

Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
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 May 2024

Purpose of Paper/Action Required (Please select any which are relevant to this paper)		
<input checked="" type="checkbox"/> For Assurance	<input type="checkbox"/> For Approval / Decision	<input checked="" type="checkbox"/> For Information

Executive Summary and Reason for presentation to Committee/Board	<p>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.</p> <p>The growth in the size of waiting lists, as a result of the Covid-19 pandemic, 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.</p> <p>Areas in which performance has been sustained or has notably improved include:</p> <ul style="list-style-type: none"> • Accident and Emergency / Minor Injury Unit four-hour performance – above the 75% national standard. • CAMHS Eating Disorders - Routine referrals to be seen within four weeks remains above the national standard and the national average. • access to our perinatal service was significantly above the 10% mandated standard.
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	<ul style="list-style-type: none"> the number of patients waiting 65 weeks or more from referral to acute treatment reduced. patients followed up within 72 hours of discharge from an adult mental ward remained at 100%. <p>Areas in respect of which the contributory causes of, and actions to address, underperformance are set out in greater detail in this report include:</p> <ul style="list-style-type: none"> No Criteria to Reside within our acute beds continues to impact on patient flow. 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)	
<input checked="" type="checkbox"/>	Obj 1 Improve health and wellbeing of population
<input checked="" type="checkbox"/>	Obj 2 Provide the best care and support to children and adults
<input checked="" type="checkbox"/>	Obj 3 Strengthen care and support in local communities
<input checked="" type="checkbox"/>	Obj 4 Reduce inequalities
<input checked="" type="checkbox"/>	Obj 5 Respond well to complex needs
<input checked="" type="checkbox"/>	Obj 6 Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
<input type="checkbox"/>	Obj 7 Live within our means and use our resources wisely
<input checked="" type="checkbox"/>	Obj 8 Develop a high performing organisation delivering the vision of the Trust

Implications/Requirements (Please select any which are relevant to this paper)					
<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Legislation	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input checked="" type="checkbox"/> 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 considered for this report but considered at service group level.

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 report is considered at every meeting.

Reference to CQC domains (Please select any which are relevant to this paper)

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led
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Is this paper clear for release under the Freedom of Information Act 2000?

Yes No

SOMERSET NHS FOUNDATION TRUST

QUALITY AND PERFORMANCE EXCEPTION REPORT: MARCH 2024

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 Underpinning each of these key questions are Quality Statements, which outline the commitments that providers, commissioners and system leaders should live up to. Expressed as 'we statements', these show what is needed to deliver high-quality, person-centred care. As a provider, we aim to ensure that we meet the requirements of these 'we statements', as well as the accompanying 'I statements', which reflect what people have said matters to them.
- 1.4 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.
- 1.5 A summary of our current Care Quality Commission ratings is included as Appendix 2.
- 1.6 A summary of the monthly data and run charts for our key quality measures is attached as Appendix 3.
- 1.7 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.
- 1.8 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.

- 1.9 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
<ul style="list-style-type: none"> • Accident and Emergency / Minor Injury Unit four-hour performance improved to above the 76% reporting standard. • our eating disorders service for children and young people continued to exceed the national waiting times standard for routine appointments. • mental health waiting times standards have been maintained. • compliance remains high in respect of mental health inpatients receiving a follow-up within 72 hours of discharge. • there was a significant reduction in the number of patients waiting over 65 weeks from referral to treatment. • achievement again of the national 75% 28-day Faster Diagnosis Standard. • the compliance level in respect of mandatory training remains high despite the operational challenges faced by services. 	<ul style="list-style-type: none"> • 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 backlogs arising from the time of the COVID-19 pandemic, and rising levels of demand. • continuing to restore and expand capacity above pre-COVID-19 levels, to address backlogs in routine elective work which has built-up. • 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
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • the growth in the size of waiting lists caused by the reduction in capacity during the COVID-19 pandemic continues to present a significant challenge to the restoration of waiting times. • delays in discharge of inpatients not meeting the criteria to reside and 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. • sickness / absence 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:** No Trust-attributed MRSA bloodstream infections (BSIs) were reported in March 2024. The total number of cases for 2023/24 was three.
- **MSSA:** There were two Trust-attributed MSSA BSIs reported in March 2024. Bringing the 66 against an internal threshold for the year of 64.
- **E. coli:** There were eight Trust-attributed E. coli BSIs reported in March 2024, bringing the total to 131 against a threshold for the year of 105.
- **Klebsiella:** There were six Trust-attributed Klebsiella BSIs reported in March 2024, bringing the total to 53 against a threshold for the year of 31.
- **Pseudomonas:** There were two Trust-attributed Pseudomonas aeruginosa BSI reported in March 2024, bringing the total to 18, against a threshold of 15 for the year.
- **C. diff:** There were 11 Trust-attributed cases reported in March 2024, bringing the total to 94 against a threshold for the year of 54.

Respiratory Viral Infections

- **COVID-19:** 76 inpatient cases of COVID-19 were identified during March 2024, of which 26 were healthcare-attributed.
- **Influenza:** 96 inpatient cases were identified during March 2024, almost all of which were Flu A.
- **Respiratory Syncytial Virus (RSV):** 13 inpatient cases of RSV were identified during March 2024.

Outbreaks

- During March 2024 a total of 11 outbreaks affected inpatient wards, four due to COVID-19, two due to Influenza and five due to norovirus.
- The Carbapenemase Producing Organism outbreak on the YDH site remains ongoing with a total of 37 cases between January 2022 and March 2024.

Surgical Site Infections – Data as of 29 February 2024

Total Hip Replacement

- MPH rate of infection = 0%
- YDH rate of infection = 1.51%

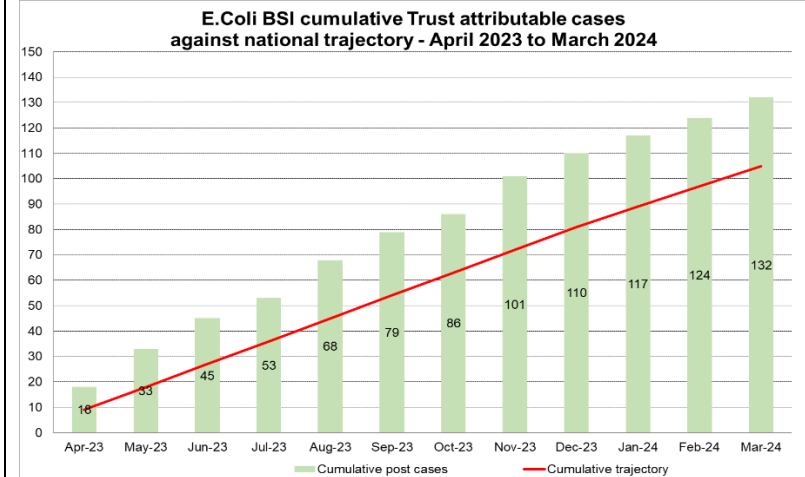
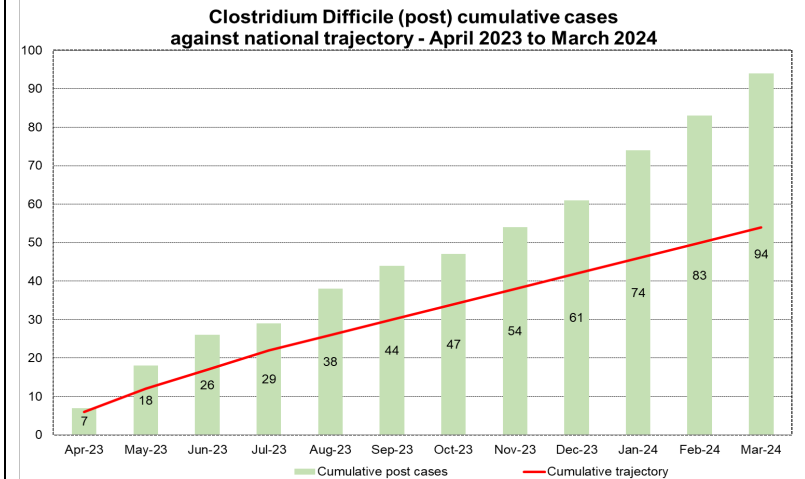
Total Knee Replacement

- MPH rate of infection = 1.04%
- YDH rate of infection = 0%

Spinal Surgery

- MPH rate of infection = 0.88%

Line/Bar Charts



Recent performance

Area	Oct	Nov	Dec	Jan	Feb	Mar
MRSA	0	0	0	1	0	0
C.Diff	3	7	7	13	9	11
MSSA	4	5	5	10	6	2
E.coli	7	15	9	7	7	8

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.

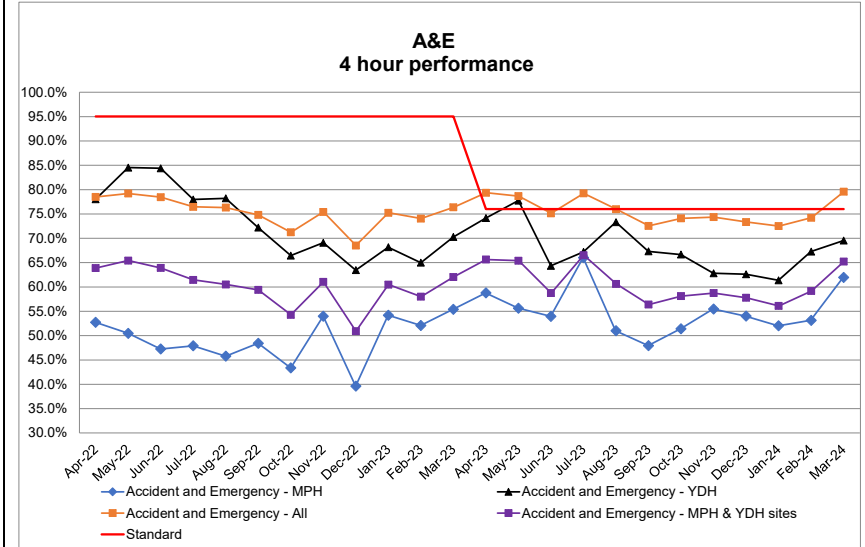
Current performance (including factors affecting this)

- Trust-wide A&E 4-hour performance for our EDs was 65.2% during March 2024, up from 59.2% in February 2024. With Minor Injury Units (MIUs) compliance included at 97.9%, our overall compliance was 79.6%, up from 74.2% in February 2024, above the revised 76% national standard, and the highest level of compliance since the establishment of the merged Trust.
- Compliance in respect of our two A&E departments was:
 - Musgrove Park Hospital (MPH): 61.9%.
 - Yeovil District Hospital (YDH): 69.5%.
- Combined year-to-date A&E attendances at MPH and YDH from 1 April 2023 to 31 March 2024 were 3.3% higher than the same months of 2022/23.
- Since 1 January 2024, the numbers of attendances have significantly increased, which has affected performance against the four-hour standard.
- The number of patients spending more than 12 hours in the departments in March 2024 was 2.4% at MPH and 5.1% at YDH.

Focus of improvement work

- Senior Operational Managers are now in post and are working to share ways of working, this has begun with sharing the progress chasers/trackers roles.
- A review of the four-hour performance data highlighted an error in the validation reports at YDH which has now been corrected, and which will result in improved performance.
- Focused work on Criteria-Led Discharge and reducing the number of patients not meeting the Criteria to Reside is underway, with the aim of facilitating earlier discharge and improving ED flow.
- A gap analysis of ED overcrowding recommendations from the Royal College of Emergency Medicine is being initiated in April 2024 to support the development of prioritised action planning.
- A joint departmental push on the Productive Care Programme has highlighted multiple projects with the affect our four-hour performance positively. Scoping work has been initiated on projects relating to time to be seen, time to diagnostics and timely transfers from ED.

Line Chart



How do we compare

In March 2024, the national average performance for Trusts with a major Emergency Department was 60.9%. Our performance was 65.2%. We were ranked 40 out of 122 trusts. With Minor Injury Unit attendances included, we were ranked 14, with performance of 79.6%. National average performance was 71.9%.

Recent performance

Area	Oct	Nov	Dec	Jan	Feb	Mar
A&E only	58.1%	58.7%	57.8%	56.1%	59.2%	65.2%
Including MIU	74.1%	74.3%	73.3%	72.5%	74.2%	79.6%

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.

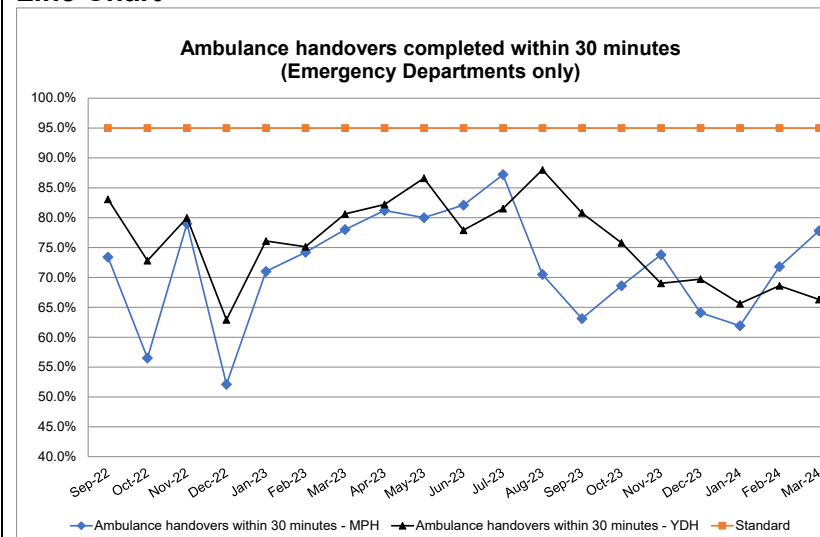
Current performance (including factors affecting this)

- During March 2024, performance for the handover within 30 minutes of patient arrivals by ambulance increased at Musgrove Park Hospital (MPH) and at Yeovil District Hospital (YDH) compared to February 2024. Compliance in March 2024 was as follows:
 - MPH: 77.8% (1,952 out of 2,509 handovers were within 30 minutes).
 - YDH: 66.3% (905 out of 1,366 handovers were within 30 minutes).
- The average performance across all hospitals served by SWAST in March 2024 was 56.0%.

Focus of improvement work

- The front door audit has been completed at MPH and is scheduled for the YDH site, looking at patients attending and other pathways available. A meeting is planned for May 2024, to review the findings across both sites and identify themes and actions.
- An ambulance handover lost hours improvement trajectory has been agreed for the coming year.
- A new Hospital Ambulance Liaison Officer (HALO) base has been provided at MPH.
- We are working with SWAST to streamline and improve direct access pathways to Same Day Emergency Care (SDEC) at MPH.
- A nominated Operations Officer has been identified as a main contact for YDH, and options for the MPH link are being identified. This is making immediate contact easier for any issues occurring in normal working hours. HALO schedules are now being provided.
- Operations Officers have identified an error with XCAD data (showing ambulances waiting longer at ED than was the case). The Somerset Integrated Care Board (ICB) are aware and this is being reviewed.

Line Chart



How do we compare

In March 2024, 77.8% of all ambulance handovers at Musgrove Park Hospital and 66.3% of all ambulance handovers at Yeovil District Hospital were completed within 30 minutes. The average performance across all hospitals served by SWAST was 56.0%.

Recent performance

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

Area	Oct	Nov	Dec	Jan	Feb	Mar
MPH	68.6%	73.8%	64.1%	61.9%	71.8%	77.8%
YDH	75.8%	69.0%	69.7%	65.6%	68.6%	66.3%

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.

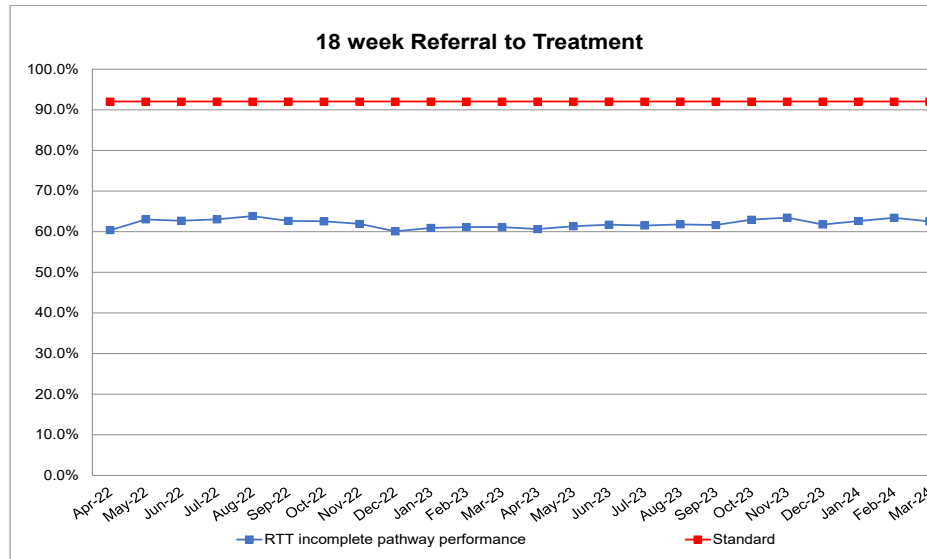
Current performance (including factors affecting this)

- The percentage of patients waiting under 18 weeks RTT was 62.5% (combined acutes + community) in March 2024, down from 63.4% in February 2024.
- The total waiting size decreased by 276 pathways and was 3,425 lower (i.e. better) than the planning trajectory (53,524 actual vs. 56,949).
- The number of patients waiting over 52 weeks increased by 112 pathways in March 2024 to 2,270 pathways, against a trajectory of 3,528.
- The number of patients waiting over 65 weeks reduced by 104 to 434 at month-end, which was 239 better than the revised trajectory of 673.
- The number of patients waiting 78+ weeks reduced by eight to 40, five over the trajectory of 35.

Focus of improvement work

- The number of patients needing surgery this year to avoid becoming a 65-week RTT waiter by March 2024 was 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 remains 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 has implemented the national patient choice programme (PIDMAS).

Line Chart



How do we compare

The national average performance against the 18-week RTT standard was 57.6% in February 2024, the latest data available; our performance was 63.4%. National performance improved by 0.6% between January 2024 and February 2024. Our performance improved by 0.8%. The number of patients waiting over 52 weeks across the country decreased by 16,344 to 305,050 (4.0% of the national waiting list compared with 4.2% for the Trust). The number of patients waiting over 78 weeks nationally decreased by 4,044 to 9,969.

Performance trajectory: 78 week and 65 week wait performance

Area	Oct	Nov	Dec	Jan	Feb	Mar
78-week trajectory	12	62	55	50	40	35
78-week actual	55	49	61	50	48	40
65-week trajectory	1,218	682	734	710	698	673
65-week actual	687	661	725	605	538	434

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

Responsive

Acute bed days lost due to patients not meeting the criteria to reside: Working with strategic partners to facilitate the timely and appropriate discharge of patients from our hospitals, and reduce the number of patients occupying a bed who no longer require treatment or therapy.

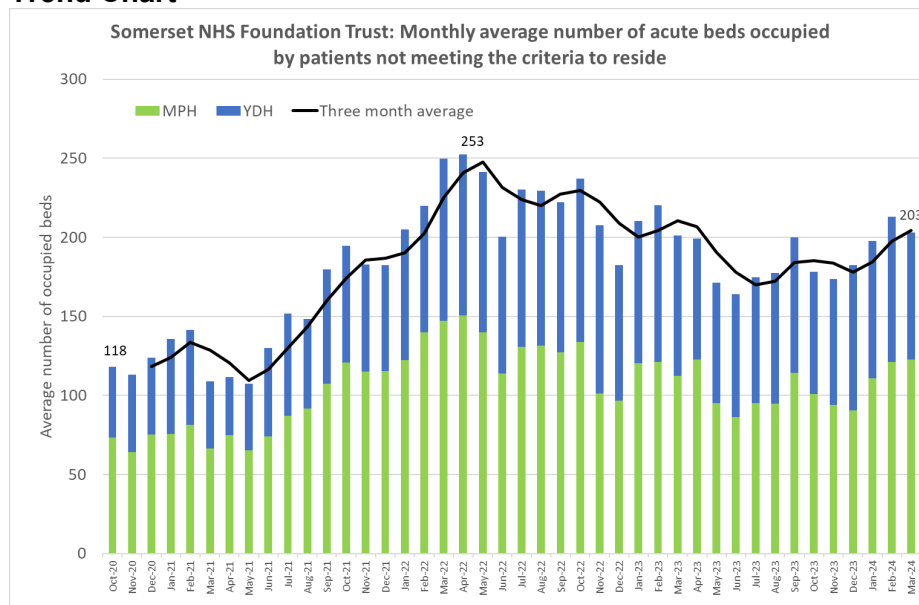
Current performance (including factors affecting this)

- During March 2024, the Trust-wide number of acute bed days occupied by patients not meeting the criteria to reside was 6,292 (3,805 at MPH and 2,487 at YDH), up from 6,176 in February 2024. This equates to 203 fully occupied beds during the month of March 2024, down from 213 in February 2024.
- In our community hospitals, the number of patients not meeting the criteria to reside increased slightly, from 74 as at 29 February 2024 to 76 as at 31 March 2024.
- Of the 1,558 acute inpatients discharged during March 2024 that had a Discharge Ready Date recorded, the average duration between the Discharge Ready Date and the actual date of discharge was 3.7 days, up from 3.0 days during February 2024. 60.8% of patients discharged in March 2024 were discharged within seven days of their Discharge Ready Date, and 78.0% were discharged within 14 days.
- Recording of Ready to Discharge Dates in respect of all discharges increased to 46.6% from 45.2% achieved during February 2024. A performance improvement trajectory has been set to increase recording compliance.

Focus of improvement work

- A range of actions are being taken to improve patient flow, care for people at home where appropriate, facilitate timely and appropriate discharge from hospital, and address the difficulties in the domiciliary care market.
- These actions include the expansion of Criteria-Led Discharge, to discharge a patient when they meet pre-agreed clinical criteria for discharge, as identified by the lead clinician. This reduces delays in the discharge process and ensures that patients can be discharged in an appropriate and timely way.

Trend Chart



How do we compare

As at 31 March 2024, national best-quartile performance was that 8.0% of Adult General & Acute and critical care beds were occupied by patients who did not meet the criteria to reside. Our performance as at that date was 17.9% of beds. We were ranked 101 of 119 Trusts nationally.

Recent performance

Bed days lost where patients did not meet criteria to reside over recent months were as follows:

Area	Oct	Nov	Dec	Jan	Feb	Mar
MPH	3,134	2,819	2,807	3,435	3,516	3,805
YDH	2,519	2,394	2,844	2,691	2,660	2,487
Total	5,520	5,213	5,651	6,126	6,176	6,292

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.

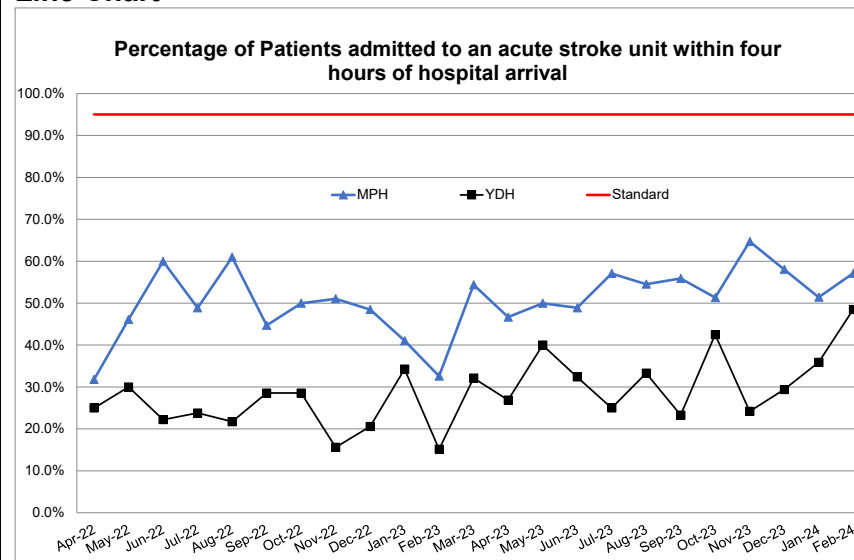
Current performance (including factors affecting this)

- During February 2024 compliance increased at Musgrove Park Hospital and also at Yeovil District Hospital when compared to January 2024 but remained below the 95% reporting standard at both sites, with performance as follows:
 - Musgrove Park Hospital (MPH): 57.1%
 - Yeovil District Hospital (YDH): 48.5%
- Performance continues to be heavily influenced by bed availability, 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.
- The number of hyper acute stroke beds available at MPH increased from four to eight in January 2024 which has helped to improve patient flow.

Line Chart



How do we compare

During February 2024 compliance increased at Musgrove Park Hospital and also at Yeovil District Hospital when compared to January 2024.

Performance over the last six months

Area	Sep	Oct	Nov	Dec	Jan	Feb
% compliance MPH	55.9%	51.4%	64.7%	58.1%	51.4%	57.1%
% compliance YDH	23.3%	42.5%	24.2%	29.4%	35.9%	48.5%

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.

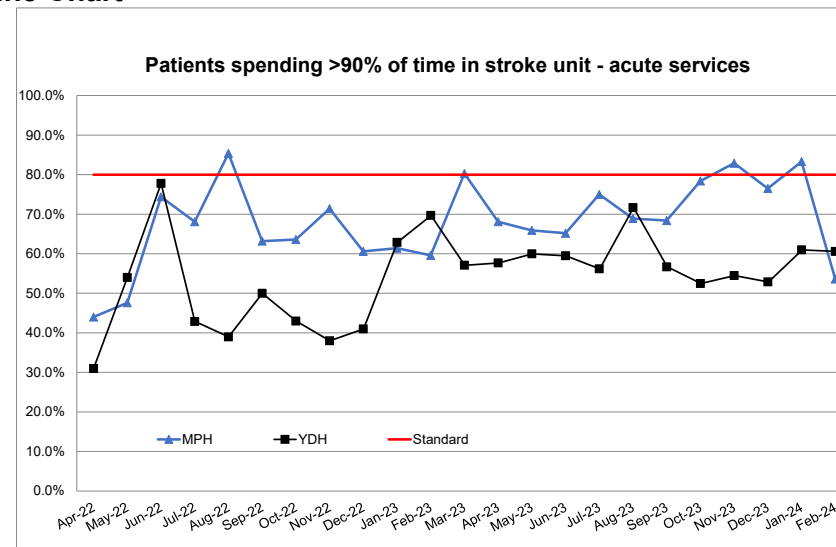
Current performance (including factors affecting this)

- During February 2024, compliance decreased at Musgrove Park Hospital and at Yeovil District Hospital. Performance at the two sites was as follows:
 - Musgrove Park Hospital (MPH): 53.6%
 - Yeovil District Hospital (YDH): 60.6%
- As is the case with the four-hour standard, performance in respect of this reporting standard is heavily influenced by patient flow and the availability of stroke beds.
- During February 2024 compliance at MPH was heavily affected by as many as nine outlier patients on some days who had not been able to access beds on the stroke unit due to lack of movement, even after action was taken to open additional 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.
- The number of hyper acute stroke beds available at MPH increased from four to eight in January 2024 which has helped improve patient flow, although the position remains challenging.

Line Chart



How do we compare

During February 2024, compliance decreased at both Musgrove Park Hospital and Yeovil District Hospital when compared to January 2024.

Performance over the last six months

Area	Sep	Oct	Nov	Dec	Jan	Feb
% compliance MPH	68.4%	78.4%	82.9%	76.5%	83.3%	53.6%
% compliance YDH	56.7%	52.5%	54.5%	52.9%	61.0%	60.6%

Safe

Out of Area Placements – The Five Year Forward View for Mental Health stated that placing people out of area for non-specialist acute mental health inpatient care due to local bed pressures was to be eliminated entirely by no later than 2020/21.

