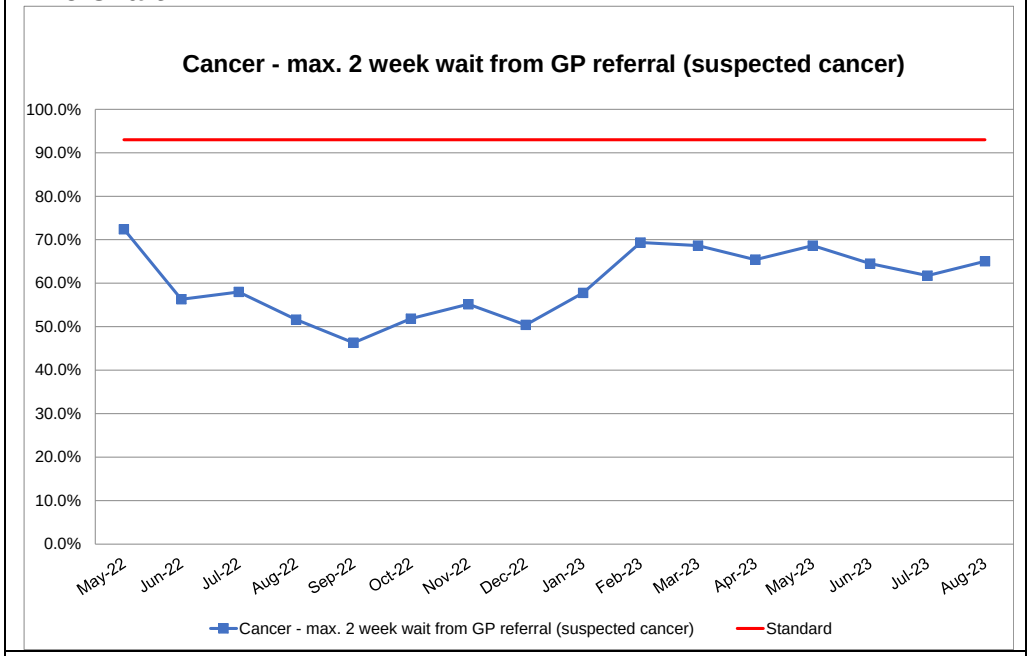
Current performance (including factors affecting this)

- The percentage of patients seen within 14 days of referral by their GP for a suspected cancer was 65.0% in August 2023, below the 93% national standard and also below the national average performance.
- Lower GI (Gastrointestinal) pathways made up 26% of the breaches of the two-week wait standard, skin 19% and gynaecology 19%.
- There has been an increase in skin referrals in the last two months, following repatriation of part of the service from University Hospitals Bristol & Weston. This is on top of the usual seasonal rise in referral volumes.
- Gynaecology referrals have remained 47% higher than pre-COVID levels, which appears to be related to the continued increase in Hormone Replacement Therapy (HRT) use. This is because a change in HRT, or dosage not being correct, may lead to bleeding which also can be a symptom of cancer. More GPs are also referring patients without a physical examination.
- The breast symptomatic (cancer not suspected) 93% two-week wait standard was not achieved in August 2023, with performance of 88.9% and 14 breaches. However, the 28-days Faster Diagnosis Standard (FDS) target was met for breast symptomatic (97.7%), and for breast two-week wait (97.0%).

Focus of improvement work

- A new community-based/self-referral gynaecology pathway for post-menopausal bleed patients commenced in September 2023. The clinics offer one-stop appointment and ultrasound scan. The clinics are running across seven sites in Somerset.
- Triage times for the lower GI pathway have improved significantly, which has led to the 28-day FDS being met for the Trust as a whole in July and August 2023.
- Additional dermatology capacity has been established, through a combination of GPs with extended roles (GPwERs), additional clinicians being appointed, and insourcing at weekends.

Line Chart



How do we compare

National average performance in August 2023, the latest data available, was 74.8%. Our performance was 65.0%. We were ranked 118 out of 139 providers.

Recent Performance

Area	Mar	Apr	May	Jun	Jul	Aug
% Compliance	68.6%	65.4%	68.6%	64.5%	61.7%	65.0%

Responsive

31 day waiting times standard is a measure of the length of wait between diagnosis and first treatment. The standard requires at least 96% of patients are treated within 31 days of diagnosis, the second step in a 62-day cancer pathway.

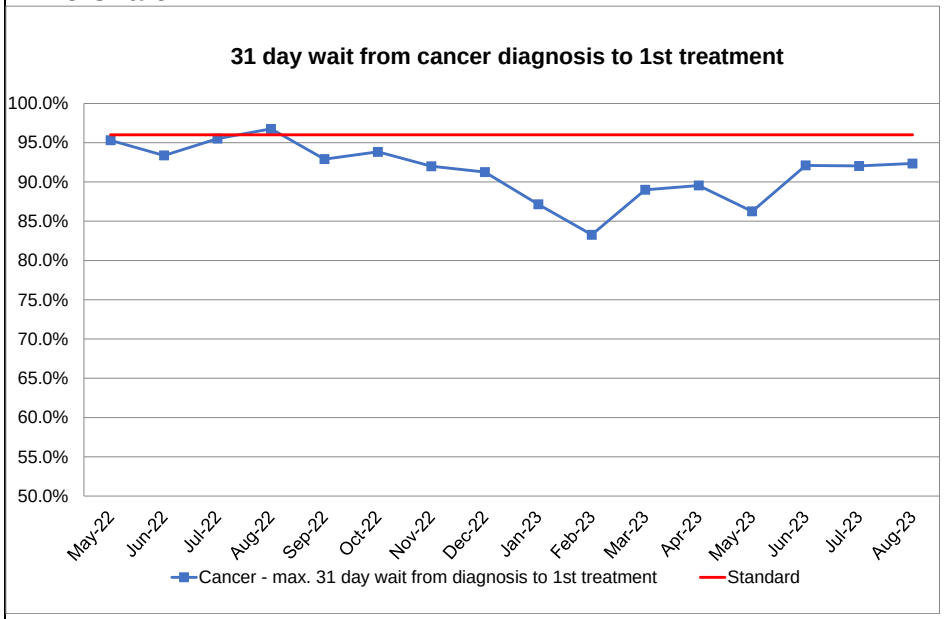
Current performance (including factors affecting this)

- Performance against the 31-day first definitive treatment standard was 92.4% in August 2023, below the 96% national standard but above the national average performance.
- There were 26 breaches of the first definitive treatment standard, of which nine were for skin pathways, and seven were for urology. The increase in the skin cancer treatment breaches of standard relate to the repatriation of part of the skin two-week wait cancer pathways from University Hospitals Bristol & Weston and a shortfall in capacity.
- Breaches of the 31-day standard for urology relate to very high demand (29% growth in referrals relative to the same three-month period pre-COVID). This has led to delays in prostate surgery, which is undertaken by another provider.
- There were smaller numbers of breaches of the 31-day standard across a range of tumour sites. In most cases these breaches related to surgical capacity. Industrial action and bed pressures have had a minimal impact on planned cancer treatments. However, any delays or cancellations of surgery are clinically risk assessed on a case-by-case basis by the operating surgeon.

Focus of improvement work

- Capacity and demand modelling has been undertaken for the repatriated dermatology two-week wait service. Additional capacity continues to be established, including further consultant appointments, GPs with extended roles (GPwERs) being trained, and insourcing. Allied service capacity is also being planned for, including pathology, plastics and melanoma oncology.
- The work outlined in the other cancer exception reports (two-week wait and 62-day GP) will also help to reduce delays in cancer pathways which will also help to smooth bulges in demand for cancer surgery.

Line Chart



How do we compare

National average performance for providers was 91.0% in August 2023, the latest data available. Our Trust-wide performance was 92.4%. We ranked 80 out of 140 providers.

Recent performance

31-day diagnosis to first treatment performance

Area	Mar	Apr	May	Jun	Jul	Aug
% Compliance	89.0%	89.5%	86.3%	92.1%	92.0%	92.4%

esponsive

The 62-day cancer waiting time standard is a measure of the length of wait from urgent referral by a GP for suspected cancer, to the start of first definitive treatment. The target is for at least 85% of patients to be treated within 62 days of referral.

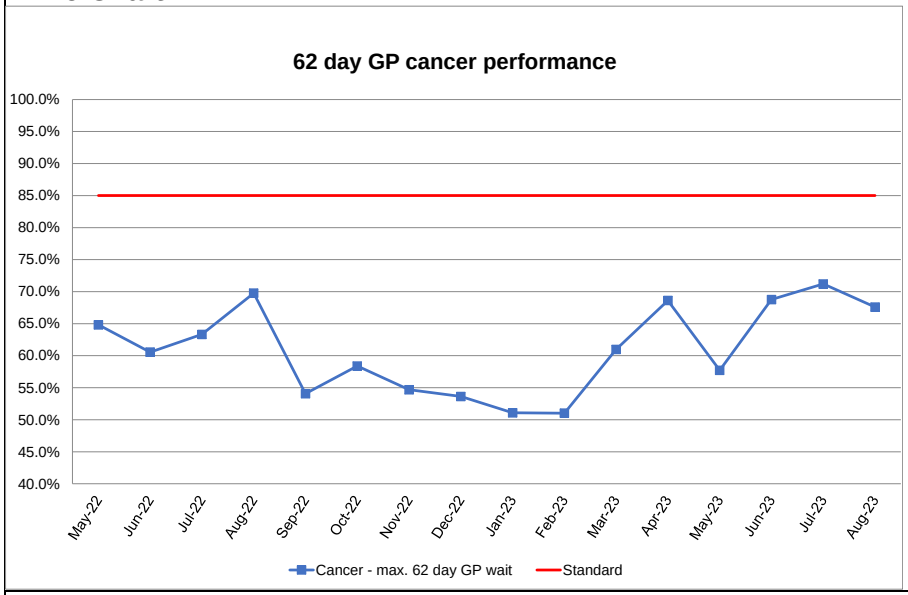
Current performance (including factors affecting this)

- The percentage of cancer patients treated within 62 days of referral by their GP was 67.6% in August 2023. This was above the national average of 62.8%.
- The main breaches of the 62-day GP standard were in urology (44% of breaches) and colorectal (18%). The main causes of the breaches were very high growth in demand in urology (up 29% over the last three months, relative to same pre-COVID period) and an associated increase in diagnostic waiting times. There are also delays in patients undergoing prostate surgery at another provider due to the high demand.
- Twenty-two patients were treated in August 2023 on or after day 104 (the national 'backstop'). For further details, please see Appendix 5a.
- The number of patients waiting over 62 days at the end of September 2023 was 21 patients above (i.e. worse than) the recovery trajectory (198 against a plan of 177 or fewer). At the time the trajectory was set, plans were not in place to repatriate the skin service in-year.

Focus of improvement work

- Additional prostate biopsy sessions continue to be run to reduce the waits for this step in the pathway; these additional sessions are being built into job plans because of the ongoing need.
- Pathway redesign work is continuing for prostate, across both MPH and YDH, to align both sites and reduce any delays.
- Please refer to the two-week wait exception report for details of: 1) the gynaecology post-menopausal bleed clinics, which will help to reduce inappropriate referrals, 2) improvements made in the colorectal diagnostic pathway, and 3) skin capacity expansion to enable the repatriation of the dermatology service from University Hospital Bristol & Weston.
- The Trust reported 28-day Faster Diagnosis Standard performance of 78.8% against the 75% standard in August 2023, ranking us 42 out of 138 trusts. This was linked with improvements seen in the colorectal pathway.

Line Chart



How do we compare

National average performance for providers was 62.8% in August 2023, the latest data available. Our performance was 67.6%. We were ranked 67 out of 139 trusts.

Recent performance

62-day GP cancer performance

Area	Mar	Apr	May	Jun	Jul	Aug
% Compliance	61.0%	68.6%	57.7%	68.8%	71.2%	67.6%

Appendix 5a provides a detailed breakdown of tumour-site level performance.

Responsive

The Diagnostic six-week wait is a measure of the length of wait from referral through to diagnostic testing being carried out. This standard is applied to the top 15 national high-volume tests. The target is for at least 95% of patients to have been waiting less than six weeks for a test at the month-end, by March 2025.

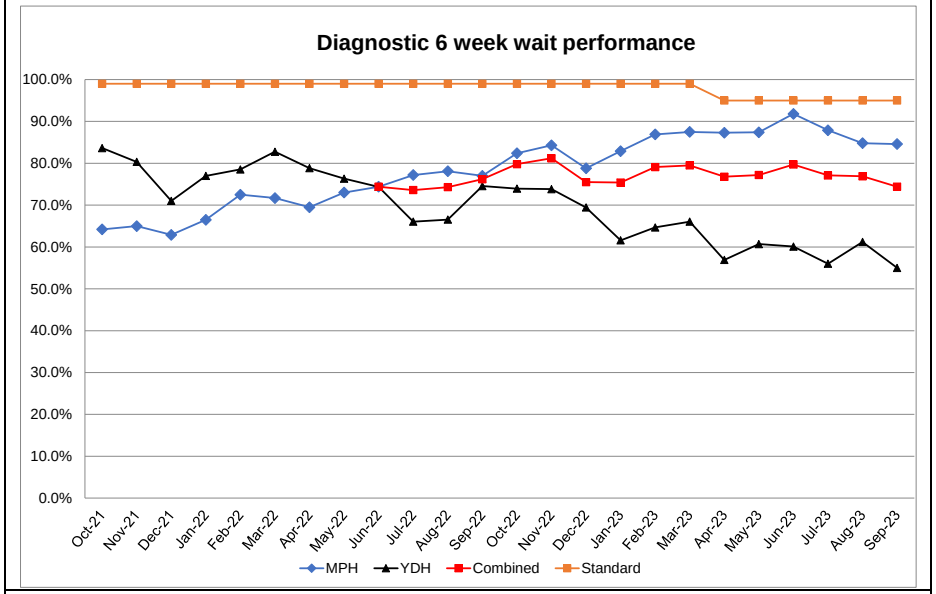
Current performance (including factors affecting this)

- The combined percentage of patients waiting under six weeks for their diagnostic test decreased to 74.4% as at 30 September 2023, just below the regional March 2023 ambition of greater than 75%.
- The number of patients waiting over six weeks as at 30 September remained at a similar level to the number as at 31 August 2023; the highest numbers of patients were waiting for a non-obstetric ultrasound (down from 1078 to 951, 30% of over six-week waiters), colonoscopy (up from 164 to 513, 16%), audiology (up from 323 to 355, 11%) and gastroscopy (up from 194 to 341, 11%) together making up 68% of the long waiters. There was an increase in over six-week waiters for colonoscopies and gastroscopies, with planned overdue surveillance patients now being included in reporting, in line with national guidance.
- The total waiting list size decreased by 8%, largely due to an increase in activity, along with a small reduction in diagnostic requests.

Focus of improvement work

- Additional ultrasound capacity is being established through waiting list initiatives. The Musgrove and Yeovil sites are working together to share demand across available capacity. Ways of reducing wasted slots, through patients failing to attend, are also being piloted.
- Additional endoscopy sessions have been established at the weekends in Yeovil; appropriate patients are also being offered Shepton Mallet and Bridgwater Community Hospital as an alternative site for their surveillance procedure.
- The Musgrove site has now recruited to the audiology posts in the agreed business case, which will provide additional in-house capacity later in the year. The existing outsourcing contract will be utilised by the Yeovil site to reduce over six-week waiters
- Additional MRI capacity is being established, through the rental of a mobile scanning unit.

Line Chart



How do we compare

National average performance for NHS providers (i.e. excluding Independent Sector providers) was 71.5% in August 2023, the latest data available. Our performance was 76.9%. We were ranked 82 out of 156 trusts for the 15 high-volume diagnostic tests.

Recent performance

Area	Apr	May	Jun	Jul	Aug	Sep
Musgrove Park Hospital (MPH)	87.3%	87.4%	91.8%	87.9%	84.8%	84.6%
Yeovil District Hospital (YDH)	56.9%	60.7%	60.1%	56.0%	61.2%	55.0%
Combined	76.8%	77.2%	79.7%	77.1%	76.9%	74.4%

Well Led

Mandatory training – Our aim is to maintain a compliance rate of 90% or more for all mandatory and statutory training courses.

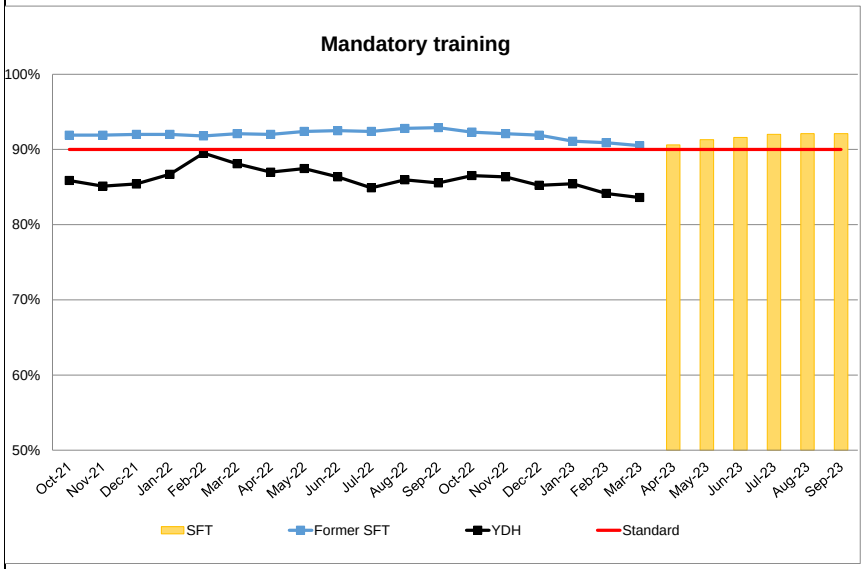
Current performance (including factors affecting this)

- As at 30 September 2023, our overall mandatory training rate remained at 92.1%.
- Apart from Symphony Health Service (SHS), all colleagues moved to the newly commissioned Trust training system, LEAP, on 1 April 2023. As at 30 September 2023, compliance reported from the two separate systems was as follows:
  - LEAP: 92.1% (92.2% as at 31 August 2023)
  - SHS: 83.0% (77.8% as at 31 August 2023)
- Operational pressures, and limited capacity in areas with large backlogs such as life support and safeguarding continue to remain a challenge to full recovery.

Focus of improvement work

- The Resuscitation team continues to create additional curriculum and training opportunities to target those who will become out of date now that the reversion to a 12-month training cycle has been applied.
- Service Groups and Corporate Directorates continue to receive tailored reports via their People Business Partners and have real-time access via the learning management system to data on their teams, to help identify areas which require action.
- Action continues, to support re-mapping in service groups for Level 3 safeguarding, where teams indicate that they may be incorrectly mapped.
- The Safeguarding Team is undertaking a review to consider moving a risk-based solution to cover periods when operational pressures occur.
- The Deputy Chief People Officer and members of their senior management team are following up reported compliance of SHS to ascertain actions being undertaken to improve performance.

Run Chart



How do we compare

Compliance as at 30 September 2023 was unchanged from the rate reported as at 31 August 2023.

Recent Performance

The overall month-end compliance rates for mandatory training in recent months are set out below:

Area	Apr	May	Jun	Jul	Aug	Sep
% Compliance	90.6%	91.3%	91.6%	92.0%	92.1%	92.1%

Well Led

Career Conversations: We are committed ensuring that colleagues have timely and appropriate career reviews, at least annually, to outline all aspects of their role, to highlight and promote excellence and identify core or developmental training needs to enable colleagues to progress in their chosen careers.