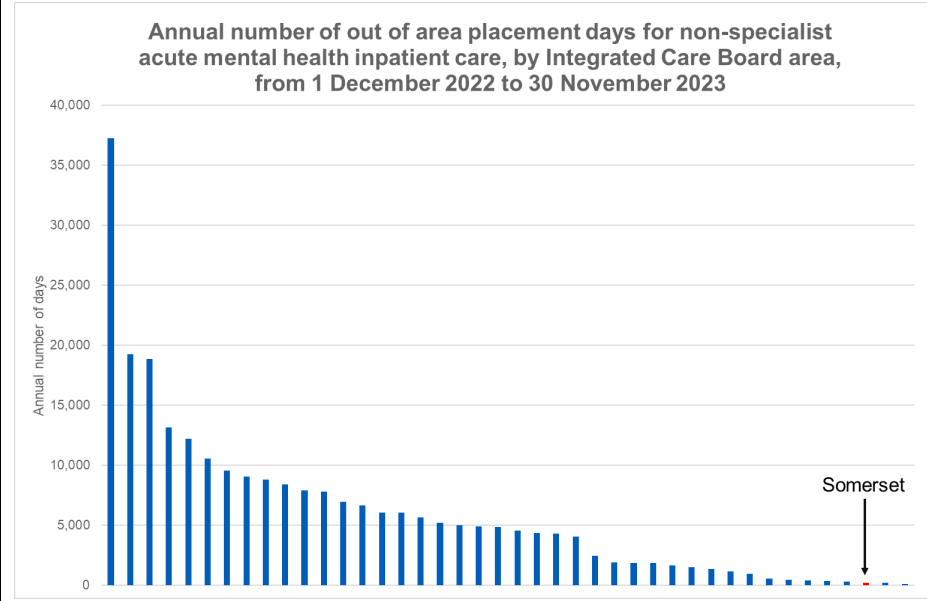
Current performance (including factors affecting this)

- During March 2024 one patient remained placed out of area. The patient, who was placed out of county on 18 January 2024, remains so placed. This decision is clinically indicated due to the patient requiring a male-only ward due to risk towards females and was a transfer from prison. A referral to secure services has now been made and we await an outcome.

Focus of improvement work

- We continue have amongst the lowest levels of inappropriate out of area placements of all providers of mental health services nationally.
- The majority of out of area placements are due to patients requiring admission into our Psychiatric Intensive Care Unit (PICU). With only ten beds available there are occasions when, due to clinical acuity or gender, it would be unsafe to admit a patient.
- When a patient is so placed, a key worker is immediately assigned to maintain regular contact with the patient until the patient is either transferred back to our wards, discharged, or moved to secure services. The placements sought are always as close to Somerset as possible.
- At times, episodes relate to patients awaiting transfer to secure services. We work closely with other NHS providers, to facilitate such transfers and closely monitor processes to minimise risk.
- The service has reviewed processes to ensure barriers to repatriation and/or discharge of patients are minimised and escalated with system partners where appropriate.

Bar Chart



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 March 2024, 93.3% 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

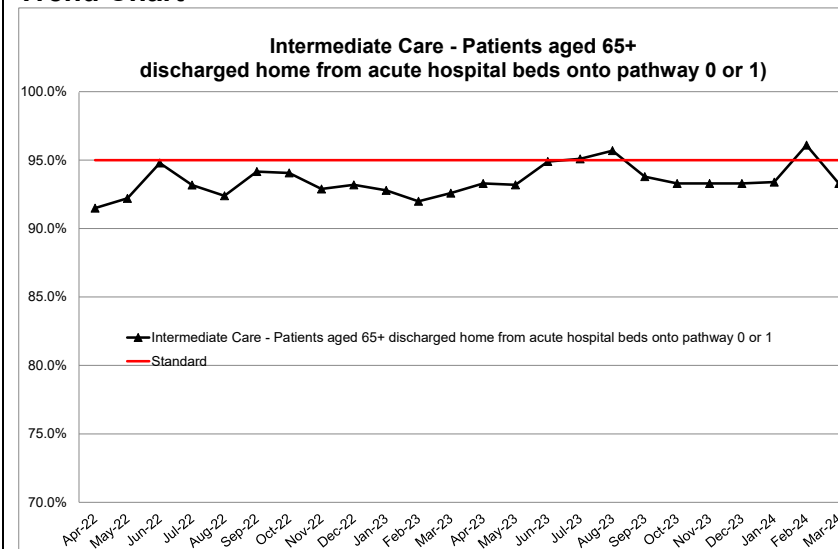
In the month of March 2024, the percentage of both P0 and P1 discharges fell compared to the previous month.

- P0 fell from 82% in February 2024 to 80.7% in March.
- P1 fell from 13% in February 2024 to 11.3% in March.

Key areas of focus to improve this performance are:

1. **Continue to strengthen the decision making within the Transfer of Care (TOC) Hubs** – training for ward and TOC colleagues, calculated risk-taking and continuation of the community pull offer all have the potential to increase the number of people returning directly to home from hospital.
2. **Reduce the percentage of people with acute length of stay of greater than 14 days** – multi-discipline weekly walk-arounds will start within YDH and MPH on 1 May 2024, with the ambition to step patients down to home-based, out-of-hospital services sooner.

Trend Chart



How do we compare

The percentage of patients aged 65 or more transferred onto pathway 0 or 1 during March 2024 decreased compared to February 2024.

Performance over the last six months

Area	Oct	Nov	Dec	Jan	Feb	Mar
Total Discharges	2,182	2,165	2,132	2,139	2,148	2,126
Pathway 0	1,788	1,720	1,745	1,727	1,762	1,715
Pathway 1	247	300	244	290	271	240
% onto P0 or P1	93.3%	93.3%	93.3%	94.3%	96.1%	93.3%

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 their first appointment. The data shown relates to our community physical health services, including dentistry.

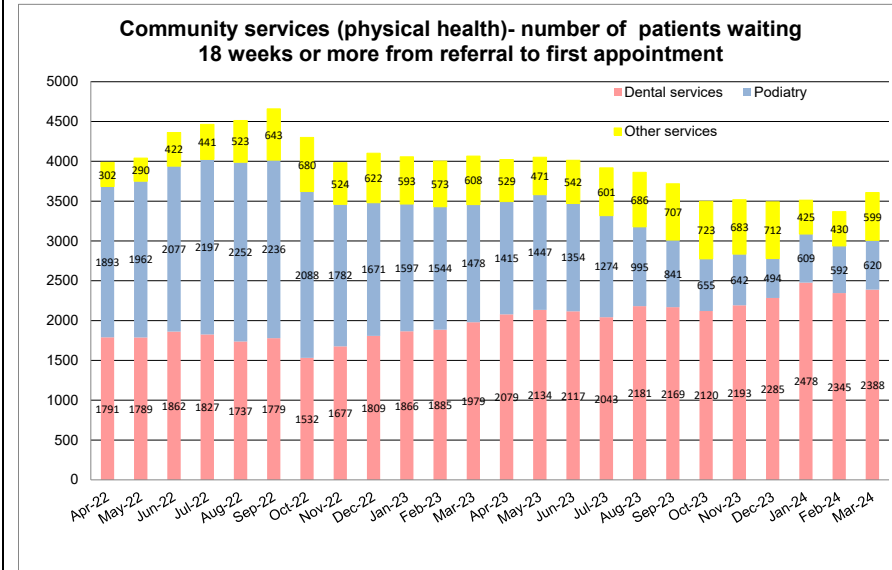
Current performance (including factors affecting this)

- As at 31 March 2024, the number of patients waiting 18 weeks or more totalled 3,607, an increase of 240 compared to 29 February 2024.
- Our Somerset and Dorset dental service had 2,388 patients waiting 18 weeks or more to be seen, up from 2,345 as at 29 February 2024 (Somerset: 1,631 patients, up from 1,601 and Dorset: 757 patients, up from 744 as at 29 February 2024).
- The number of people waiting 18 weeks or more to be seen by our Podiatry service increased to 620 patients, from 592 as at 29 February 2024. The service continues to have significant levels of vacancies, which is a national issue.
- Of the numbers within 'Others', 65.1% related to our Musculoskeletal Physiotherapy Service, which increased from 225 as at 29 February 2024 to 390 as at 31 March 2024.
- As at 31 March 2024, a total of 827 patients had waited 52 weeks or more to be seen (up from 813 in February 2024), 472 had waited 65 weeks or more (down from 472 in February 2024), and 228 had waited 78 weeks or more (down from 246 in February 2024).

Focus of improvement work

- In Podiatry, priority continues to be given to high risk vascular / diabetic foot care and acute nail surgery cases. All routine patients are contacted by letter and telephone to provide advice and guidance. A review of current and previous actions is being undertaken.
- The Dental service continues to face considerable challenges due to vacancies, sickness absence and insufficient cover for colleagues on maternity leave and continues with various recruitment initiatives.
- The Musculoskeletal Physiotherapy Service is currently undertaking a demand and capacity mapping exercise and reviewing patient pathways.

Bar Chart



How do we compare

The number of patients waiting 18 weeks or more as at 31 March 2024 increased by 240 when compared to 29 February 2024.

Recent performance

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

Area	Oct	Nov	Dec	Jan	Feb	Mar
Number waiting	3,498	3,518	3,491	3,512	3,367	3,607

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).

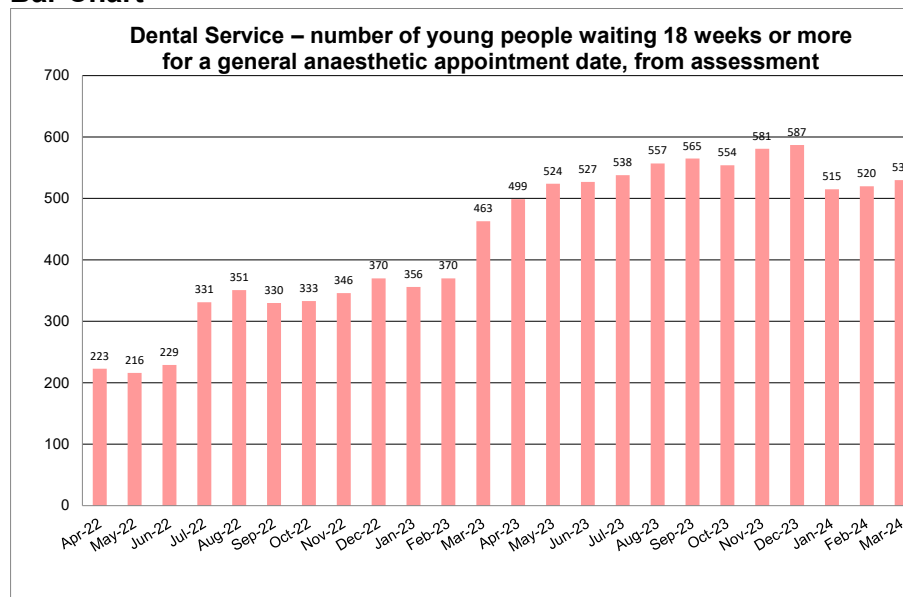
Current performance (including factors affecting this)

- As at 31 March 2024 a total of 530 young people had waited 18 weeks or more, up from 520 as at 29 February 2024.
- Of the 530 patients waiting, 450 related to our Dorset service (the same as at 29 February 2024), and 80 related to our Somerset service (up from 70 as at 29 February 2024).
- The service continues to have significant levels of vacancies, which is a national issue, exacerbated by four GA dentists now on maternity leave, there remains high levels of demand for these services across the counties.

Focus of improvement work

- The most recent recruitment campaign includes a testimonial service video, glossy brochures, social media material and open drop-in events for senior specialist posts.
- Community dental, collaboratively with Dorset Integrated Care Board (ICB) and Dorset Trusts, completed a successful in-sourcing activity to complete around 100 children GAs from the Dorset list. However, given the cancellation / stand down (due to DCH staff sickness and industrial action) of the business-as-usual lists, this did not have as large an impact as anticipated.
- A business case is being completed to request from the ICB the funding to support an additional theatre capacity offer in Dorset, from September 2024.
- Recently at YDH, as a result of the drive to improve utilisation once in theatre, there has been an increase in the number of children on average being seen, moving from four to six per session.

Bar Chart



How do we compare

The number of young people waiting 18 weeks or more as at 31 March 2024 increased compared to 29 February 2024.

Recent Performance

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

Area	Oct	Nov	Dec	Jan	Feb	Mar
Number waiting	554	581	587	515	520	530
% > 18 weeks	63.0%	67.0%	68.3%	66.7%	70.2%	67.7%

Responsive

31-day decision to treat to cancer treatment is a measure of the length of wait from the patient agreed decision to treat, through to treatment. The standard is for at least 96% of patients to be treated within 31 days of a decision to treat. This target includes first and subsequent treatments for cancer.

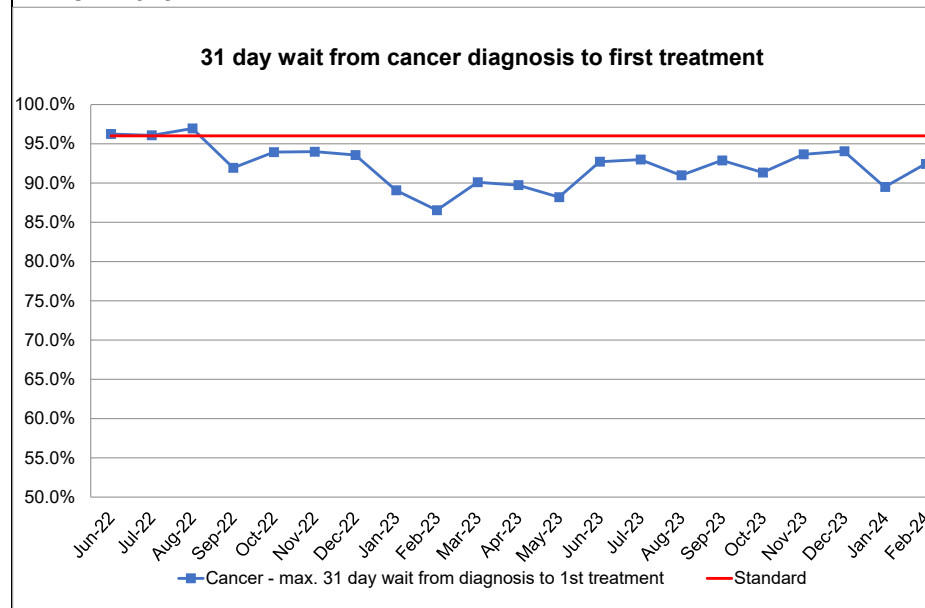
Current performance (including factors affecting this)

- Performance against the 31-day first combined treatment standard was 92.4% in February 2024, below the 96% national standard but above the national average performance.
- There were 47 breaches of the combined treatment standard, of which 16 (34% of breaches) were for colorectal, and 14 (30%) were for skin. There were smaller volumes of breaches across a range of tumour sites.
- There has been an increase in breaches of the 31-day standard for skin patients which has followed the full repatriation of the skin cancer service for the west of the county from University Hospital Bristol and Weston NHS Foundation Trust (UHBW) from the start of November 2023.
- 77% of the breaches were for surgical treatments. The ability to operate within 31 days of the decision to treat is affected by bulges in demand, which we have been seen particularly in colorectal.
- Industrial action had some impact on planned cancer treatments over the December 2023 and January 2024 action, which has had a knock-on impact to February 2024 performance. However, the delays and cancellations of surgery were 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 consultant appointments, GPs with Extended Roles being trained and insourcing. Allied service capacity is also being planned for, including pathology, plastics and melanoma oncology.
- The work outlined in the combined 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 91.1% in February 2024, the latest data available. Our Trust-wide performance was 92.4%. We ranked 82 out of 137 providers.

Recent performance

31-day diagnosis to first treatment performance

Area	Sep	Oct	Nov	Dec	Jan	Feb
% Compliance	92.9%	91.3%	93.7%	94.0%	89.5%	92.4%

Responsive

62-day Cancer is a measure of the length of wait from referral from a GP, screening programme or consultant, through to the start of first definitive treatment. The target is for at least 85% of patients to be treated within 62 days of referral. The 28-day Faster Diagnosis is the first part of the 62-day pathway.

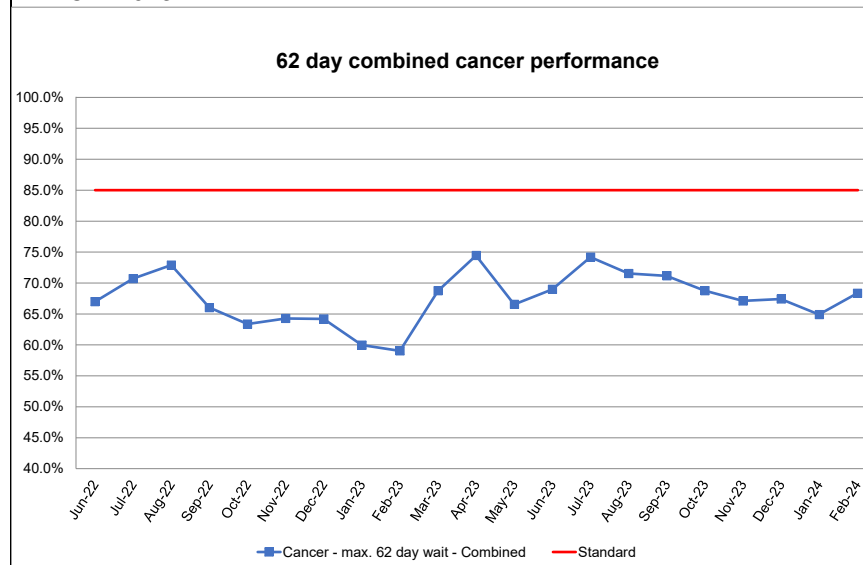
Current performance (including factors affecting this)

- The percentage of patients treated for a cancer within 62 days of referral was 68.3% in February 2024, up from 64.9% in January and above the national average.
- The main breaches of the 62-day GP cancer standard were in urology (32% of breaches), colorectal (20%) and skin (11%).
- The main cause of the breaches continues to be high demand (urology 20% growth, relative to the same three-month period in 2022/23). This has resulted in an increase in diagnostic and treatment waiting times, both at the Trust and other treating providers. The increase in skin breaches relates to the sooner than planned repatriation of the service from University Hospitals Bristol and Weston NHS Foundation Trust (UHBW).
- Twenty-five GP-referred patients were treated in February 2024 on or after day 104 (the national 'backstop'); please see Appendix 5a.
- The number of patients referred by their GP waiting over 62 days at the end of March 2024 was one patient above (i.e. worse than) the recovery trajectory (145 against the nationally set plan of 144). At the time the trajectory was set plans were not in place to repatriate the skin service in-year, with skin currently making up 18% of the backlog.
- 28-day Faster Diagnosis Standard performance improved to 84.7%

Focus of improvement work

- Pathway redesign work is continuing for prostate, across both MPH and YDH, to align both sites and reduce any delays.
- Additional prostate and colorectal diagnostic capacity continue to be established, to try to meet increasing demand.
- The community-based one-stop self-referral gynaecology pathway for post-menopausal bleed patients commenced in September 2023.
- Please also see the 31-day exception report for actions relating to the skin cancer pathway.
- A new cancer 'front door' is under development, for implementation in the summer; this will include nurse-led triage and management of the initial diagnostic phase of cancer pathways.

Line Chart



How do we compare

National average performance for providers was 63.9% in February 2024, the latest data available. Our performance was 68.3%. We were ranked 64 out of 143 trusts.

The target for the end of March 2024 is 70%, although the national standard remains 85%. The operating plan guidance for 2024/25 sets the improvement target as 70% for March 2025.

Recent performance

62-day GP cancer performance

Area	Sep	Oct	Nov	Dec	Jan	Feb
% Compliance	71.3%	68.8%	67.1%	67.4%	64.9%	68.3%

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.

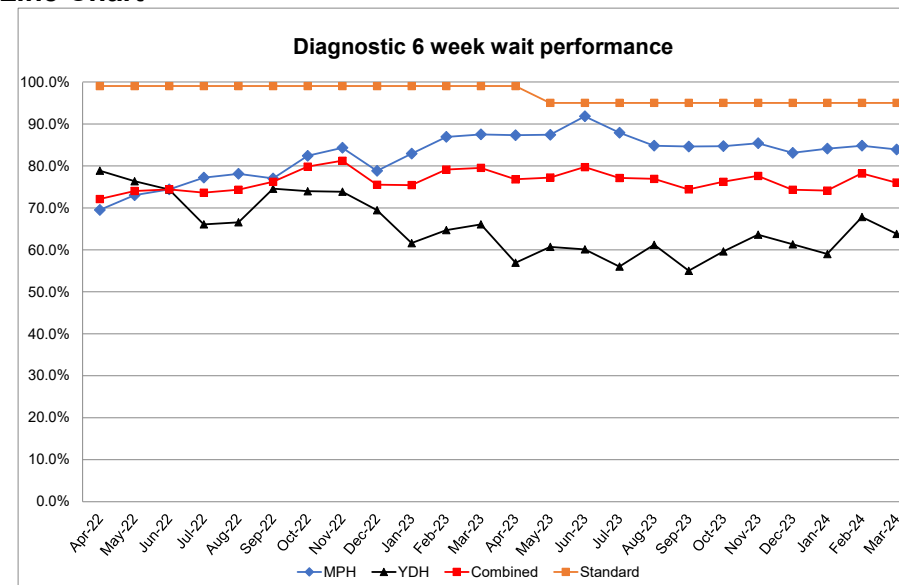
Current performance (including factors affecting this)

- The combined percentage of patients waiting under six weeks for their diagnostic test decreased to 76.0% in March 2024, below the regional March 2024 ambition of greater than 85%.
- The number of patients waiting over six weeks in March 2024 increased by 186 patients in the month; the highest numbers of patients were waiting for an MRI (down from 583 to 553; 20% of over six-week waiters), gastroscopy (down from 424 to 381; 14%), colonoscopy (down from 413 to 361; 13%), and sleep studies (down from 351 to 348; 12%), together making up 58% of the long waiters.
- The total waiting list size decreased by 3% (325 patients), which was one of the reasons why performance deteriorated in the period, the other being the increase in over six-week waiters.

Focus of improvement work

- Additional endoscopy sessions continue to be run at the weekend in Yeovil and Musgrove; appropriate patients on the Yeovil waiting list are also being offered Musgrove Park and Bridgwater Community Hospitals as an alternative site for their surveillance procedure.
- Endoscopy capacity and demand modelling for the Yeovil site has been refreshed, to look at the proportion of capacity that needs to be dedicated to each procedure type.
- Additional MRI capacity has been established, through the rental of a mobile scanning van for an eight-week period; this started during the week commencing 19 February 2024 and is now being extended for a further eight weeks.
- Plans are in place to increase the number of scans undertaken at the Taunton Diagnostic Centre (some weekend working has commenced).
- Vacancies in the sleep studies team are being recruited to, and the model for performing and reporting sleep studies is under review, to remove potential capacity bottlenecks which exist.

Line Chart



How do we compare

National average performance for NHS providers (i.e. excluding Independent Sector providers) was 78.5% in February 2024, the latest data available. Our performance was 78.2%. We were ranked 106 out of 157 trusts for the 15 high-volume diagnostic tests.

Recent performance

Area	Oct	Nov	Dec	Jan	Feb	Mar
Musgrove Park Hospital (MPH)	84.7%	85.4%	83.1%	84.1%	84.8%	83.9%
Yeovil District Hospital (YDH)	59.6%	63.6%	61.3%	59.0%	67.8%	63.8%
Combined	76.2%	77.6%	74.3%	74.1%	78.2%	76.0%

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

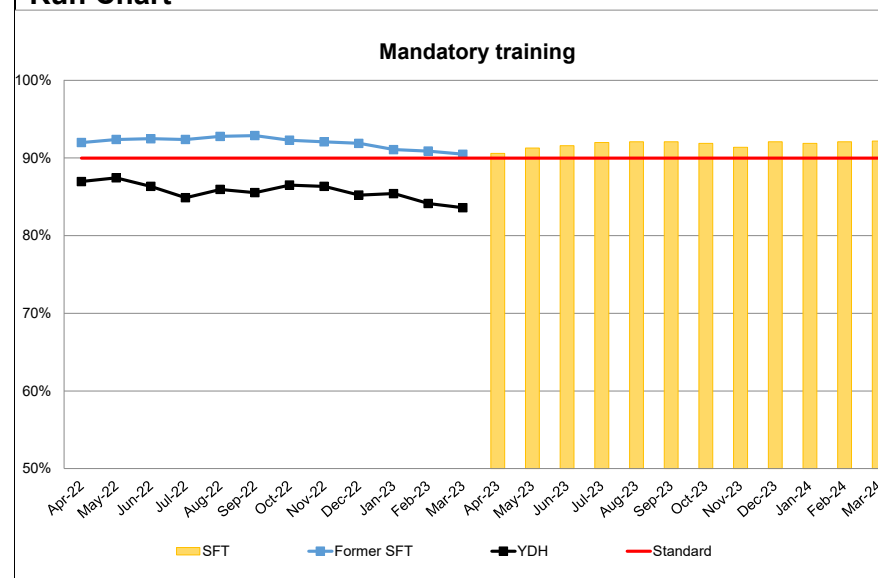
Current performance (including factors affecting this)

- As at 31 March 2024, our overall mandatory training rate was 92.2%, up from 92.1% as at 29 February 2024.
- Apart from Symphony Health Service (SHS), all colleagues moved to the new Trust training system, LEAP, on 1 April 2023. As at 31 March 2024, compliance reported from the two separate systems was as follows:
 - LEAP: 92.2% (92.2% as at 29 February 2024)
 - SHS: 77.1% (83.3% as at 29 February 2024)
- 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

- Resuscitation weekend courses are being trialled in both Musgrove and Yeovil sites to make use of empty rooms in the two Academies. Early morning / late night Basic Life Support (BLS) sessions are being held in community hospitals to enable night workers to attend either before or after a shift. BLS will lose the e-learning element from 1 April 2024 and will become a one-session course in order to be more streamlined.
- 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, and access to Sharepoint reports to help identify areas which require action.
- The Safeguarding Team continue to undertake 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 confirm actions being undertaken to improve performance.
- A group is reviewing role-essential mandatory training in respect of doctor and consultant colleagues. The preparatory work has now concluded and will be presented to the Board in April 2024

Run Chart



How do we compare

Compliance as at 31 March 2024 increased by 0.1% compared to 29 February 2024.

Recent Performance

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

Area	Oct	Nov	Dec	Jan	Feb	Mar
% Compliance	91.9%	91.4%	92.1%	91.9%	92.1%	92.2%

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.

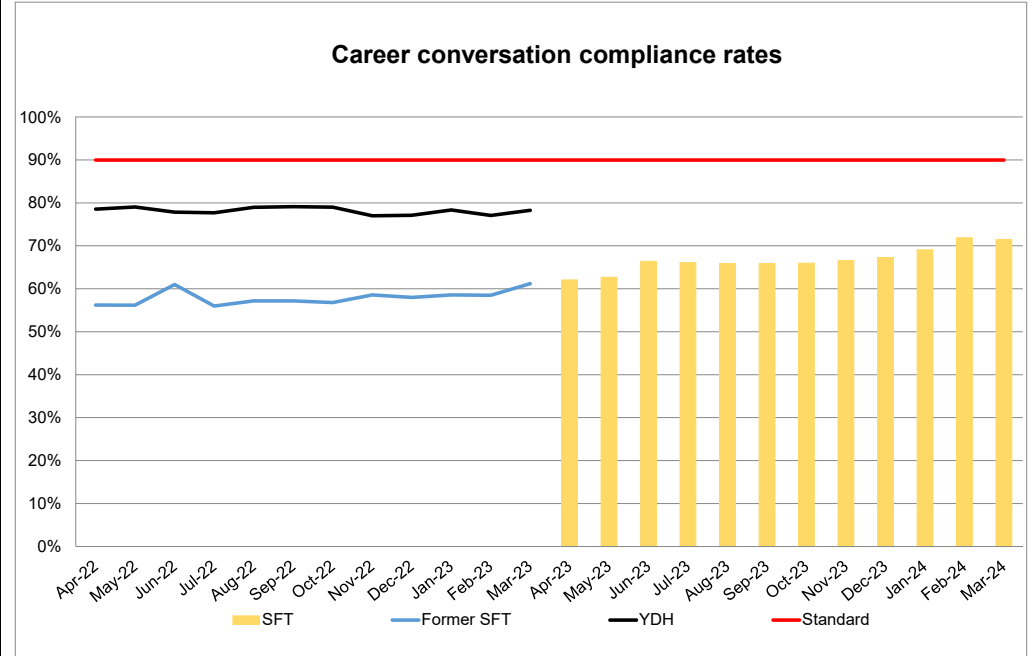
Current performance (including factors affecting this)

- Compliance as at 31 March 2024, in respect of career conversation reviews being undertaken at least annually was 71.5%, down from 71.9% as at 29 February 2024, and below the standard of 90%.
- Neighbourhoods is the best performing service group with 76.8% compliance.
- The Children, Young People and Families service group saw an improvement in recorded rates, from 67.1% to 71.4%.

Focus of improvement work

- Improvements to the reporting system for Agenda for Change colleagues has removed the concerns raised around reporting. The process is now automated and has reduced administration time by 30 minutes per day and removed human error.
- All service groups and corporate areas have been asked to review their performance and to report progress in the Quality, Outcomes, Finance and Performance meetings.
- A review of medical appraisal processes is underway., although excluding medical colleagues there is a minimal improvement in performance as this is a relatively small proportion of colleagues.

Run Chart



How do we compare

Compliance as at 29 February 2024 reduced by 0.4% compared to the position as at 29 February 2024.

Recent performance

The compliance rates in recent months were as follows:

Area	Oct	Nov	Dec	Jan	Feb	Mar
% compliance	66.0%	66.6%	67.3%	69.1%	71.9%	71.5%

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.

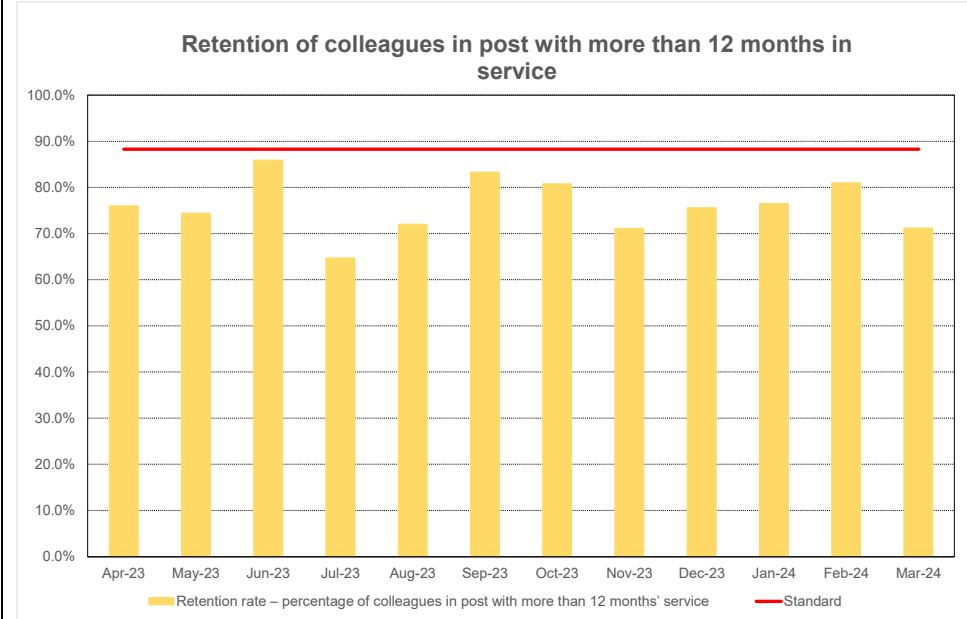
Current performance (including factors affecting this)

- Of 170 colleagues who had commenced employment on or after 1 April 2023, a total of 121 (71.2%) were still with the Trust as at 29 February 2024.
- Two areas operational areas below the Trust average of 71.2% for March 2024; were Surgical Service Group (55.9%) and Children, Young People and Families Service Group (61.9%).
- The highest rate was reported by the Mental Health and Learning Disabilities service group which had a retained rate of 81.3% of their new starters in the 12-month period.
- The overarching turnover picture for the Trust is positive, with the percentage of leavers reducing from 11.0% in February 2024 to 10.8% in March 2024.

Focus of improvement work

- Flexible working leadership development programme – in conjunction with NHSE and Timewise undertaking a small national pilot to explore the position and influence our leadership teams have on flexible working and the impact this may have on colleagues being retained.
- New starter experience – by understanding the experience of colleagues joining the Trust the ambition is to improve the turnover in the first year.
- People strategy deliverables – continued implementation of the year 1 deliverables support improving retention. An additional deliverable for year two will focus on developing leaders and improving compliance with appraisals.

Trend Chart



How do we compare

The retention rate decreased by 9.8% during March 2024 compared to February 2024.

Recent performance

The retention rates in recent months were as follows:

Area	Oct	Nov	Dec	Jan	Feb	Mar
Monthly rate	80.8%	71.1%	75.6%	76.5%	81.0%	71.2%

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.

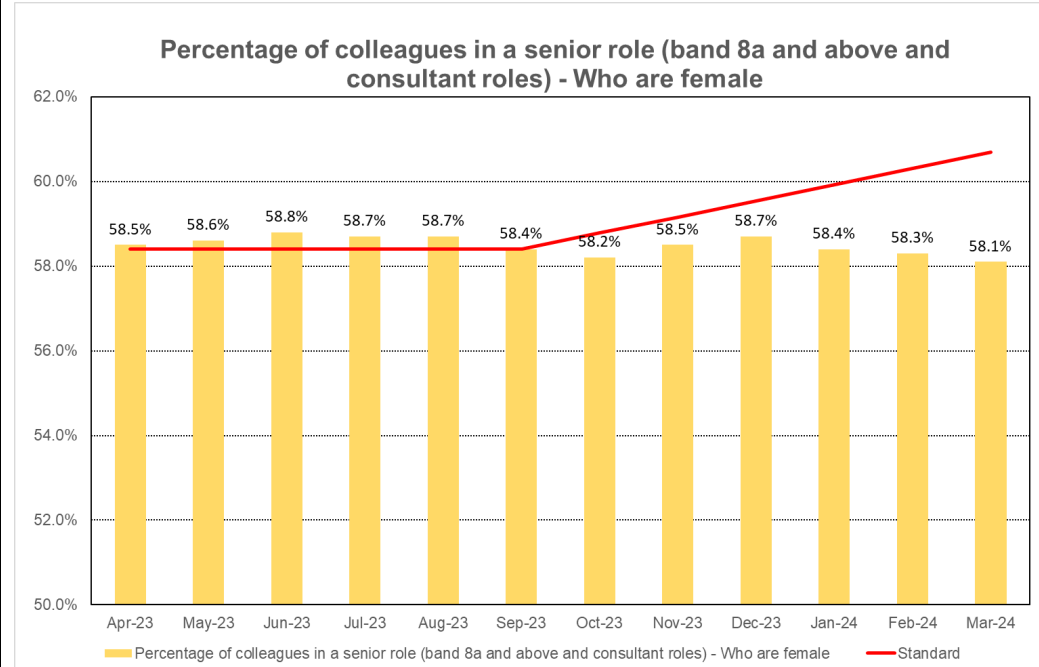
Current performance (including factors affecting this)

- Across Somerset NHS Foundation Trust as a whole, 79% of colleagues (excluding bank, locums and those on secondment) identify as 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.
- Now reported at each quarter end, as at 31 March 2024 a total of 58.1% of colleagues at Band 8a or above identify as female, a slight decrease from the rate reported as at 29 February 2024 and behind the trajectory of 60.7% identified to achieve equitable representation by March 2028.
- There has been no significant movement within this measure during 2023/24.

Focus of improvement work

- The inclusion workplan sets out several areas which will help improve our position in this area, including developing skills-based recruitment and improving the progression of female medical colleagues into consultant roles.
- Focus on flexible working and improvement if offering and recognising the benefit of flexibility will increase female representation in senior roles.
- Service groups with the greatest gap between their workforce and senior roles are:
 - Surgical Services
 - Medical Services
 - Clinical Support and Cancer Services
- All service groups have been asked to provide a plan to address representation through the Quality, Outcomes, Finance and Performance meetings.

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	Oct	Nov	Dec	Jan	Feb	Mar
Monthly rate	58.2%	58.5%	58.7%	58.4%	58.3%	58.1%

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.

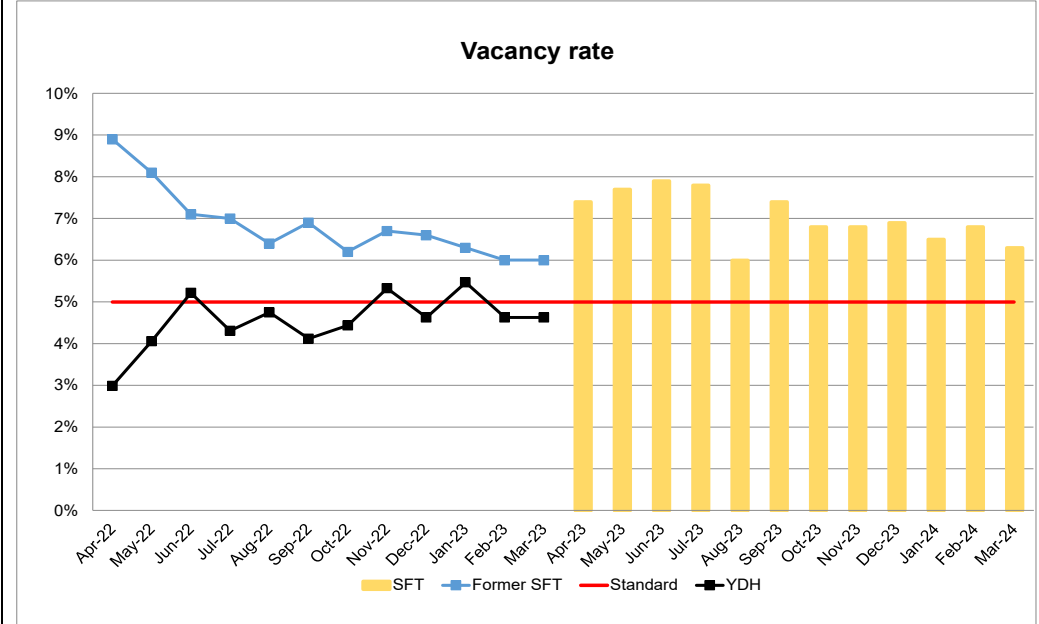
Current performance (including factors affecting this)

- The vacancy rate as at 31 March 2024 was 6.3%, down from 6.8% reported as at 29 February 2024.
- The areas with the highest vacancy rates are:
 - Simply Serve: 14.8%
 - Children, Young People and Families: 9.2%
 - Neighbourhoods: 7.7%
- Across the Trust, medical and dental, Allied health professionals (AHPs), maintenance and a few specialist roles across Digital and People Services are particularly hard to recruit roles, affected by either national or local shortages.

Focus of improvement work

- An output of the Productive Care programme will be improved workforce planning processes and a greater understanding of the true vacancies to be filled.
- As a result of the operational plan workforce cap, a new vacancy approval approach has been implemented, which will create flexibility to allow the outputs from Productive Care to deliver and maintain Whole Time Equivalent levels.
- Known hard-to-fill roles are being reviewed and additional processes in place to assess if the vacancy can be filled with different staffing models.

Run Chart



How do we compare

The vacancy rate within the Trust for March 2024 improved slightly when compared to February 2024.

Recent performance

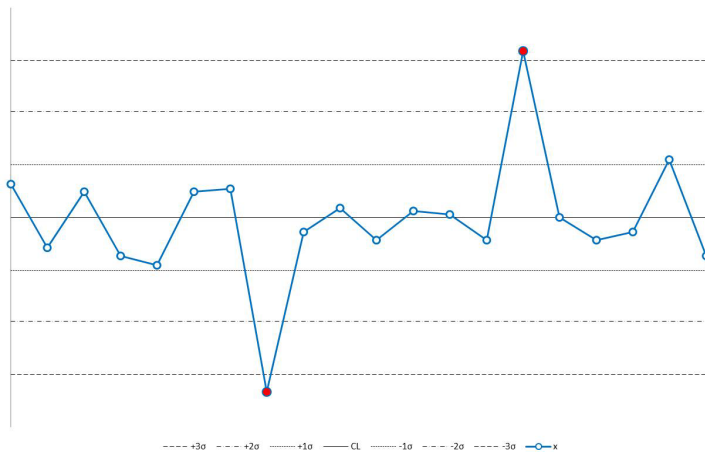
The performance against the vacancy rate standard in recent months was as follows:

Dec	Oct	Nov	Dec	Jan	Feb	Mar
Vacancy rate	6.8%	6.8%	6.9%	6.5%	6.8%	6.3%

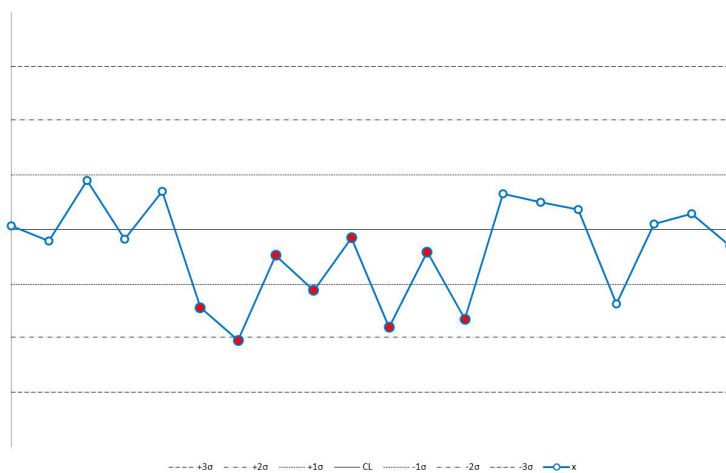
Appendix 1 - Procedure for Interpreting Run Charts

Special Cause Variation Rules

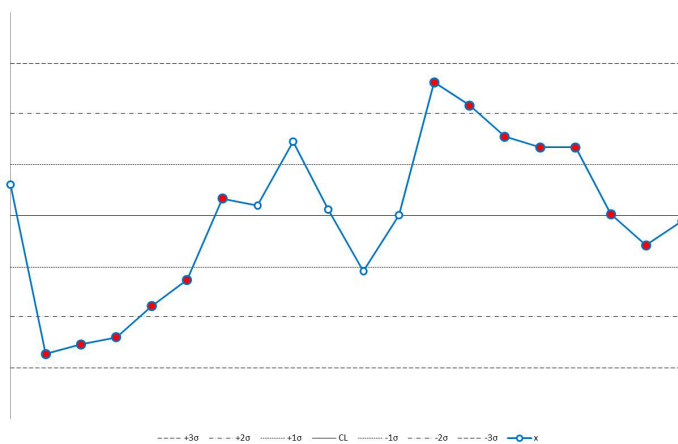
1. A single point outside the control limits



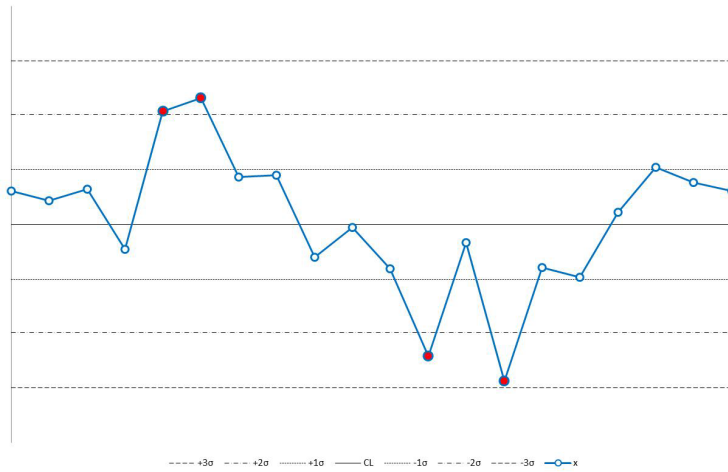
2. A run of eight or more points in a row above (or below) the centreline



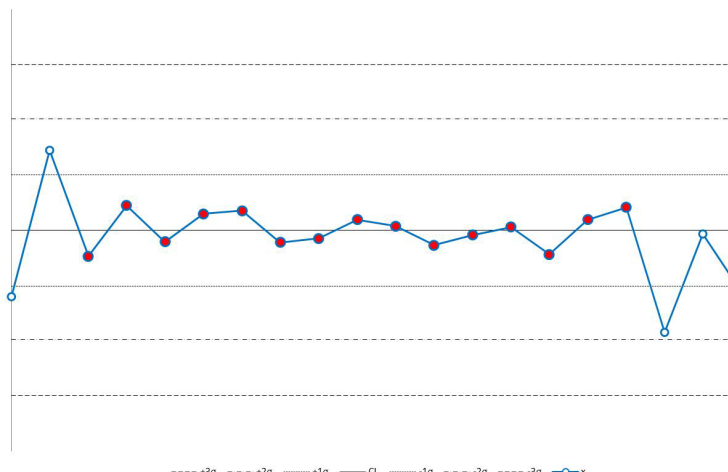
3. Six consecutive points increasing (trend up) or decreasing (trend down)



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



OUR CARE QUALITY COMMISSION RATINGS

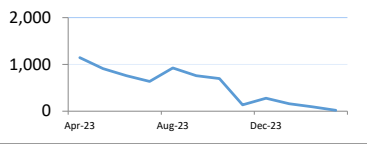
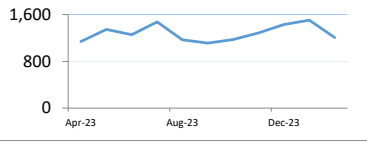
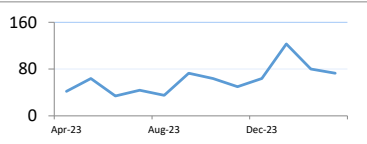
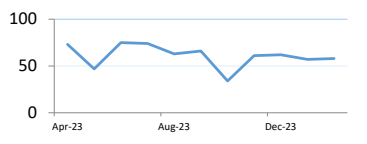
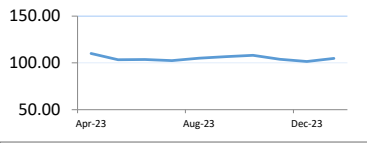
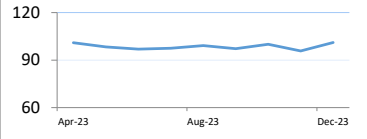
Our current Care Quality Commission ratings are as follows:

	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

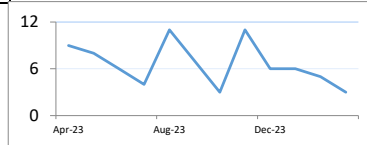
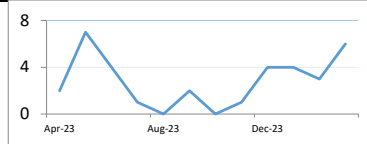
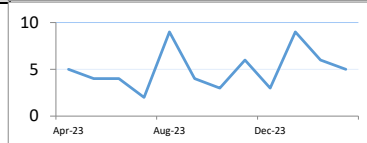
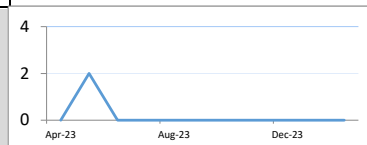
QUALITY MEASURES - 2023/24

Area	Ref	Measure	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24		
Admissions	1	Number of medical and surgical outliers in acute wards	MPH	1,145	911	757	635	925	761	700	138	278	160	92	19	
	2		YDH	1,138	1,347	1,254	1,475	1,167	1,112	1,172	1,286	1,431	1,504	1,207	1,431	
	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	42	64	34	44	35	73	64	50	64	123	80	73	
	6		YDH	73	47	75	74	63	66	34	61	62	57	58	Data awaited	
Mortality (acute services)	7	Hospital Standardised Mortality Ratio (HSMR)		110.08	103.51	103.71	102.40	104.95	106.63	108.17	103.85	101.52	104.70	Data not yet due - February 2024 to be reported after March 2024		
	8	Summary Hospital-level Mortality Indicator (SHMI)		100.93	98.31	96.88	97.43	99.11	97.25	100.00	95.77	101.11	Data not yet due - January 2024 to be reported after March 2024			

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QUALITY MEASURES - 2023/24

Area	Ref	Measure	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Incident reporting	9	Number of Never Events	0	2	0	0	0	0	0	0	0	0	0	Data awaited	
	10	Clostridium Difficile cases HOHA cases (Hospital Onset Hospital Acquired) and COHA cases (Community Onset Hospital Acquired)	MPH,	5	4	4	2	9	4	3	6	3	9	6	5
11	YDH		2	7	4	1	0	2	0	1	4	4	3	6	
12	Community Hospitals and Mental Health wards		0	0	0	0	0	0	0	0	0	0	0	0	0
13	MPH,		0	1	0	0	1	0	0	0	0	0	1	0	0
14	MRSA bacteraemias (post)		YDH	0	0	0	0	0	0	0	0	0	0	0	0
15	Community Hospitals and Mental Health wards		0	0	0	0	0	0	0	0	0	0	0	0	0
Infection Control	16	E. coli bacteraemia	MPH,	9	8	6	4	11	7	3	11	6	6	5	3



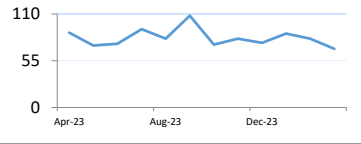
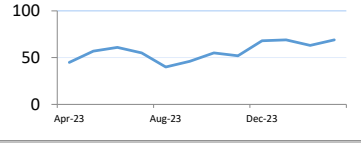
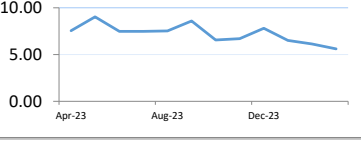
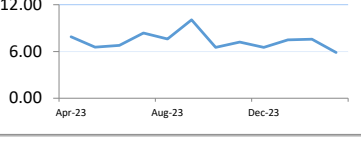
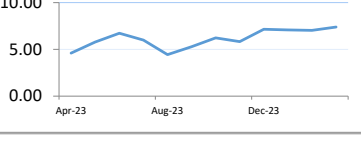
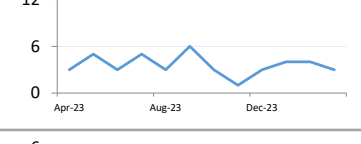
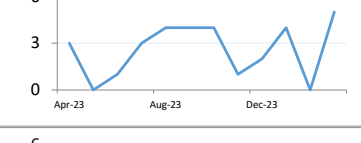
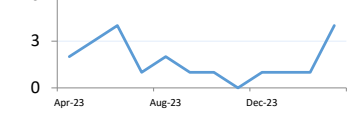
SOMERSET NHS FOUNDATION TRUST

QUALITY MEASURES - 2023/24

Area	Ref	Measure		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24		
Infection Control	17	E. coli bacteraemia	YDH	9	7	6	4	4	4	4	4	3	1	2	5		
	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,	4	6	3	4	5	4	2	5	4	9	5	1		
	20		YDH	2	0	1	2	1	2	2	0	1	1	1	1		
	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	1	0	1	0	0	0	2	0	2	0	1		
	23	No. of babies born in unexpectedly poor condition		0	0	0	0	0	0	0	0	0	0	0	0		
Falls	24	Total number of patient falls	MPH	143	176	140	141	147	164	129	125	153	134	116	113		

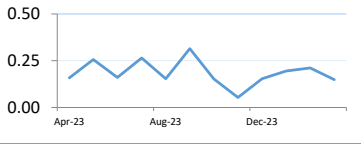
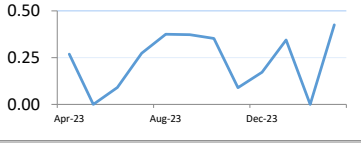
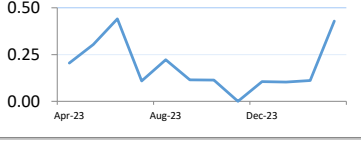
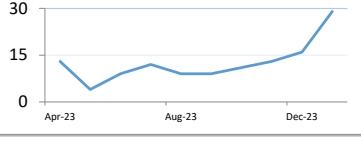
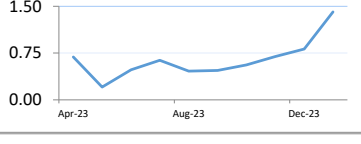
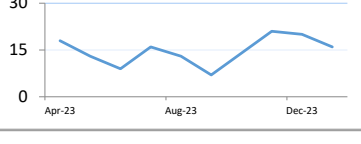
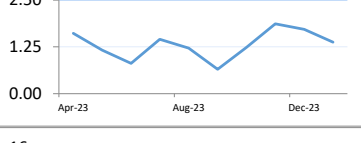
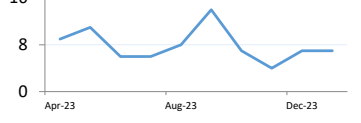
SOMERSET NHS FOUNDATION TRUST

QUALITY MEASURES - 2023/24

Area	Ref	Measure		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Falls	25	Total number of patient falls	YDH	88	73	75	92	81	108	74	81	76	87	81	69	
	26		Community Hospitals and Mental Health wards	45	57	61	55	40	46	55	52	68	69	63	69	
	27	Rate of falls per 1,000 occupied bed days - all services	MPH	7.56	9.03	7.48	7.47	7.52	8.60	6.57	6.69	7.81	6.51	6.13	5.61	
	28	Rate of falls per 1,000 occupied bed days - all services	YDH	7.88	6.55	6.77	8.37	7.59	10.06	6.53	7.20	6.54	7.49	7.57	5.87	
	29		Community Hospitals and Mental Health wards	4.60	5.78	6.72	5.99	4.44	5.29	6.24	5.84	7.15	7.09	7.03	7.39	
	30	Moderate Harm - Number of falls resulting in moderate harm - all services	MPH	3	5	3	5	3	6	3	1	3	4	4	3	
	31	Moderate Harm - Number of falls resulting in moderate harm - all services	YDH	3	0	1	3	4	4	4	1	2	4	0	5	
	32	Moderate Harm - Number of falls resulting in moderate harm - all services	Community Hospitals and Mental Health wards	2	3	4	1	2	1	1	0	1	1	1	4	

SOMERSET NHS FOUNDATION TRUST

QUALITY MEASURES - 2023/24

Area	Ref	Measure		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Falls	33	Moderate Harm - Rate of falls resulting in moderate harm per 1,000 occupied bed days - all services	MPH	0.16	0.26	0.16	0.27	0.15	0.31	0.15	0.05	0.15	0.19	0.21	0.15	
	34		YDH	0.27	0.00	0.09	0.27	0.37	0.37	0.35	0.09	0.17	0.34	0.00	0.43	
	35	Moderate Harm - Rate of falls resulting in moderate harm per 1,000 occupied bed days - all services	Community Hospitals and Mental Health wards	0.20	0.30	0.44	0.11	0.22	0.11	0.11	0.00	0.11	0.10	0.11	0.43	
Pressure ulcer damage	36	Acute wards - number of incidents	MPH	13	4	9	12	9	9	11	13	16	29	Data not yet due	Data not yet due	
	37	Rate of pressure ulcer damage per 1,000 acute ward occupied bed days	MPH	0.69	0.21	0.48	0.64	0.46	0.47	0.56	0.70	0.82	1.41	Data not yet due	Data not yet due	
	38	Acute wards - number of incidents	YDH	18	13	9	16	13	7	14	21	20	16	Data not yet due	Data not yet due	
	39	Rate of pressure ulcer damage per 1,000 acute ward occupied bed days	YDH	1.61	1.17	0.81	1.46	1.22	0.65	1.24	1.87	1.72	1.38	Data not yet due	Data not yet due	
	40	Community hospitals - number of incidents		9	11	6	6	8	14	7	4	7	7	Data not yet due	Data not yet due	

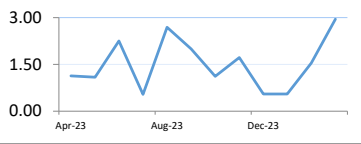
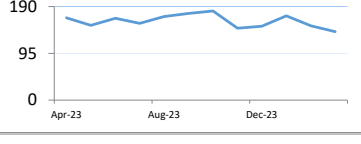
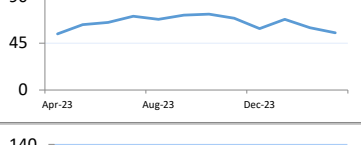

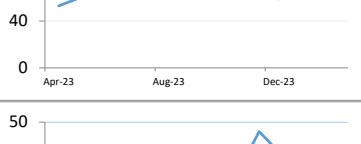
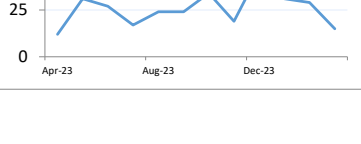
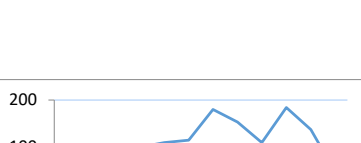
SOMERSET NHS FOUNDATION TRUST

QUALITY MEASURES - 2023/24

Area	Ref	Measure	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24		
Pressure ulcer damage	41	Rate of pressure ulcer damage per 1,000 community hospital occupied bed days	1.45	1.77	1.09	1.10	1.51	2.69	1.33	0.74	1.19	1.14	Data not yet due	Data not yet due		
	42	District nursing - number of incidents	31	56	33	37	50	38	58	57	53	77	Data not yet due	Data not yet due		
	43	Rate of pressure ulcer damage per 1,000 district nursing contacts	1.13	1.86	1.09	1.23	1.66	1.32	1.98	1.98	1.85	2.58	Data not yet due	Data not yet due		
Cardiac Arrests	44	No. ward-based cardiac arrests - acute wards	MPH	3	5	6	5	4	1	5	3	3	Data awaited	Data awaited	Data awaited	
	45		YDH	8	3	6	8	4	6	4	6	6	1	3	Data awaited	
Restrains (mental health wards)	46	Total number of incidents	Mental Health Wards	48	65	82	63	100	44	53	64	51	30	36	51	
	47	Restrains per 1,000 occupied bed days	Mental Health Wards	13.51	17.77	23.05	16.94	26.94	12.57	14.84	18.03	14.11	8.32	11.08	15.03	
	48	Number of prone restraints	Mental Health Wards	4	4	8	2	10	7	4	6	2	2	5	10	