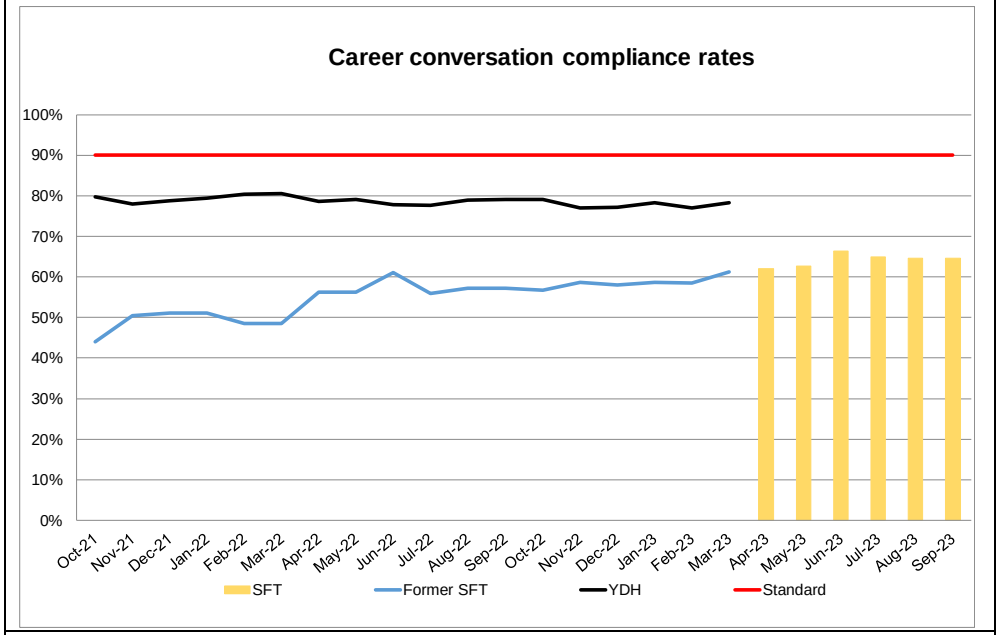
Current performance (including factors affecting this)

- Compliance as at 30 September 2023, in respect of career conversation reviews being undertaken at least annually, was 64.6%, down slightly from 64.7% as at 31 August 2023, and below the standard of 90%.
- Operational pressures continue to affect compliance.

Focus of improvement work

- People Business Partners and Leadership and service group leads continue to support teams and assist with actions where barriers are identified, in order to help improve performance.
- Career conversations continue to be a key area of discussion in directorate and service group meetings to ensure this is reviewed at every opportunity and given the right level of focus.
- People Business Partners now have access to information relating to colleagues who are due an increment award this year and whose review is currently out of date. This informs the monthly conversations held with service managers and assists with highlighting the importance of ensuring that career conversations for all colleagues are in date.
- Work continues to merge the workforce information of both predecessor Trusts, to enable retrospective analysis to be undertaken and presented.
- The accessibility and functionality of the recording system is being reviewed, with feedback from focus groups being collated with a view to possible adjustments of the system and support within the leadership development programme. The review also forms part of a comprehensive review of career conversations and the alignment of processes across the Trust.

Run Chart



How do we compare

Compliance as at 30 September 2023 decreased by 0.1% compared to position as at 31 August 2023.

Recent performance

The compliance rates in recent months were as follows:

Area	Apr	May	Jun	Jul	Aug	Sep
% compliance	62.1%	62.7%	66.4%	65.0%	64.7%	64.6%

Retention: We are committed to improving retention as a priority within our People Strategy, leading by example and being recognised for our success in retaining our talent. Our aim is to reduce the rate of colleagues leaving the Trust within 12 months of commencing employment.

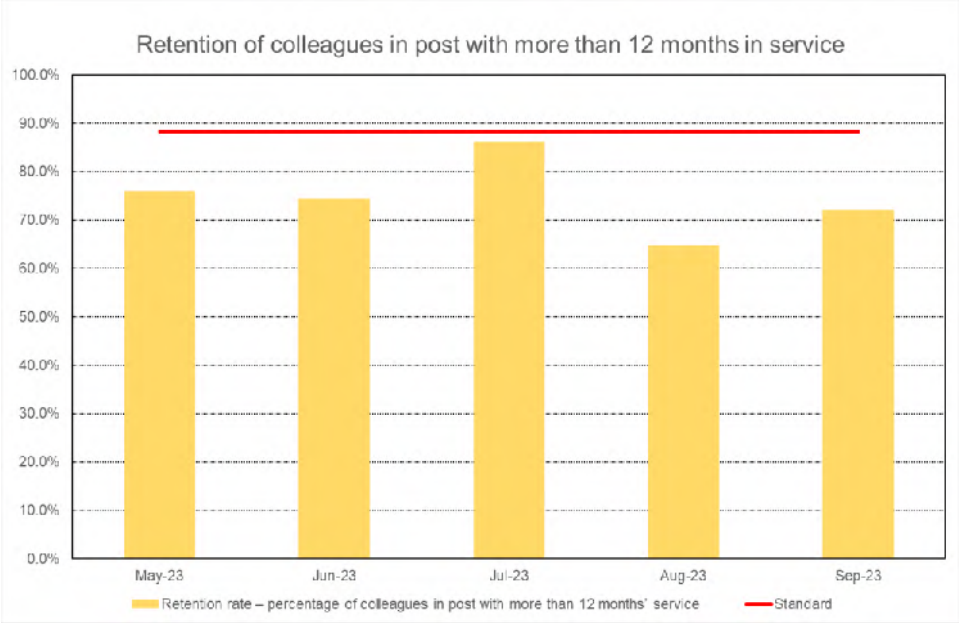
Current performance (including factors affecting this)

- Of 180 colleagues who had commenced employment on or after 1 October 2022, a total of 150 (83.0%) were still with the Trust as at 30 September 2023.

Focus of improvement work

- As one of 23 NHS People Promise Exemplar sites, we have a detailed action plan in place to improve retention across the Trust. This has been in place for 12 months and has already demonstrated some small improvements in retention. The aim of the exemplar sites is to test the assumption that optimum delivery of all NHS People Promise interventions delivered in one place simultaneously can deliver improved colleague experience and retention outcomes - beyond the sum of the individual components.
- Key areas of focus for the People Promise work includes, local induction improvement project, stay conversation pilots, implementing legacy mentoring and developing a detailed flexible working improvement project.
- Retention is a key element of the People Strategy 2023 to 2028, and one of the nine year-one deliverables focuses on implementing a talent management framework, in line with the Future of the NHS Human Resources and Organisational Development priorities. This will include agreeing formal governance arrangements to provide oversight of talent management, succession planning and will link with partners across the system and will be a key element of improving retention within the organisation.

Trend Chart



How do we compare

The retention rate increased during September 2023 compared to August 2023.

Recent performance

The retention rates in recent months were as follows:

Area	Apr	May	Jun	Jul	Aug	Sep
Monthly rate	76.0%	74.4%	85.9%	64.7%	72.0%	83.0%

Well Led

Female colleagues in senior a role (band 8a and above and consultant roles): We are committed to providing a compassionate and inclusive environment where female colleagues in senior roles reflect the overall percentage of female colleagues employed within the Trust.

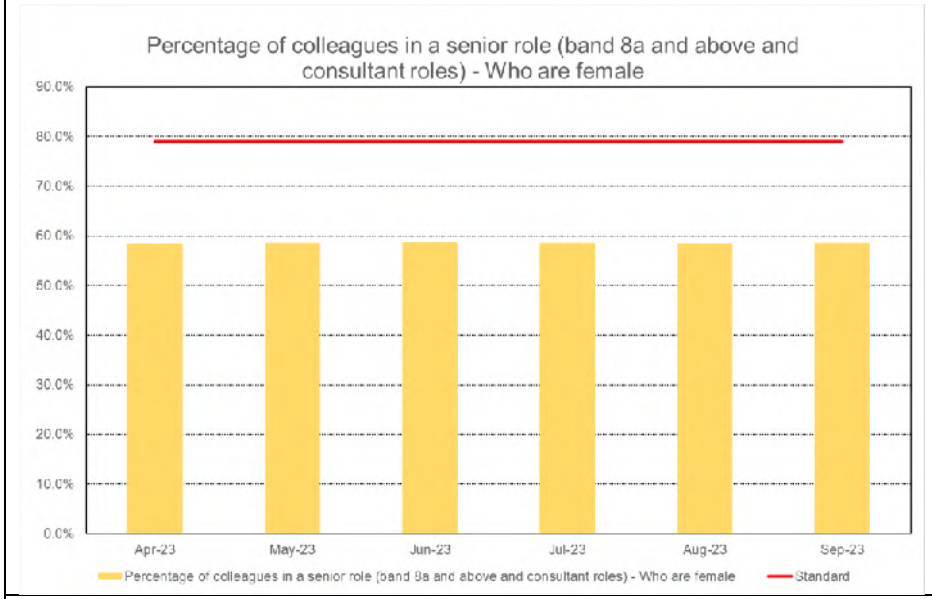
Current performance (including factors affecting this)

- Across Somerset NHS Foundation Trust as a whole, 79% of colleagues (excluding bank, locums and those on secondment) are female. Even though our organisation is female dominated, there is a lower representation of women in senior roles, which influences our organisational-wide pay gap.
- As at 30 September 2023, of 1,848 colleagues employed at Band 8a or above, a total of 1,084 identified as female, a rate of 58.4%. This is a slight decrease from the rate reported as at 31 August 2023.
- Our mean gender pay gap is 20% (female colleagues on average paid less than male colleagues). When looking at role-type and pay bands, pay gaps within agenda for change bands are relatively low. However, there are much larger pay gaps within our medical and dental workforce.
- Analysis of the Clinical Excellence Awards identified inequalities in relation to race and gender, with women and BAME colleagues being less likely to apply and being awarded lower value awards.

Focus of improvement work

- Based on our analysis, we have identified the need to focus on the Clinical Excellence Award, to understand how we make this national scheme as inclusive as possible locally.
- We plan to complete a more detailed analysis to understand why we are seeing larger pay gaps within medical roles and within consultant positions in particular.
- Service Groups are able to review their own gender representation and identify actions to address this.
- Two year-one key deliverables for the People Strategy 2023 to 2028 will support this work, one on talent management and another on inclusive, skills-based recruitment practices.

Run Chart



How do we compare

Nationally:

- 77% of the NHS workforce are women.
- 80% of Agenda for Change colleagues are women, 69% of bands 8a-9 are women.
- 45% of medical and dental colleagues are women, 37% of consultants are women, 53% of doctors in training are women.

Recent performance

Compliance over recent months were as follows:

Area	Apr	May	Jun	Jul	Aug	Sep
Monthly rate	58.5%	58.6%	58.8%	58.7%	58.7%	58.4%

Well Led

Colleagues recorded with a disability in senior a role (band 8a and above and consultant roles): We are committed to providing a compassionate and inclusive environment where colleagues in senior roles reflect the overall percentage of disabled colleagues employed within the Trust.

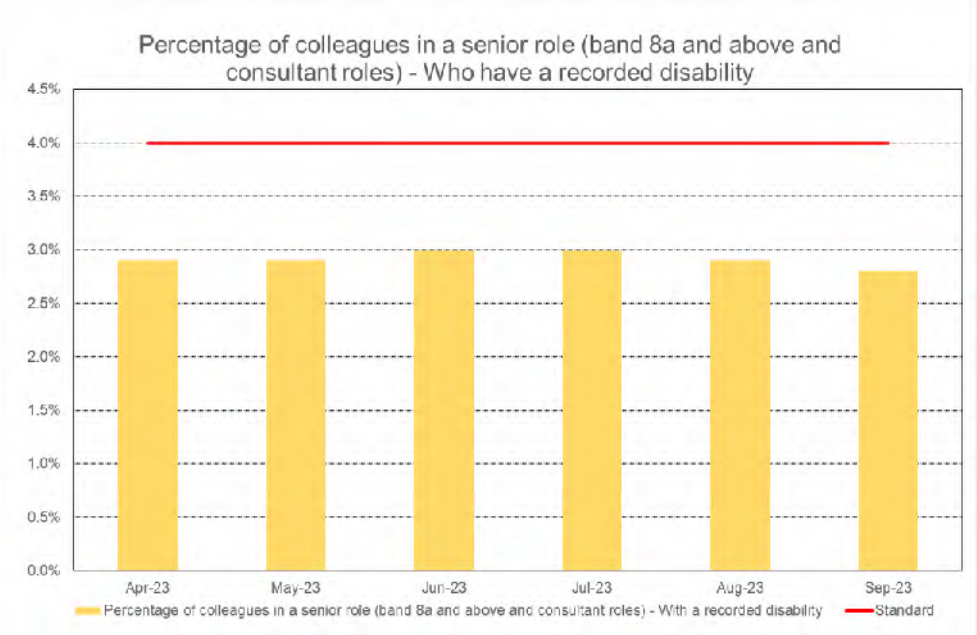
Current performance (including factors affecting this)

- Within Somerset NHS Foundation Trust, 4% of colleagues are recorded as having a disability.
- As at 30 September 2023, of 1,848 colleagues employed at Band 8a or above, a total of 51 (2.8%) were recorded as having a disability, down slightly from 31 August 2023.
- Colleagues with a disability are under-represented when compared to the general population and under-represented at senior levels.
- Our data indicates that the proportion of colleagues who have not completed their data in ESR increases with seniority.

Focus of improvement work

- Improving declaration rates will afford us the ability to build a better picture of representation. Understanding why ESR declaration rates are low is key to improving this.
- Service Groups are able to review their own disability representation and identify actions to address this as part of their scorecards.
- Two year-one key deliverables for the People Strategy 2023 to 2028 will support this work, one on talent management and another on inclusive, skills-based recruitment practices.

Run Chart



How do we compare

Nationally, 3.7% of the NHS workforce have declared a disability.
59% of trusts have five or fewer disabled staff in senior positions (bands 8c and above, including medical consultants and Board members).

Recent performance

Compliance over recent months were as follows:

Area	Apr	May	Jun	Jul	Aug	Sep
Monthly rate	2.9%	2.9%	3.0%	3.0%	2.9%	2.8%

Well Led

Vacancy: We are committed to recruiting and maintaining a strong workforce. Our aim is to reduce and maintain vacancy levels to 5% or less. The data outlined shows the difference between contracted full time equivalent (FTE) number of colleagues in post and our budgeted establishment.

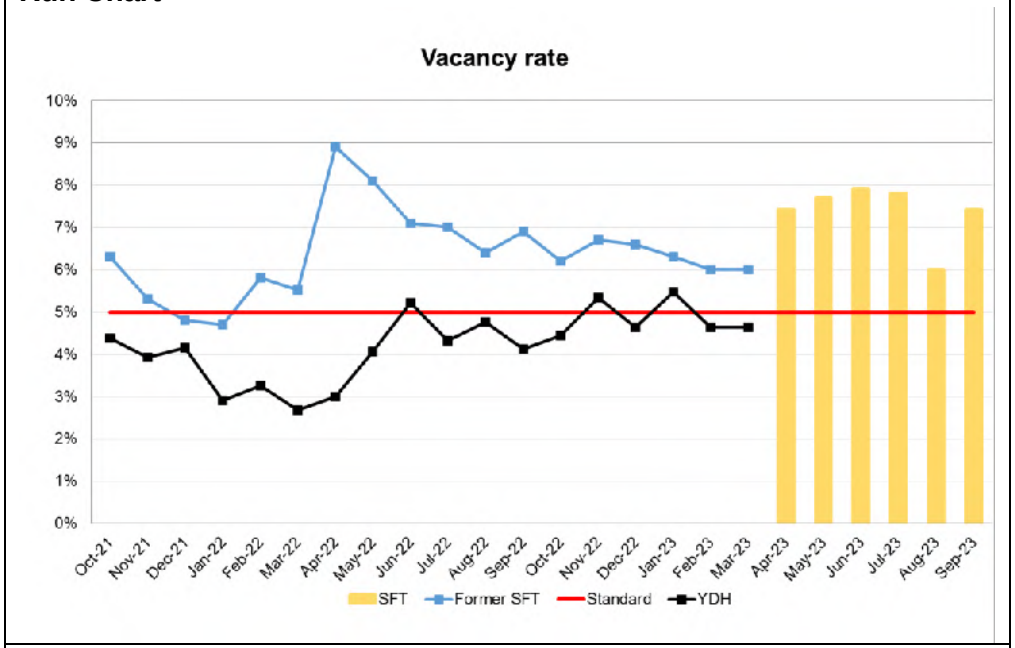
Current performance (including factors affecting this)

- The vacancy rate increased from 6.0% as at 31 August 2023 to 7.4% as at 30 September 2023.
- The reported vacancy rate recently increased, mainly due to additional funding being received across operational and corporate areas prior to recruitment to new posts being undertaken.
- There are also many areas where vacancies are of particular concern, and are recognised nationally as areas of shortage, including psychologists, podiatrists, registered mental health nurses, theatres, and a range of medical staffing including orthogeriatric, orthodontic, endoscopy, cardiology and respiratory consultants. These gaps are reflected on our risk registers, both corporately and at service level.
- Retaining healthcare support workers also remains a challenge.

Focus of improvement work

- Continuing to deliver and monitor the impact of the People Promise Exemplar work.
- Reviewing our workforce plans and approach with service groups to ensure that the focus on addressing vacancies remains a priority.
- The focus on reducing agency spend to achieve the NHS England agency cap will support improvements in the vacancy position.
- Delivery of the Somerset system multi-year plan to address staffing challenges collaboratively.

Run Chart



How do we compare

The vacancy rate within the Trust increased in September 2023 compared to August 2023.

Recent performance

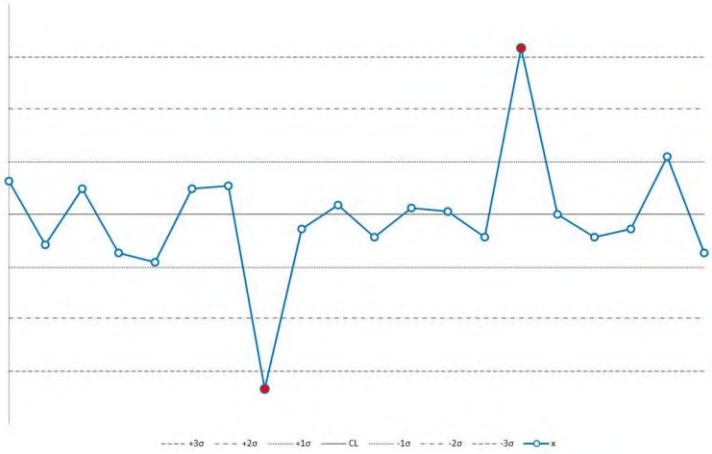
The performance against the vacancy rate standard in recent months was as follows:

Dec	Apr	May	Jun	Jul	Aug	Sep
Vacancy rate	7.4%	7.7%	7.9%	7.8%	6.0%	7.4%

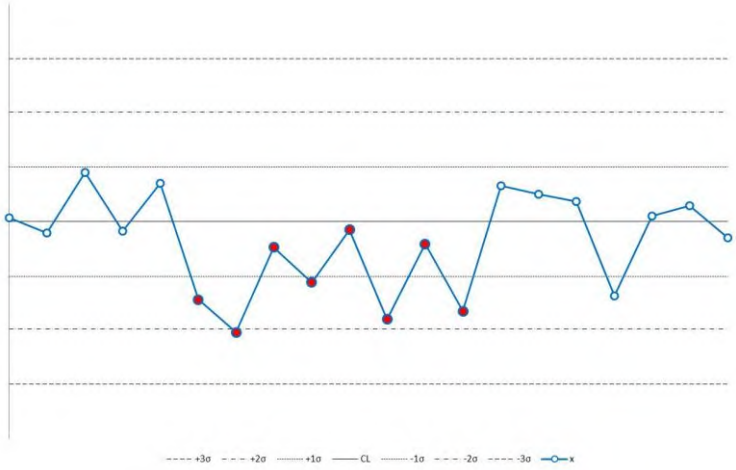
Appendix 1 - Procedure for Interpreting Run Charts

Special Cause Variation Rules

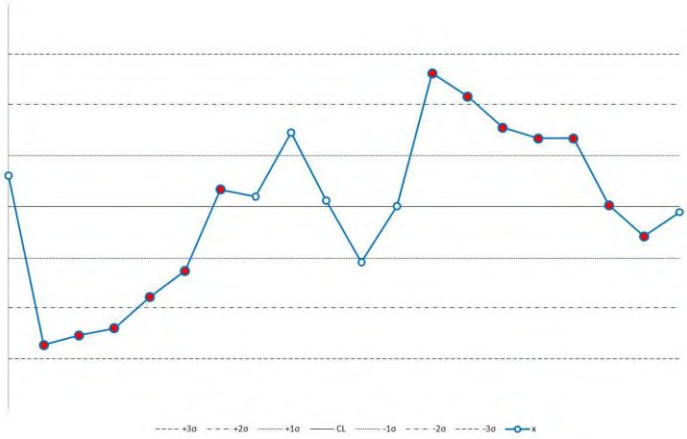
1. A single point outside the control limits