SOMERSET NHS FOUNDATION TRUST

QUALITY MEASURES - 2023/24

Area	Ref	Measure		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Restraints (mental health wards)	49	Prone restraints per 1,000 occupied bed days	Mental Health Wards	1.13	1.09	2.25	0.54	2.69	2.00	1.12	1.72	0.55	0.55	1.54	2.95	
Medication incidents	50	Total number of medication incidents	MPH, Community Hospitals and Mental Health wards	167	152	166	156	170	176	181	146	150	171	151	139	
	51		YDH	54	63	65	71	68	72	73	69	59	68	60	55	
	52	Medication incidents - drug errors	MPH, Community Hospitals and Mental Health wards	130	104	123	115	120	129	127	108	86	115	102	112	
	53	Medication incidents - drug errors	YDH	53	62	65	69	67	70	73	69	59	68	60	54	
	54	Medication incidents - incorrect storage	MPH, Community Hospitals and Mental Health wards	12	31	27	17	24	24	34	19	45	31	29	15	
Medication incidents	55	Medication incidents - incorrect storage	YDH	This data category is not captured within Ulysses, the current YDH incident reporting system.												
Ligatures and ligature points	56	Ligatures: Total number of incidents	Mental Health Wards	54	102	61	99	109	114	180	153	109	184	137	46	

SOMERSET NHS FOUNDATION TRUST

QUALITY MEASURES - 2023/24

Area	Ref	Measure		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Ligatures and ligature points	57	Number of ligature point incidents	Mental Health Wards	7	2	2	0	2	0	0	6	9	4	4	2	
Violence and Aggression	58	Violence and Aggression: Number of incidents patient on patient (inpatients only)	MPH, Community Hospitals and Mental Health wards	9	18	16	11	19	12	9	6	6	18	14	11	
	59	Violence and Aggression: Incidents resulting in harm - patient on patient (inpatient only)	MPH, Community Hospitals and Mental Health wards	3	7	3	6	4	2	0	0	2	5	0	2	
	60	Violence and Aggression: Number of incidents patient on staff	MPH, Community Hospitals and Mental Health wards	57	90	64	61	70	47	82	67	52	41	79	73	
	61	Violence and Aggression: Incidents resulting in harm - patient on staff	MPH, Community Hospitals and Mental Health wards	13	29	24	25	32	24	25	20	14	17	32	28	
Unexpected deaths	62	Unexpected Deaths: Total number of incidents to be investigated	Community and mental health services	7	11	6	7	8	3	3	8	Data awaited	Data awaited	Data awaited	Data awaited	
Seclusion	63	Number of Type 1 -Traditional Seclusion	Mental Health Wards	18	16	25	20	25	17	13	24	9	11	19	23	
Seclusion	64	Number of Type 2 -Short term Segregation	Mental Health Wards	1	2	3	4	4	1	0	1	3	0	4	4	

SOMERSET NHS FOUNDATION TRUST

CORPORATE SCORECARD 2023/24

No.	Description	Links to corporate objectives	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-23	Thresholds
1	Accident and Emergency / Minor Injury Unit 4-hour performance	Accident & Emergency department (ED) - MPH	58.8%	55.6%	54.0%	66.0%	51.0%	48.0%	51.4%	55.5%	54.0%	52.0%	53.1%	61.9%	From April 2023 >=76%= Green >=66% - <76% =Amber <66% =Red
2		Accident & Emergency department (ED) - YDH	74.1%	77.7%	64.3%	67.2%	73.3%	67.3%	66.6%	62.8%	62.6%	61.4%	67.3%	69.5%	
3		Accident & Emergency department (ED) - Combined	65.6%	65.4%	58.7%	66.5%	60.6%	56.4%	58.1%	58.7%	57.8%	56.1%	59.2%	65.2%	
4		Minor Injury Units	98.1%	97.1%	96.9%	96.9%	97.5%	95.1%	96.9%	97.4%	96.3%	96.0%	95.1%	97.9%	
5		Trust-wide	79.3%	78.7%	75.1%	79.2%	76.0%	72.5%	74.1%	74.3%	73.3%	72.5%	74.2%	79.6%	
6	Accident and Emergency / Minor Injury Units: percentage of patients spending more than 12-hours in the department	Accident and Emergency department (ED) - MPH	2.3%	2.1%	1.8%	0.7%	2.9%	4.7%	2.4%	1.7%	4.8%	6.2%	3.3%	2.4%	<=2%= Green >2% - <=5% =Amber >5% =Red
7		Accident and Emergency department (ED) - YDH	3.3%	1.1%	3.4%	3.6%	1.6%	3.2%	3.3%	4.1%	5.9%	7.6%	3.6%	5.1%	
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: MPH	4, 6, 9	80.2%	79.0%	81.8%	86.2%	70.5%	63.1%	68.6%	73.8%	64.1%	61.9%	71.8%	77.8%	>=95%= Green >=85% - <95% =Amber <85% =Red
10	Ambulance handovers waiting less than 30 minutes: YDH		82.3%	86.6%	77.9%	80.8%	88.0%	80.8%	75.8%	69.0%	69.7%	65.6%	68.6%	66.3%	
11	Cancer - 28 days Faster Diagnosis All Cancers	3, 4, 9	73.6%	70.6%	72.0%	79.4%	78.8%	76.0%	77.0%	76.9%	76.6%	70.8%	84.7%	Data not yet due	>=75%= Green <75% =Red
12	31 day wait - from a Decision To Treat/Earliest Clinically Appropriate Date to First or Subsequent Treatment		89.7%	88.0%	92.7%	93.0%	90.9%	92.9%	91.3%	93.7%	94.0%	89.5%	92.4%	Data not yet due	>=96%= Green <96% =Red
13	Cancer - 62 day wait - from an Urgent Suspected Cancer or Breast Symptomatic Referral, or Urgent Screening Referral, or Consultant Upgrade to a First Definitive Treatment		73.8%	67.0%	68.8%	74.2%	71.7%	71.3%	68.8%	67.1%	67.4%	64.9%	68.3%	Data not yet due	>=85%= Green <85% =Red
14	Cancer: 62-day wait from referral to treatment for urgent referrals – number of patients treated on or after day 104		14	23	22	26	22	28	22.5	23	23	18	25	Data not yet due	0= Green >0 = Red
15	CAMHS Eating Disorders - Urgent referrals to be seen within 1 week - (rolling 3 months)	3, 4, 9	Reporting change from a rolling 12 months to a rolling 3 month period			100.0%	100.0%	-	-	-	-	-	-	-	>=95%= Green >=85% - <95% =Amber <85% =Red
16	CAMHS Eating Disorders - Routine referrals to be seen within 4 weeks - (rolling 3 months)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.9%	96.9%	>=95%= Green >=85% - <95% =Amber <85% =Red	

SOMERSET NHS FOUNDATION TRUST

CORPORATE SCORECARD 2023/24

No.	Description	Links to corporate objectives	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-23	Thresholds
17	Mental health referrals offered first appointments within 6 weeks	All mental health services	88.2%	90.0%	93.6%	93.2%	92.8%	92.5%	90.0%	93.9%	93.6%	94.2%	96.8%	92.5%	>=90%= Green >=80% - <90% =Amber <80% =Red
18	Mental health referrals offered first appointments within 6 weeks	Adult mental health services	89.6%	92.4%	94.5%	95.2%	90.4%	93.7%	91.6%	92.2%	93.9%	93.5%	96.1%	92.2%	>=90%= Green >=80% - <90% =Amber <80% =Red
19		Older Persons mental health services	86.5%	87.2%	92.0%	91.2%	94.0%	89.0%	87.5%	95.3%	93.0%	93.7%	96.0%	90.3%	
20		Learning disabilities service	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	87.5%	100.0%	100.0%	
21		Children and young people's mental health services	93.6%	95.1%	95.4%	93.2%	96.9%	100.0%	92.0%	96.6%	94.7%	96.1%	100.0%	100.0%	
22	Percentage of women accessing specialist community Perinatal MH service - 12 month rolling reporting	4, 6, 9	9.0%	9.4%	9.5%	9.9%	10.5%	11.0%	11.1%	11.7%	11.6%	12.2%	12.4%	12.5%	>=10%= Green >=7.5% - <10% =Amber <7.5% =Red
23	Diagnostic 6-week wait - acute services	MPH	87.3%	87.4%	91.8%	87.9%	84.8%	84.6%	84.7%	85.4%	83.1%	84.1%	84.8%	83.9%	From April 2023 >=95%= Green >=90% - <95% =Amber <90% =Red
		YDH	56.9%	60.7%	60.1%	56.0%	61.2%	55.0%	59.6%	63.6%	61.3%	59.0%	67.8%	63.8%	
		Combined	76.8%	77.2%	79.7%	77.1%	76.9%	74.4%	76.2%	77.6%	74.3%	74.1%	78.2%	76.0%	
24	RTT incomplete pathway performance: percentage of people waiting under 18 weeks	4, 6, 9	60.6%	61.3%	61.7%	61.5%	61.8%	61.6%	62.9%	63.4%	61.7%	62.6%	63.4%	62.5%	>=92%= Green <92% =Red
25	40 week RTT breaches		5,359	5,524	5,409	5,430	5,748	5,701	5,542	5,688	6,301	5,740	5,528	5,666	TBC
26	52 week RTT breaches		2,247	2,340	2,396	2,375	2,419	2,504	2,547	2,577	2,519	2,252	2,158	2,270	From April 2023 At or below trajectory = Green Above trajectory = Red
27	65 week RTT breaches		714	710	712	659	724	741	687	662	725	605	538	434	
28	78 week RTT breaches	4, 6, 9	84	87	61	49	66	70	55	49	61	50	48	40	From April 2023 At or below trajectory = Green Above trajectory = Red
29	Referral to Treatment (RTT) incomplete pathway waiting list size		53,351	53,856	54,319	55,037	54,986	55,532	54,777	53,406	53,667	53,787	53,800	53,524	

SOMERSET NHS FOUNDATION TRUST

CORPORATE SCORECARD 2023/24

No.	Description	Links to corporate objectives	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-23	Thresholds	
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	6.5	6.2	6.1	5.9	6.0	6.4	6.5	6.1	6.1	6.4	6.5	6.1	Monitored using Special Cause Variation Rules. Report by exception.
31		YDH		7.3	6.5	6.7	6.4	6.4	6.4	6.3	6.1	6.8	7.0	6.4	Data awaited	
32	Patients not meeting the criteria to reside: % of occupied bed days lost	MPH	4, 9	21.9%	16.7%	15.1%	17.2%	16.5%	20.3%	18.1%	17.1%	15.9%	18.4%	20.5%	21.0%	<=9.8%= Green >15% =Red
33		YDH		20.5%	21.1%	21.1%	22.1%	23.7%	23.3%	22.1%	21.0%	24.6%	22.8%	24.6%	21.1%	
34	Acute bed days lost due to patients not meeting the criteria to reside	MPH	4, 6, 9	3,682	2,954	2,588	2,947	2,942	3,432	3,134	2,819	2,807	3,435	3,516	3,805	TBC
35		YDH		2,293	2,359	2,333	2,476	2,565	2,569	2,519	2,394	2,844	2,691	2,660	2,487	
36	Waiting times: number of people waiting over 18 weeks from referral to first appointment - community services including dental		4, 6, 9	4,023	4,052	4,013	3,918	3,862	3,717	3,498	3,518	3,491	3,512	3,367	3,607	From April 2023 <4,065 = Green >=4065 = Red
37	52 week RTT breaches			1,455	1,442	1,319	1,146	863	785	712	747	758	810	812	827	From April 2023 At or below trajectory = Green Above trajectory = Red
38	65 week RTT breaches			887	930	840	642	440	392	371	386	402	461	486	472	
39	78 week RTT breaches			514	565	466	335	223	220	184	209	205	256	246	228	
40	Community dental services - Child GA waiters waiting 18 weeks or more		4, 6, 9	499	524	527	538	557	565	554	581	587	515	520	530	From April 2023 <463 = Green >=463 = Red
41	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	88.2%	82.4%	83.3%	81.3%	83.3%	82.4%	84.6%	85.7%	82.4%	89.5%	93.3%	87.5%	>=60%= Green <60% =Red
42	Talking Therapies (formerly Improving Access to Psychological Therapies [IAPT]) RTT : percentage of people waiting under 6 weeks		4, 6, 9	65.9%	68.2%	70.3%	73.7%	74.6%	72.5%	77.7%	77.8%	82.9%	81.1%	78.4%	82.9%	>=75%= Green <75% =Red
43	Talking Therapies (formerly Improving Access to Psychological Therapies [IAPT]) RTT: percentage of people waiting under 18 weeks		4, 6, 9	98.0%	98.5%	99.1%	99.0%	99.0%	99.5%	98.9%	99.6%	98.5%	99.4%	99.2%	98.9%	>=95%= Green <95% =Red
44	Talking Therapies (formerly Improving Access to Psychological Therapies [IAPT]) Recovery Rates		4, 7, 9	60.2%	59.8%	58.1%	59.8%	60.4%	55.5%	58.2%	59.3%	59.8%	57.1%	60.2%	57.0%	>=50%= Green <50% =Red
45	Adult mental health inpatients receiving a follow up within 72 hrs of discharge		4, 9	97.8%	100.0%	97.3%	100.0%	96.2%	96.9%	100.0%	97.0%	100.0%	100.0%	100.0%	92.9%	>=80%= Green <80% =Red

SOMERSET NHS FOUNDATION TRUST

CORPORATE SCORECARD 2023/24

No.	Description	Links to corporate objectives	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-23	Thresholds	
46	Inappropriate Out of Area Placements for non-specialist mental health inpatient care (monthly number of patient days)	4, 5, 9	78	67	57	14	0	0	10	10	34	45	29	31	0= Green >0 = Red	
47	Intermediate Care - Patients aged 65+ discharged home from acute hospital beds on pathway 0 or 1	4, 5, 9	93.3%	93.2%	94.9%	95.1%	95.7%	93.8%	93.3%	93.3%	93.3%	94.6%	96.1%	93.3%	>=95%= Green >=85% - <95% =Amber <85% =Red	
48	Urgent Community Response: percentage of patients seen within two hours	4, 5, 9	94.3%	93.6%	90.9%	94.6%	92.3%	94.4%	93.8%	95.9%	90.9%	91.1%	90.4%	Data not yet due	>=70%= Green >=60% - <70% =Amber <60% =Red	
49	% Stroke Patients direct admission to stroke ward in 4 hours	MPH	46.7%	50.0%	48.9%	57.1%	54.6%	55.9%	51.4%	64.7%	58.1%	51.4%	57.1%	Data not yet due	>=90%= Green >=75% - <90% =Amber <75% =Red	
50		YDH	26.9%	40.0%	32.4%	25.0%	33.3%	23.3%	42.5%	24.2%	29.4%	35.9%	48.5%	Data not yet due		
51	Patients spending >90% of time in stroke unit - acute services	MPH	68.1%	65.9%	65.2%	75.0%	68.9%	68.4%	78.4%	82.9%	76.5%	83.3%	53.6%	Data not yet due	>=80%= Green >=70% - <80% =Amber <70% =Red	
52		YDH	57.7%	60.0%	59.5%	56.2%	71.7%	56.7%	52.5%	54.5%	52.9%	61.0%	60.6%	Data not yet due		
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	69.9%	75.8%	79.7%	88.4%	80.4%	Bi-monthly reporting Data being validated		>=90%= Green >=80% - <90% =Amber <80% =Red					
54	Neutropenic Sepsis: Antibiotics received within 60 minutes - acute services	MPH	4, 9	Testing of a reporting solution using electronic forms has been completed by the Trust's Digital Team. Identified users of systems started to received training in the second week of September 2023 and reporting via this system is to commence by April 2024.										>=90%= Green >=49% - <90% =Amber <49% =Red		
55	Percentage of emergency patients screened for sepsis - acute services	MPH	98.0%	93.0%	89.5%	Quarterly reporting Data being validated										
56	Percentage of complaints responded to within 40 working days - Trust-wide	Former SFT	51.5%	48.4%	51.5%	The review of this area of reporting has been completed. The intention is to commence reporting compliance for responses to complainants within an agreed time period, to be introduced from 1 April 2024										>=90%= Green >=75% - <90% =Amber >75% =Red
57		YDH	100.0%	100.0%	100.0%											
58		Combined	56.8%	52.9%	56.0%											
59	Mandatory training: percentage completed	Combined	1,8,9	90.6%	91.3%	91.6%	92.0%	92.1%	92.1%	91.9%	91.4%	92.1%	91.9%	92.1%	92.2%	All courses >=90%= Green Overall rate <80% =Red Any other position = Amber
60	Proportion of days lost due to sickness	1,8,9	4.2%	4.2%	4.2%	4.8%	4.8%	5.0%	5.3%	5.1%	5.2%	5.5%	5.5%	5.2%	SPC	

SOMERSET NHS FOUNDATION TRUST

CORPORATE SCORECARD 2023/24

No.	Description	Links to corporate objectives	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-23	Thresholds
61	Sickness absence levels - rolling 12 month average (Trust-wide)	8, 9	5.2%	5.1%	5.1%	4.9%	4.9%	5.0%	5.0%	5.0%	4.9%	4.9%	5.3%	5.3%	SPC
62	Career conversations (12 months) - formerly 'Performance review (12-month)'	1,8,9	62.1%	62.7%	66.4%	66.1%	65.9%	65.9%	66.0%	66.6%	67.3%	69.1%	71.9%	71.5%	>=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%	6.8%	6.8%	6.9%	6.5%	6.8%	6.3%	<=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%	83.3%	80.8%	71.1%	75.6%	76.5%	81.0%	71.2%	>=88.3%= Green >=80% to <88.3% =Amber <80% =Red
65	Percentage of colleagues in a senior role (band 8a and above and consultant roles):	Who are of an ethnic minority	1,8,9	19.8%		20.3%		20.9%		21.6%		>=Trajectory = Green <=10% below trajectory = Amber >10% below trajectory = Red			
66		Who are female	1,8,9	58.8%		58.4%		58.7%		58.1%					
67		With a recorded disability	1,8,9	3.0%		2.8%		3.1%		3.0%					
68	Number of formal HR case works (disciplinary, grievance and capability).	1,8,9	Reporting in respect of this new indicator was being developed						31	23	23	38	38	38	TBC

Appendix 5a – Specialty and tumour-site level performance

Table 1 – Performance against the RTT performance standard in March 2024, 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	534	58	2205	75.8%
Urology	1202	181	3050	60.6%
Trauma & Orthopaedics	3317	578	7817	57.6%
Ear, Nose & Throat (ENT)	2476	282	5212	52.5%
Ophthalmology	2137	194	5173	58.7%
Oral Surgery	953	53	2274	58.1%
Plastic Surgery	48	2	155	69.0%
Cardiothoracic Surgery	17		41	58.5%
General Medicine	1		24	95.8%
Gastroenterology	816	58	2120	61.5%
Cardiology	649	9	3286	80.2%
Dermatology	357	13	2265	84.2%
Thoracic Medicine	797	4	2121	62.4%
Neurology	757	31	1870	59.5%
Rheumatology	384	14	945	59.4%
Geriatric Medicine	154	1	597	74.2%
Gynaecology	1254	121	3542	64.6%
Other – Medical Services	925	162	2586	64.2%
Other - Paediatric Services	450	30	1361	66.9%
Other - Surgical Services	2490	440	5752	56.7%
Other – Other Services	358	39	1128	68.3%
Total	20076	2270	53524	62.5%

Table 2 – Performance against the 62-day GP cancer standard in February 2024.

Tumour site	No of breaches	Trust performance
Brain	0.0	100.0%
Breast	6.0	87.0%
Colorectal	20.0	39.4%
Gynaecology	4.0	66.7%
Haematology	4.0	71.4%
Head & Neck	7.0	63.2%
Lung	10.5	59.6%
Other	1.0	50.0%
Skin	11.5	81.6%
Upper GI	5.0	72.2%
Urology	32.0	60.7%
Total	101.0	68.3%

Twenty-five patients were treated in February on or after day 104 (the national ‘backstop’ for GP pathways). Twenty-two were deemed as having unavoidable delays. A breakdown of the breaches is as follows:

- Eleven patients had a complex pathway, including patients requiring additional or repeat diagnostics, transferring from a different cancer pathway and being treated at the same time for another cancer.
- Eight patient pathways had internal delays, which in some cases resulted in a late transfer to the treating provider. But these pathways also had unavoidable delays, as a result of waiting times being longer than ideal for investigations and appointments at other providers. There were also periods of patient choice for some patients.
- Three patients chose to delay their investigations or treatment planning for a significant period of time.
- Three pathways were impacted by capacity issues only.

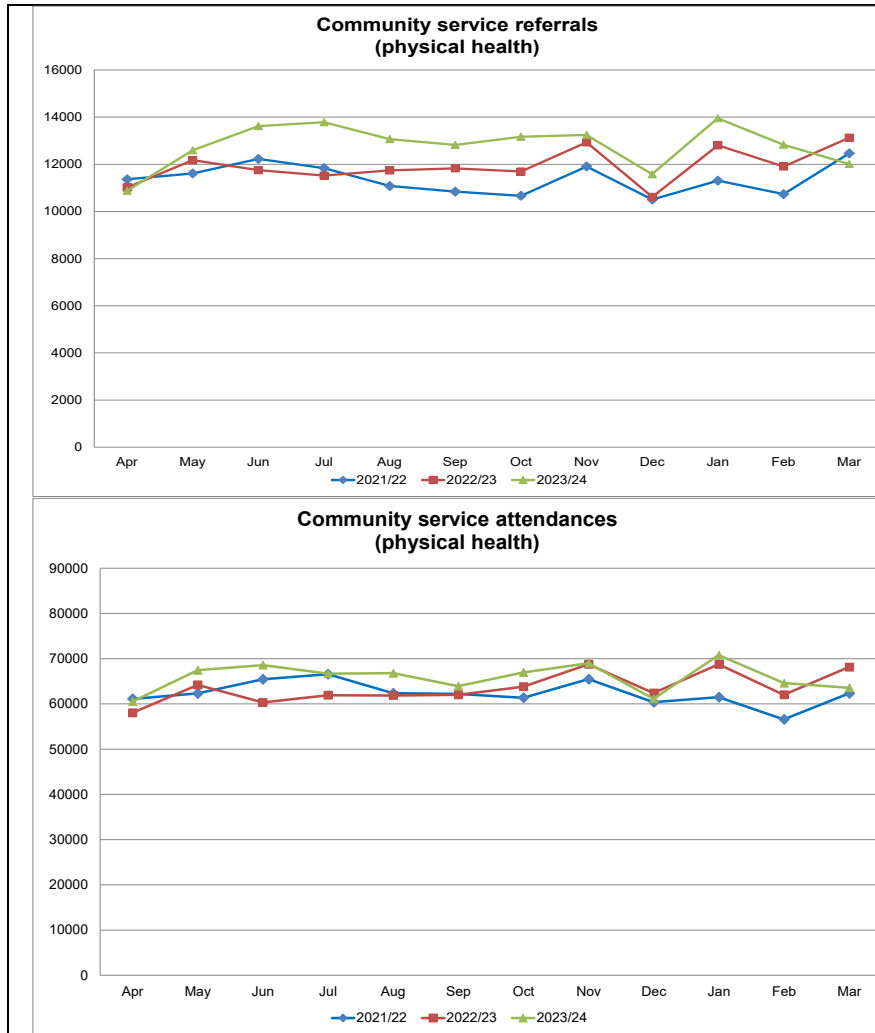
Appendix 2 – RTT validation progress

The national target is to reach a level of 90% validation of patients waiting 12 weeks and over from Referral to Treatment (RTT) by the 31 of October 2023. Validation includes both the administrative/technical validation and also contacting the patient to confirm they still wish to be seen.

RTT waiting times bands	Week ending 10 th Sep	Week ending 8 th Oct	Week ending 12 th Nov	Week ending 17 th Dec	Week ending 14 th Jan	Week ending 4 th Feb	Week ending 10 th Mar	Week ending 14 th Apr
12 weeks and over	34%	44%	63%	69%	70%	69%	74%	77%
26 weeks and over	54%	57%	72%	76%	73%	72%	77%	77%
52 weeks and over	85%	90%	92%	89%	89%	87%	93%	93%

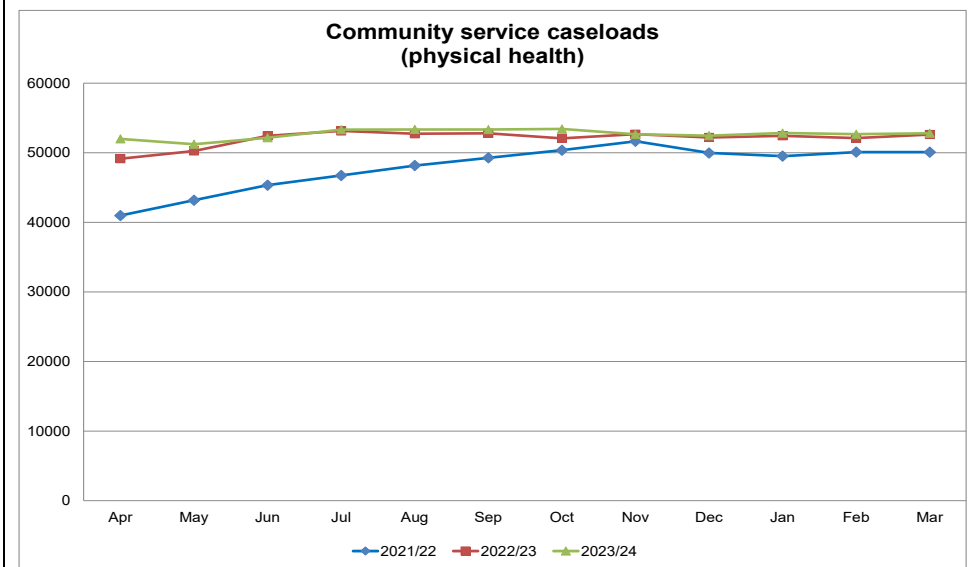
Operational context

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:

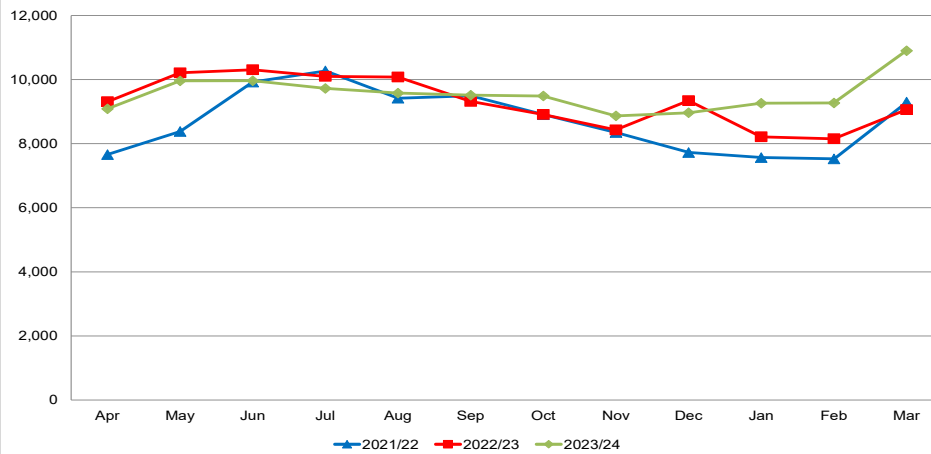
- Direct referrals to our community physical health services between 1 April 2023 and 31 March 2024 were 7.3% higher than the same months of 2022/23 and 12.5% higher than in the same months of 2021/22.
- Attendances for the same period were 3.6% higher than the same months of 2022/23 and 5.7% higher than the same months of 2021/22.
- Community service caseload levels as at 31 March 2024 were 0.3% lower than as at 31 March 2023, but 5.4% above 31 March 2022 levels.



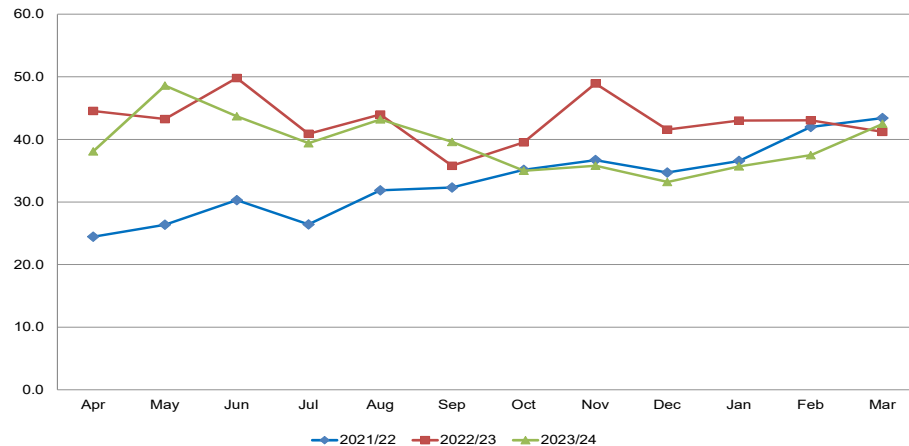
Operational context

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.

Minor Injury Unit attendances



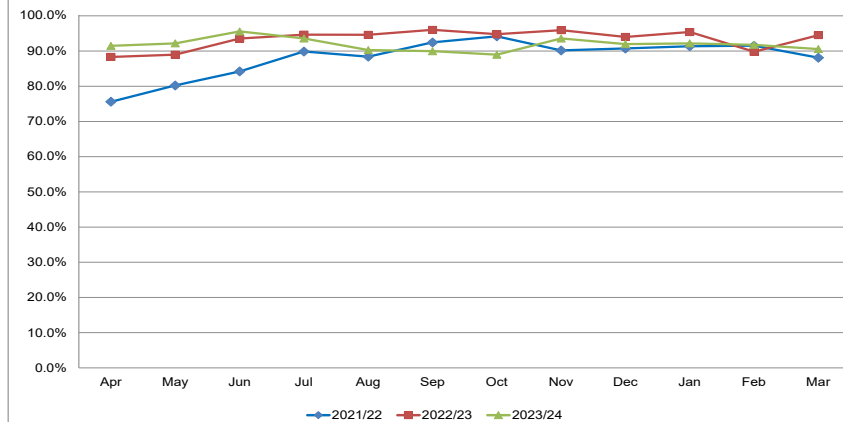
Community Hospital - average length of stay (days, excluding stroke beds)



Summary:

- Between 1 April 2023 and 31 March 2024, the number of Minor Injury Unit attendances was 2.8% higher than the same months of 2022/23, and 9.6% higher than same months of 2021/22. During March 2024, 97.9% 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 March 2024 was 42.5 days, an increase compared to February 2024. There were 10 patients discharged with lengths of stay longer than 100 days; the longest was 146 days for a patient at West Mendip community hospital. The community hospital bed occupancy rate for non-stroke patients in March 2024 decreased to 90.5%, from 91.7% in February 2024.

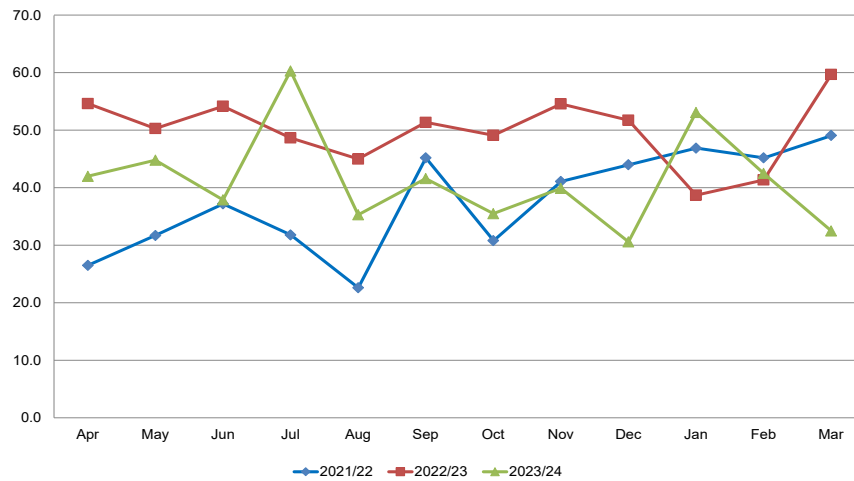
Community Hospital - average bed occupancy (excluding stroke beds)



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.

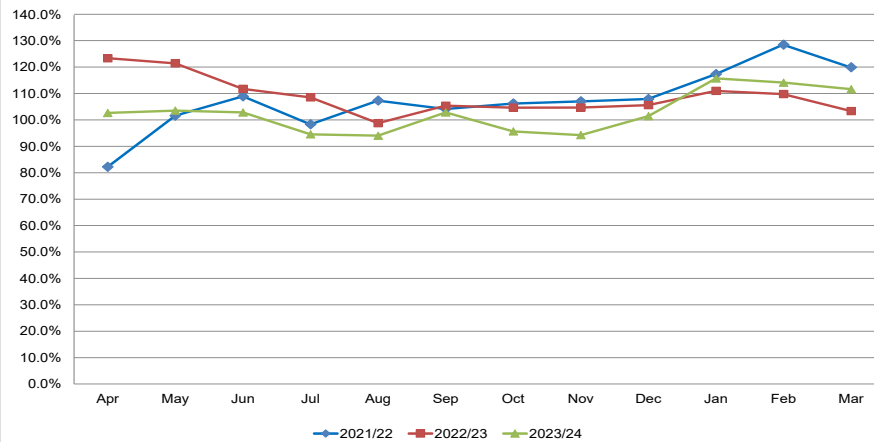
Community Hospital Stroke Beds - average length of stay (days)



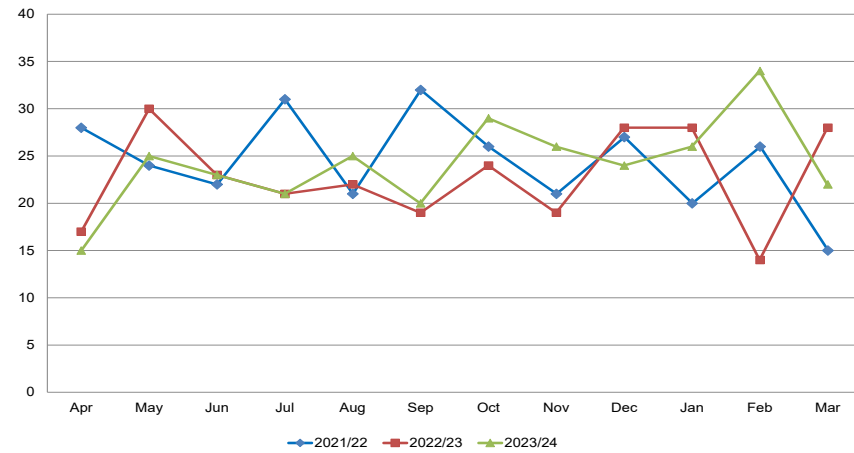
Summary:

- The average length of stay for stroke patients in our community hospitals in March 2024 decreased to 32.5 days, from 42.5 days in February 2024. No patients were discharged with lengths of stay longer than 100 days.
- Stroke bed occupancy in March 2024 also decreased compared to February 2024.
- During March 2024 there were 22 discharges of stroke patients, down from 34 discharged during February 2024.

Community Hospital Stroke Beds - average bed occupancy

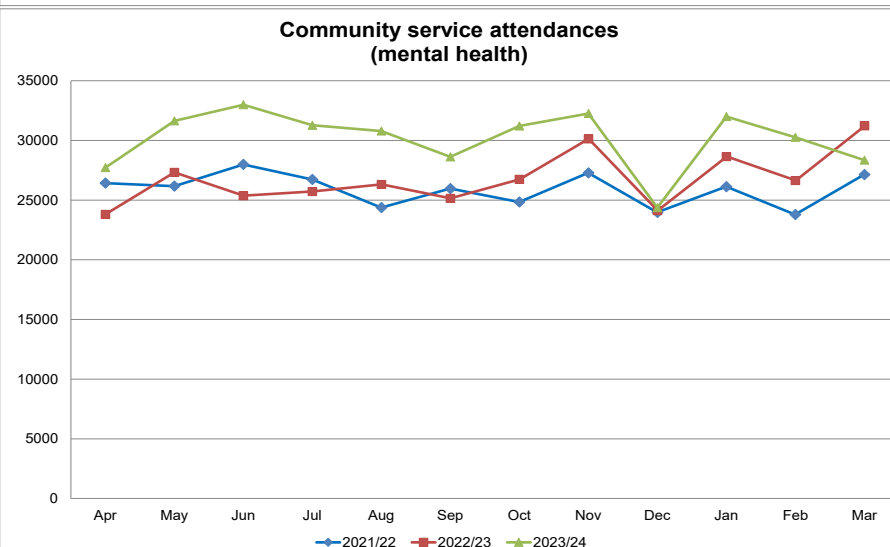
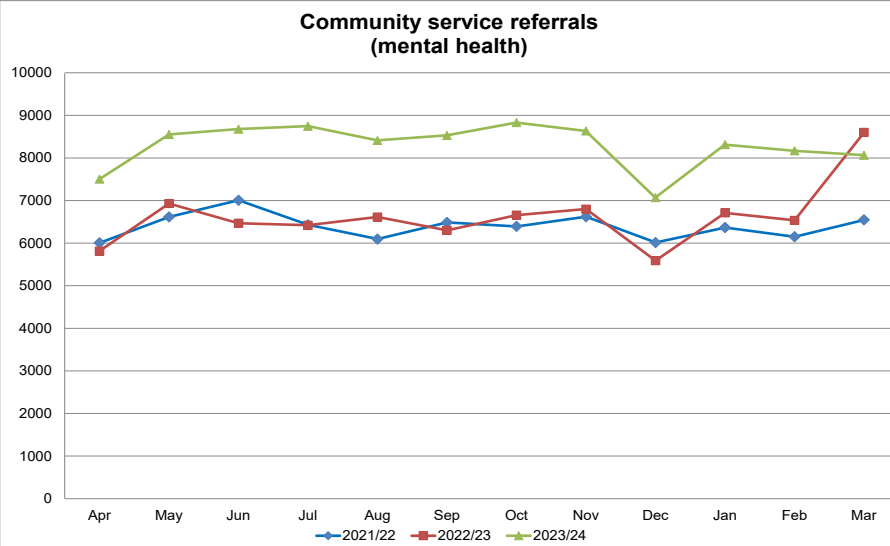


Community Hospital Stroke Beds - number of discharges during month



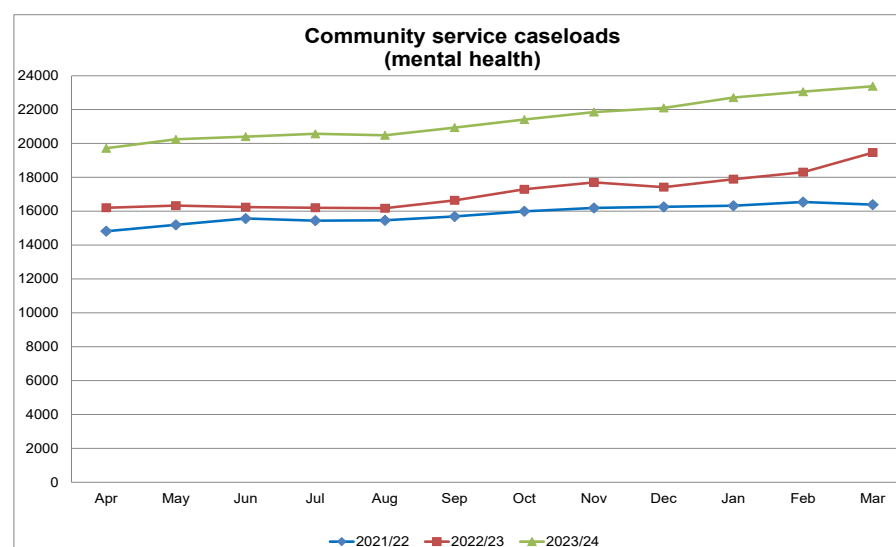
Operational context

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:

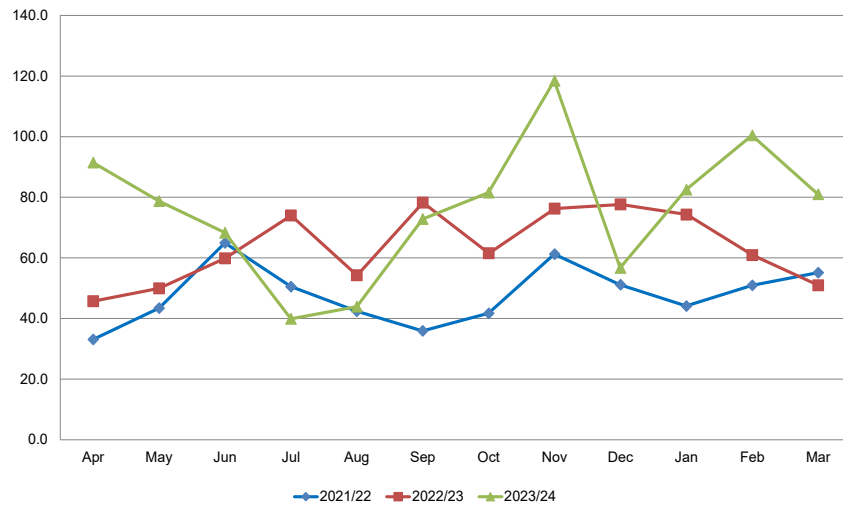
- Referrals to our community mental health services between 1 April 2023 and 31 March 2024 were 25.3% higher than the same months of 2022/23 and 29.7% higher than the same months of 2021/22.
- Attendances for the same reporting period were 12.5% higher than the same months of 2022/23 and 16.3% higher 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 31 March 2024 increased by 20.1% when compared to 31 March 2023 and were 42.6% higher than as at 31 March 2024. It should be noted that investment has facilitated the expansion of some community mental health services.



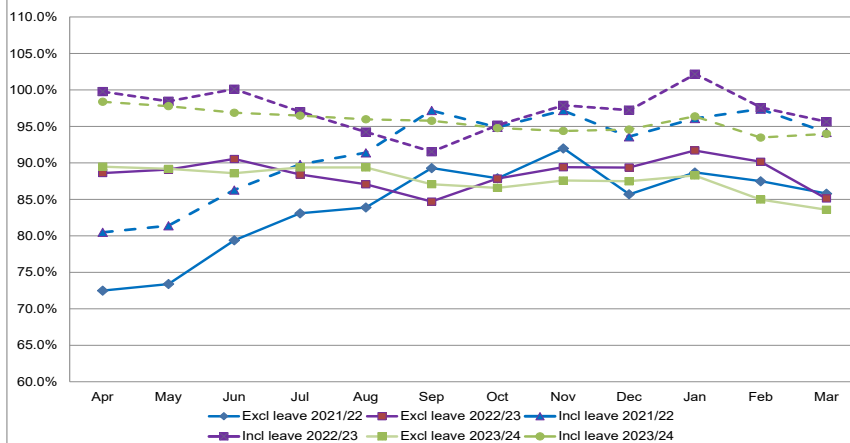
Assurance and Leading Indicators

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

Mental Health wards - average length of stay (days)



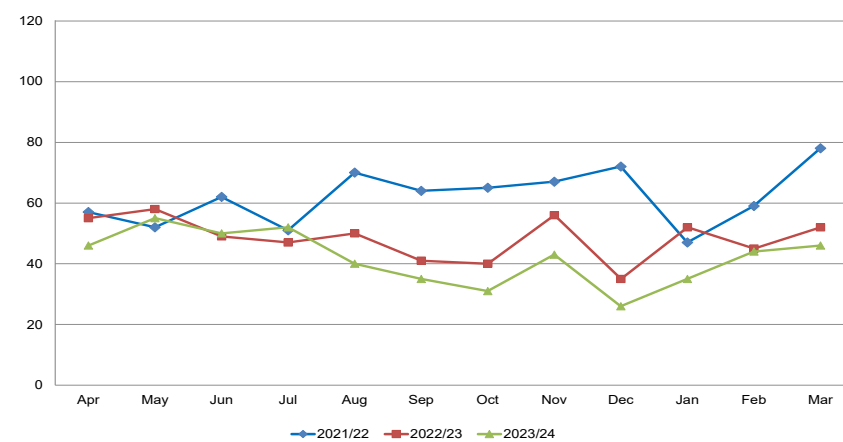
Mental Health wards - average bed occupancy



Summary:

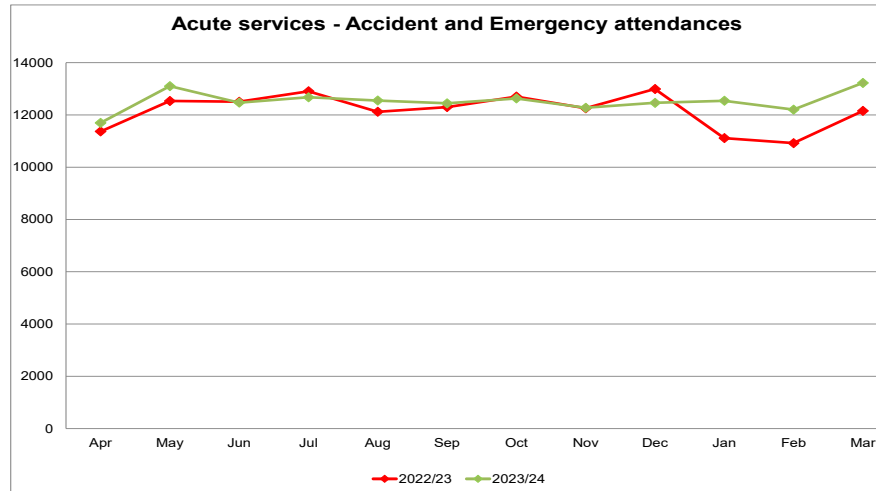
- The average length of stay in our mental health wards in March 2024 decreased compared to February 2024. During March 2024, 11 patients were discharged with lengths of stay of 100 days or more, including one patient discharged from St Andrews ward, who had a length of stay of 503 days.
- The mental health bed occupancy rates, including leave increased slightly in March 2024 compared to February 2024, but bed occupancy excluding leave decreased.
- A total of 46 patients were discharged in March 2024, up from 44 in February 2024.

Mental Health wards - number of discharges during month



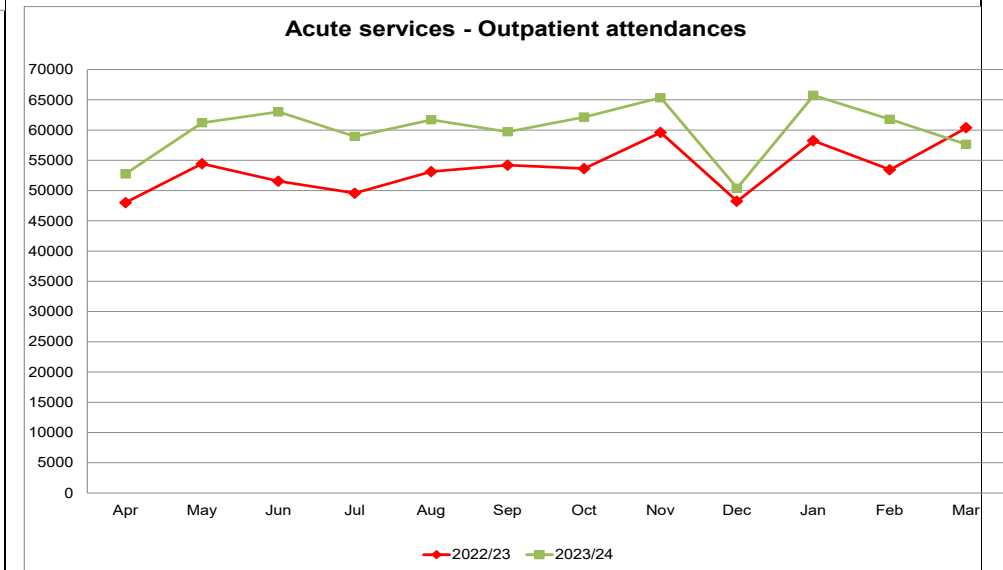
Operational context

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:

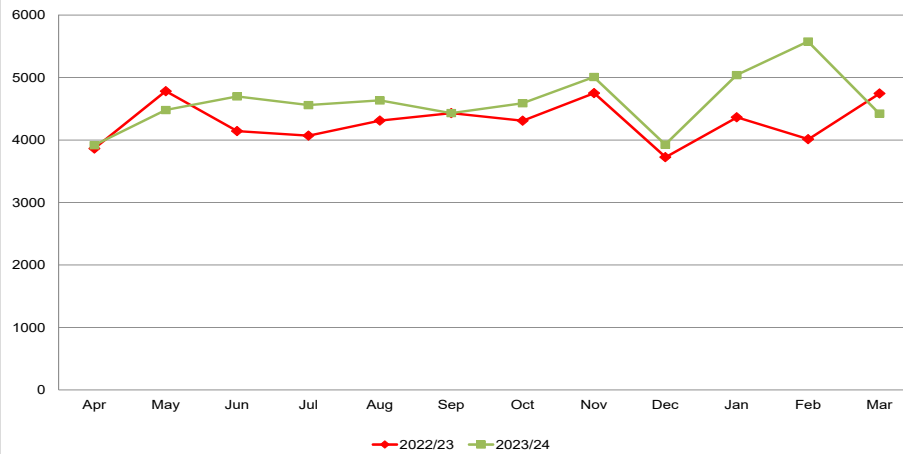
- Between 1 April 2023 and 31 March 2024 attendances to Accident and Emergency were 3.0% higher than the same months of 2022/23. In March 2024, 65.2% of patients were discharged, admitted, or transferred within four hours of attendance, against the national standard of 76%.
- GP and Dental referrals information is awaited and should be included within the next report.
- Outpatient attendances for the same period were 11.8% higher than the same months of 2022/23.



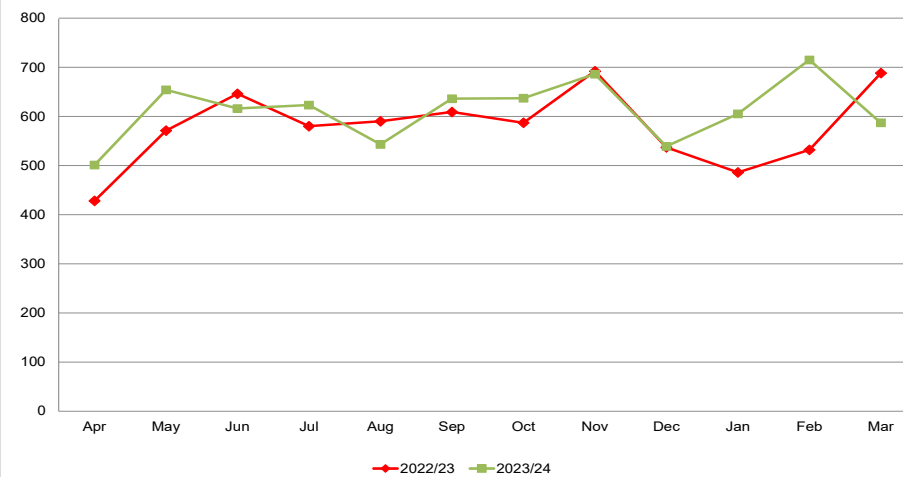
Operational context

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.

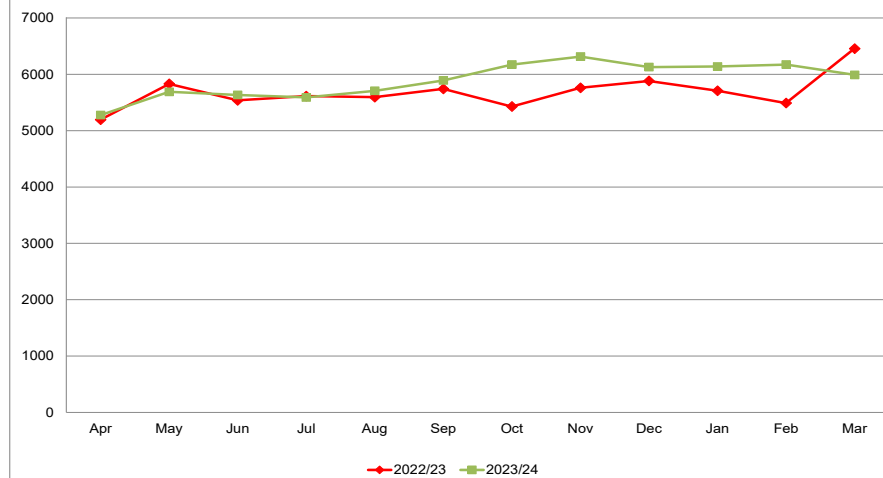
Acute services - daycase activity



Acute services - elective activity



Acute services - non elective activity



Summary:

- The number of day cases undertaken by our acute services between 1 April 2023 and 31 March 2024 increased by 7.3% compared to the same months of 2022/23.
- Over the same period, elective admissions were 5.7% 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 2023 and 31 March 2024 were 3.0% higher than the same months of 2022/23.

Appendix 6 – Infection Control and Prevention – March 2024

MRSA bloodstream infections	Commentary on MRSA / MSSA BSIs
Musgrove Park Hospital = 0 Yeovil District Hospital = 0 Community Hospitals / Mental Health = 0	The case numbers of MSSA during March have reduced to the lowest all year. Overall, case numbers were two over the internal threshold set for the year. The most common source is related to peripheral cannulae almost all were sited in the ante-cubital fossa (inner elbow) which is associated with a higher risk of infection. This site is usually chosen if patients have poor vascular access or if treatment requires a large vein. Work is ongoing to develop pathways to ensure the most appropriate device and site is chosen depending on the condition of patients' veins, the type and duration of therapy. The second most common source was skin / soft tissue and bone & joint infections. The focus for improvement continues to be peripheral vascular cannulae but soft tissue and bone / joint infections will be monitored to assess if this continues to be an issue.
MSSA Bloodstream Infections	
Musgrove Park Hospital = 1 Yeovil District Hospital = 1 Community Hospitals / Mental Health = 0	
E. coli bloodstream infections	Commentary on Gram-negative bloodstream infections
Musgrove Park Hospital = 3 Yeovil District Hospital = 5 Community Hospitals / Mental Health = 0	E. coli / Klebsiella Case numbers of E.coli have been stable since January although case numbers of Klebsiella were the higher this month than the last quarter. Overall, the main risk for both organisms has been urinary catheters. The improvement work is showing promising reductions in bloodstream infections linked to catheters. It is too early to confirm that changes are sustained but the reductions seem to indicate improvements are being made.
Klebsiella bloodstream infections	
Musgrove Park Hospital = 2 Yeovil District Hospital = 4 Community Hospitals / Mental Health = 0	Pseudomonas There have been no more cases linked to the outbreak of cases following cystoscopy. The investigation has identified issues with the decontamination of these complex instruments. Training has been completed, competency assessment is being undertaken. A senior member of staff from Sterile Services Department has been seconded to Endoscopy to help support and supervise staff.
Pseudomonas bloodstream infections	
Musgrove Park Hospital = 1 Yeovil District Hospital = 1 Community Hospitals / Mental Health = 0	
C. difficile	Commentary on C. difficile
Musgrove Park Hospital = 5 Yeovil District Hospital = 6 Community Hospitals / Mental Health = 0	Case numbers have significantly exceeded the threshold for the year. Almost all are related to antibiotics and yet as a Trust we have one of the lowest antibiotic use in the region. Further analysis is being undertaken to try to explain our case numbers.