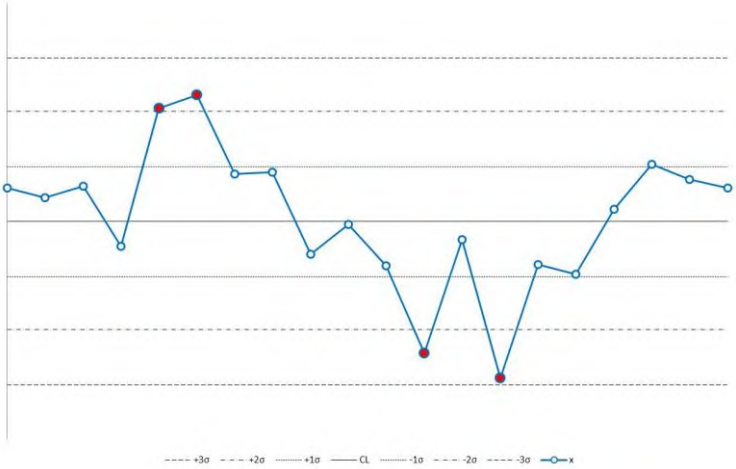
2. A run of eight or more points in a row above (or below) the centreline



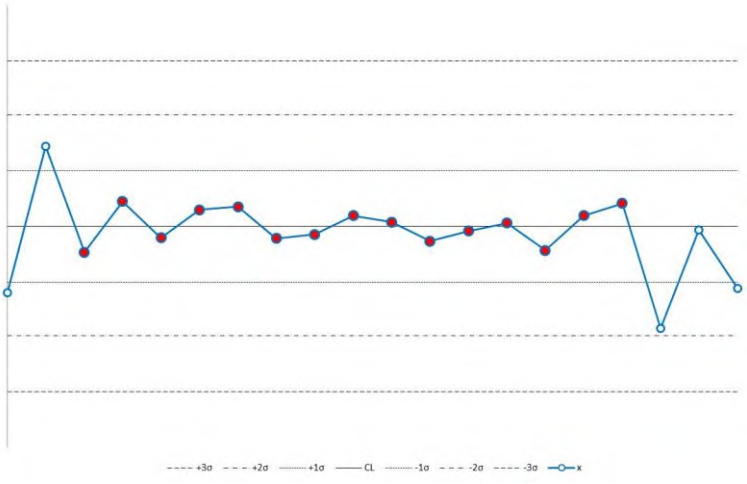
3. Six consecutive points increasing (trend up) or decreasing (trend down)



4. Two out of three consecutive points near (outer one-third) a control limit



5. Fifteen consecutive points close (inner one-third of the chart) to the centreline



APPENDIX 2

OUR CARE QUALITY COMMISSION RATINGS

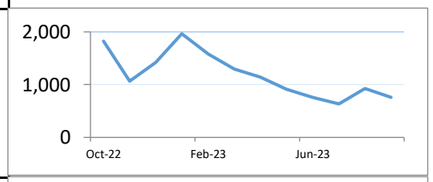
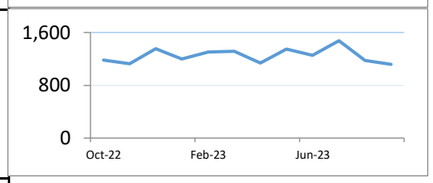
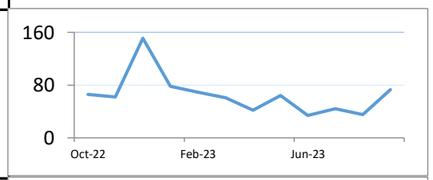
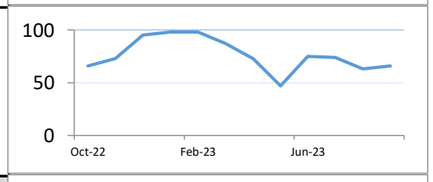
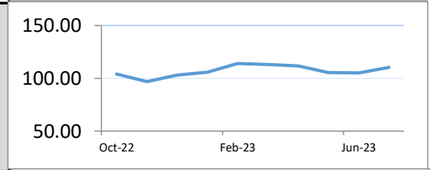
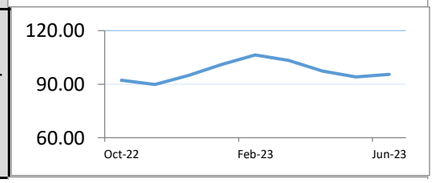
Our current Care Quality Commission ratings are as follows:

	Former Somerset NHS Foundation Trust	Yeovil District Hospital NHS Foundation Trust
Overall rating for the Trust	**Good**	**Good**

Are services safe?	**Requires improvement**	**Requires improvement**
Are services effective?	**Good**	**Good**
Are services caring?	**Outstanding**	**Good**
Are services responsive?	**Good**	**Good**
Are services well led?	**Good**	**Good**

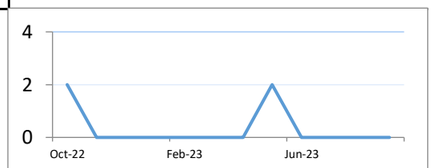
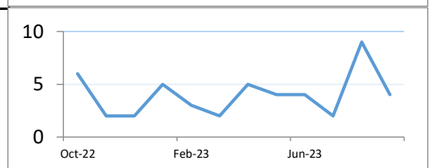
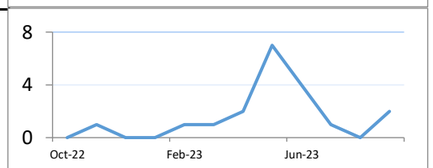
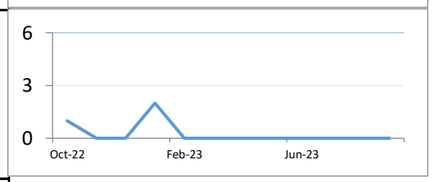
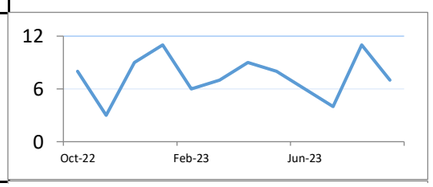
SOMERSET NHS FOUNDATION TRUST

QUALITY MEASURES - 2023/24

Area	Ref	Measure		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	
Admissions	1	Number of medical and surgical outliers in acute wards	MPH	1,824	1,067	1,424	1,964	1,579	1,293	1,145	911	757	635	925	761	
	2		YDH	1,183	1,126	1,354	1,196	1,302	1,313	1,138	1,347	1,254	1,475	1,175	1,117	
	3	Admissions of under 16 year olds to adult mental health wards		0	0	0	0	0	0	0	0	0	0	0	0	
	4	Mixed sex accommodation breaches	Acute wards	0	0	0	0	0	0	0	0	0	0	0	0	
	5	Number of patients transferred between acute wards after 10pm	MPH	66	62	151	78	69	61	42	64	34	44	35	73	
	6		YDH	66	73	95	98	98	87	73	47	75	74	63	66	
Mortality (acute services)	7	Hospital Standardised Mortality Ratio (HSMR)		104.17	96.84	103.13	105.76	114.02	112.99	111.83	105.35	105.19	110.22	August 2023 to be reported after September 2023		
	8	Summary Hospital-level Mortality Indicator (SHMI)		92.11	89.82	94.85	101.03	106.38	103.34	97.37	93.98	95.51	July 2023 to be reported after September 2023			

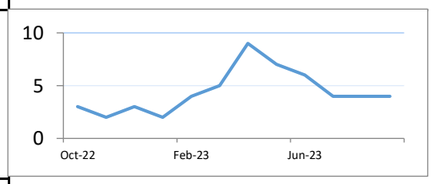
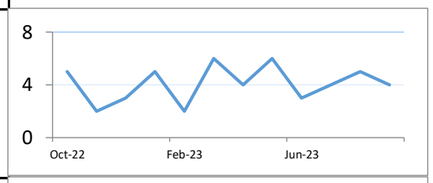
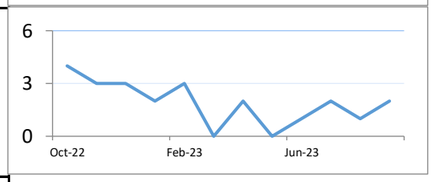
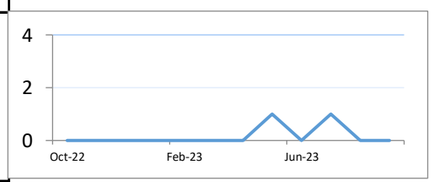
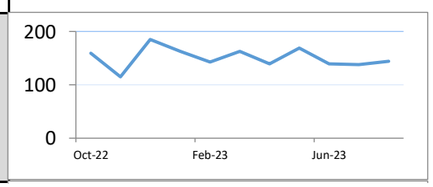
SOMERSET NHS FOUNDATION TRUST

QUALITY MEASURES - 2023/24

Area	Ref	Measure		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	
Incident reporting	9	No of Never Events		2	0	0	0	0	0	0	2	0	0	0	0	
Infection Control	10	Clostridium Difficile cases HOHA cases (Hospital Onset Hospital Acquired) and COHA cases (Community Onset Hospital Acquired)	MPH,	6	2	2	5	3	2	5	4	4	2	9	4	
	11		YDH	0	1	0	0	1	1	2	7	4	1	0	2	
	12		Community Hospitals and Mental Health wards	1	0	0	2	0	0	0	0	0	0	0	0	
	13	MRSA bacteraemias (post)	MPH,	0	0	0	0	0	0	0	1	0	0	1	0	
	14		YDH	0	0	0	0	0	0	0	0	0	0	0	0	
	15	MRSA bacteraemias (post)	Community Hospitals and Mental Health wards	0	0	0	0	0	1	0	0	0	0	0	0	
	16	E. coli bacteraemia	MPH,	8	3	9	11	6	7	9	8	6	4	11	7	

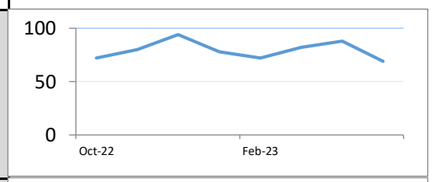
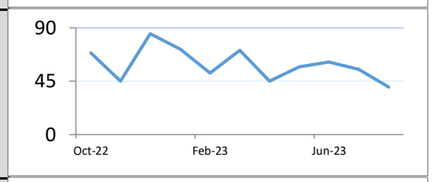
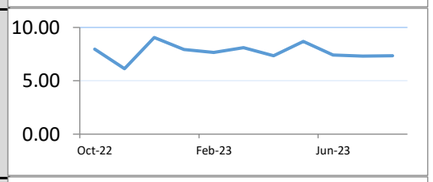
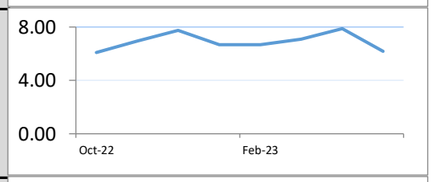
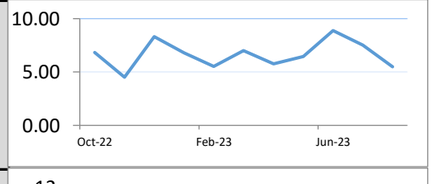
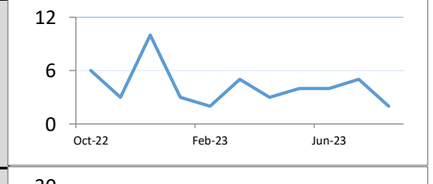
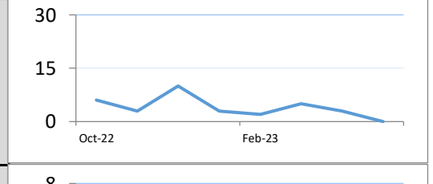
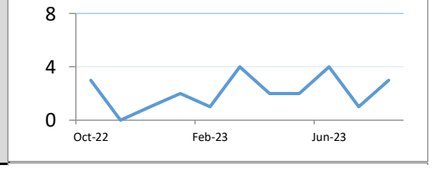
SOMERSET NHS FOUNDATION TRUST

QUALITY MEASURES - 2023/24

Area	Ref	Measure		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	
Infection Control	17	E. coli bacteraemia	YDH	3	2	3	2	4	5	9	7	6	4	4	4	
	18		Community Hospitals and Mental Health wards	0	0	0	0	0	0	0	0	0	0	0	0	
	19	Methicillin-sensitive staphylococcus aureus	MPH,	5	2	3	5	2	6	4	6	3	4	5	4	
	20		YDH	4	3	3	2	3	0	2	0	1	2	1	2	
	21		Community Hospitals and Mental Health wards	0	0	0	0	0	0	0	0	0	0	0	0	
Maternity	22	No. of still births		0	0	0	0	0	0	0	1	0	1	0	0	
	23	No. of babies born in unexpectedly poor condition		0	0	0	0	0	0	0	0	0	0	0	0	
	24	Total number of patient falls	MPH	159	115	185	163	143	163	139	169	139	138	144	Data awaited	

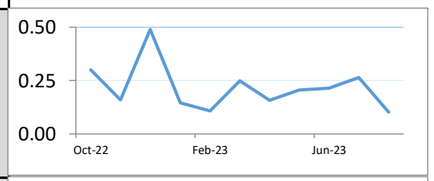
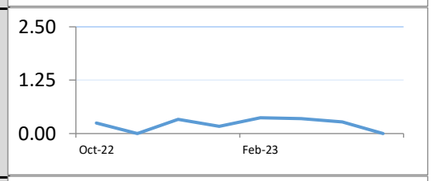
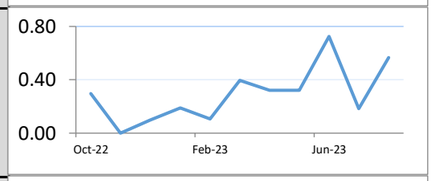
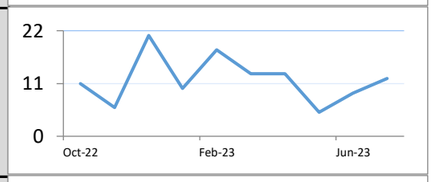
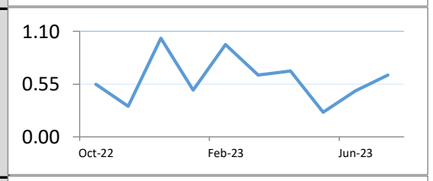
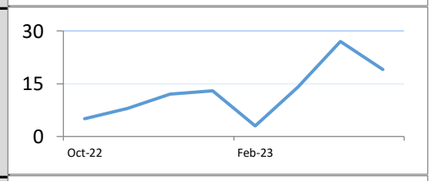
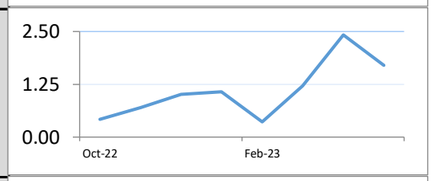
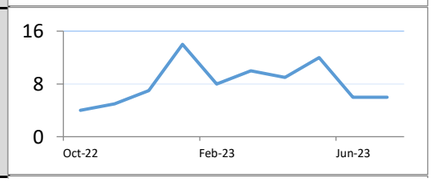
SOMERSET NHS FOUNDATION TRUST

QUALITY MEASURES - 2023/24

Area	Ref	Measure		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	
Falls	25	Total number of patient falls	YDH	72	80	94	78	72	82	88	69	Data awaited	Data awaited	Data awaited	Data awaited	
	26	Total number of patient falls	Community Hospitals and Mental Health wards	69	45	85	72	52	71	45	57	61	55	40	Data awaited	
	27	Rate of falls per 1,000 occupied bed days - all services	MPH	7.95	6.13	9.06	7.94	7.65	8.09	7.35	8.67	7.43	7.31	7.36	Data awaited	
	28	Rate of falls per 1,000 occupied bed days - all services	YDH	6.09	6.96	7.74	6.69	6.67	7.08	7.88	6.19	Data awaited	Data awaited	Data awaited	Data awaited	
	29		Community Hospitals and Mental Health wards	6.84	4.51	8.32	6.80	5.53	7.00	5.78	6.44	8.88	7.51	5.47	Data awaited	
	30	Moderate Harm - Number of falls resulting in moderate harm - all services	MPH	6	3	10	3	2	5	3	4	4	5	2	Data awaited	
	31	Moderate Harm - Number of falls resulting in moderate harm - all services	YDH	6	3	10	3	2	5	3	0	Data awaited	Data awaited	Data awaited	Data awaited	
	32	Moderate Harm - Number of falls resulting in moderate harm - all services	Community Hospitals and Mental Health wards	3	0	1	2	1	4	2	2	4	1	3	Data awaited	

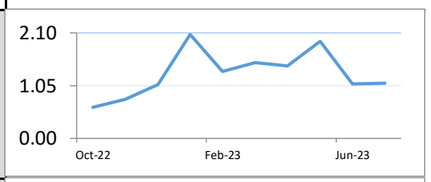
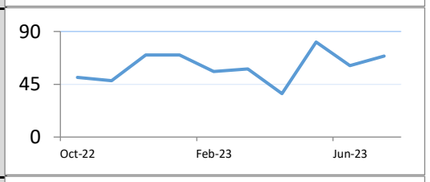
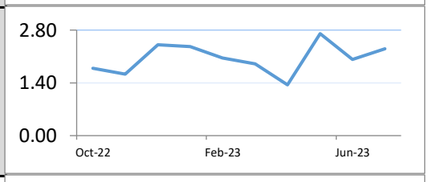
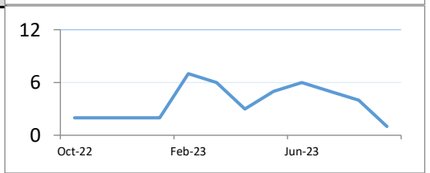
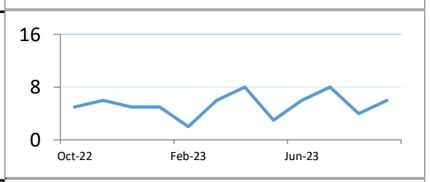
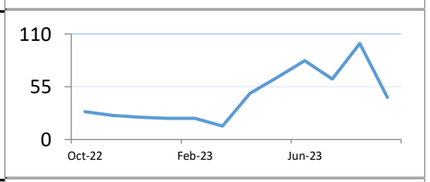
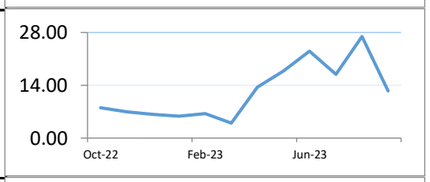
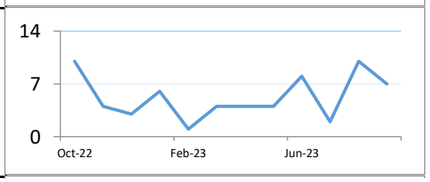
SOMERSET NHS FOUNDATION TRUST

QUALITY MEASURES - 2023/24

Area	Ref	Measure		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	
	33	Moderate Harm - Rate of falls resulting in moderate harm per 1,000 occupied bed days - all services	MPH	0.30	0.16	0.49	0.15	0.11	0.25	0.16	0.21	0.21	0.27	0.10	Data awaited	
	34		YDH	0.25	0.00	0.33	0.17	0.37	0.35	0.27	0.00	Data awaited	Data awaited	Data awaited	Data awaited	
	35	Moderate Harm - Rate of falls resulting in moderate harm per 1,000 occupied bed days - all services	Community Hospitals and Mental Health wards	0.30	0.00	0.10	0.19	0.11	0.39	0.32	0.32	0.73	0.18	0.57	Data awaited	
Pressure ulcer damage	36	Acute wards - number of incidents	MPH	11	6	21	10	18	13	13	5	9	12	Data awaited	Data awaited	
Pressure ulcer damage	37	Rate of pressure ulcer damage per 1,000 acute ward occupied bed days	MPH	0.55	0.32	1.03	0.49	0.96	0.64	0.69	0.26	0.48	0.64	Data awaited	Data awaited	
Pressure ulcer damage	38	Acute wards - number of incidents	YDH	5	8	12	13	3	14	27	19	Data awaited	Data awaited	Data awaited	Data awaited	
Pressure ulcer damage	39	Rate of pressure ulcer damage per 1,000 acute ward occupied bed days	YDH	0.42	0.70	1.01	1.07	0.36	1.21	2.42	1.70	Data awaited	Data awaited	Data awaited	Data awaited	
Pressure ulcer damage	40	Community hospitals - number of incidents		4	5	7	14	8	10	9	12	6	6	Data awaited	Data awaited	