Respiratory Viral Infections - inpatients	Commentary on Respiratory Viral Infections
<p>COVID (Trust Cases) = 76 Musgrove Park Hospital = 43 Yeovil District Hospital = 32 Community Hospitals / Mental Health = 1</p> <p>Influenza = 96 (Inpatients) Musgrove Park Hospital = 47 Yeovil District Hospital = 49 Community Hospitals = 0</p> <p>Respiratory syncytial virus (RSV) = 13 Musgrove Park Hospital = 3 Yeovil District Hospital = 10 Community Hospitals = 0</p>	<p>COVID COVID cases slightly increased during March but overall remains relatively low.</p> <p>Influenza Levels of influenza continued to increase during March. Most cases are Flu A which is the strain that usually causes outbreaks. This is to be expected and levels should reduce next month.</p> <p>RSV Levels of RSV further reduced during March, mostly affecting adults and the season is reaching an end.</p>
Outbreaks	Commentary on outbreaks
<p>COVID = 4 Musgrove Park Hospital = 1 Yeovil District Hospital = 3</p> <p>Influenza = 2 Musgrove Park Hospital = 1 Yeovil District Hospital = 3</p> <p>Norovirus = 5 Musgrove Park Hospital = 2 Community Hospitals = 1</p> <p>Carbapenemase Producing Organism (CPO) Since January 2022 there have been 37 cases of CPO identified on the YDH site. The outbreak has been reopened.</p>	<p>Respiratory Outbreaks Outbreaks due to COVID and influenza reduced significantly during March.</p> <p>Norovirus There were 5 outbreaks due to norovirus in March. This remains an expected level for the time of year although levels of norovirus are still below what would normally be expected at this point in winter. It is possible that the return to seasonal levels in the population has not yet occurred post pandemic.</p> <p>Carbapenemase Producing Organism (CPO) This is a group of highly resistant organisms that can cause several infections. Their antibiotic resistance make infections very difficult to treat. An external review has been undertaken by a national expert on these organisms and their spread. The environment is the most likely source of the outbreak as these organisms flourish in moist areas such as drains from sinks / toilets / showers. They cannot be eliminated from these areas therefore prevention of spread will focus on cleaning, reducing environmental contamination and hand hygiene to prevent transmission.</p>

Surgical Site Infections	Commentary on Surgical Site Infections
<p>Surgical Site Infection Surveillance enables early recognition of infections to inform remedial and improvement actions.</p> <p>Musgrove Park Hospital Site Continuous surveillance for Total Hip Replacement (THR), Total Knee Replacement (TKR) and Spinal Surgery has been in place on the MPH site since 2009.</p> <p>Yeovil District Hospital Site Continuous surveillance on total hip replacement surgery has been in place on the YDH site since April 2022 and continuous surveillance was commenced on total knee replacement surgery from January 2024.</p>	<p>Musgrove Park Hospital Site</p> <ul style="list-style-type: none"> • Total Hip Replacement Within the last year (March 2023 to February 2024) a total of 343 operations have been undertaken with no infections identified. • Total Knee Replacement Within the last year (March 2023 to February 2024) a total of 192 operations have been undertaken and 2 infections identified giving an infection rate of 1.04%. This is slightly higher than the national benchmark of 0.4%. • Spinal Surgery Within the last year (March 2023 to February 2024) a total of 339 operations have been undertaken and 3 infections identified giving an infection rate of 0.88%. This remains below the national benchmark of 1.2%. <p>Yeovil District Hospital Site</p> <ul style="list-style-type: none"> • Total Hip Replacement Within the last year (March 2023 to February 2024) a total of 332 operations have been undertaken and 5 infections identified giving an infection rate of 1.51%. This is higher than the national benchmark of 0.5%. • Total Knee Replacement Surveillance began in January 2024 therefore since then a total of 26 operations have been undertaken with no infections identified. <p>The national rate is calculated over the period April 2018 to March 2023 and therefore not directly comparable to trust infection rates. However, as a trust the national benchmark is always used as a guide and has triggered some internal actions. The One Together framework is being used to assess, investigate, and manage increased incidence of surgical site infections, particularly on the YDH site. This framework reviews the whole of the patient journey from pre-operative preparation, theatre etiquette and post operative dressings to help identify key themes and areas for improvement. This work is not yet complete.</p>

Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Assurance Report from the People Committee meeting held on 14 March 2024
SPONSORING EXEC:	Isobel Clements, Chief of People and Organisational Development
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Kate Fallon, Chairman of the People Committee
DATE:	7 May 2024

Purpose of Paper/Action Required (Please select any which are relevant to this paper)		
<input type="checkbox"/> For Assurance	<input type="checkbox"/> For Approval / Decision	<input type="checkbox"/> For Information

Executive Summary and Reason for presentation to Committee/Board	<p>The attached report sets out the items discussed at the People Committee meeting held on 14 March 2024 and the assurance received. The meeting was conducted as a video call.</p> <p>The Committee received assurance in relation to:</p> <ul style="list-style-type: none"> • Colleague story – Advanced Practice update. • Terms of Reference review • Review of the Board Assurance Framework • Review of the Corporate Risk Register • Risk Appetite Annual Review • People Strategy Year 1 progress report • Staff Survey Results • The Director report • The learning item <p>The Committee identified the following areas for follow up:</p> <ul style="list-style-type: none"> • Corporate Risk Register – detailed discussion of the risks
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	<ul style="list-style-type: none"> • People Strategy – report on the year 2 deliverables to be presented to a future meeting <p>Areas to be reported to the Board:</p> <ul style="list-style-type: none"> • The risk relating to the overall establishment against the workforce cap and the financial impact on the overall financial position. <p>The Committee is able to provide the Board with assurance that the items discussed at the meeting provide significant assurance in relation to addressing gaps in controls and assurances for objective six of the Board Assurance Framework.</p>
Recommendation	The Board is asked to discuss the report and note the areas of assurance and follow up.

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

Implications/Requirements (Please select any which are relevant to this paper)					
<input type="checkbox"/> Financial	<input type="checkbox"/> Legislation	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> Patient Safety/ Quality

Details:

Equality and Inclusion
<p>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.</p> <p>How have you considered the needs and potential impacts on people with protected characteristics in relation to the issues covered in this report?</p>

The colleague story and learning item are ways of identifying potential impacts on colleagues with protected characteristics and any lessons learned will be followed up.



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.

The views from colleagues have been considered through the colleague story.

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)

<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led
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Is this paper clear for release under the Freedom of Information Act 2000?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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SOMERSET NHS FOUNDATION TRUST (SFT)

ASSURANCE REPORT FROM THE PEOPLE COMMITTEE

1. PURPOSE

- 1.1. The report sets out the items discussed at the meeting held on 14 March 2024, the assurance received by the Committee and any areas of concern identified.
- 1.2. The meeting was conducted by way of a video conference call.

2. ASSURANCE RECEIVED

Colleague story – Advanced Practice Update

- 2.1. The Committee noted that the colleague story was based on advanced and enhanced practice which had been developed to support the workforce challenges within the NHS. The Multi Professional Framework developed by Health Education England promotes multiprofessional opportunities and the Enhanced Apprenticeship Employers Guide provides more structure to the career pathway and a more efficient allocation of development funding. The Committee noted the previous lack of opportunities for health professionals without a nursing or physiotherapy background to apply for more senior opportunities.
- 2.2. The Committee received the colleague story which showed the colleague's development from a porter to a qualified operating department practitioner and the colleague's frustration about the lack of career opportunities. Following a period of agency work, the colleague returned to a band 5 role within the emergency department and subsequently progressed to a band 6 role. The colleague further completed the traditional Emergency Nurse Practitioner training. The Committee noted that the colleague's progression to an enhanced role had taken 20 years compared to five years for a nurse.
- 2.3. The Committee discussed the need for career conversations and career opportunities and noted that there was a focus on more creativity in terms of roles and opportunities and that progress was being made.
- 2.4. The Committee further noted: the work with Somerset University to support individuals who have financial constraints to complete their training; and the difference between the Advanced Practitioner and Physician Associate roles.
- 2.5. The Committee agreed that the story provided assurance about the work in relation to career opportunities for all health professionals.

Terms of Reference

- 2.6. The Committee discussed the Terms of Reference and approved the following changes: membership – removal of Deputy Director of Experience and OD; change to the frequency of meetings with meetings being held five times a year with focussed deep dives during the intervening months; terminology in terms of references to “staff” and “equality and diversity”.
- 2.7. The Committee approved the following additional changes: duty section – to replace ‘review and implement strategies’ with ‘ensure the implementation of strategies.’; replace “Guardian of Wellbeing” with “Guardian of Health and Wellbeing”.
- 2.8. The Committee discussed Symphony Healthcare Services and Simply Serve Ltd representation as part of its membership but agreed to include regular updates on the agenda without the need for representation at every meeting.
- 2.9. The Committee noted that Kate Fallon’s appointment had been renewed for up to a further year but that Tina Oakley will be taking over as Chair of the Committee from June 2024 with Kate Fallon remaining a member.

Review of Board Assurance Framework

- 2.10. The Committee received the updated Board Assurance Framework in relation to strategic objective six. The Committee noted: the change to the medical workforce score; the Key Performance Indicators (KPIs); the progress in relation to the actions to improve control and assurances; the gap in relation to learning which will be referred to in the people strategy update.
- 2.11. The Committee discussed the Board Assurance Framework and in particular the percentage of colleagues leaving within the first 12 months. The Committee noted that a recent retention internal audit had highlighted the need for a better measure for retention and this was a high area of focus. The retention risk had been updated to reflect that this risk now only applied to certain service areas.

Corporate Risk Register

- 2.12. The Committee received the updated corporate risk register and noted: the work in relation to the move to a single risk management system; the positive outcome of the risk maturity internal audit; and the challenge to the internal recommendation to include risk management as part of career conversations.

Risk Appetite – Annual Review

- 2.13. The Committee discussed the risk appetite and risk tolerance level for strategic objective six and agreed that the level “seek – level 4” remained appropriate in view of the merger and the fragility of some of the services. The aim will be to strive for “significant – level 5” in 2025.

People Strategy – Year 1

- 2.14. The Committee received the year 1 review report and noted that the use of QI and project methodology to deliver the year 1 had required more training than

expected and setting nine deliverables at a time of organisational change for the leadership team may have been too ambitious.

- 2.15. The Committee noted: that deliverables were starting to make good progress and that some achievements could be shared at the next meeting; the realistic measures and the suggestion to use the same measures for the year 2 strategy; the further progress report to be presented to the October 2024 meeting which will enable the regular review of the measures; the focus in year 2 on learning to ensure that good practice is embedded across the organisation; the year 2 deliverables relating to: care for our people, develop our people, compassionate and inclusive leadership, learning and transforming; the suggestion to map KPIs against each of the themes.

Staff Survey Results

- 2.16. The Committee received the staff survey results and noted the excellent results and the improvements compared to the 2022 position.
- 2.17. The Committee discussed the findings in relation to the following key themes: morale and staff engagement; compassionate and inclusive; discrimination and the decline in relation to ethnic background results; safe and healthy; a voice that counts; learning; unwanted sexual behaviours.
- 2.18. The Committee further noted: the need to also consider racial bias; the excellent response rate of 53%; that mental health trusts typically scored less well and the inclusion of mental health services reinforced the excellent overall results; the need to explore how the positive staff survey findings can be made easily accessible to colleagues and people applying for jobs.
- 2.19. The Committee noted that the findings will be discussed at service level through the Quality, Outcomes, Finance and Performance meetings and that a summary report will be presented to a future Committee meeting. Following a question about alternative routes for speaking up, the Committee noted that a listening road map had been developed showing alternative routes for speaking up and this map will be circulated to committee members.

Director Report

- 2.20. The Committee received the report and noted: the work alongside the productive care programme to review the people service systems and processes to ensure that they are making a difference to colleagues and that they are as efficient as possible; the work around agency and the use of rate cards within the region which will be further discussed at the April 2024 planning meeting; the delayed residual actions from internal audits and the confirmation that all health and wellbeing and disability audit recommendations had now been completed; the suggestion to discuss with internal auditors and the Audit Committee commissioning work on career conversation topics.

Learning Item

- 2.21. The Committee received a presentation by a colleague about their retire and return experience. The Committee noted the multiple rejections to their request to retire and return without providing solutions as to how their request could be positively responded to and the successful application following their decision to apply for a job share with a colleague returning from maternity leave. The colleague felt that their request was only approved as they had found a solution themselves. The Committee noted the time in between the first request and the approval of the request and the colleague's feedback that her experience was not in line with the trust's policy to support flexible working and a better home/work life balance. In view of the focus on retention, the Committee felt that this may vary across different services.
- 2.22. The Committee discussed the colleague's experience and noted that: lower level management may need to be reminded about the need for flexibility; the benefits of job sharing and the need for a retire and return application to be part of a policy rather than just manager approval; the appeal process; and the work to review the outcome of previous retire and return requests to identify particular areas for further focus. The Committee agreed that retire and return on a part time basis may be more difficult in areas with clinical rotas, but every request will need to be reasonably considered.

Assurances Received

- 2.23. The Committee agreed that assurances had been provided in following areas:
- The people strategy year 1 is being implemented and undertaken thoughtfully but there has been a delay in progress. However, further work is required around the results section of the action plan.
 - The staff survey report which gave positive assurance and recognising areas which require further focus.
 - Risk and risk appetite and further assurance will be given around the medical workforce risk at the next deep dive meeting.
 - The colleague story gave assurance around advanced practice and how the organisation is innovating in that space.

3. AREAS OF CONCERNS/FOLLOW UP

Corporate Risk Register

- 3.1. The Committee received the updated corporate risk register and noted that one of the seven risks scoring 20 or 25 was assigned to the People Committee. The Committee further noted: the increase in the risk around the lack of unified policy and approach to management colleagues personnel file which had been reviewed by the People's Governance Committee; that the medical workforce risk was outside of the committee's risk appetite level; and that the remaining five risks were within their risk appetite levels.

3.2. The Committee noted that the risk “vacancies and absence rates within trainee and senior doctor workforce and current establishment not mapped to year on year increasing demand” will be broken down into three separate risks to better reflect the risks relating to consultant and trainee vacancies. A deep dive into these risks will be undertaken at the April 2024 planning meeting.

3.3. The Committee discussed the following risks:

- Lack of unified policy and approach for the management of colleague personal files – this risk was a combination of a lack of policy in either legacy organisation in relation to the safe storage of personal files and the difficulty when accessing information for subject access requests. The Committee agreed that further information will be required to enable the Committee to understand the scale of the issue. The Committee asked for a further update to be provided outside of the meeting.
- Inability to audit and review sepsis and deteriorating patient records due to lack of resource – this risk related to IT and digital capacity and was not a clinical risk.
- Consultant vacancies – work continued to take place to mitigate this risk through a temporary workforce, overseas recruitment with GMC sponsorship, and developing non-medical roles. Several offers of appointment had been made to overseas applicants. This risk was scored 25 and, in view of the mitigating actions being taken, it was suggested to review this risk score. An update was provided on the revised job planning process and the Committee asked for an update to be presented to a future meeting.
- Reduced colleague resilience due to prolonged impact of integration – this risk had not been picked up at service level as a risk scoring 15 or above and the Committee agreed to ask the Culture Strategy Group for their views on this risk.

People Strategy – Year 1

3.4. The Committee asked for a report on the year 2 deliverables to be presented to a future meeting.

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

4.1. The Committee agreed that the following risk should be raised with the Board:

- Overall establishment against the workforce cap and the financial impact on the overall financial position.

5. ASSURANCE FRAMEWORK

5.1. The Committee received the assurance on strategic objective six in the following areas:

- The people strategy year 1 and the work in relation to the year 2 deliverables.
- The positive findings of the staff survey.
- The review of the risks, risk appetite and risk tolerance levels.
- The colleague story.

Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Health and Wellbeing Guardian Update
SPONSORING EXEC:	Isobel Clements, Chief of People and Organisational Development
REPORT BY:	Louise Netto, Deputy Director of Experience and Learning
PRESENTED BY:	Graham Hughes, Non-Executive Director (Health and Wellbeing Guardian)
DATE:	7 May 2024

Purpose of Paper/Action Required (Please select any which are relevant to this paper)

<input type="checkbox"/> For Assurance	<input type="checkbox"/> For Approval / Decision	<input checked="" type="checkbox"/> For Information
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Executive Summary and Reason for presentation to Committee/Board	<p>This report outlines the health and wellbeing work undertaken since the last submission. It highlights areas of current work, future work streams, key challenges, and risks.</p> <p>It is set in the context of several key strategies that underpin endeavours relating to colleague health and wellbeing.</p>
Recommendation	<p>The Board is asked to discuss the report and to be aware of the ongoing work, understand the challenges, risks and support the future work.</p>

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

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

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

<input type="checkbox"/> Financial	<input type="checkbox"/> Legislation	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> Patient Safety/ Quality
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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 and there are no proposals or matters which affect any persons with protected characteristics

Public/Staff Involvement History

(Please indicate if any consultation/service user/patient and public/staff involvement has informed any of the recommendations within the 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]

A report is presented to the Board on a six monthly basis.

Reference to CQC domains (Please select any which are relevant to this paper)

<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led
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Is this paper clear for release under the Freedom of Information Act 2000?

Yes

No



SOMERSET NHS FOUNDATION TRUST
HEALTH AND WELLBEING GUARDIAN UPDATE

1. INTRODUCTION

- 1.1. This report outlines the health and wellbeing work undertaken since the last submission. It highlights areas of current work, future work streams, key challenges, and any risks. It is set in the context of several key strategies that underpin our endeavours.
- 1.2. Appendix 1 provides all the additional detail in terms of data to support this report.
- 1.3. The Wellbeing Action Group (WAG) sets its purpose as implementing actions that are impactful, sustainable and infuse wellbeing across the trust. One of the key objectives to achieving this is to triangulate all data insights and intelligence relating to wellbeing, enabling informed decisions to be made and appropriate actions taken to support our colleagues. The WAG holds the responsibility for identifying, reviewing, and progressing the wellbeing agenda to see organisational change that has a measurable impact on the wellbeing of our colleagues.

2. NHS SURVEY AND PEOPLE PULSE

- 2.1. The NHS staff survey results for our organisation shows positive results compared to the national comparator group average for:
 - My organisation takes positive action on health and wellbeing.
 - Colleagues experiencing burnout.
 - Colleagues feeling unwell because of workplace stress.
 - Colleagues experiencing work-related Musculo-skeletal injuries.
- 2.2. The national People Pulse survey will provide evidence of progress throughout the year. See Appendix 1 for more detail on both survey results.

3. UPDATES

- 3.1. The following section identifies key areas of interest for health and wellbeing and the actions taken or planned actions, plus any known impact.
 - Evidence in the literature suggests high colleague wellbeing leads to:
 - better quality decision making and outcomes – including patient safety outcomes.



- a compassionate and resilient workforce who feel valued, have an enhanced sense of belonging and feel that they make a difference in a meaningful way.
 - better retention, development and recruitment rates
- Consideration of the impact on colleague wellbeing in any project and/or decision making, at the outset, will help build wellbeing into the foundations of the organisation, contributing to a cultural shift towards becoming a more inclusive, and compassionate organisation.
- The work of the Wellbeing Action Group has been reorganised to encourage and enable service groups to take ownership of their own wellbeing projects and approaches and to report on the impact of these on colleague and organisational wellbeing.
- Using standard improvement methodology and a reporting framework, we are building up a body of evidence and sharing learning from local good practice and approaches. As this is a new way of working for many, emerging themes will be brought to the WAG over the coming months to help determine priorities and common interests whilst aligning with wider organisational aims. We are doing this to spread a consistent approach to wellbeing.
- Trust level data will be drawn from the new HR dashboard which incorporates the data needed for sickness absence, including S10 (Anxiety, Stress, and Psychological Reasons) as well as other key stats, in one place. Identification of areas for concern at an organisational and team level will allow a deeper dive to understand the underlying issues. High level data sets the context for WAG and will help to orientate discussions at local levels, allowing data driven, impactful responses to be developed.
- The People Services 5-year strategy, year one deliverables will have some impact on colleagues' health and wellbeing through how colleagues are experiencing working in the Trust. The key deliverables with potential wellbeing impact are:
 - Violence and aggression deliverable which has focussed on understanding from colleagues, what's needed for the design and development of a suite of tools, training and guidance to support all colleagues who are witness to or experience, incidents of violent and aggressive behaviour in the workplace. The impact will be a consistent approach will be used across all teams and colleagues will feel supported to raise incidents as they arise.
 - Just and Restorative culture have designed a set of key principles that should underpin any new policies, toolkits and procedures. Namely, focussing on compassion, reducing harm, learning and improvement. The impact of this approach will lead to colleagues being supported at an earlier informal stage and at all stages of any process.



- Leadership Capability group has developed an expectations framework that outlines key topics that all leaders can self-assess themselves against, within the areas of compassion, collaboration and curiosity. Piloting of this approach will commence soon.

Alongside this, the necessary training and support will be added to the leadership development programme. Future impact of this will be to support the organisation to be a more compassionate and inclusive place to work. It is well documented the positive impact of working in a supportive and open team that has a good level of psychological safety.

- Engagement workstream has developed a clear listening roadmap that outlines the key tools we used at the Trust to capture the views of colleagues and how the feedback will be shared. The impact is that we close the listening loop and colleagues can better understand what has been put in place to improve the working environment.
- The work that is underway around sexual safety is linked to Wellbeing. The Trust has signed up to Sexual Safety charter and there is a small core working group looking at 2023 Staff Survey results and working with the improvement team to define the aim of what this group wants to work on, using improvement methodology.
- Musculo Skeletal issues are often one of the top reasons for absence within the Trust, there is a service enabling colleagues to self-refer into Physio4U as part of the wellbeing offer. The Service Level Agreement, (SLA) currently offers 60 slots per month, with a KPI that states from the first call to the first appointment it will be no longer than 2 days. Since April 2023 we have seen referrals into Physio4U regularly exceed the 60 slots per month. It is now at 90 per month. (see Appendix 1). Work on the data following the merger, has shown that whilst YDH has joined the scheme and colleagues regularly access the service, additional funding is needed to provide the extra capacity needed, if the same model is followed. If no changes are made, by September, the service will be the same as if going via the GP to access physiotherapy. We are working on the impact on delivery of service, as well as understanding whether this service is also supporting the Trust avoid cost through keeping colleagues in work and not adding to absence. Productive People services and the productive care model will be used to establish this.
- Stress and Anxiety remains a top 3 reason for colleague absence, and this is reflected in the Colleague Support Service data, with the top themes for colleagues using the service being anxiety, workplace stress and low mood. Data collected within the service, Appendix 1, informs us that colleagues are being supported to manage their specific needs around stress and anxiety - see Appendix 1 demonstrating clinically significant intervention score data. For managers supporting teams and colleagues with stress there is an offer of courses focussing on stress risk assessments as well as a bespoke offering for teams



from the wellbeing team to help complete team stress risk assessments enabling actions to be identified. Further data and follow-up is required to assess impact of this support.

- The stress reduction working group has met and its work will be incorporated in the new People Strategy deliverable on Caring for our People - stress and burnout, health & safety climate. Using the service group burnout data from the NHS Staff survey, alongside absence data, CSS data and other sources, the group will triangulate this and decide some test of change ideas to implement.
- Colleague Support Services continue to offer a tiered intervention service including a range of universal, primary prevention, rapid response and complex support interventions at individual, team and organisational levels. Trust funding has ensured the continuation of the service for SFT after all external funding ended in March 2024. This has included the transfer of the EAP function to the Colleague Support Service from January 2024.
- Between April 23 and March 24, Level 5 (Specialist individual support) has supported 24 individual referrals for colleagues experiencing trauma significantly impacting on work.
- Service criteria has been reviewed to minimise duplication, to prioritise cases of highest need/ impact to the organisation and to ensure appropriate risk management.
- The story of how a level 5 intervention helped a colleague featured in last weeks' Staff news.
- Staff Support Post Incident (SSPI - Level 5 team intervention) are provided each month for on average 6 teams, after an untoward event which has caused distress to colleagues. The intervention activates natural coping strategies, increases the benefit of peer support, connection and reflection post incident with positive coping strategies and potential support needs being identified. Due to demand, response times are increasing. Some teams are providing their own facilitators which while supportive means there may be inconsistent offers across the organisation, and potential lack of specialist knowledge in trauma responses. CSS has developed a training package to encourage consistency and evidence-based support across the trust which will be rolled out later in the year.
- A review of Post Incident Support SOPS will be used to identify the appropriate responses for different types of events and will give a clearer pathway for colleagues to follow, considering recent national guidance and legal issues.
- There is still a demand for multipurpose spaces for rest away from patients, wellbeing interventions and infant feeding across the Trust, not just limited to the two acute sites. There is a risk that CSS cannot



find appropriate spaces to hold face to face 1:1's which impacts on service delivery. This does need to be factored into any new builds and identified in community settings.

- The final year of the Occupational Health Contract with Optima started in January, at a reduced cost per head. However, the headcount for member organisations has increased. Work has taken place to reinforce processes for areas such as needlestick reporting, RIDDOR reporting and what to do in situations such as a measles outbreak. Optima is also partnering with us to trial one of the reasonable adjustment pilot approaches to support our colleagues. The CAT service run by specialist occupational therapists, is now being used to support colleagues with both physical and neurodivergent workplace assessments. The process is being monitored closely to establish the impact for all and the learning.
- A review of the Occupational Health service has taken place, and a new open tender is in process, with the outcome expected by the beginning of July.
- A recent collaboration with Talking Therapies, has ensured that our colleagues will trial first, the new CBT and Menopause course in May. This course was filled within two days showing that demand is high and further courses will be needed. Our demographic data highlights a fifth of the female workforce in the relevant age groups to experience perimenopause/menopause. Feedback from our peer Menopause MeetUp group has highlighted this type of course would be helpful. The impact, although not known yet, is expected to provide colleagues with useful coping strategies that will help in workplace situations.

4. CHALLENGES

- 4.1. The productive care model is a potential challenge in terms of the focus being on productivity and finances, drawing attention away from considering the wellbeing of colleagues in terms of productivity. We need to clearly link this into this process to ensure that this does not happen. Early evidence shows some service groups have identified this in their plans.
- 4.2. High demand on services such as P4U and the Colleague Support Service. Specialist colleagues in CSS need to provide the more complex Level 5 interventions and they have reached capacity. Data highlights this shows no sign of letting up and capacity has been reached with waiting lists for both services.
- 4.3. Ensuring that the Productive People Services process captures all the elements that go to make up the total wellbeing services offer. Understanding this may well result in the expansion or reduction in certain areas of provision.
- 4.4. Funding for capital projects is fiercely competitive – specific rest/wellbeing spaces for colleagues on acute sites particularly is not being prioritised highly enough. The messages it sends to colleagues is ambiguous when we are



asking them to take breaks etc for patient safety reasons. It compromises opportunities for colleagues to take adequate rest breaks which may impact on trust's ambitions to be inclusive as may affect colleagues with protected characteristics more than other groups (e.g. colleagues with LTC's, Neurodivergent colleagues, nursing mothers etc).

- 4.5. Cost of living pressures on colleagues is great. As a Trust we need to identify what we can do to help and maintain the balance between what is the responsibility of the colleague and what as a compassionate, kind Trust, we can support.
- 4.6. Enabling wellbeing conversations, respectful resolution and leadership development offers to be taken up in already stretched operational teams.

5. RISKS

- 5.1. The increase in demand and therefore capacity for the Colleague Support Service. The Productive People Services process will provide guidance in this area. The results could indicate a change in the services offered. This will be recorded on the People Services risk register.
- 5.2. Physio4U service is not funded at the level that is needed to fully integrate YDH colleagues, this is resulting in a longer wait than the SLA. The Productive People Services process will provide guidance in this area. The results could indicate a change in the services offered. A risk assessment is to be developed.
- 5.3. Increased cost of the general Occupational Health Service for the year 2024.

6. FUTURE WORK

- 6.1. Development of a Health and Wellbeing roadmap to enable effective communication of the Health and Wellbeing approach and will outline a more proactive approach to infusing and embedding wellbeing systemically across the Trust.
- 6.2. Developing our aims and purpose for health and wellbeing priorities, using the data to achieve this.
- 6.3. All Senior CSS Clinicians will have completed EMDR Training by March 2025.
- 6.4. Continue to work with colleagues in workforce information to create a data dashboard for Health and Wellbeing, bring all data sources into one place for review and analysis.
- 6.5. To further understand the impact of the work around Stress and MSK and the impact of this on absence for the Trust.



- 6.6. Continue to evaluate and review all data related to Wellbeing initiatives and continue to review and discuss at WAG.
- 6.7. Review the HWB framework diagnostic tool to assess what progress has been made on the three areas for focus.
- 6.8. Continue the procurement process for the new Occupational Health contract and establish a clear implementation plan to achieve this by 31 December.
- 6.9. Draw together the working group for the new health and wellbeing deliverable – care for our people.

7. RECOMMENDATIONS

- 7.1. The Board is asked to discuss the report and to be aware of the ongoing work, understand the challenges, risks and support the future work.