SOMERSET NHS FOUNDATION TRUST

QUALITY MEASURES - 2023/24

Area	Ref	Measure		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	
Pre	41	Rate of pressure ulcer damage per 1,000 community hospital occupied bed days		0.62	0.78	1.07	2.07	1.33	1.51	1.45	1.93	1.09	1.10	Data awaited	Data awaited	
	42	District nursing - number of incidents		51	48	70	70	56	58	37	81	61	69	Data awaited	Data awaited	
	43	Rate of pressure ulcer damage per 1,000 district nursing contacts		1.79	1.63	2.41	2.36	2.06	1.90	1.35	2.71	2.03	2.30	Data awaited	Data awaited	
Cardiac Arrests	44	No. ward-based cardiac arrests - acute wards	MPH	2	2	2	2	7	6	3	5	6	5	4	1	
	45		YDH	5	6	5	5	2	6	8	3	6	8	4	6	
Restraints (mental health wards)	46	Total number of incidents	Mental Health Wards	29	25	23	22	22	14	48	65	82	63	100	44	
	47	Restraints per 1,000 occupied bed days	Mental Health Wards	8.00	7.02	6.25	5.77	6.49	3.97	13.51	17.77	23.05	16.94	26.94	12.57	
	48	Number of prone restraints	Mental Health Wards	10	4	3	6	1	4	4	4	8	2	10	7	

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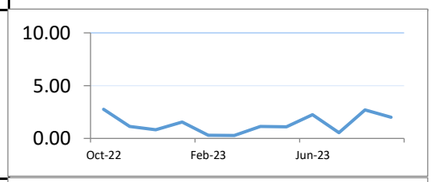
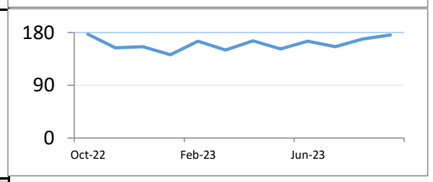
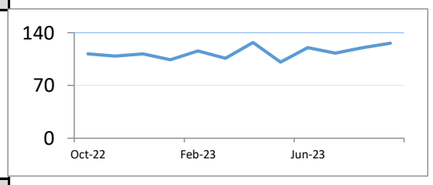
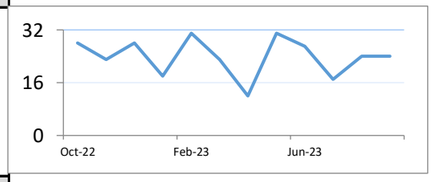
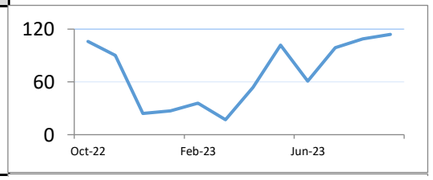
QUALITY MEASURES - 2023/24

Area	Ref	Measure		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	
	49	Prone restraints per 1,000 occupied bed days	Mental Health Wards	2.76	1.12	0.82	1.57	0.30	0.28	1.13	1.09	2.25	0.54	2.69	2.00	
Medication incidents	50	Total number of medication incidents	MPH, Community Hospitals and Mental Health wards	177	154	156	142	165	150	166	152	165	156	169	176	
	51		YDH	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	
	52	Medication incidents - drug errors	MPH, Community Hospitals and Mental Health wards	112	109	112	104	116	106	127	101	120	113	120	126	
	53	Medication incidents - drug errors	YDH	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	
	54	Medication incidents - incorrect storage	MPH, Community Hospitals and Mental Health wards	28	23	28	18	31	23	12	31	27	17	24	24	
Medication incidents	55	Medication incidents - incorrect storage	YDH	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	
ligature points	56	Ligatures: Total number of incidents	Mental Health Wards	106	90	24	27	36	17	54	102	61	99	109	114	

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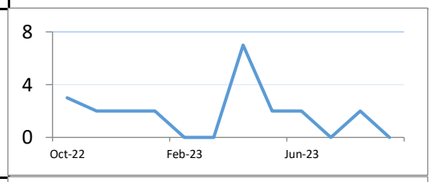
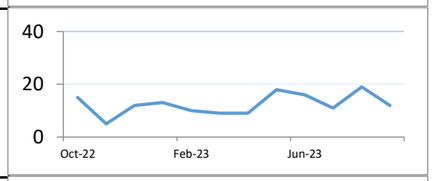
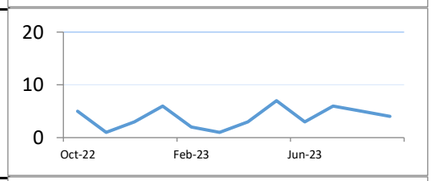
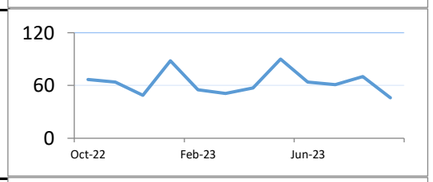
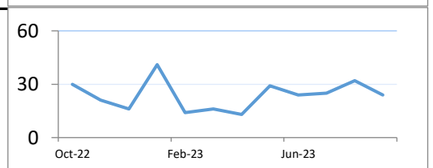
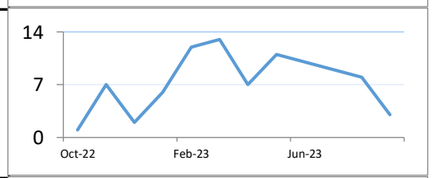
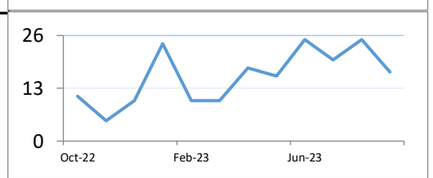
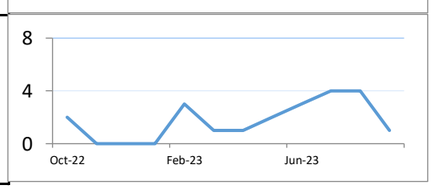
QUALITY MEASURES - 2023/24

Area	Ref	Measure		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	
Ligatures and	57	Number of ligature point incidents	Mental Health Wards	3	2	2	2	0	0	7	2	2	0	2	0	
Violence and Aggression	58	Violence and Aggression: Number of incidents patient on patient (inpatients only)	MPH, Community Hospitals and Mental Health wards	15	5	12	13	10	9	9	18	16	11	19	12	
	59	Violence and Aggression: Incidents resulting in harm - patient on patient (inpatient only)	MPH, Community Hospitals and Mental Health wards	5	1	3	6	2	1	3	7	3	6	5	4	
	60	Violence and Aggression: Number of incidents patient on staff	MPH, Community Hospitals and Mental Health wards	67	64	49	88	55	51	57	90	64	61	70	46	
	61	Violence and Aggression: Incidents resulting in harm - patient on staff	MPH, Community Hospitals and Mental Health wards	30	21	16	41	14	16	13	29	24	25	32	24	
Unexpected deaths	62	Unexpected Deaths: Total number of incidents to be investigated	Community and mental health services	1	7	2	6	12	13	7	11	6	7	8	3	
Seclusion	63	Number of Type 1 - Traditional Seclusion	Mental Health Wards	11	5	10	24	10	10	18	16	25	20	25	17	
Seclusion	64	Number of Type 2 -Short term Segregation	Mental Health Wards	2	0	0	0	3	1	1	2	3	4	4	1	

SOMERSET NHS FOUNDATION TRUST

CORPORATE SCORECARD 2023/24

No.	Description		Links to corporate objectives	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Thresholds
1	Accident and Emergency / Minor Injury Unit 4-hour performance	Accident & Emergency department (ED) - MPH	4, 6, 9	43.4%	54.0%	39.6%	54.2%	52.1%	55.4%	58.8%	55.6%	54.0%	66.0%	51.0%	48.0%	From April 2023 >=76%= Green >=66% - <76% =Amber <66% =Red
2		Accident & Emergency department (ED) - YDH		66.4%	69.1%	63.4%	68.2%	65.0%	70.3%	74.1%	77.7%	64.3%	67.2%	73.3%	67.3%	
3		Accident & Emergency department (ED) - Combined		54.3%	61.0%	50.9%	60.5%	58.0%	62.0%	65.6%	65.4%	58.7%	66.5%	60.6%	56.4%	
4		Minor Injury Units		97.0%	97.6%	93.9%	96.3%	96.8%	96.7%	98.1%	97.1%	96.9%	96.9%	97.5%	95.1%	
5		Trust-wide		71.2%	75.4%	68.5%	75.2%	74.0%	76.3%	79.3%	78.7%	75.1%	79.2%	76.0%	72.5%	
6	Accident and Emergency / Minor Injury Units: percentage of patients spending more than 12-hours in the department	Accident and Emergency department (ED) - MPH	4, 6, 9	8.4%	2.9%	10.2%	7.1%	5.3%	2.6%	2.3%	2.1%	1.8%	0.7%	2.9%	4.7%	<=2%= Green >2% - <=5% =Amber >5% =Red
7		Accident and Emergency department (ED) - YDH		5.8%	3.8%	7.4%	7.5%	6.2%	4.4%	3.3%	1.1%	3.4%	3.6%	1.6%	3.2%	
8		Minor Injury Units		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
9	Ambulance handovers waiting less than 30 minutes - Emergency Department only (MPH)		4, 6, 9	56.5%	79.0%	52.1%	71.0%	74.2%	78.0%	81.2%	80.0%	82.1%	87.2%	70.5%	63.1%	>=95%= Green >=85% - <95% =Amber <85% =Red
	Ambulance handovers waiting less than 30 minutes - Emergency Department only (YDH)			72.8%	80.0%	62.9%	76.1%	75.1%	80.6%	82.2%	86.6%	77.9%	81.5%	88.0%	80.8%	
10	Cancer - maximum 2-week wait from GP referral (suspected cancer)		3, 4, 9	51.9%	55.2%	50.4%	57.8%	69.4%	68.6%	65.4%	68.6%	64.5%	61.7%	65.0%	Data awaited	>=93%= Green <93% =Red
11	Cancer - 28 days Faster Diagnosis All Cancers			62.8%	65.0%	66.5%	61.1%	67.1%	68.6%	73.6%	70.6%	72.0%	79.4%	78.8%	Data awaited	>=75%= Green <75% =Red
12	Cancer - maximum 31 day wait from diagnosis to first treatment			93.8%	92.0%	91.3%	87.1%	83.3%	89.0%	89.5%	86.3%	92.1%	92.0%	92.4%	Data awaited	>=96%= Green <96% =Red
13	Cancer - maximum 62 day wait from urgent GP referral			58.4%	54.7%	53.6%	51.1%	51.0%	61.0%	68.6%	57.7%	68.8%	71.2%	67.6%	Data awaited	>=85%= Green <85% =Red
14	Cancer: 62-day wait from referral to treatment for urgent GP referrals – number of patients treated on or after day 104			16	21	22	20	29	20	14	23	22	26	22	Data awaited	0= Green >0 = Red
15	CAMHS Eating Disorders - Urgent referrals to be seen within 1 week - (rolling 12 months)		3, 4, 9	80.0%	85.0%	84.2%	88.9%	93.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	>=95%= Green >=85% - <95% =Amber <85% =Red
16	CAMHS Eating Disorders - Routine referrals to be seen within 4 weeks - (rolling 12 months)			90.2%	91.5%	91.1%	91.4%	92.5%	95.4%	96.2%	97.1%	97.1%	97.1%	97.3%	97.4%	>=95%= Green >=85% - <95% =Amber <85% =Red

SOMERSET NHS FOUNDATION TRUST

CORPORATE SCORECARD 2023/24

No.	Description		Links to corporate objectives	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Thresholds
17	Mental health referrals offered first appointments within 6 weeks	All mental health services		90.8%	91.9%	89.0%	91.3%	94.6%	94.4%	88.2%	90.0%	93.6%	93.2%	92.8%	92.5%	>=90%= Green >=80% - <90% =Amber <80% =Red
18	Mental health referrals offered first appointments within 6 weeks	Adult mental health services	4, 6, 9	89.2%	90.0%	86.3%	90.2%	92.7%	94.0%	89.6%	92.4%	94.5%	95.2%	90.4%	93.7%	>=90%= Green >=80% - <90% =Amber <80% =Red
19		Older Persons mental health services		90.0%	90.8%	89.8%	91.1%	95.2%	94.4%	86.5%	87.2%	92.0%	91.2%	94.0%	89.0%	
20		Learning disabilities service		100.0%	100.0%	88.9%	92.3%	100.0%	92.9%	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	
21		Children and young people's mental health services		97.3%	100.0%	95.9%	95.1%	96.5%	95.4%	93.6%	95.1%	95.4%	93.2%	96.9%	100.0%	
22	Percentage of women accessing specialist community Perinatal MH service - 12 month rolling reporting		4, 6, 9	7.7%	7.9%	8.1%	8.2%	8.3%	8.4%	8.7%	9.1%	9.3%	9.5%	9.8%	10.3%	>=10%= Green >=7.5% - <10% =Amber <7.5% =Red
23	Diagnostic 6-week wait - acute services	MPH	4, 9	82.4%	84.3%	78.8%	82.9%	86.9%	87.5%	87.3%	87.4%	91.8%	87.9%	84.8%	84.6%	From April 2023 >=95%= Green >=90% - <95% =Amber <90% =Red
		YDH		74.1%	73.8%	69.4%	61.6%	64.7%	66.1%	56.9%	60.7%	60.1%	56.0%	61.2%	55.0%	
		Combined		79.8%	81.2%	75.5%	75.4%	79.1%	79.5%	76.8%	77.2%	79.7%	77.1%	76.9%	74.4%	
24	RTT incomplete pathway performance: percentage of people waiting under 18 weeks		4, 6, 9	62.5%	61.9%	60.0%	60.9%	61.1%	61.1%	60.6%	61.3%	61.7%	61.5%	61.8%	61.6%	>=92%= Green <92% =Red
25	40 week RTT breaches			New reporting	5,128	5,495	5,036	5,015	4,975	5,359	5,524	5,409	5,430	5,748	5,701	TBC
26	52 week RTT breaches			2,601	2,405	2,418	2,298	2,216	2,187	2,247	2,340	2,396	2,375	2,419	2,504	From April 2023 At or below trajectory = Green Above trajectory = Red
27	65 week RTT breaches			New reporting						714	710	712	659	724	741	
28	78 week RTT breaches		4, 6, 9	334	281	315	252	179	68	84	87	61	49	66	70	From April 2023 At or below trajectory = Green Above trajectory = Red
29	Referral to Treatment (RTT) incomplete pathway waiting list size			49,404	50,412	50,705	51,244	51,542	52,869	53,351	53,856	54,319	55,037	54,986	55,532	
30	Average length of stay of patients on wards (Excludes daycases, non acute services, ambulatory/SDEC care and hospital spells discharged from maternity and paediatrics wards).	MPH	4, 9	6.6	6.9	6.6	7.2	6.8	6.2	6.5	6.2	6.1	5.9	6.0	6.8	Monitored using Special Cause Variation Rules. Report by exception.
31		YDH		Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	

SOMERSET NHS FOUNDATION TRUST

CORPORATE SCORECARD 2023/24

No.	Description		Links to corporate objectives	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Thresholds
32	Patients not meeting the criteria to reside: % of occupied bed days lost	MPH	4, 9	22.5%	17.6%	16.0%	19.6%	19.8%	19.1%	21.9%	16.7%	15.1%	17.2%	16.5%	20.3%	SPC (Upper Control Limit 25.1%)
33		YDH		26.7%	27.5%	22.3%	23.0%	25.0%	23.2%	20.5%	21.1%	21.1%	22.1%	23.6%	23.5%	SPC (Upper Control Limit 28.1%)
34	Waiting times: number of people waiting over 18 weeks from referral to first appointment - community services including dental		4, 6, 9	4,881	3,983	4,102	4,056	4,002	4,065	4,023	4,052	4,013	3,918	3,862	3,717	From April 2023 <4,065 = Green >=4065 = Red
35	52 week RTT breaches			New reporting						1,455	1,442	1,319	1,146	863	785	From April 2023 At or below trajectory = Green Above trajectory = Red
36	65 week RTT breaches									887	930	840	642	440	392	
37	78 week RTT breaches									514	565	466	335	223	220	
38	Community dental services - Child GA waiters waiting 18 weeks or more		4, 6, 9	333	346	370	356	370	463	499	524	527	538	557	565	From April 2023 <463 = Green >=463 = Red
39	Early Intervention In Psychosis: people to begin treatment with a NICE-recommended care package within 2 weeks of referral (rolling three month rate)		4, 6, 9	75.0%	58.8%	61.9%	60.9%	68.8%	83.3%	88.2%	82.4%	83.3%	81.3%	Data awaited	Data awaited	>=60%= Green <60% =Red
40	Talking Therapies (formerly Improving Access to Psychological Therapies [IAPT]) RTT : percentage of people waiting under 6 weeks		4, 6, 9	63.1%	63.6%	63.3%	61.1%	60.9%	67.2%	65.9%	68.2%	70.3%	73.7%	74.6%	72.4%	>=75%= Green <75% =Red
41	Talking Therapies (formerly Improving Access to Psychological Therapies [IAPT]) RTT: percentage of people waiting under 18 weeks		4, 6, 9	97.5%	98.1%	98.7%	98.5%	97.6%	98.9%	98.0%	98.5%	99.1%	99.0%	99.0%	99.5%	>=95%= Green <95% =Red
42	Talking Therapies (formerly Improving Access to Psychological Therapies [IAPT]) Recovery Rates		4, 7, 9	56.5%	61.0%	58.4%	62.1%	59.2%	64.3%	60.6%	60.0%	57.8%	59.7%	60.2%	55.5%	>=50%= Green <50% =Red
43	Adult mental health inpatients receiving a follow up within 72 hrs of discharge		4, 9	100.0%	97.4%	100.0%	93.9%	90.3%	100.0%	97.8%	100.0%	97.3%	100.0%	96.2%	96.9%	>=80%= Green <80% =Red
44	Inappropriate Out of Area Placements for non-specialist mental health inpatient care (monthly number of patient days)		4, 5, 9	60	125	57	27	0	34	78	67	57	14	0	0	0= Green >0 = Red
45	Intermediate Care - Patients aged 65+ discharged home from acute hospital beds on pathway 0 or 1		4, 5, 9	94.1%	92.9%	93.2%	92.8%	92.0%	92.6%	93.3%	93.2%	94.9%	95.1%	95.7%	93.8%	>=95%= Green >=85% - <95% =Amber <85% =Red
46	Urgent Community Response: percentage of patients seen within two hours		4, 5, 9	New reporting		84.4%	84.5%	79.0%	92.0%	94.3%	93.6%	90.9%	94.6%	92.3%	Data awaited	>=70%= Green >=60% - <70% =Amber <60% =Red
47	% Stroke Patients direct admission to stroke ward in 4 hours	MPH	4, 6, 9	50.0%	51.1%	48.5%	41.1%	32.6%	54.4%	46.7%	50.0%	48.9%	57.1%	63.2%	62.5%	>=90%= Green >=75% - <90% =Amber <75% =Red
48		YDH		28.6%	15.6%	20.6%	34.3%	15.2%	32.1%	26.9%	40.0%	32.4%	25.0%	33.3%	23.3%	

SOMERSET NHS FOUNDATION TRUST

CORPORATE SCORECARD 2023/24

No.	Description		Links to corporate objectives	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Thresholds
49	Patients spending >90% of time in stroke unit - acute services	MPH	4, 6, 9	63.6%	71.4%	60.6%	61.4%	59.6%	80.3%	68.1%	65.9%	65.2%	75.0%	79.5%	70.4%	>=80%= Green >=70% - <80% =Amber <70% =Red
50		YDH		53.0%	46.0%	53.0%	62.9%	69.7%	57.1%	57.7%	60.0%	59.5%	56.2%	71.7%	57.0%	
53	Percentage of patients with a National Early Warning Score (NEWS) of 5 or more acted upon appropriately - The registered nurse should immediately inform the medical team caring for the patient	MPH, community hospitals and mental health wards	4, 9	Reporting criteria reviewed and updated. Bi-monthly reporting will recommence from April 2023 and will cover February/March 2024				67.2%		69.9%		75.8%		Bi-monthly reporting. Information being validated		>=90%= Green >=80% - <90% =Amber <80% =Red
51	Neutropenic Sepsis: Antibiotics received within 60 minutes - acute services	MPH	4, 9	Due to capacity within the Governance Team required audits have been delayed. Testing is being undertaken of a reporting solution using electronic forms, completed by the Trust's Digital Team. Users of systems have been identified and training is to commence during the second week of September 2023. Training is estimated to last four to six weeks.												>=90%= Green >=49% - <90% =Amber <49% =Red
52	Percentage of emergency patients screened for sepsis - acute services	MPH														
54	Percentage of complaints responded to within 40 working days - Trust-wide	Former SFT	9	57.7%	55.0%	46.7%	39.4%	37.5%	56.7%	51.5%	48.4%	51.5%	Review of reporting indicator being undertaken			>=90%= Green >=75% - <90% =Amber >75% =Red
55		YDH		100.0%	100.0%	80.0%	67.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
56		Combined		New reporting						56.8%	52.9%	56.0%				
57	Mandatory training: percentage completed	Former SFT	1, 8, 9	92.3%	92.1%	91.9%	91.1%	90.9%	90.5%	Post merger						All courses >=90%= Green Overall rate <80% =Red Any other position = Amber
58		YDH		87.7%	86.8%	85.9%	85.6%	84.6%	84.5%							
59		Combined		New reporting						90.6%	91.3%	91.6%	92.0%	92.1%	92.1%	
60	Proportion of days lost due to sickness		1,8,9	5.8%	5.5%	6.3%	5.4%	5.0%	4.8%	4.2%	4.2%	4.2%	4.8%	4.8%	5.0%	SPC
61	Sickness absence levels - rolling 12 month average (Trust-wide)		8, 9	5.9%	5.9%	5.9%	5.8%	5.8%	5.6%	5.2%	5.1%	5.1%	4.9%	4.9%	4.9%	SPC
62	Career conversations (12 months) - formerly 'Performance review (12-month)'		1,8,9	New reporting						62.1%	62.7%	66.4%	65.0%	64.7%	64.6%	>=90%= Green >=80% - <90% =Amber <80% =Red
63	Vacancy levels - percentage difference between contracted full time equivalents (FTE) in post and budgeted establishment (Trust-wide)		8, 9							7.4%	7.7%	7.9%	7.8%	6.0%	7.4%	<=5%= Green >5% to <=7.5% =Amber >7.5% =Red
64	Retention rate – percentage of colleagues in post with more than 12 months' service		8, 9							76.0%	74.4%	85.9%	64.7%	72.0%	83.0%	>=88.3%= Green >=80% to <88.3% =Amber <80% =Red

SOMERSET NHS FOUNDATION TRUST

CORPORATE SCORECARD 2023/24

No.	Description		Links to corporate objectives	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Thresholds
65	Percentage of colleagues in a senior role (band 8a and above and consultant roles):	Who are of an ethnic minority	1,8,9	New reporting						19.8%	19.8%	19.8%	19.5%	20.5%	20.3%	>=17%= Green >=14% to <17% =Amber <14% =Red
66		Who are female	1,8,9							58.5%	58.6%	58.8%	58.7%	58.7%	58.4%	>=79%= Green >=70% to <79% =Amber <70% =Red
67		With a recorded disability	1,8,9							2.9%	2.9%	3.0%	3.0%	2.9%	2.8%	>=4%= Green >=2% to <4% =Amber <2% =Red
68	Number of formal HR case works (disciplinary, grievance and capability).		1,8,9							166	Data awaited	Data awaited	Data awaited	Data awaited	Data awaited	TBC

Appendix 5a – Specialty and tumour-site level performance

Table 1 – Performance against the RTT performance standard in September 2023, including the number of patients waiting over 18 weeks, the number of patients waiting over 52 weeks, and the average (mean) number of weeks patients have waited on the Trust's waiting list.

RTT specialty	Over 18-week waiters	Over 52-week waiters	Incomplete pathways	Incomplete pathways performance
General Surgery	671	71	2190	69.4%
Urology	1352	160	2856	52.7%
Trauma & Orthopaedics	3006	637	8195	63.3%
Ear, Nose & Throat (ENT)	2369	163	4947	52.1%
Ophthalmology	2488	362	5738	56.6%
Oral Surgery	1029	94	2350	56.2%
Plastic Surgery	86	13	231	62.8%
Cardiothoracic Surgery	12		24	50.0%
General Medicine	6		24	75.0%
Gastroenterology	965	40	2387	59.6%
Cardiology	1087	4	4167	73.9%
Dermatology	210		1636	87.2%
Thoracic Medicine	631	3	1924	67.2%
Neurology	487	2	1547	68.5%
Rheumatology	391	3	1183	66.9%
Care of the Elderly	67	3	548	87.8%
Gynaecology	1452	132	3781	61.6%
Other – Medical Services	1284	287	2777	53.8%
Other - Paediatric Services	626	11	1756	64.4%
Other - Surgical Services	2803	502	6326	55.7%
Other – Other Services	296	17	945	68.7%
Total	21318	2504	55532	61.6%

Table 2 – Performance against the 62-day GP cancer standard in August 2023.

Tumour site	No of breaches	Trust performance
Acute leukaemia	0	100%
Breast	2.5	92.5%
Colorectal	12.5	41.9%
Gynaecology	6.0	57.1%
Haematology	0	100%
Head & Neck	2.0	42.9%
Lung	6.5	38.1%
Other	1.0	66.7%
Paediatric	0	100%
Sarcoma	1.0	0%
Skin	4.0	92.9%
Testicular	1.0	0%
Upper GI	2.5	58.3%
Urology	30.5	52.0%
Total	**69.5**	**67.6%**

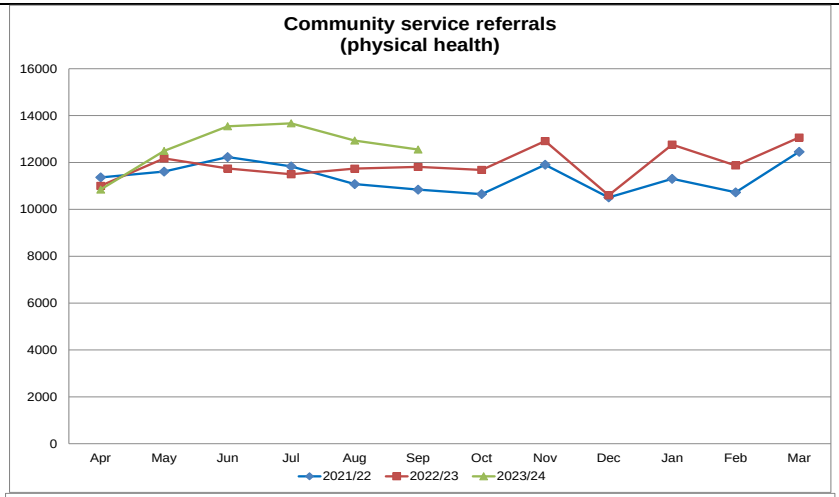
Twenty-two patients were treated in August 2023 on or after day 104 (the national 'backstop'). Of the twenty-two patients, thirteen were assessed as having unavoidable delays, with nine pathways having been impacted largely by internal capacity problems. A breakdown of the unavoidable breaches is as follows:

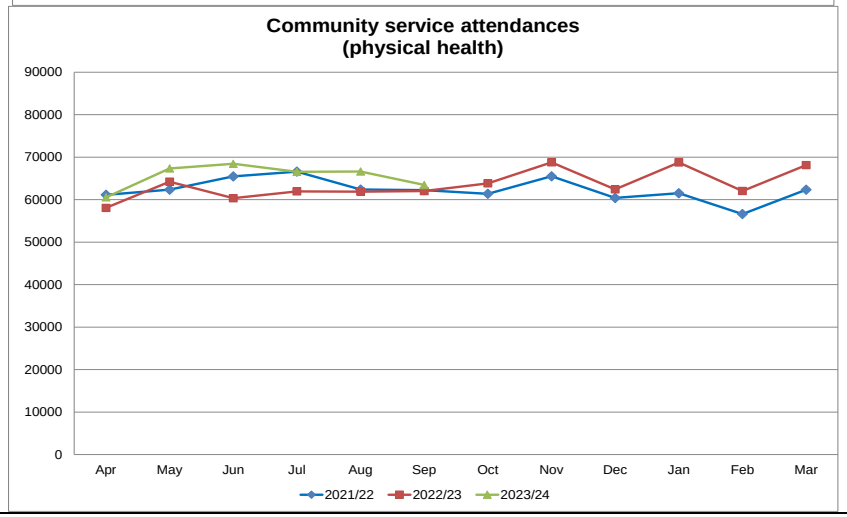
- Five patients had a complex pathway, including patients requiring additional diagnostics, requesting second opinion, transferring from a different cancer pathway and the treatment plan changing.
- Four patient pathways had some internal delays, which in some cases resulted in a late transfer to the treating provider. But the pathways were unavoidably delayed thereafter, as a result of wait times being longer than ideal for investigations and appointments at other providers. There were also periods of patient choice and medical deferral for some patients.
- Two patients transferred to the Trust late for treatment, due to capacity at the other provider, but then experienced delays with us due to capacity problems here.

- One patient pathway had unavoidable delays due to medical complexity, with the patient needing to maximise fitness and weight loss prior to their cancer surgery.
- One patient chose to delay their investigations and treatment planning for a significant period of time.

operational context

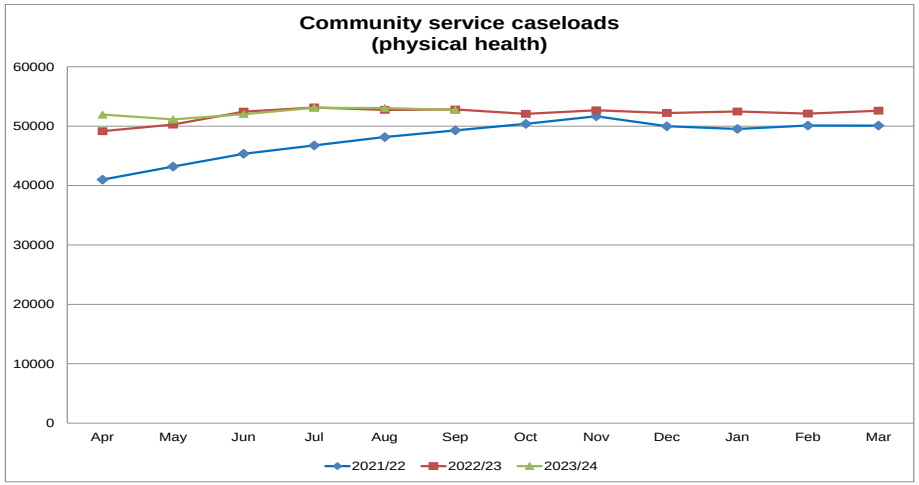
Community Physical Health: This section of the report provides a high level view of the level of demand for the Trust's services during the reporting period, compared to the previous months and prior year.





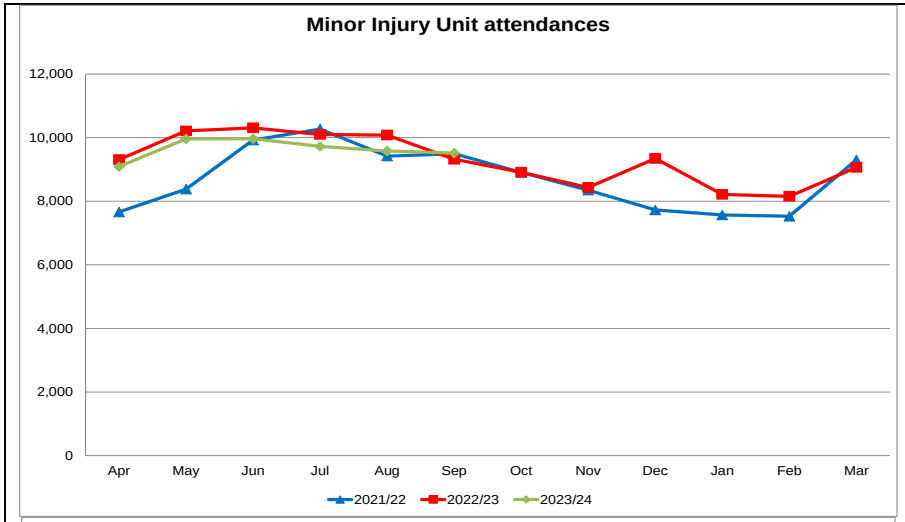
Summary:

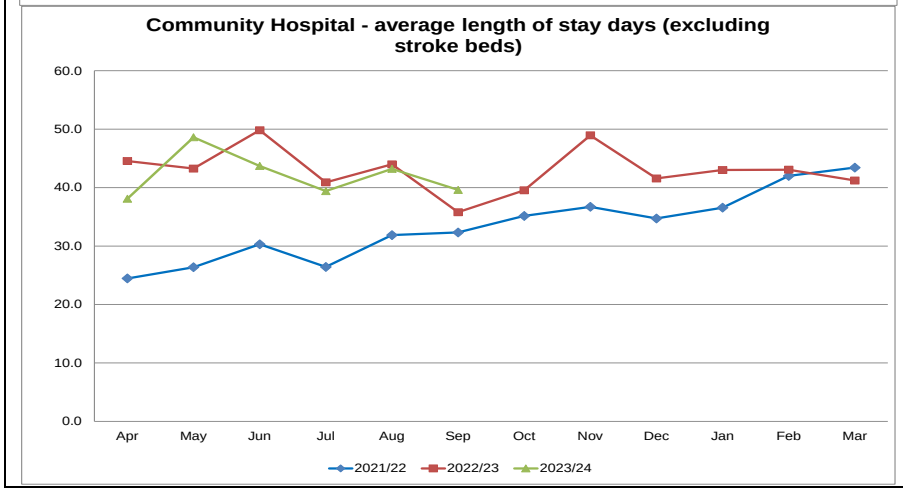
- Direct referrals to our community physical health services between 1 April and 30 September 2023 were 8.7% higher than the same months of 2022 and 10.3% higher than in the same months of 2021.
- Attendances for the same period were 6.6% higher than the same months of 2022 and 3.4% higher than the same months of 2021.
- Community service caseload levels as at 30 September 2023 were 0.1% lower than as at 30 September 2022, but 10.3% above 30 September 2021 levels.



operational context

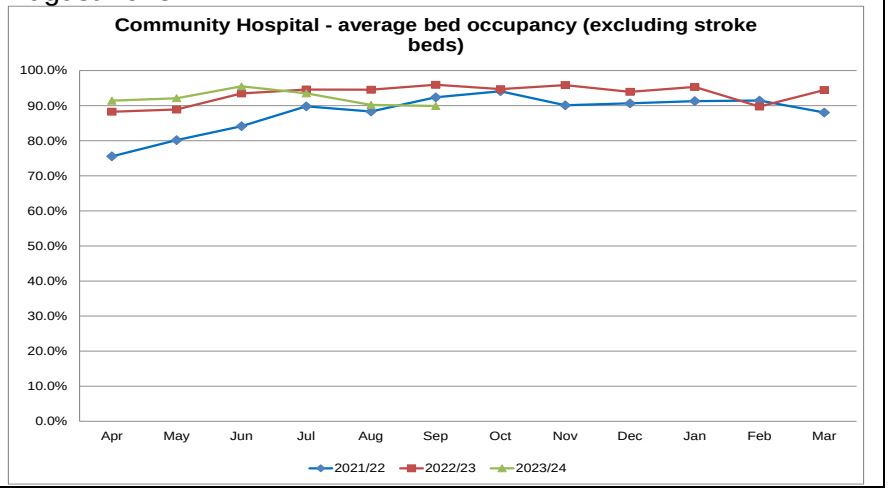
Community Physical Health: This section of the report provides a high level view of the level of demand for the Trust's services during the reporting period, compared to the previous months and prior year.





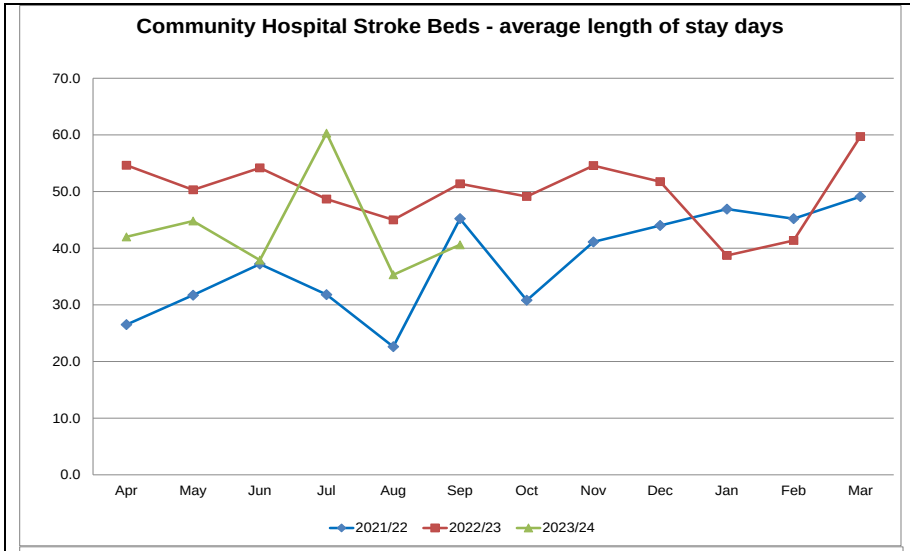
Summary:

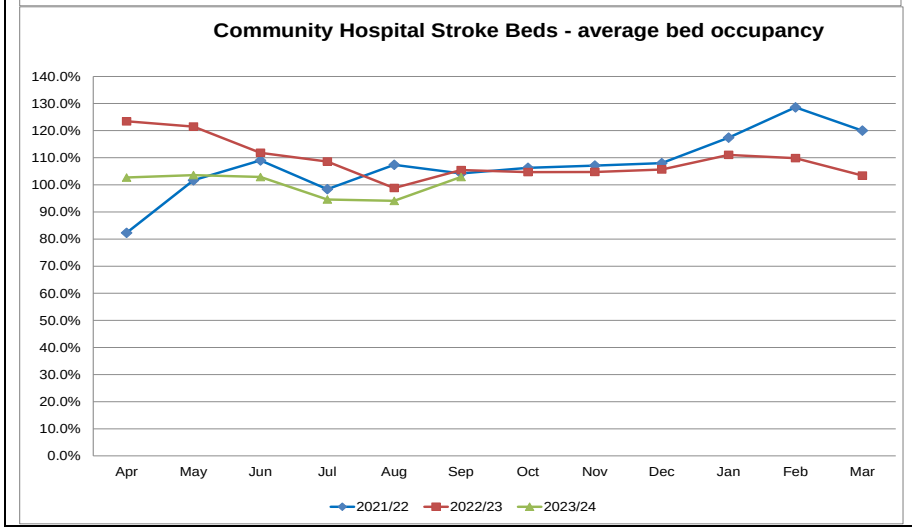
- Between 1 April and 30 September 2023, the number of Minor Injury Unit attendances was 2.5% lower than the same months of 2022/23, but 4.9% higher than same months of 2021/22. During September 2023, 95.1% of patients were discharged, admitted, or transferred within four hours of attendance, against the national standard of 76%, to be achieved by March 2024.
- The average length of stay for non-stroke patients in our community hospitals in September 2023 was 39.6 days, a decrease compared to August 2023. Nine patients were discharged with lengths of stay longer than 100 days; the longest was 270 days for a patient at Bridgwater community hospital.
- The community hospital bed occupancy rate for non-stroke patients in September 2023 decreased to 89.9%, from 90.2% in August 2023.



Operational context

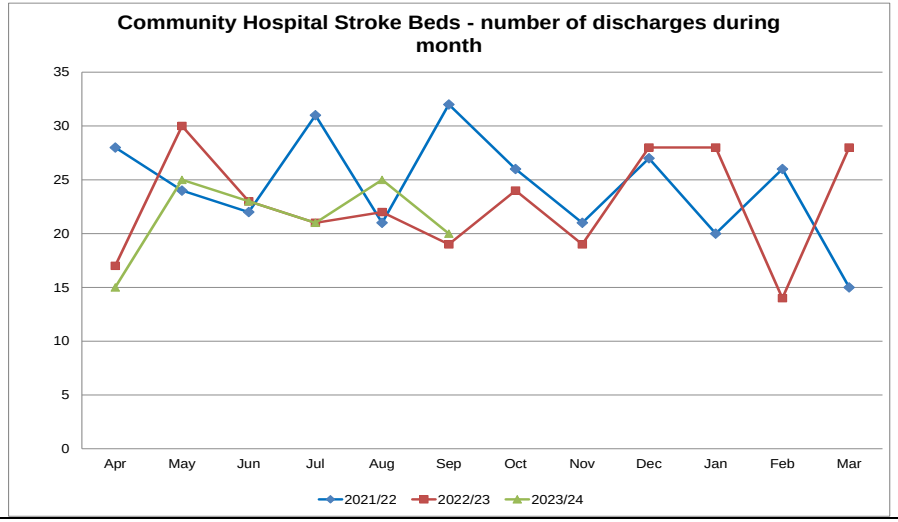
This section of the report looks at a set of key community hospital indicators relating to stroke patients, which helps to identify future or current risks and threats to achievement of mandated standards.