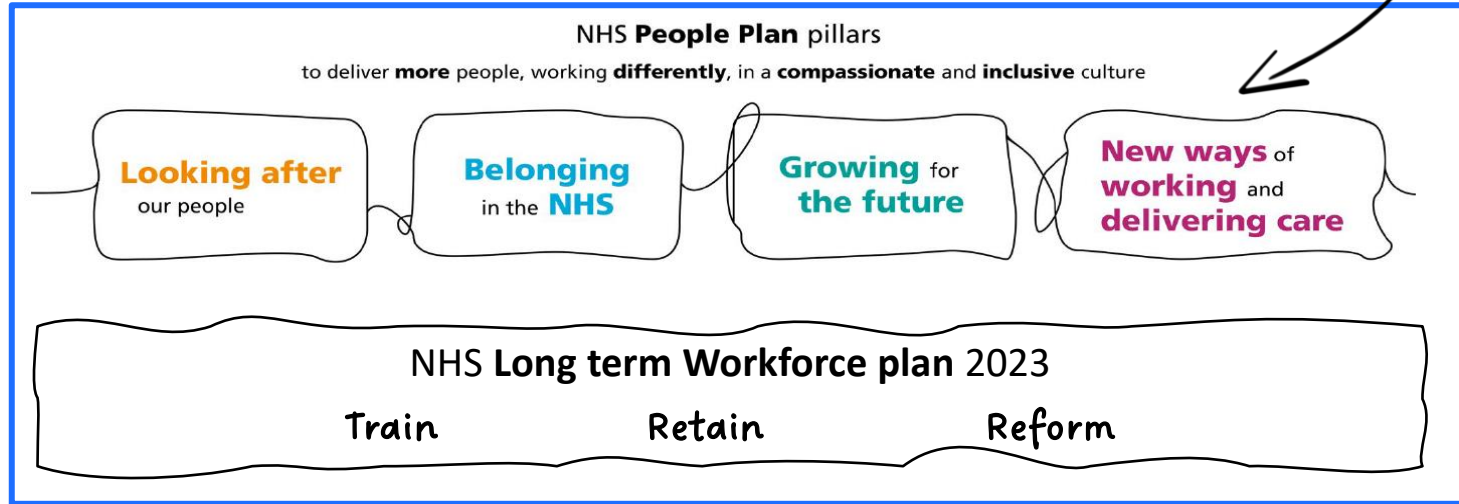
Wellbeing Guardian Report to the Trust Board May 24 Appendix 1

Context setting

The national plans



Somerset
NHS Foundation Trust



Kindness, Respect, Teamwork
Everyone, Every day



Somerset Foundation Trust
People Strategy
2023 – 2028

- Care for our people
 - Develop our people
- Compassionate and Inclusive leadership
 - Retain & attract talent
- Learning and Transformation

The commitments

People Strategy Ambitions

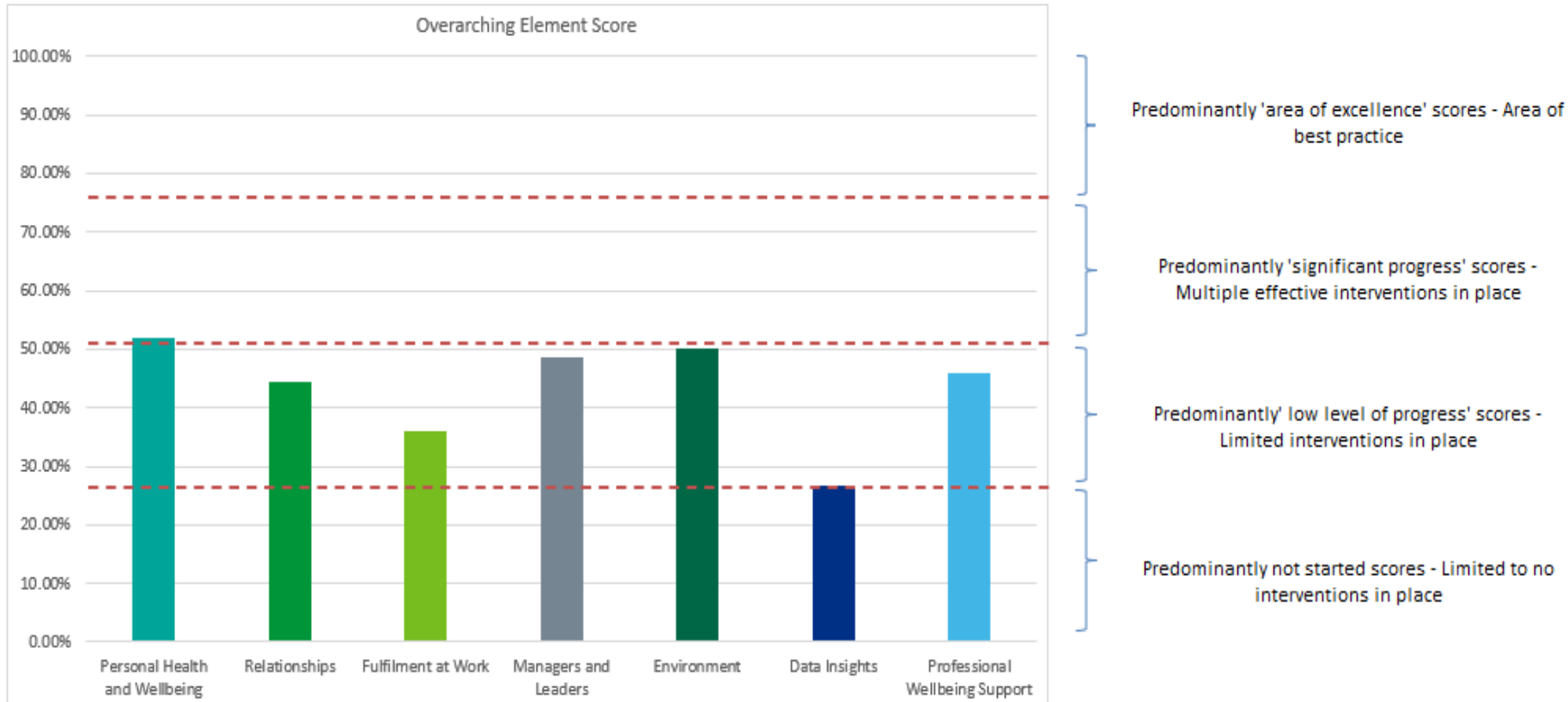
Care for our people

We are safe and healthy · We are recognised and rewarded · We have a voice that counts

Health & Wellbeing	Through healthy working lives colleagues will prioritise their physical and mental health equally. Wellbeing will be weaved through everything we do.
Violence and aggression	Develop and implement an approach to reduce violence and aggression, address systemic issues, and deliver long term improvements in our staff survey results
Speaking up	Foster a culture where colleagues have a strong voice and are empowered to speak up, share ideas and co-design solutions
Just and restorative culture	Underpinned by kindness and psychological safety focus on candid conversations and identifying solutions which address systemic issues
Belonging	Celebrating, recognising, respecting, and rewarding colleagues for their unique contribution
Environments	High performing teams who work, learn and rest in the best possible environments, where everyone is valued and recognised as a leader

Health & Wellbeing Framework Diagnostic Tool

Seven areas – 2022 Data (Review planned 2024)



NHS Staff Survey Results 2023



People Promise elements and themes: Overview

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



We are
compassionate
and inclusive

We are recognised
and rewarded

We each have a
voice that counts

We are safe and
healthy

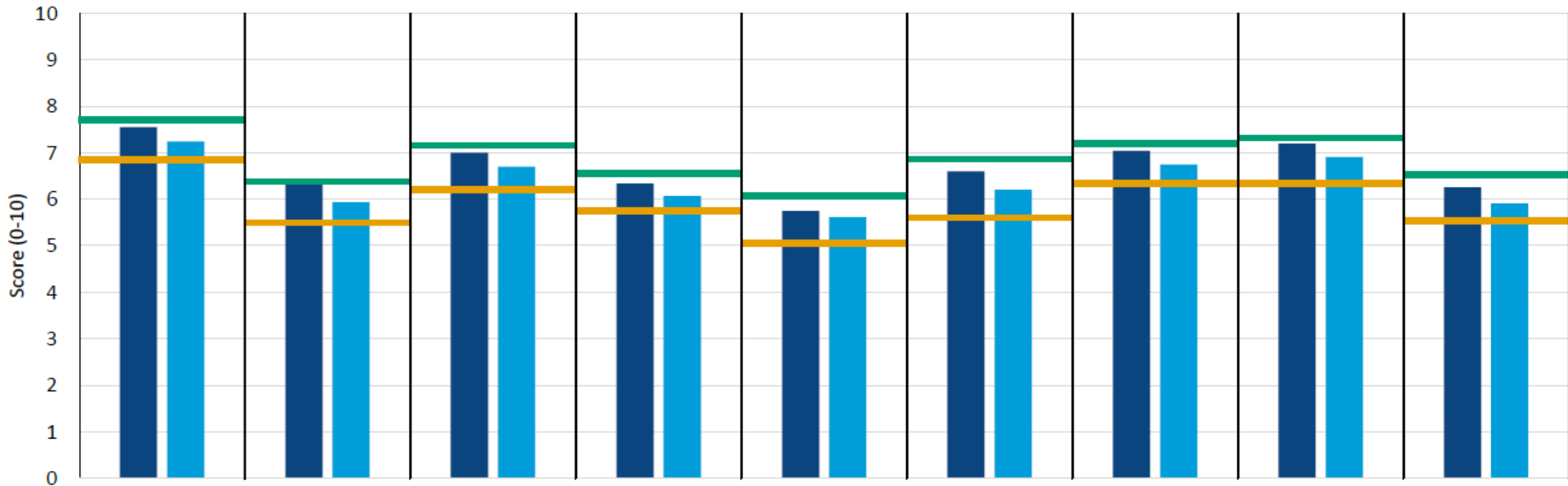
We are always
learning

We work flexibly

We are a team

Staff Engagement

Morale

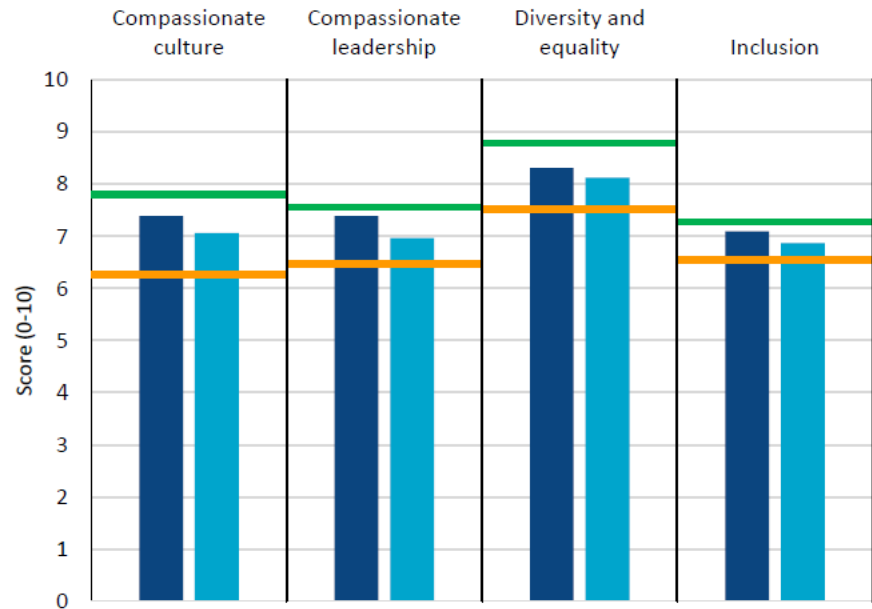


Your org	7.54	6.32	7.00	6.34	5.75	6.59	7.04	7.19	6.25
Best result	7.71	6.37	7.16	6.55	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	6.06	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	5.75	5.05	5.60	6.35	6.34	5.54
Responses	6852	6856	6766	6806	6526	6821	6841	6857	6859

Compassion & Inclusivity, Safe & Healthy 2023



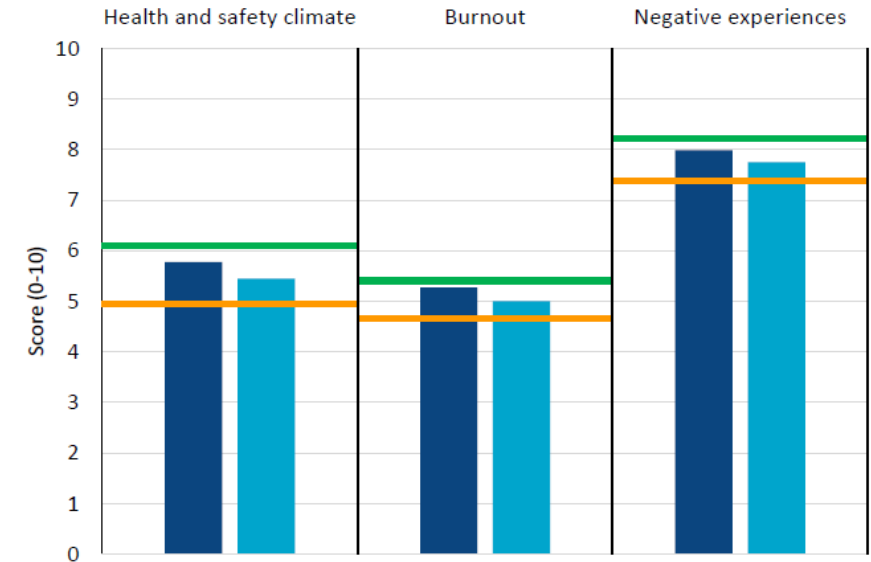
Promise element 1: We are compassionate and inclusive



Your org	7.39	7.39	8.31	7.09
Best result	7.81	7.55	8.78	7.27
Average result	7.06	6.96	8.12	6.86
Worst result	6.26	6.46	7.51	6.54
Responses	6818	6848	6834	6823



Promise element 4: We are safe and healthy

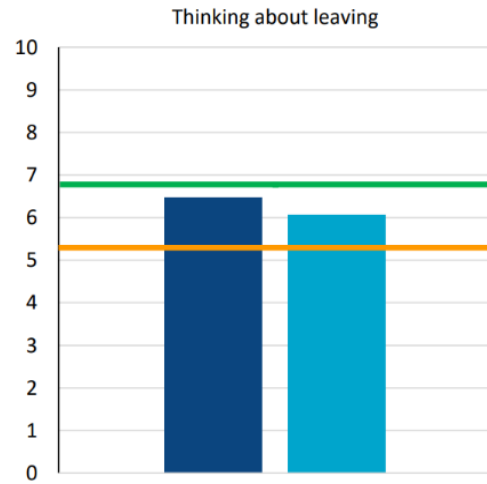


Your org	5.77	5.26	7.98
Best result	6.09	5.39	8.22
Average result	5.45	5.00	7.75
Worst result	4.95	4.65	7.38
Responses	6858	6851	6821

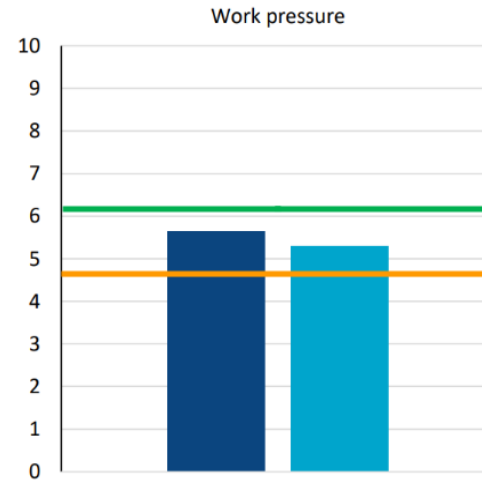
Staff Engagement 2023 sub-theme

Morale

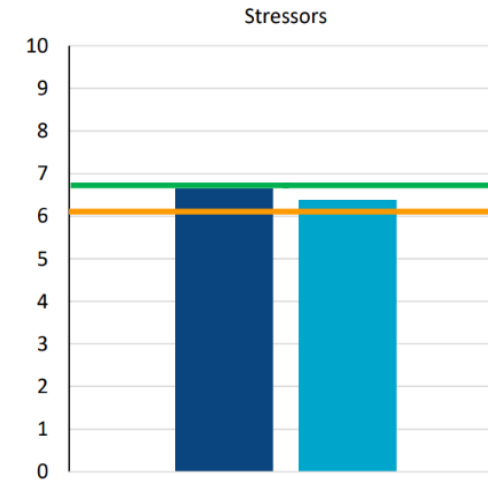
Theme: Morale



2023	
Your org	6.46
Best result	6.78
Average result	6.06
Worst result	5.29
Responses	6827



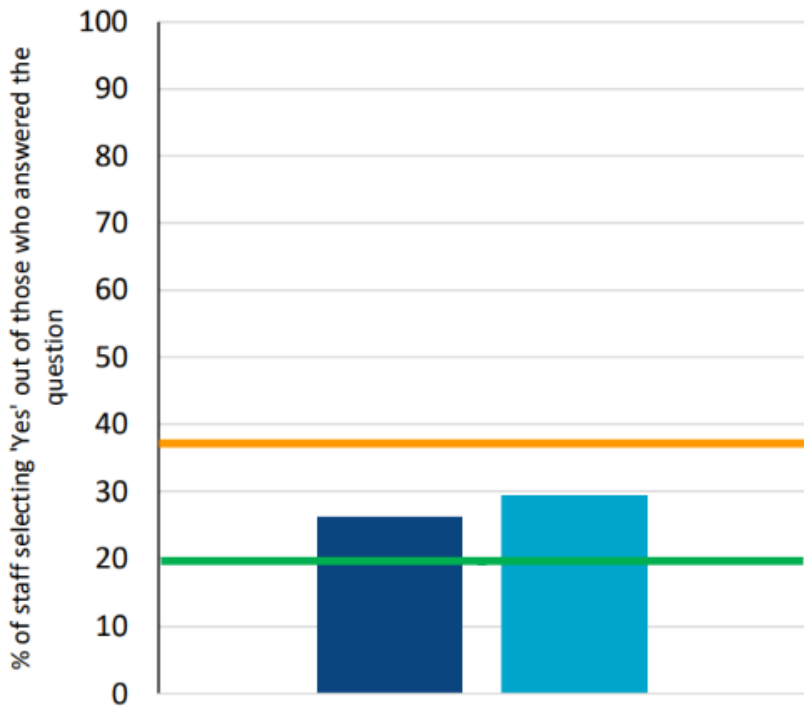
2023	
Your org	5.64
Best result	6.17
Average result	5.31
Worst result	4.65
Responses	6856



2023	
Your org	6.65
Best result	6.72
Average result	6.38
Worst result	6.11
Responses	6841



Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?

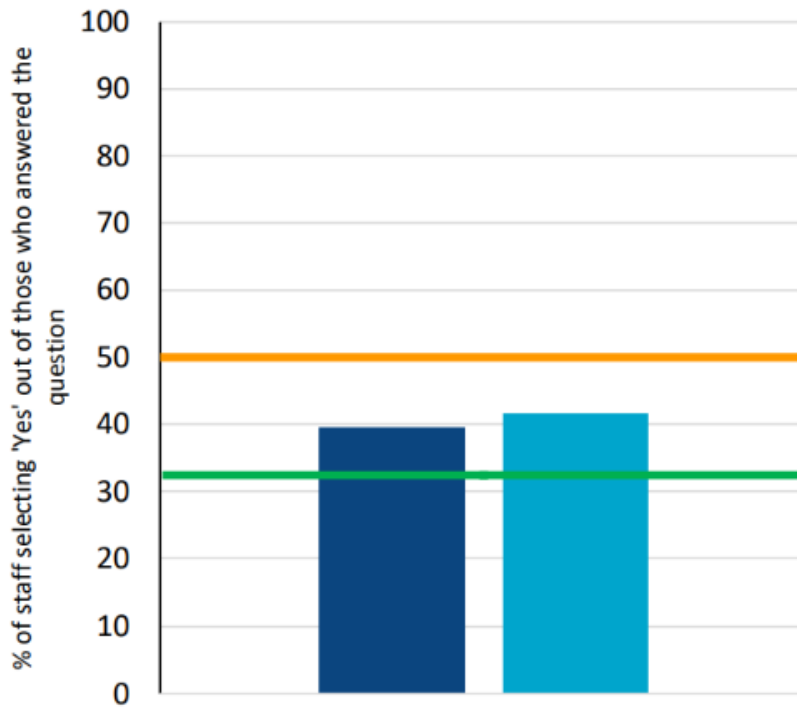


2023

Your org	26.22%
Best result	19.59%
Average result	29.36%
Worst result	37.13%

Responses 6811

Q11c During the last 12 months have you felt unwell as a result of work related stress?

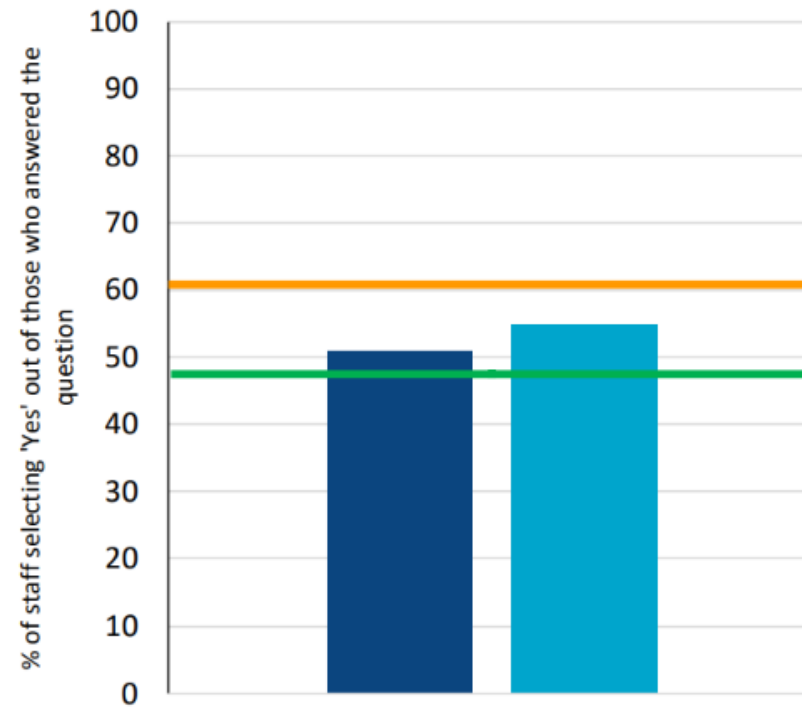


2023

Your org	39.47%
Best result	32.39%
Average result	41.57%
Worst result	49.97%

Responses 6813

Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?



2023

Your org	50.87%
Best result	47.48%
Average result	54.92%
Worst result	60.87%

Responses 6809

Survey results 2023 through the lens of Inclusion and Staff Group

Early interrogation of the data suggests.....

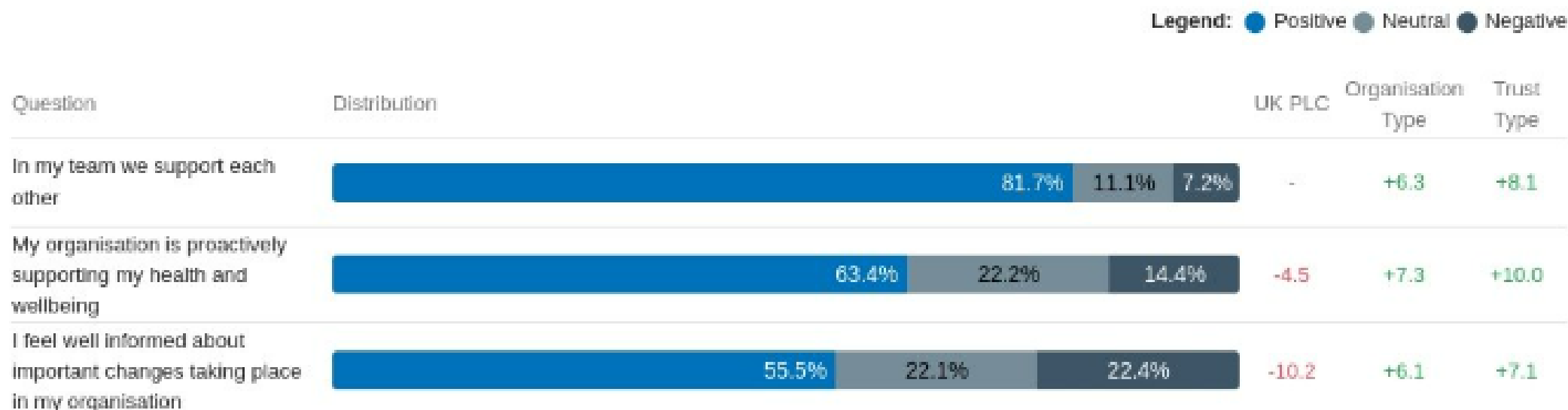
- Colleagues with Long Term Conditions (LTC's) appear at greater risk in terms of their overall wellbeing than other colleagues – This is important when considering the intersection of age characteristics of the workforce, and the increasing likelihood that colleagues may experience more LTC's as they age. They also report experiencing greater pressure to return to work than other colleagues.
- Allied Health Professionals across the trust and Colleagues in Nursing and Midwifery, and Mental Health and Learning Difficulties services are represented as more highly at risk of burnout
- New colleagues, or those from a younger age category appear at greater risk of burnout than colleagues from older age groups – aligns with academic research findings in the field
- Colleagues from BME backgrounds report more MSK problems than white counterparts.
- Further work is required to understand the implications and causes of this data which can be used to inform future strategy development for the trust

Pulse Survey Jan 2024



Pulse Survey Jan 24 n = 787

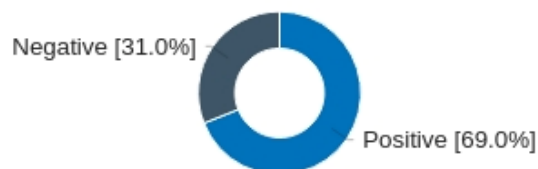
There are three core metrics in the People Pulse, measured every month. Analysis of People Pulse results shows improvement on these metrics will improve employee engagement and colleague mood (a good proxy measure for employee experience). Please note that any comparisons to Organisation Type or Trust Type are to the most recent wave.



Academic research concludes that colleague mood is an important contributor for how they perceive their overall experience at work, and in turn, their level of employee engagement. Every month in the People Pulse, respondents are asked to select a mood (these are pre-categorised as a positive or negative mood), and then asked to provide a free text comment on why they feel this mood. Key driver analysis, identifying what will drive positive mood specific to your organisation, is available at the bottom of this page. Please note that any comparisons to Organisation Type or Trust Type are to the most recent wave.

Which one word best describes how you are feeling today?

● Positive ● Negative



Wave 46 National Average

Positive mood: **59.1%**

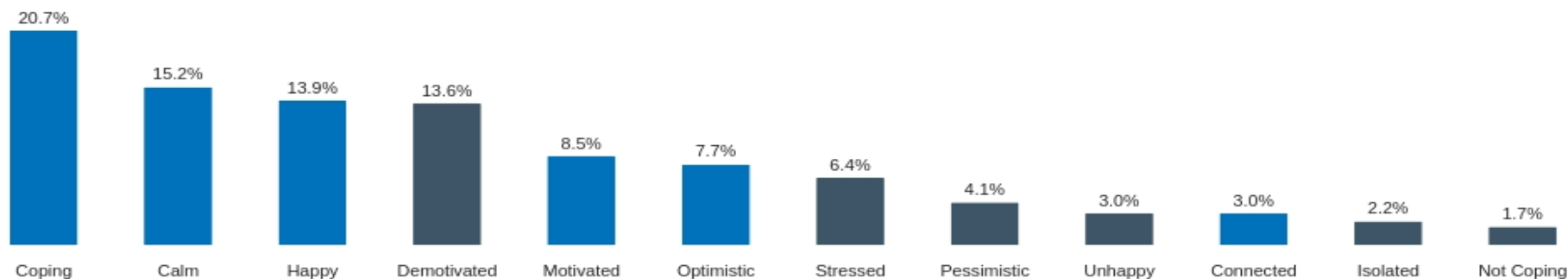
Negative mood: **40.9%**

Staff were asked to choose one word from a list of twelve words to describe their mood. The chart to the left shows the proportion of respondents who selected positive or negative descriptors for their mood.

The chart below shows the proportion of respondents who selected each option. Positive words are displayed in blue and negative words are displayed in dark grey.

Legend: ● Positive mood ● Negative mood

By individual mood



Key Drivers of Employee Engagement

Legend: ● Positive ● Neutral ● Negative

Impact	Question	Distribution	UK PLC	Organisation Type* (Engagement)	Trust Type* (Engagement)
●	My organisation is proactively supporting my health and wellbeing	63.4% 22.2% 14.4%	-4.5	+7.3	+10.0
●	I feel well informed about important changes taking place in my organisation	55.5% 22.1% 22.4%	-10.2	+6.1	+7.1
●	In my team we support each other	81.7% 11.1% 7.2%	-	+6.3	+8.1
●	I feel my organisation champions flexible working	59.5% 25.3% 15.2%	-	+9.4	+13.1
●	I can approach my immediate manager / supervisor / team leader to talk openly about flexible working	75.3% 13.0% 11.7%	-	+4.5	+7.4

i Too few responses (26)

What is this analysis showing?

This widget shows the output of a correlational analysis that determine which questions (core areas) have the strongest relationships to overall Employee Engagement. These relationships are uniquely reflective of how the people in your organisation feel. Metrics are displayed in order of impact, with the strongest relationships displayed first.

Ultimately, focusing efforts on improving the core areas above, will have a notable impact on overall Employee Engagement. We recommend that you prioritise your focus on the lower scoring core areas as these not only have a high impact on overall Employee Engagement but are also lower scoring.