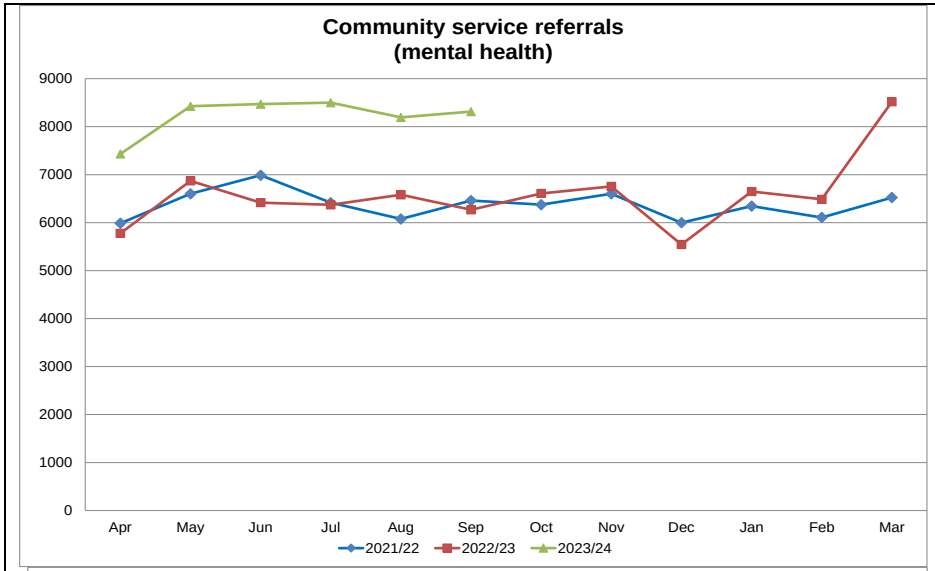
Summary:

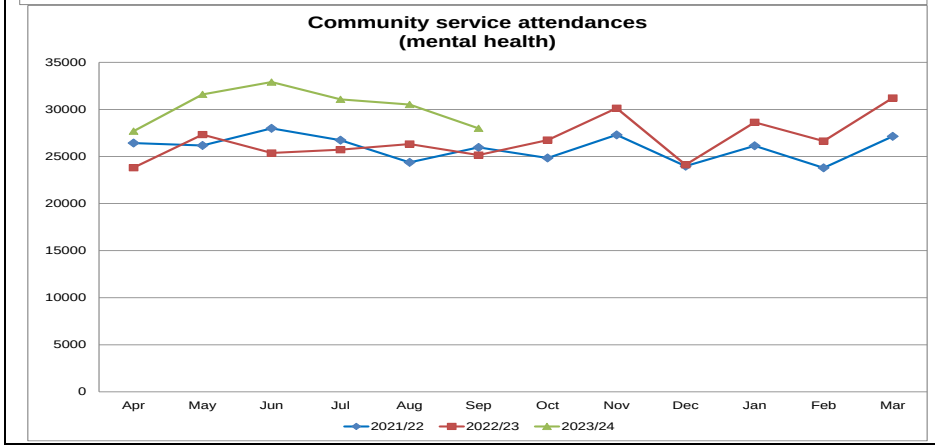
- The average length of stay for stroke patients in our community hospitals in September 2023 increased to 40.6 days, from 35.3 days in August 2023. No patient had a stay longer than 100 days. One patient discharged from South Petherton community hospital had a length of stay of 89 days.
- Stroke bed occupancy in September 2023 increased compared to August 2023.
- During September 2023 there were 20 discharges of stroke patients, down from 25 discharged during August 2023.



Operational context

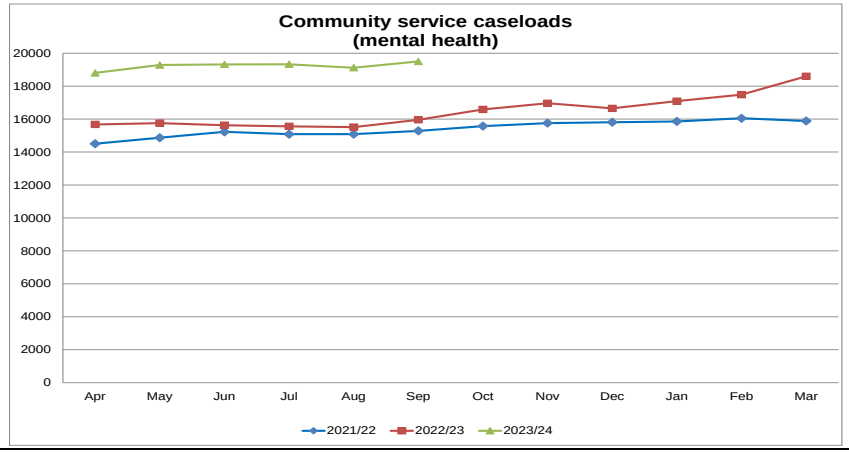
Community Mental Health services: This section of the report provides a high level view of the level of demand for the Trust's services during the reporting period, compared to the previous months and prior year.





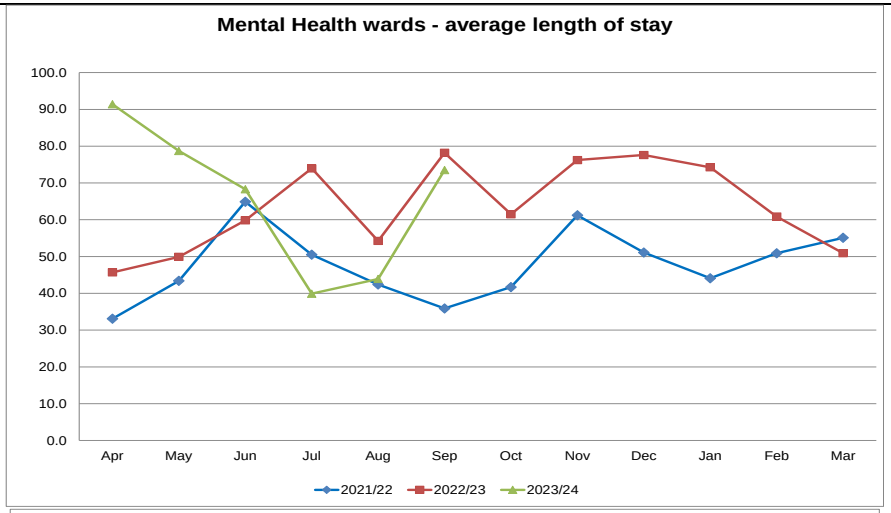
Summary:

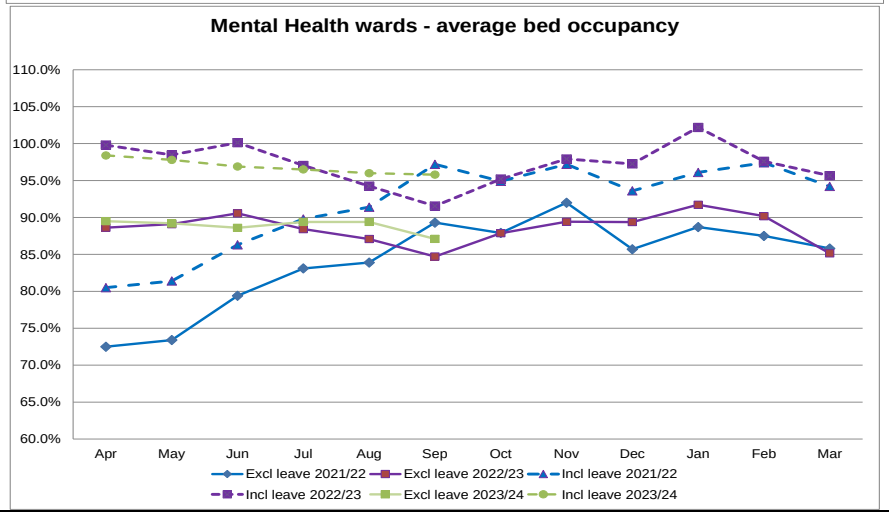
- Referrals to our community mental health services between 1 April and 30 September 2023 were 28.9% higher than the same months of 2022/23 and 28.1% higher than the same months of 2021/22.
- Attendances for the same reporting period were 18.3% higher than the same months of 2022/23 and 15.3% higher than the months of 2021/22. Services which have seen significant increases in recorded activity include Primary Care Mental Health Services (Open Mental Health), Home Treatment, and Older People's Community Mental Health services.
- Community mental health service caseloads as at 30 September 2023 increased by 22.2% when compared to 30 September 2022 and were 28.1% higher than as at 30 September 2021. It should be noted that investment facilitated the expansion of some community mental health services.



Assurance and Leading Indicators

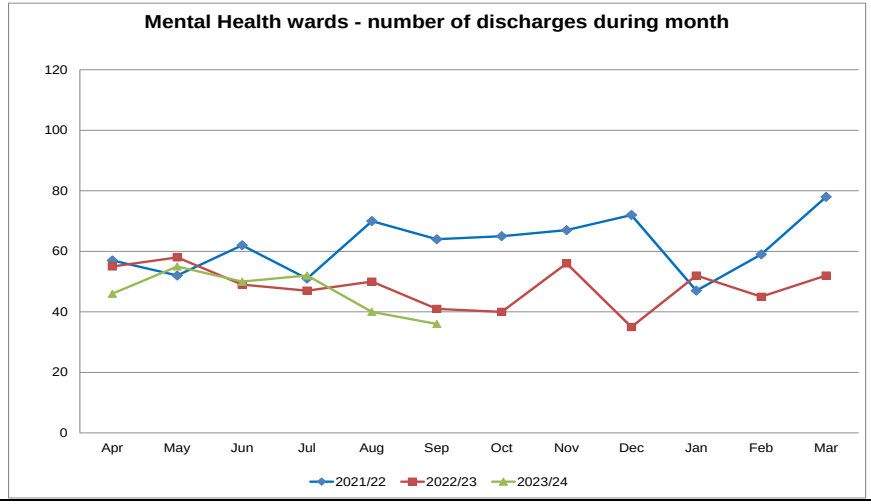
This section of the report looks at a set of leading metal health ward indicators, which helps to identify future or current risks and threats to achievement of mandated standards.





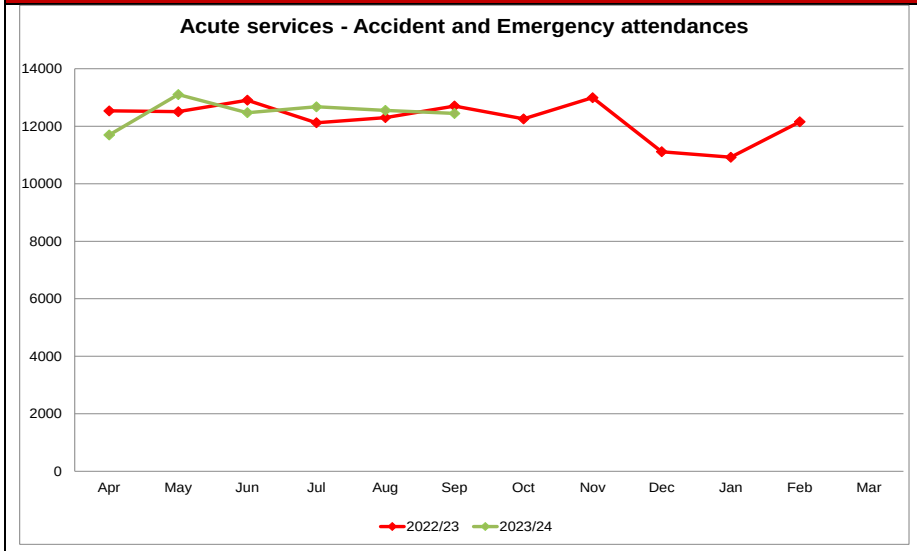
Summary:

- The average length of stay in our mental health wards in September 2023 increased compared to August 2023. Seven patients discharged in September 2023 had lengths of stay of 100 days or more, including one patient discharged from Willow ward, our rehabilitation unit, who had a length of stay of 646 days.
- The mental health bed occupancy rate in September 2023, based on excluding and including leave decreased when compared to August 2023.
- A total of 36 patients were discharged in September 2023, down from 40 in August 2023.



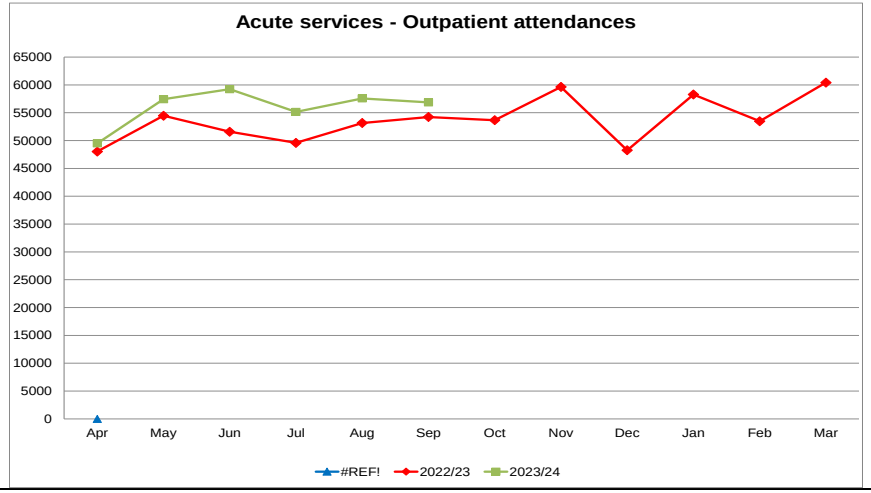
Operational context

Acute services: This section of the report provides a high level view of the level of demand for the Trust's services during the reporting period, compared to the previous months and prior year.



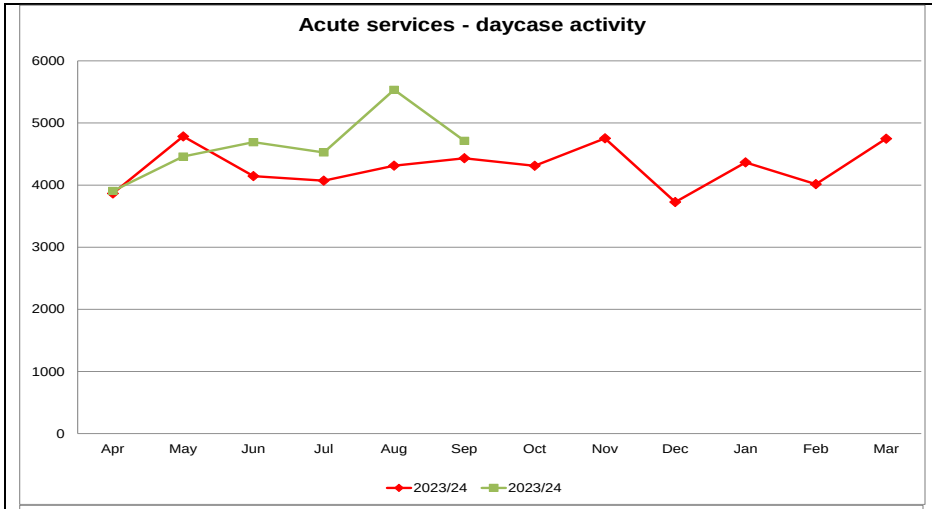
Summary:

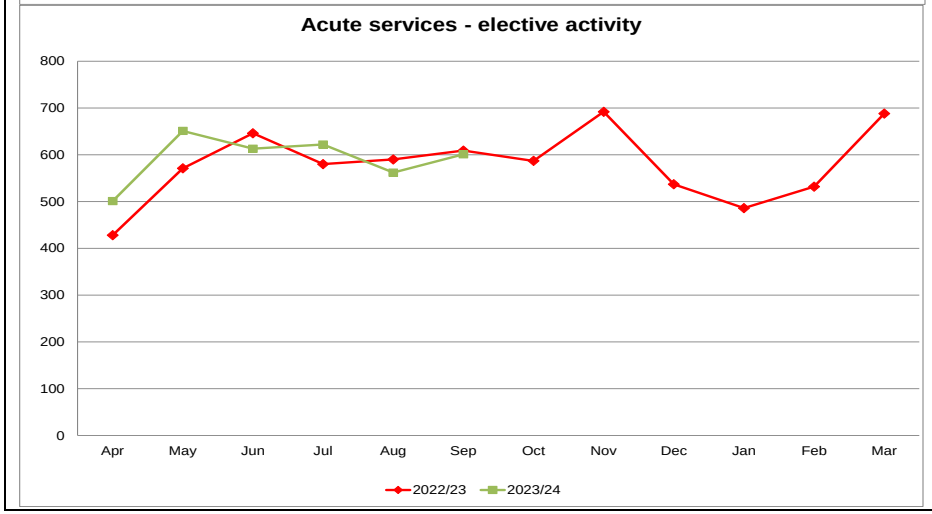
- Between 1 April and 30 September 2023 attendances to Accident and Emergency were 1.6% higher than the same months of 2022/23. In September 2023, 56.4% of patients were discharged, admitted, or transferred within four hours of attendance, against the national standard of 95%.
- GP and Dental referrals information is awaited and should be included within the next report.
- Outpatient attendances for the same period were 10.1% higher than the same months of 2021/22, and 5.8% higher than the same months of 2019/20.



Operational context

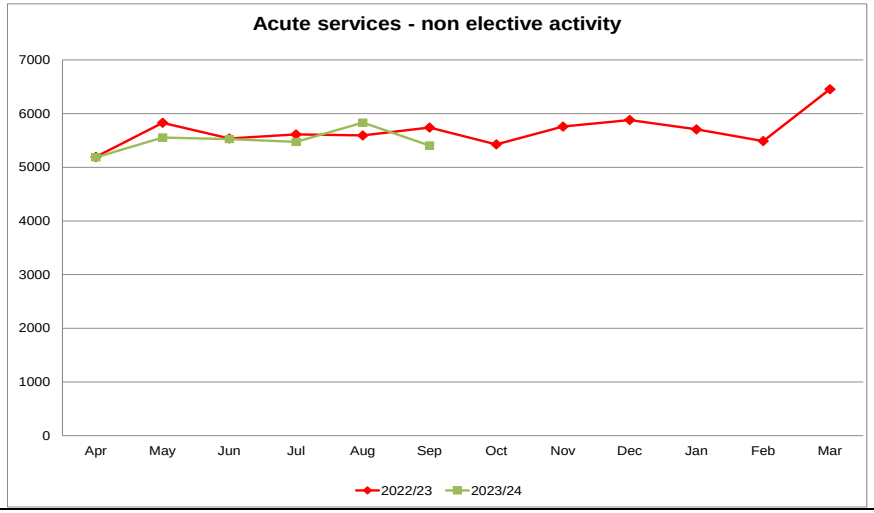
Acute services: This section of the report provides a summary of the levels of day case, elective, and non elective activity during the reporting period, compared to the previous months and prior year.





Summary:

- The number of day cases undertaken by our acute services between 1 April and 30 September 2023 increased by 8.7% compared to the same months of 2022/23.
- Over the same period, elective admissions were 3.7% higher than the corresponding months of 2022/23 despite the significant operational pressures experienced at Musgrove Park Hospital over recent months.
- Non elective admissions between 1 April and 30 September 2023 were 1.6% lower than the same months of 2022/23.



Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Somerset NHS Foundation Trust Finance Report – Month 6
SPONSORING EXEC:	Pippa Moger, Chief Finance Officer
REPORT BY:	Mark Hocking, Deputy Chief Finance Officer
PRESENTED BY:	Pippa Moger, Chief Finance Officer
DATE:	7 November 2023

Purpose of Paper/Action Required (Please select any which are relevant to this paper)		
☒ For Assurance	☐ For Approval / Decision	☒ For Information

Executive Summary and Reason for presentation to Committee/Board	The Finance report sets out the overall income and expenditure position for the Trust. It includes commentary on the key issues, risks, and variances, which are affecting the financial position.
Recommendation	The Board is requested to discuss the report**.**

Links to Joint Strategic Objectives
(Please select any which are impacted on / relevant to this paper)

- ☐ Obj 1 Improve health and wellbeing of population
- ☐ Obj 2 Provide the best care and support to children and adults
- ☐ Obj 3 Strengthen care and support in local communities
- ☐ Obj 4 Reduce inequalities
- ☐ Obj 5 Respond well to complex needs
- ☐ Obj 6 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
- ☒ Obj 7 Live within our means and use our resources wisely
- ☐ Obj 8 Develop a high performing organisation delivering the vision of the Trust

Implications/Requirements (Please select any which are relevant to this paper)					
☒ Financial	☐ Legislation	☐ Workforce	☐ Estates	☐ ICT	☐ Patient Safety/ Quality
Details:					

Equality and Inclusion

The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.

How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?

This report has been assessed against the Trust's Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics. Impact assessments are carried out for cost improvement plans and other financial plans.
All major service changes, business cases and service redesigns must have a Quality and Equality Impact Assessment (QEIA) completed at each stage. Please attach the QEIA to the report and identify actions to address any negative impacts, where appropriate.

Public/Staff Involvement History How have you considered the views of service users and / or the public in relation to the issues covered in this report? Please can you describe how you have engaged and involved people when compiling this report.
N/A

Previous Consideration (Indicate if the report has been reviewed by another Board, Committee or Governance Group before submission to the Board or is a follow up report to one previously considered by the Board – eg. in Part B]
Monthly report

Reference to CQC domains (Please select any which are relevant to this paper)				
☐ Safe	☐ Effective	☐ Caring	☐ Responsive	☒ Well Led

Is this paper clear for release under the Freedom of Information Act 2000?	☒ Yes	☐ No

SOMERSET NHS FOUNDATION TRSUT

FINANCE REPORT

1. SUMMARY

1.1 In September, the Trust recorded a deficit of £2.091m, this was £1.515m adverse when compared with the plan for the month. Cumulatively, the Trust is £9.197m in deficit, this is £3.030m adverse to the planned position.

1.2 The in-month and year date adverse variances are being driven by three key issues:

i) The continuing impact of industrial action and specifically the costs of backfilling medical staff on strike days which was £0.3m in month (£1.8m year to date)

ii) The impact of income lost on strike days due to much reduced levels of elective activity although this has been partly offset by general over-performance in the first five months of the year giving rise to net shortfall of £0.6m

iii) Underperformance on the variable element of contracts with NHS Dorset and NHSE Specialist Commissioning for the first six months of the year of £0.6m.

1.3 Services continue to be under pressure although we have yet to open additional escalation capacity. Agency expenditure has reduced again this month although we remain significantly above the cap.

2. INCOME AND EXPENDITURE

2.1 Table 1 below sets out the summary income and expenditure account to 30 September 2023: -

Table 1: Income and Expenditure Summary August

Statement of Comprehensive Income	Annual Plan £000	Current Month 6 Plan £000	Current Month 6 Actual £000	Current Month 6 Fav./ (Adv.) Variance £000	Year to date Plan £000	Year to date Actual £000	Year to date Fav./ (Adv.) Variance £000
Income							
Patient Care Income	928,490	79,513	79,962	449	463,694	468,271	4,576
Other Operating Income	54,102	4,468	6,882	2,413	26,388	34,769	8,381
Total operating income	**982,592**	**83,982**	**86,844**	**2,862**	**490,083**	**503,040**	**12,957**
Operating expenses							
Employee Operating Expenses	(674,225)	(58,808)	(59,269)	(461)	(339,253)	(346,747)	(7,494)
Drugs Cost: Consumed/Purchased	(71,060)	(5,802)	(6,593)	(791)	(35,377)	(36,782)	(1,405)
Clinical Supp & Serv Exc-Drugs	(45,272)	(3,929)	(13,829)	(9,900)	(25,513)	(39,678)	(14,165)
Supplies & Services - General	(27,780)	(2,315)	(2,959)	(644)	(13,890)	(17,334)	(3,444)
Other Operating Expenses	(151,017)	(12,597)	(4,346)	8,251	(75,581)	(65,616)	9,965
Total operating expenses	**(969,354)**	**(83,451)**	**(86,997)**	**(3,546)**	**(489,614)**	**(506,157)**	**(16,543)**
Operating Surplus/Deficit	13,238	531	(153)	(684)	468	(3,117)	(3,586)
Finance Expense	(12,651)	(1,054)	(444)	611	(6,325)	(5,696)	629
Finance Income	613	51	301	250	306	1,886	1,580
Other	0	(4)	0	4	(15)	0	15
Overall Surplus/(Deficit)	1,200	(476)	(296)	180	(5,566)	(6,927)	(1,361)
Depr On Donated Assets	1,386	115	94	(21)	693	585	(108)
Donated Assets Income	(2,591)	(216)	(1,890)	(1,674)	(1,295)	(2,859)	(1,563)
Amortisation	9	1	1	(0)	5	4	(0)
Impairments (Reversals)	0	0	0	0	0	0	0
Other	(4)	(0)	0	0	(2)	0	2
Adjustments to control total	(1,200)	(100)	(1,795)	(1,695)	(600)	(2,270)	(1,670)
Adjusted Financial Performance	(0)	(576)	(2,091)	(1,515)	(6,166)	(9,197)	(3,030)

2.2 Agency expenditure was £2.630m (August 2023 £2.792m), this was £0.121m over the plan for the month and £0.378m above the cap. The cap (c£30m for the year) is profiled pro-rata to the pattern of 2022/23 actual expenditure. At the end of September, the Trust is c£5.2m above the cap.

2.3 Services continue to explore innovative options to fill their workforce gaps. Vacancies drive c60% of the agency use and it is a particularly difficult issue for medical posts. There has been some recent success and it is expected that the run rate will continue to reduce.

2.4 The impact of the consultant and post graduate doctors in training September industrial action was c£0.3m. This is the net cost of backfill i.e., the costs incurred to cover shifts lost due to industrial action less the salary savings made for those shifts.

2.5 NHSE have asked all systems to record the full impact of industrial action on ERF this month. That means the Trust has recognised a £0.6m net loss due to the impact of industrial action on activity delivered. This reflects gross calculated lost income of £1.8m to the end of August offset by over-performance in relation to the system elective recovery target of £1.2m for the same period. This reflecting that the system was currently exceeding the nationally imposed 107% target and are delivering in the region of 107.7%.

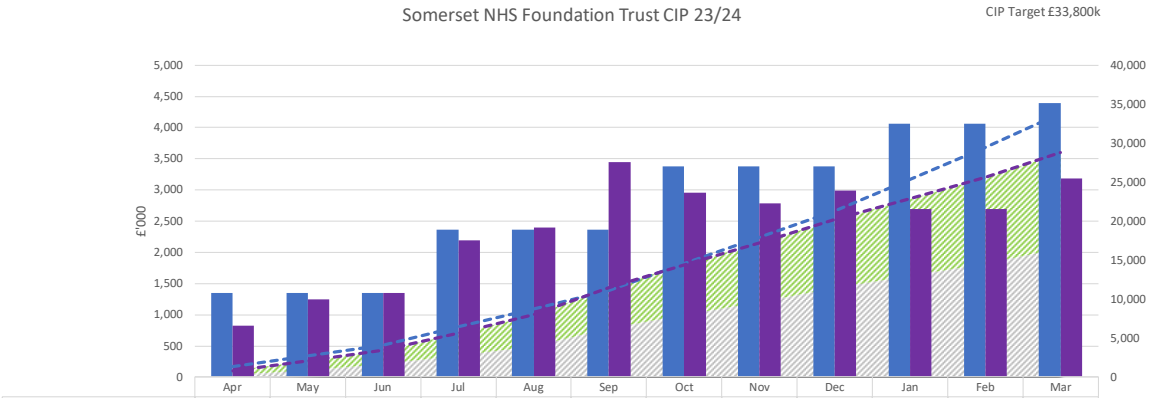
2.6 The Trust also recognised £0.650m under performance YTD for the Dorset and NHSE Specialised Commissioned contracts in relation to the variable elements of our elective contract with these commissioners. This underperformance is currently being investigated to determine if it is likely to continue and/or can be recovered.

3. COST IMPROVEMENT PROGRAMME

3.1 In September, savings of £3.450m were delivered which is a over performance of £1.084m against the plan. Recurrent savings formed £2.283m of the savings achieved (66%). We continue to work with services to identify further opportunities and although we are making progress, an unidentified gap of c£5m currently remains.

3.2 Further analysis is shown in the chart below: -

Chart 1: CIP Plan 23/24



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cumlative NR	546	1,246	1,750	2,798	4,070	5,237	6,422	7,619	8,761	9,897	11,030	12,220
Cumlative R	277	819	1,661	2,809	3,932	6,215	7,978	9,564	11,407	12,964	14,522	16,511
Plan	1,352	1,352	1,352	2,366	2,366	2,366	3,380	3,380	3,380	4,056	4,056	4,394
Actual/Forecast	823	1,242	1,346	2,195	2,395	3,450	2,953	2,788	2,991	2,699	2,695	3,185
Cumlative Plan	1,352	2,704	4,056	6,422	8,788	11,154	14,534	17,914	21,294	25,350	29,406	33,800
Cumulative Actual/Forecast	823	2,065	3,411	5,607	8,002	11,452	14,405	17,194	20,184	22,883	25,578	28,763

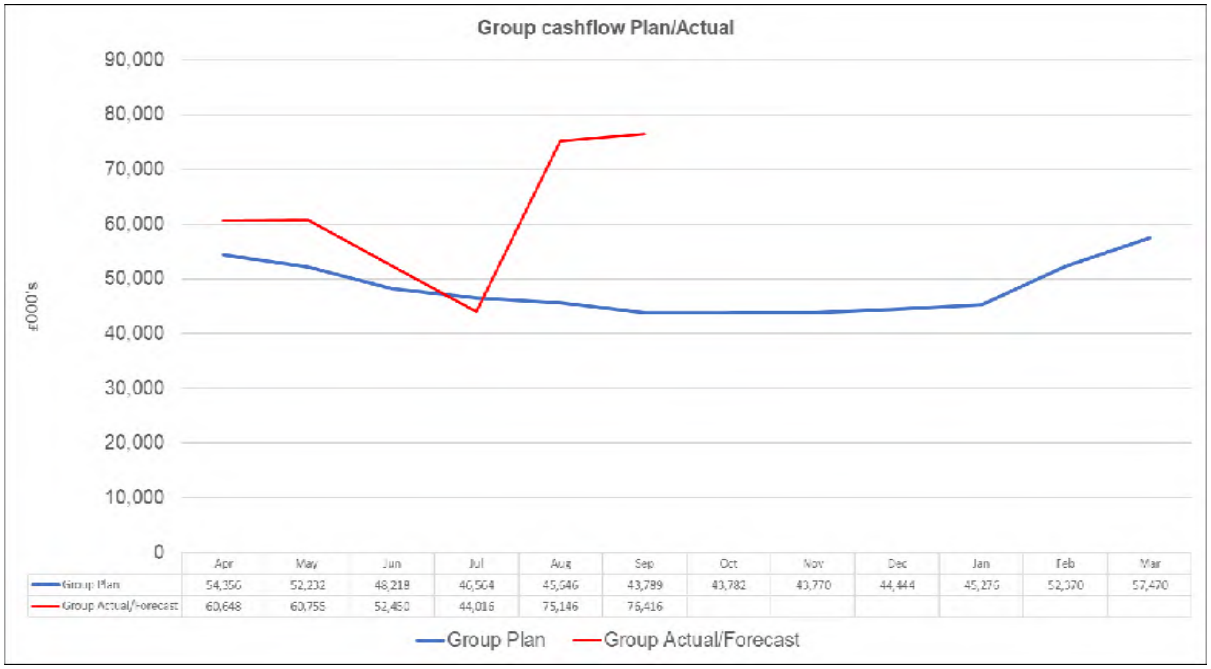
4. CASH

4.1 Cash balances as at 30 September were £76.4m, £32.6m higher than plan; primarily driven by Somerset Council paying their annual invoice in advance and receivable balances lower than plan.

4.2 Our cashflow, based on the final 2023/34 plan is based on an assessment of the impact of number of factors which drive cash utilisation, these include, I&E performance against budget, CIP delivery, capital expenditure being incurred in line with the agreed capital programme and normal movements in working capital.

4.3 The actual/plan forecast cash flow for the year is shown in Chart 2 below: -

Chart 2: Cash flow Actual/Plan



5. CAPITAL

5.1 Year to date, capital expenditure is £25.2m compared with the plan of £27.7m, resulting in an underspend of £2.5m. Further details at programme level are shown in Table 2 below:

Table 2: Capital Programme monitoring

Acute Programme MPH	Plan £000	Revised Budget £000	YTD Plan £000	YTD Actual £000	Variance Act v plan YTD £000
Total MPH Site Risks / Plant & Equipment	480	534	100	61	(39)
Total MPH Site and Service Development	2,048	2,208	1,072	212	(860)
Acute Programme YDH	**Plan £000**	**Revised Budget £000**	**YTD Plan £000**	**YTD Actual £000**	**Variance Act v plan YTD £000**
Total YDH Main Site Budgets	3,800	4,544	991	1,648	657
Total - YDH Site and Service Development	6,091	4,637	706	287	(419)
Total - YDH Site Risks / Plant and equipment Replacement	370	370	50	272	222
Total Acute	**12,789**	**12,293**	**2,919**	**2,480**	**(439)**
Community/Mental Health Programme	**Plan £000**	**Revised Budget £000**	**YTD Plan £000**	**YTD Actual £000**	**Variance Act v plan YTD £000**
Total Community / Mental Health Site and Service Development	6,320	5,561	2,962	2,457	- 505
Total Community / Mental Health - Site Risks / Plant & Equipment	300	583	-	138	138
Total Community/Mental Health	**6,620**	**6,144**	**2,962**	**2,595**	**(368)**
Trustwide	**Plan £000**	**Revised Budget £000**	**YTD Plan £000**	**YTD Actual £000**	**Variance Act v plan YTD £000**
Trustwide	**13,650**	**12,990**	**4,300**	**4,272**	**(27)**
Total Internal Capital Envelope	**33,059**	**31,427**	**10,181**	**9,347**	**(834)**
Additional Capital Schemes	**Plan £000**	**Revised Budget £000**	**YTD Plan £000**	**YTD Actual £000**	**Variance Act v plan YTD £000**
Total Additional Schemes	**47,821**	**50,298**	**17,202**	**10,892**	**(6,310)**
IFRS Leases	3,781	3455	331	4962	4,631
TOTAL TRUST PROGRAMME	**84,661**	**85,180**	**27,714**	**25,201**	**(2,513)**

5.2 Monthly monitoring is undertaken by the Capital Delivery Group to ensure schemes remain on track and where there is slippage this is identified quickly to enable corrective action to be taken or alternative schemes accelerated. The Finance Committee receive a regular capital monitoring update at their meetings.

5.3 Statement of Financial Position (balance sheet)

Aug-23	Sep-23	Movement		Mar-23	Sep-23	Movement in Year
£000	£000	£'000		£000	£000	£000
22,996	22,683	(312)	Intangible Assets	25,142	22,683	(2,459)
359,361	363,085	3,724	Property, plant and equipment, other	356,521	363,085	6,564
28,322	28,132	(190)	On SoFP PFI assets	24,654	28,132	3,478
82,970	82,345	(625)	Right of use assets	82,143	82,345	202
813	715	(98)	Investments	296	715	419
14	14	0	Other investments/financial assets	14	14	0
2,846	2,804	(42)	Trade & other receivables >1yr	3,113	2,804	(309)
497,322	**499,778**	**2,457**	**Non-current assets**	**491,883**	**499,778**	**7,895**
10,284	10,579	295	Inventories	10,833	10,579	(254)
27,404	31,217	3,814	Trade and other receivables: NHS receivables	39,244	31,217	(8,027)
23,836	18,937	(4,899)	Trade and other receivables: non-NHS receivables	22,158	18,937	(3,221)
466	466	0	Non current assets held for sale	0	466	466
75,146	76,416	1,270	Cash	64,388	76,416	12,028
137,136	**137,616**	**480**	**Total current assets**	**136,623**	**137,616**	**993**
(120,610)	(116,004)	4,606	Trade and other payables: non-capital	(124,670)	(116,004)	8,666
(6,166)	(6,916)	(750)	Trade and other payables: capital	(10,942)	(6,916)	4,026
(36,073)	(34,986)	1,087	Deferred income	(8,524)	(34,986)	(26,462)
(6,405)	(6,453)	(48)	Borrowings	(6,210)	(6,453)	(243)
(4,660)	(4,652)	7	Provisions <1yr	(4,893)	(4,652)	241
(173,914)	**(169,012)**	**4,902**	**Current liabilities**	**(155,239)**	**(169,012)**	**(13,773)**
(36,778)	**(31,396)**	**5,382**	**Net current assets**	**(18,616)**	**(31,396)**	**(12,780)**
(95,653)	(94,876)	779	Borrowings >1yr	(103,041)	(94,876)	8,165
(4,015)	(4,015)	0	Provisions >1yr	(4,034)	(4,015)	19
(1,833)	(1,811)	22	Deferred income >1yr	(1,941)	(1,811)	130
(101,502)	**(100,702)**	**801**	**Total long-term liabilities**	**(109,016)**	**(100,702)**	**8,314**
359,043	**367,681**	**8,638**	**Net assets employed**	**364,251**	**367,681**	**3,430**
			Financed by:			
322,064	330,998	8,934	Public dividend capital	322,064	330,998	8,934
70,490	70,490	0	Revaluation reserve	76,094	70,490	(5,604)
(2,471)	(2,471)	0	Other reserves	(2,472)	(2,471)	1
(31,039)	(31,335)	(296)	I&E reserve	(31,435)	(31,335)	100
359,043	**367,681**	**8,638**	**Total financed**	**364,251**	**367,681**	**3,430**

5.4 The in-month movement in public dividend capital is funding to support the Surgical centre-wave 3 (£7.1m), YDH elective recovery (£1.1m) and other smaller schemes.

6. CONCLUSION AND RECOMMENDATION

6.1 2023/24 continues to be challenging as we manage the impact of industrial action, gaps in our workforce, operational pressures and the challenge of delivering a demanding efficiency programme.

6.2 Agency expenditure remains under regular scrutiny as we work with services to seek ongoing assurance that their controls and review mechanisms are well embedded and work effectively.

6.3 The Board are asked to note the financial performance for September.

CHIEF FINANCE OFFICER

Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Assurance report from the Audit Committee meeting held on 11 October 2023
SPONSORING EXEC:	Paul Mapson, Chairman of the Audit Committee
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Paul Mapson, Chairman of the Audit Committee
DATE:	7 November 2023

Purpose of Paper/Action Required (Please select any which are relevant to this paper)		
✓ For Assurance	☐ For Approval / Decision	☐ For Information

Executive Summary and Reason for presentation to Committee/Board	The attached report sets out the items discussed at the Audit Committee meeting held on 11 October 2023 and the assurance received by the Committee. The meeting was conducted as a video conference call. The Committee received assurance in relation to: • The Corporate Risk Register • The work of the counter fraud service • The timely implementation of counter fraud recommendations • The progress made on the internal audit plan • The implementation of the internal audit recommendations in general • The findings of the Freedom to Speak Up audit • The findings of the Research and Development audit • The external audit work and the presentation of the annual accounts to the Council of Governors • The benchmarking information and the review of the content of the benchmarking report • The losses and special payments report • The single quotation/tender waiver action report

	• The six monthly report from the Quality and Governance Assurance Committee • The National Cost Collection report • The effectiveness of the counter fraud, internal and external audit services The Committee identified the following areas of concern or for follow up: • The ongoing concerns in relation to the Declaration of Interest compliance rate • The process for escalating audit issues • The number of high scoring strategic risks • The findings of the Symphony governance audit report • The findings of the Symphony Financial Systems audit report • The six monthly report from the People Committee and the need for a higher focus on risks • The Committee's annual effectiveness review The Committee identified the following area to be reported to the Board: • The declarations of interests' compliance rate (Executive Team). • The findings of the Symphony internal audit reports (Board). • The number of high scoring risks on the Board Assurance Framework.
Recommendation	The Board is asked to note the assurance and area of concern identified by the Audit Committee. The Board is further asked to note the areas to be reported to the Board.

Links to Joint Strategic Objectives (Please select any which are impacted on / relevant to this paper)
☒ Obj 1 Improve health and wellbeing of population
☒ Obj 2 Provide the best care and support to children and adults
☐ Obj 3 Strengthen care and support in local communities
☐ Obj 4 Reduce inequalities
☐ Obj 5 Respond well to complex needs
☐ Obj 6 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
☒ Obj 7 Live within our means and use our resources wisely
☐ Obj 8 Develop a high performing organisation delivering the vision of the Trust

Implications/Requirements (Please select any which are relevant to this paper)					
☒ Financial	☒ Legislation	☐ Workforce	☐ Estates	☐ ICT	☐ Patient Safety/ Quality
Details: N/A					

Equality and Inclusion The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can. How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?
This report has not been assessed against the Trust's Equality Impact Assessment Tool.

All major service changes, business cases and service redesigns must have a Quality and Equality Impact Assessment (QEIA) completed at each stage. Please attach the QEIA to the report and identify actions to address any negative impacts, where appropriate.

Public/Staff Involvement History How have you considered the views of service users and / or the public in relation to the issues covered in this report? Please can you describe how you have engaged and involved people when compiling this report.
N/A

Previous Consideration (Indicate if the report has been reviewed by another Board, Committee or Governance Group before submission to the Board or is a follow up report to one previously considered by the Board – eg. in Part B]
The assurance report is presented to the Board after each meeting.

Reference to CQC domains (Please select any which are relevant to this paper)				
☐ Safe	☐ Effective	☐ Caring	☐ Responsive	☒ Well Led

Is this paper clear for release under the Freedom of Information Act 2000?	☒ Yes	☐ No

SOMERSET NHS FOUNDATION TRUST

AUDIT COMMITTEE MEETING HELD ON 11 OCTOBER 2023

1. PURPOSE

1.1. The report sets out the items discussed at the meeting held on 11 October 2023.

2. ASSURANCE RECEIVED

Corporate Risk Register (CRR)

2.1. The Committee received and discussed the report. The Committee noted the key themes; the high scoring corporate risks and the mitigating actions being taken. The Committee agreed that good progress was being made in relation to the management of corporate risks but recognised that the number of high scoring risks reflected the significant operational pressures.

2.2. The Committee further received an update on the procurement of a single risk management system.

2.3. The Committee was advised that a risk maturity internal audit will be undertaken in December 2023 and that this audit will include a review of the Board Assurance Framework and Corporate Risk Register.

2.4. The Committee was assured about the work with the Integrated Care Board (ICB) and the Local Authority on system wide risk management arrangements.

Counter Fraud Progress Report

2.5. The Committee received the counter fraud progress report and noted the proactive work, investigations and performance against the functional standards.

2.6. The Committee noted the positive findings of the repeat exercise to test financial controls for changing supplier bank account details and the Committee agreed that the exercise provided significant assurance as controls had worked as intended.

2.7. The Committee agreed a change to the workplan and to replace the compensation claim exercise with an exercise to review the process for checking the credentials of medical agency staff.

2.8. The Committee agreed that the report provided significant assurance about the work of the counter fraud service.

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Counter Fraud Recommendations Tracker

2.9. The Committee received the counter fraud recommendations follow up report and the Committee agreed that the report provided significant assurance about the implementation of the recommendations.

Internal Audit progress report

2.10. The Committee received the internal audit progress report and agreed that good progress was being made implementing the internal audit plan.

Freedom to Speak Up Audit Report

2.11. The Committee received the audit report and noted that a substantial opinion had been issued for both design and design effectiveness.

2.12. The Committee agreed that the findings, including the identification of areas of best practice, provided the Committee with significant assurance.

Research and Development

2.13. The Committee received the audit report and noted that a moderate opinion had been issued for design and a moderate opinion for design effectiveness.

2.14. The management responses and progress against the implementation of the recommendations will be reviewed at the next Committee meeting as part of the follow up report.

Follow Up Report

2.15. The Committee received the report and noted that all 2021/22 audit recommendations had been completed and that good progress was being made in relation to the 2022/23 audit recommendations.

2.16. The Committee noted the overdue recommendations and agreed to keep the implementation of these recommendations under review.

External Audit Progress Report and Technical Update

2.17. The Committee discussed the report and noted that the annual accounts had been presented to the Council of Governors and that an annual accounts debrief meeting had taken place.

2.18. The Committee noted the technical updates.

Benchmarking Report

2.19. The Committee received the benchmarking report and noted that the trust was not an outlier in any of the benchmarking areas. The Committee noted that the presentation of the benchmarking information was being reviewed to ensure that the information was as meaningful as possible.

Losses and Special Payments

2.20. The Committee received the losses and special payments report and noted the reasons for the losses and special payments.

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2.21. The Committee agreed that the reports did not highlight any areas of concern.

Single Quotation/Tender Waiver Action report

2.22. The Committee received the single quotation/tender waiver action report and noted the single quotation and tender waiver actions and the reasons for these actions.

Six Monthly report from the Quality and Governance Assurance Committee

2.23. The Committee received the report and noted that the Committee's Terms of Reference required the Committee to report to the Audit Committee on a six monthly basis.

2.24. The Committee agreed that the report provided significant assurance in terms of the management and oversight of risks by the Committee.

National Cost Collection Report

2.25. The Committee received the report and approved the costing submission.

Terms of Reference Progress Report

2.26. The Committee received the report which monitored progress against the Committee's Terms of Reference.

2.27. The Committee agreed that the report provided significant assurance.

Effectiveness Review of the Counter Fraud, Internal audit and External Aduit Services

2.28. The Committee carried out an annual review of the effectiveness of the counter fraud, internal audit and external audit services and agreed that both the counter fraud and internal audit services had performed well.

2.29. In relation to the external audit service, the Committee noted the concern about the delays in the completion of the annual accounts audit process and acknowledged the reasons for these delays.

3. AREAS OF CONCERN/FOLLOW UP

Action Plan – Declaration of Interest

3.1. The Committee received an update on the declarations of interest compliance action and noted that an action plan had been developed to achieve 90% compliance by 31 March 2023. The Committee discussed the actions and felt that there should be zero tolerance for not complying with the declaration of interest policy. The Committee agreed to review the compliance rate at its January 2024 meeting.

Process for Escalation of Audit Issues

3.2. The Committee discussed the process for escalating concerns about audit

findings. The principles were agreed and the Committee noted that a formal process will be presented to the next Committee meeting.

Board Assurance Framework

3.3. The Committee discussed the Board Assurance Frameworks (BAF) and noted that the actions had been updated and that this version of the BAF had already been discussed at the September 2023 Board meeting.

3.4. The Committee expressed concerns about the number of high scoring risks and the levels of assurance but noted that all risks were within the agreed risk appetite. The Committee noted that it had been recognised that it will be difficult to mitigate the strategic risks within a 12 month period as some of the risks were outside of the trust's full control.

3.5. The Committee accepted the level of high scoring risks but agreed that the presentation of the BAF could be further improved by providing clarity on targets and timeframes for plans and strategies against the key risks.

Symphony Audit Report

3.6. The Committee received the audit report and noted that this was an advisory report and that this audit had been requested by the Trust as it was recognised that the original governance system was no longer fit for purpose. A number of high, medium and low priority recommendations had been made and the details of the recommendations were noted.

3.7. The Committee noted that the audit report will be shared with the Symphony Board and the Trust Board.

Symphony Financial Systems Audit Report

3.8. The Committee received the audit report and noted that a limited opinion had been issued for both design and effectiveness of the design. The Committee noted the recommendations. The implementation of the actions will be monitored through the internal audit follow up report.

Six Monthly report from the People Committee

3.9. The Committee received the report and noted that the Committee's Terms of Reference required the Committee to report to the Audit Committee on a six monthly basis. The Committee noted that the report was based on the assurance reports previously presented to the Board.

3.10. The Committee agreed that the report was helpful in terms of providing a clear overview of assurances received by the Committee but felt that the report should have a stronger focus on areas of risk considered by the Committee.

Committee's Annual Effectiveness Review

3.11. The Committee received the findings of the annual exercise to review the effectiveness of the meeting and agreed that the findings will be further considered by the Chair of the Committee prior to them being re-presented to a future Committee meeting.

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4. RISKS AND ISSUES TO BE REPORTED TO THE BOARD OR OTHER COMMITTEES

4.1. The Committee identified the following issues to be reported to the Executive Team or other committees:

- The declarations of interests' compliance rate (Executive Team).
- The findings of the Symphony internal audit reports (Board).
- The number of high scoring risks on the Board Assurance Framework.

CHAIRMAN OF THE AUDIT COMMITTEE

Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Assurance Report from the Mental Health Act Committee meeting held on 12 September 2023
SPONSORING EXEC:	Phil Brice, Director of Corporate Services
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Alexander Priest, Chairman of the Mental Health Act Committee
DATE:	7 November 2023

Purpose of Paper/Action Required (Please select any which are relevant to this paper)		
✓ For Assurance	☐ For Approval / Decision	☐ For Information

Executive Summary and Reason for presentation to Committee/Board	The attached report sets out the items discussed at the Mental Health Act Committee meeting held on 12 September 2023 and the assurance received by the Committee. The meeting was conducted as a video conference call. The Committees received assurance in relation to: • The Mental Health Act Assurance Report • The update on MCA, DoLs and LPS • The progress made recruiting Approved Mental Health Practitioners • The work in relation to the Right Care, Right Person operational model • The actions taken to reduce the pressures on Mental Health Act Assessments • CAMHs out of area placements • The report from the forensic service • The Out of Area Treatment Somerset patients • The proposal for Section 136 communication

	• The policies and procedures update • The complaints and PALs and serous investigation processes • The Mental Health Act Committee Effectiveness Review • The risk register for the mental health and learning disability service The Committee identified the following areas of concern or for follow up: • The Mental Health Act Annual Assurance Report – the inclusion of an item on routine assessments to be presented to the next meeting • Section 12 Doctors availability • Pressures on Mental Health Act Assessments – a progress report to be presented to the next meeting • The Section 117 Proposal – the additional resources required • The staffing shortages in the AMHP service and impact on access to timely Mental Health Act assessments
	The Committee agreed to report the following issues to the Board: • The improvements in relation to out of area placements. • The increase in the number of AMHPs but continuing concerns about delivery of Mental Health Act assessments. • The lack of compliance with the Section 117 statutory requirements. • The work in relation to the Right Care, Right Person proposal. • The findings of the Mental Health Act annual report.

Recommendation	The Board is asked to note the assurance and areas of concern or follow up identified by the Mental Health Act Committee. The Board is further asked to note the areas to be reported to the Board.

Links to Joint Strategic Objectives
(Please select any which are impacted on / relevant to this paper)

☐ Obj 1 Improve health and wellbeing of population
☒ Obj 2 Provide the best care and support to children and adults
☐ Obj 3 Strengthen care and support in local communities
☒ Obj 4 Reduce inequalities
☐ Obj 5 Respond well to complex needs
☒Obj 6 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
☐ Obj 7 Live within our means and use our resources wisely
☐ Obj 8 Develop a high performing organisation delivering the vision of the Trust

Implications/Requirements (Please select any which are relevant to this paper)

Financial	☒ Legislation	☐ Workforce	☐ Estates	☐ ICT	☒ Patient Safety/ Quality

Details: N/A

Equality and Inclusion

The Trust aims to make its services as accessible as possible, to as many people as possible. We also aim to support all colleagues to thrive within our organisation to be able to provide the best care we can.

How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?

The needs and potential impacts on people with protected characteristics are considered with the mental health teams. The Committee reviews data presented to the Committee and will raise any queries if required.

All major service changes, business cases and service redesigns must have a Quality and Equality Impact Assessment (QEIA) completed at each stage. Please attach the QEIA to the report and identify actions to address any negative impacts, where appropriate.

Public/Staff Involvement History

How have you considered the views of service users and / or the public in relation to the issues covered in this report? Please can you describe how you have engaged and involved people when compiling this report.

N/A

Previous Consideration (Indicate if the report has been reviewed by another Board, Committee or Governance Group before submission to the Board or is a follow up report to one previously considered by the Board – eg. in Part B]
The assurance report is presented to the Board after each meeting.

Reference to CQC domains (Please select any which are relevant to this paper)				
☒ Safe	☒ Effective	☐ Caring	☐ Responsive	☒ Well Led

Is this paper clear for release under the Freedom of Information Act 2000?	☒ Yes	☐ No

SOMERSET NHS FOUNDATION TRUST

ASSURANCE REPORT FROM THE MENTAL HEALTH ACT COMMITTEE MEETING HELD ON 12 SEPTEMBER 2023

1. PURPOSE

1.1. The report sets out the items discussed at the meeting held on 12 September 2023, the assurance received by the Committee and any areas of concern identified.

2. ASSURANCE AND UPDATES RECEIVED

Mental Health Act Annual Assurance Report

2.1. The Committee received the annual assurance report for 2022/23 and noted the significant challenges faced by the team and the support provided to the team. The Committee noted that the report did not include the usual statistics due to the misalignment of the collection and reporting period. Quarterly reports have been provided to the Committee during this reporting period. It was agreed that a six-month report would be presented to the next meeting.

2.2. The Committee noted the activities over the year, including: the increase in the number of reported use of Mental Health Capacity Act instead of Section 136 to convey patients to acute hospitals; the ongoing training programme; the position in relation the review of policies; the findings of external assessments; the progress in relation to colleague and patient and public engagement and involvement; and the audit in relation to informal admissions.

2.3. The Committee further noted the current issues relating to: the completion and recording of capacity assessments; the recording of Mental Health Act assessments; the impact of case law on a current Dorset patient admitted to YDH who is not protected by a legal framework; the understanding of the Community Treatment Order Recall; the inability to capture information recorded by AMHPs as information was not easily visible on RiO; the need to include information relating to AMPHs and MHA assessments on the new EHR electronic patient record.

2.4. The Committee agreed that the report provided good assurance about the activities of the team and accepted the overall “Blue” governance rating.

Update on MCA, DoLs and LPS

2.5. The Committee received the report and noted: the training compliance and training programme; the work with the County Council in relation to the appropriateness and quality of Deprivation of Liberty Safeguards (DoLs) referrals; and the legal/policy updates.

AMHP Services (Approved Mental Health Practitioner)

2.6. The Committee received an update and noted: the recruitment of 2.5 new AMHPs and the recruitment of three trainees; the number of Mental Health Act assessments during August and September 2023 and the need to carefully consider whether an assessment was the right action for the patient or whether alternative options were available.

Right Care, Right Person

2.7. The Committee received a presentation on the Right Care, Right Person operational model which changes the way the emergency services respond to calls involving mental health concerns.

2.8. The Committee noted the actions to be taken to implement this approach; the reduction in the number of police deployments as a result of the implementation of this approach; the need for multi-agency working; the current SFT position and the good working relationship with the police; the next steps; and key challenges. The key challenges related to: ward and community mental health base attendance by Police; welfare visits; conveyance to emergency departments without a section 136; staffing of the rapid response vehicle; and Section 1376 reduction in numbers and time spent under Section 136.

2.9. The Committee further noted that an Avon and Somerset wide Steering Group will be set up to discuss the implementation of this operating model; that assurance had been received from the Police that the good relationships already established will be key to taking the project forward; and that it had been agreed that locality based sergeants will spend time on wards to get a better understanding of the challenges faced for our services.

2.10. The Committee discussed the presentation and noted an incident relating to a delay in Police assistance at a community mental health service base. Lessons had been learned and the need for clear wording when asking for assistance was recognised. The Committee further noted instances of inappropriate use of Section 136 for people who were drunk and not mentally ill.

Pressures on Mental Health Act Assessments

2.11. The Committee received an update and noted that of the 13 wte Allied Mental Health Professionals (AMHPs) posts, ten posts had been fully filled and that the remaining posts had been filled by three trainees.

2.12. The Committee noted: the improvements in rota coverage; the improvements in communication; the request for risk incidents to be reported to Neil Jackson; the new protocol 24hr timescale set out on a flow chart with escalation points at set times; the tension between emergency departments and Section 136 timescales; the challenges and decision making when a required bed is not identified as available; the improvement in the staffing position and bed capacity; the successes in relation to admission avoidance and the reduction in the number of patients with long term inpatient care.

2.13. The Committee noted that although occupancy was shown as 80%, this did not take account of beds to be held for patients who were on leave and this could distort bed availability. However, they were reassured that where a bed was required as a consequence of a Mental Health Act assessment, it would always be sourced.

CAMHS

2.14. The Committee received an update on child and adolescent mental health services (CAMHS) out of area placements and noted that two CAMHS patients had been placed out of area into a medium secure unit. The Committee further noted that discharge planning was already taking place.

Forensic Report

2.15. The Committee received a progress report and noted: the appointment of a new Head of Forensic Services; the increase in caseloads; and the good staffing levels.

Out of Area Treatment Somerset (OATS) patients

2.16. The Committee noted that 12 patients detained under the Mental Health Act had been placed out of area via a planned admission. One patient had been admitted, one patient had been discharged; and one patient had been transferred closer to Somerset.

2.17. The Committee received assurance that there were no inappropriate out of area admissions.

Proposal for Section 136 communication

2.18. The Committee received an update on the proposal for the Section 136 joint agency protocol and noted that the proposal will be presented to the September 2023 County Council's Section 136 strategic Group meeting for approval.

Policies and Procedures

2.19. The Committee approved the Mental Health Act: Approved Clinician Policy for Medical Staff.

Complaints and Issues

2.20. The Committee received the report and noted that over the period 1 June to 31 August 2023 seven new complaints had been received via the Care Quality Commission or through the Trust's complaints process and these complaints were still under investigation. No overarching themes have been identified.

2.21. The Committee agreed that the report provided significant assurance about the complaints and PALs and serious investigation processes.

Mental Health Act Committee Effectiveness Review

2.22. The Committee received its effectiveness review and noted the findings. The Committee agreed that the findings indicated that the Committee is compliant

with its Terms of Reference and conduct its business effectively in line with the stated objectives and duties.

Risk Register

2.23. The Committee received the Mental Health and Learning Disability service group risk register and noted the high rated risks and actions taken to mitigate risks.

2.24. The Committee particularly noted the risks in relation to: medical cover – the number of locums covering inpatient and (some) community services; ADHD - waiting times, lack of consultant and challenges faced by the team; environmental – Pyrland and St Andrews; ligatures. The Committee noted that an annual ligature review will be presented to the Quality and Governance Assurance Committee.

3. AREAS OF CONCERNS/FOLLOW UP

Mental Health Act Annual Assurance Report

3.1. The Committee discussed the report and asked for a training session, particularly relating to Allied Mental Health Professionals interface with acute services, to be set up with executive directors. The Committee further asked for routine assessments to be included on the agenda of the next Committee meeting.

ICB Commissioning – Section 12 Doctor availability

3.2. The Committee received an update and noted that the procurement for the Section 12 app was currently being undertaken.

3.3. The Committee further noted that although a large number of doctors were registered on the app, the majority of assessments were undertaken by a very small number of doctors – in July 2023, 65% of the assessments were undertaken by four doctors. This did not indicate a shortage of registered Section 12 doctors but an over-reliance on a smaller pool of doctors. The use of more doctors was desirable in terms of the richness of assessments, but only one or two doctors responded as being able and willing to carry out an assessment and this will continue to be reviewed.

Pressures on Mental Health Act Assessments

3.4. The Committee asked for a report on the interface between AMHPs and emergency department places of safety to be presented to the next Committee meeting, alongside the outcome of various follow up meetings around the current concerns on AMHP availability and delivery of timely assessments.

Section 117 Proposal

3.5. The Committee received an update on Section 117 aftercare proposal, based on the Dorset model, and noted the current position; the lack of an overarching process to review all Section 117 eligibility or current packages of

aftercare; and the likelihood that, based on the current position, both Somerset ICB and the Local Authority were likely to be failing to meet their statutory responsibilities under Section 117.

3.6. The Committee noted: the aim of the proposal to ensure that no person in Somerset is deprived of their liberty due to readmission to a hospital for mental health treatment; the objectives; and the proposed actions to be taken. The actions related to: the development of policy and procedures; developing a shared register and a system to maintain records of Section117 reviews; mental health assessment/initial contact; IT services; training; keeping up to date with Section 117 changes and the implementation of these changes; and resources/finance. The Committee further noted the risks of doing nothing and the review process.

3.7. The Committee noted: that the implementation of the proposal will require additional resources (a project lead for a one to two year period with administrative support), the costs of which will be shared across the system; the potential savings which can be delivered; the next steps.

3.8. The Committee supported the proposal and noted that the principles of the proposals were supported by the Local Authority. A costed proposal will be presented to the September 2023 Programme Board meeting for approval.

4. RISKS AND ISSUES TO BE REPORTED TO THE BOARD OR OTHER COMMITTEES

4.1 The Committee agreed to report the following issues to the Board:

- The improvements in relation to out of area placements.
- The number of AMHPs and impact on access to timely Mental Health Act assessments
- The lack of compliance with the Section 117 statutory requirements.
- The work in relation to the Right Care, Right Person proposal.
- The findings of the Mental Health Act annual report.

Alexander Priest
CHAIRMAN OF THE MENTAL HEALTH ACT COMMITTEE