Local Data – Sickness Absence

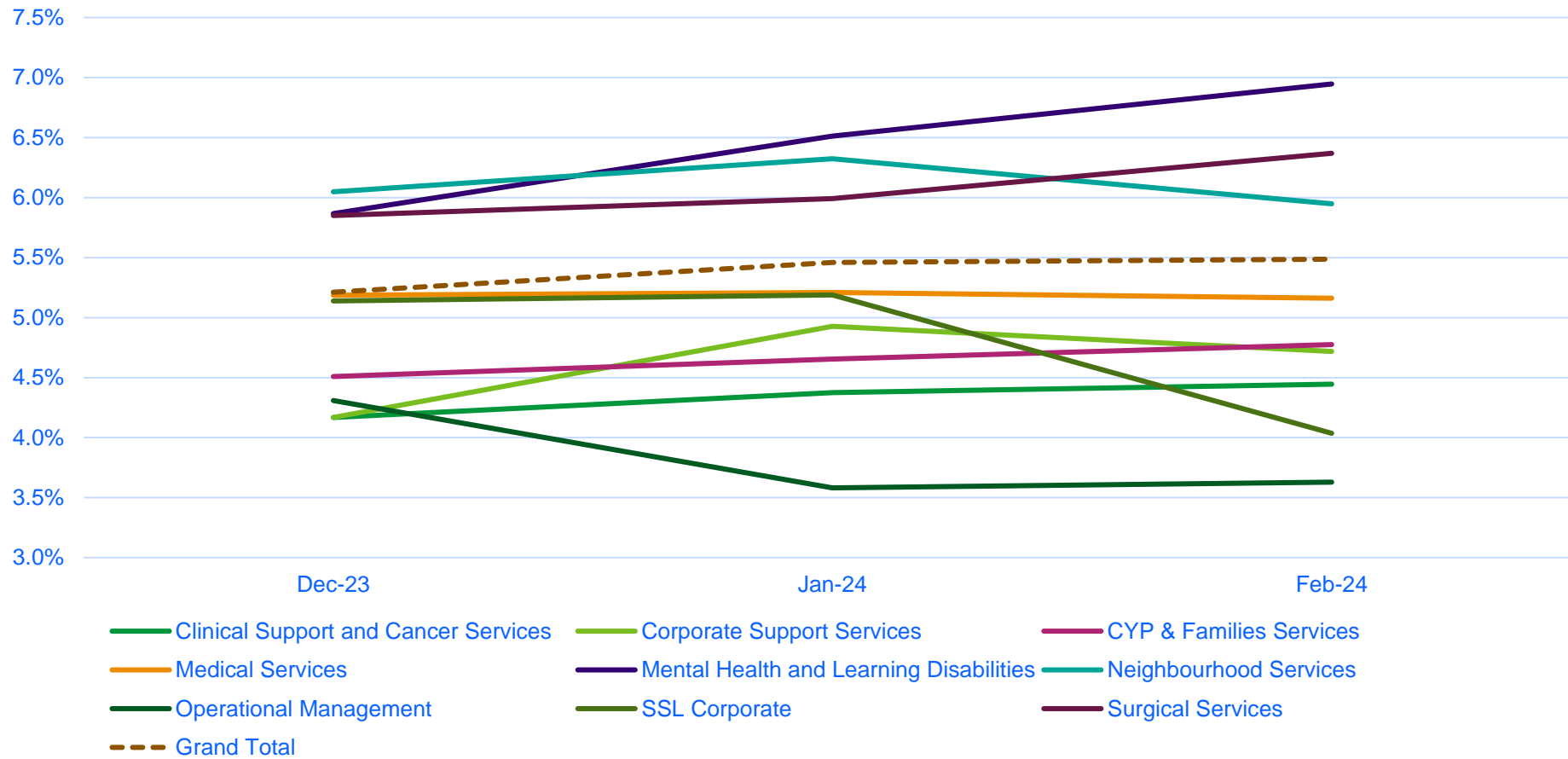


Top 3 reasons for absence Dec 23 – Feb 24

- S10 Anxiety/stress/depression/other psychiatric illnesses
- S13 Cold, Cough, Flu – Influenza
- S15 Chest & respiratory problems/S98 Other known causes - not elsewhere classified

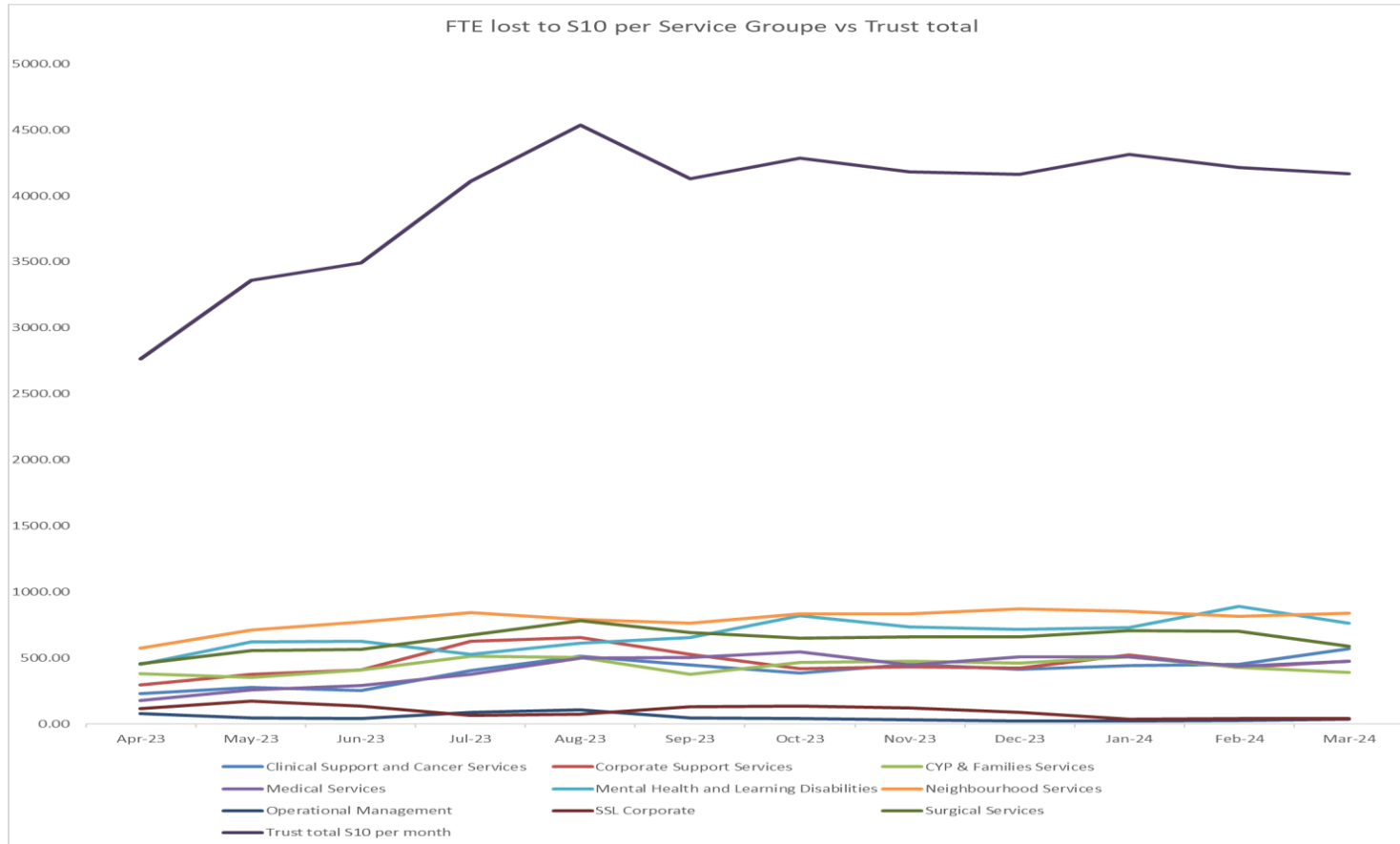
Sickness Absence data

Sickness Absence rolling total for Trust and Service Care groups Dec 23 – Feb 24



Sickness Absence data S10

S10 reason as a percentage of all sickness Service Group Breakdown April 23 – March 24
Anxiety/stress/depression/other psychiatric illnesses



- Overall S10 Rates have plateaued over last 6 months, remaining high at over 4000 hours
- Neighbourhoods and Mental Health and LD Service Groups consistently experiencing greater impact higher in terms of lost FTE due to S10

Local Data – EAP data



Breakdown of users of the EAP January 23 – December 23

Clients	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
New User	3	1	4	4	2	5	9	1	1	2	2	2	36
Repeat Caller	0	0	0	0	0	0	0	0	0	0	0	0	0
Re-User New Problem	0	1	0	1	1	0	0	0	1	0	1	0	5
Re-User Same Problem	0	0	0	0	0	0	0	1	0	0	0	0	1
Prefer not to say	0	0	0	0	0	0	0	0	0	0	0	0	0

Breakdown of the services used in the EAP January 23 – December 23

Further interventions	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Passed to Legal Helpline	0	0	1	1	2	0	1	0	1	0	0	0	6
Passed to Debt	0	0	0	0	0	0	1	0	0	0	0	0	1
Referred /Signposted to GP/NHS	0	0	0	0	0	0	0	0	0	0	0	0	0
Recommended Voluntary /Private Services	1	2	0	0	0	0	0	1	0	0	1	0	5
999/Emergency Services	0	0	0	0	0	0	0	0	0	0	0	0	0

Breakdown of counselling services used in the EAP January 23 - December 23

Counselling referrals

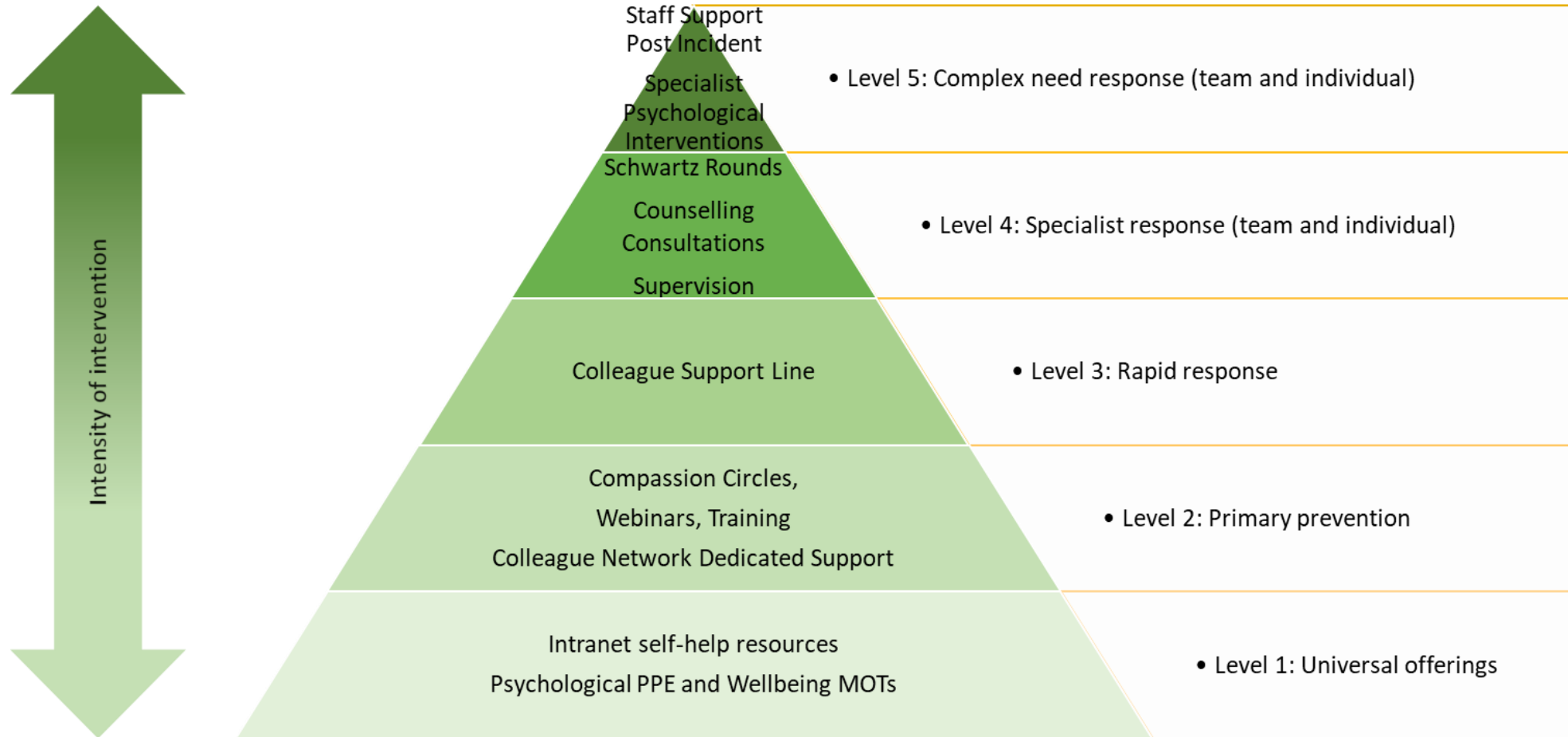
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total
Referred to face to face counselling	0	0	0	0	0	0	0	0	0	0	0	0	0
Referred for telephone counselling	0	0	2	2	1	3	2	0	0	0	2	2	14
Passed for computerised CBT	0	0	0	0	0	1	2	0	0	1	0	0	4
Referred for video counselling	1	0	0	1	0	0	1	0	0	0	0	0	3

Local Data – Colleague Support Service Data



Colleague Support Service interventions

Tiers of intervention for individuals, teams and the organisation



Benefits Realisation SFT Colleague Support Service April 23 – March 24

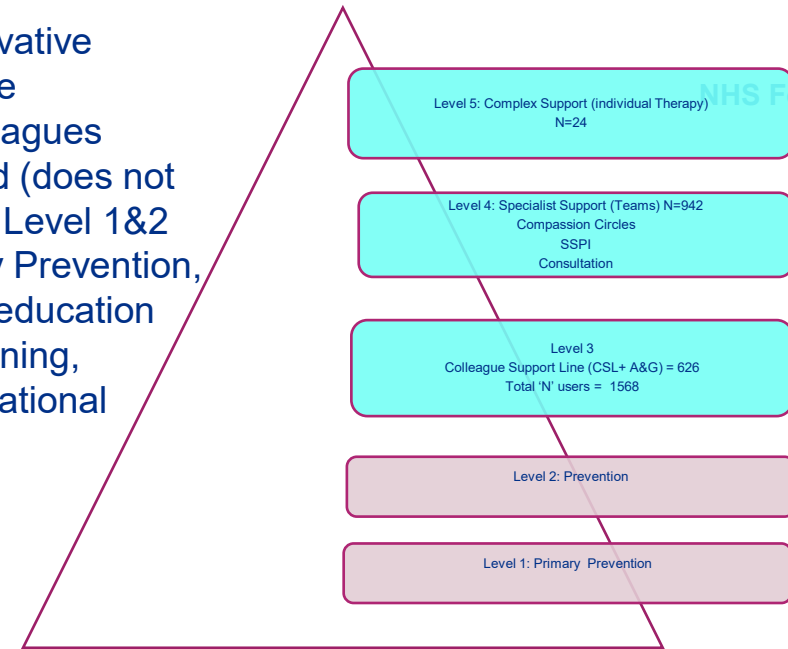


Somerset
NHS Foundation Trust

Apr 2023 – March 24 High level assumptions:

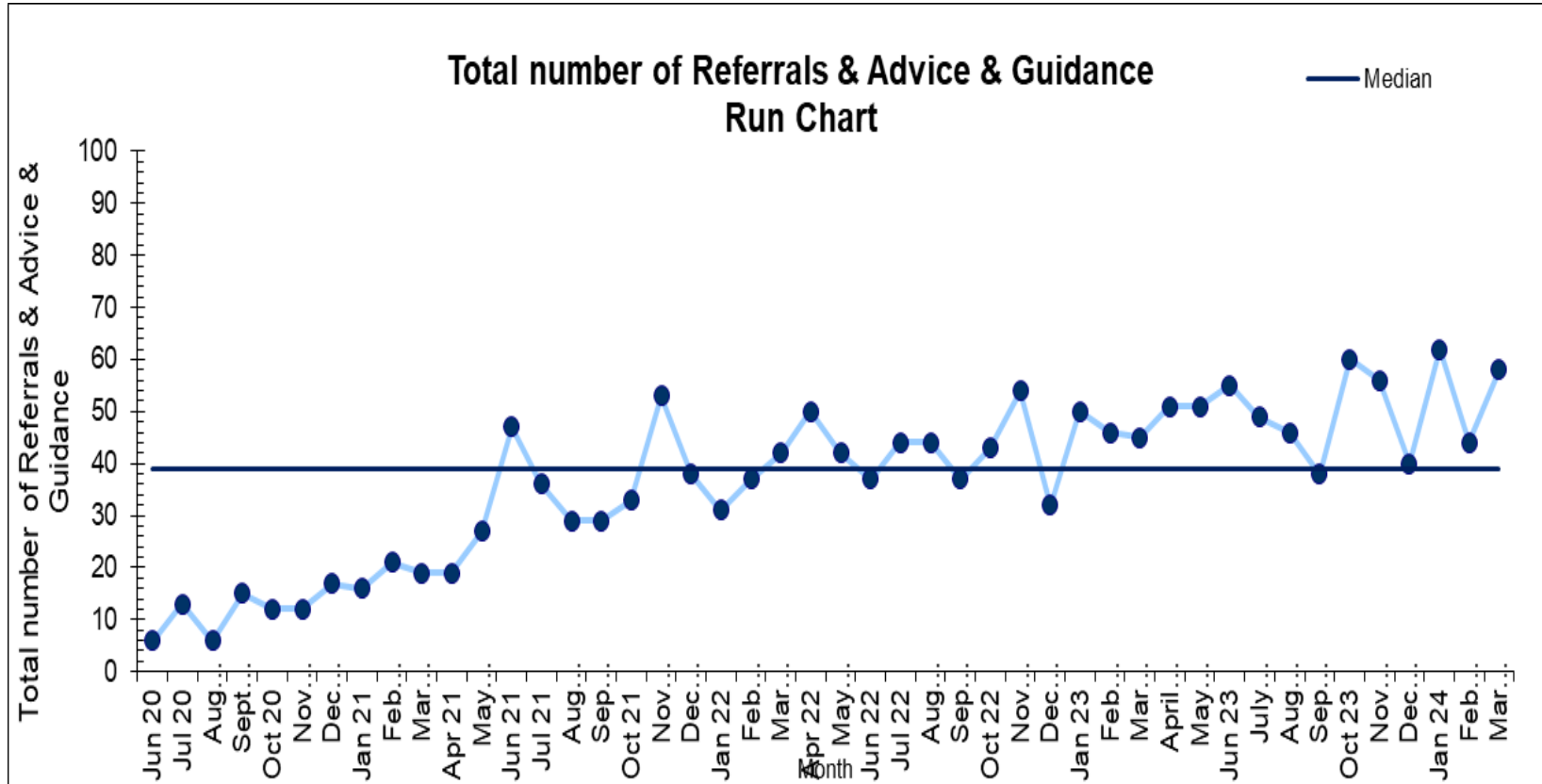
- Percentage benefit derived based on hierarchy of need
- There may be duplication in colleagues accessing support offerings
- Average colleague salary – mid-point B6 (NHS A4C) – £37,361.72 /year - £19.16/hour - £143.69/day (7.5hrs)
- Average colleague sickness – 16 days in rolling 12-month period (i.e. no increase since 2022)
- Based on agency bookings data - £47.22 per hour estimation for a Band 6 agency level, which, in terms of annual cost, equates to about the cost of a top of scale Band 8a when considering we don't pay for annual leave
- 1 person being sick for 16 days @ mid-point B6 = £2,299.04 (minus agency backfill)
- 1 person being sick for 10 days @ mid-point B6 = £1,436.90 (minus agency backfill)
- 1 person being sick for 5 days @ mid-point B6 = £718.45 (minus agency backfill)
- **Not factored into calculations: retention, increase in agency costs, backfill**
- **Unknown savings in reduction in colleague A&E attendances, use of mental health crisis services, use of secondary mental health services, use of primary care**

Conservative estimate
N=colleagues reached (does not include Level 1&2 Primary Prevention, psychoeducation and training, organisational impact)



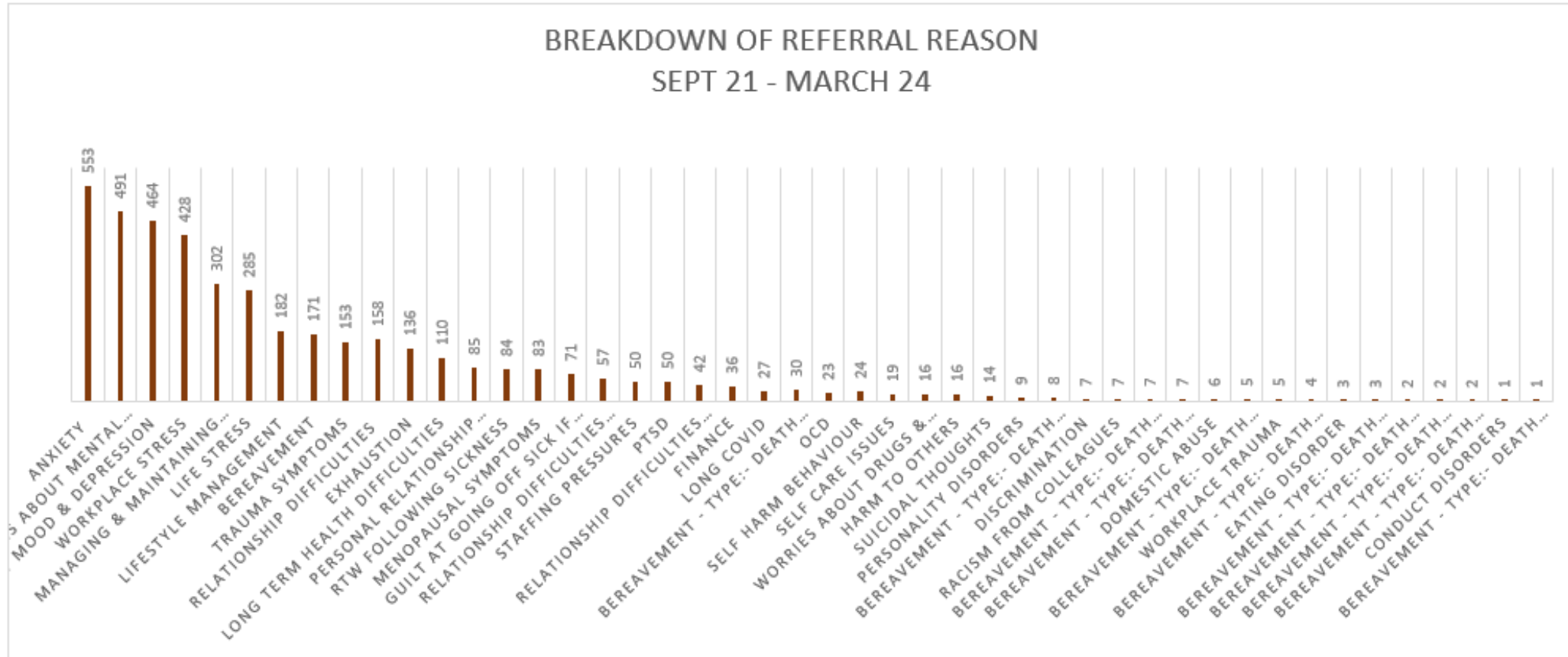
2023 – 2024 NHS funding - £334,139 External Funding ended March 2024 Trust commitment to funding 2024-2025	<u>Estimate 1 assumptions</u> <ul style="list-style-type: none"> • <u>Maximum</u> benefit across all interventions CSL 100% 626 Team interventions 100% 942 Individual therapy 100% 24 Total N= 1568 • <u>16 days</u> sickness (average) £2,292 	<u>Estimate 2 assumptions</u> <ul style="list-style-type: none"> • <u>Medium</u> benefit across all interventions CSL 75% 469.5 Team interventions 75% 706.5 Individual therapy 75% 18 TOTAL 'n' = 1194 • <u>10 days</u> sickness (2 weeks) £1,436.90 	<u>Estimate 3 assumptions</u> <ul style="list-style-type: none"> • <u>Low</u> benefit across all interventions CSL 50% 313 Team interventions 50% 471 Individual therapy 50% 12 TOTAL 'n' = 796 • <u>5 days</u> sickness (1 week) £718.45 	<u>Estimate 4 assumptions</u> <ul style="list-style-type: none"> • <u>Extremely low</u> benefit across all interventions CSL 25% 156.5 Team interventions 25% 235.5 Individual therapy 25% 6 TOTAL 'n' = 398 • <u>1 day</u> sickness £143.25
Approx cost avoidance	1568 x £2,292 = £3593856	1194 x £1,432.50 = £1710405	796 x £718.45 = 571886.2	398 x £143.25 = 57013.5
Approx Return on Investment (ROI) For every £1 spent: X £'s avoided	£334,000 : £3593856 £1 : £10.76	£334,000 : £1710405 £1 : £5.12	£334,000 : £692945.03 £1 : £1.71	£334,000 : 70514.81 £1 : 0.17

Total referrals for telephone line Jan 20 – March 24



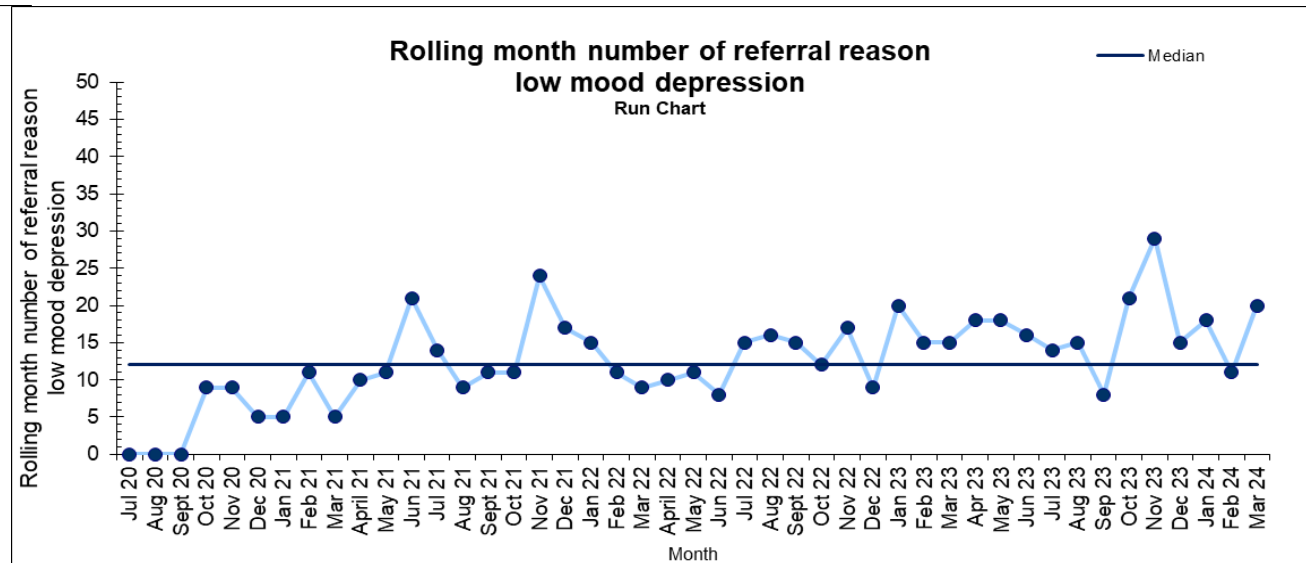
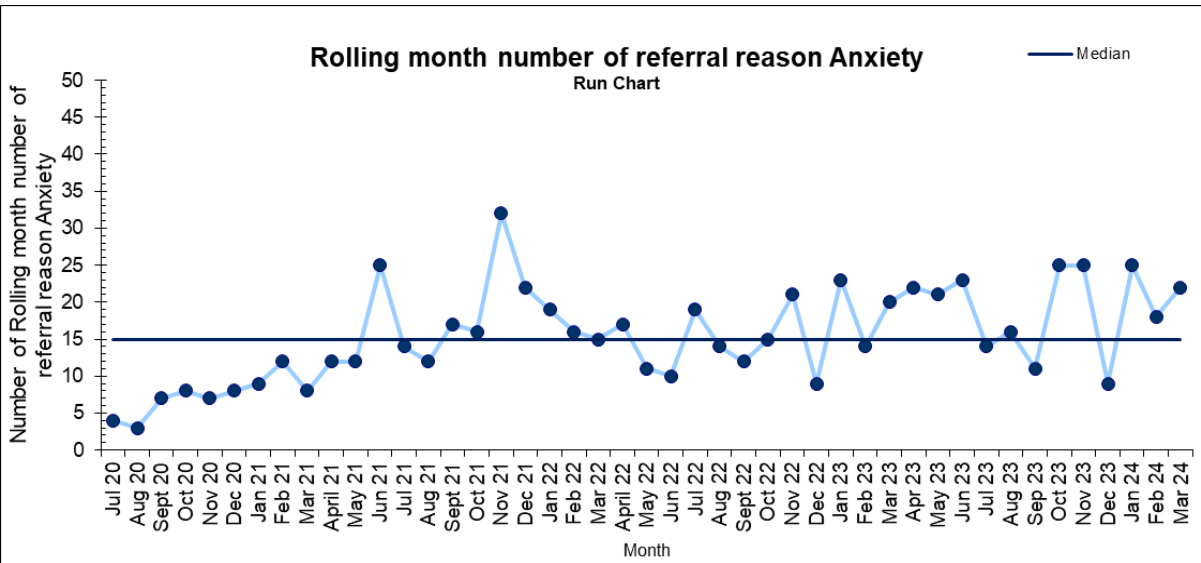
- 626 accepted referrals in Apr 23 – Mar 24
- 89% of referrals were offered an assessment
- 18% increase on number of referrals in 22/23 dataset

Reasons for referral



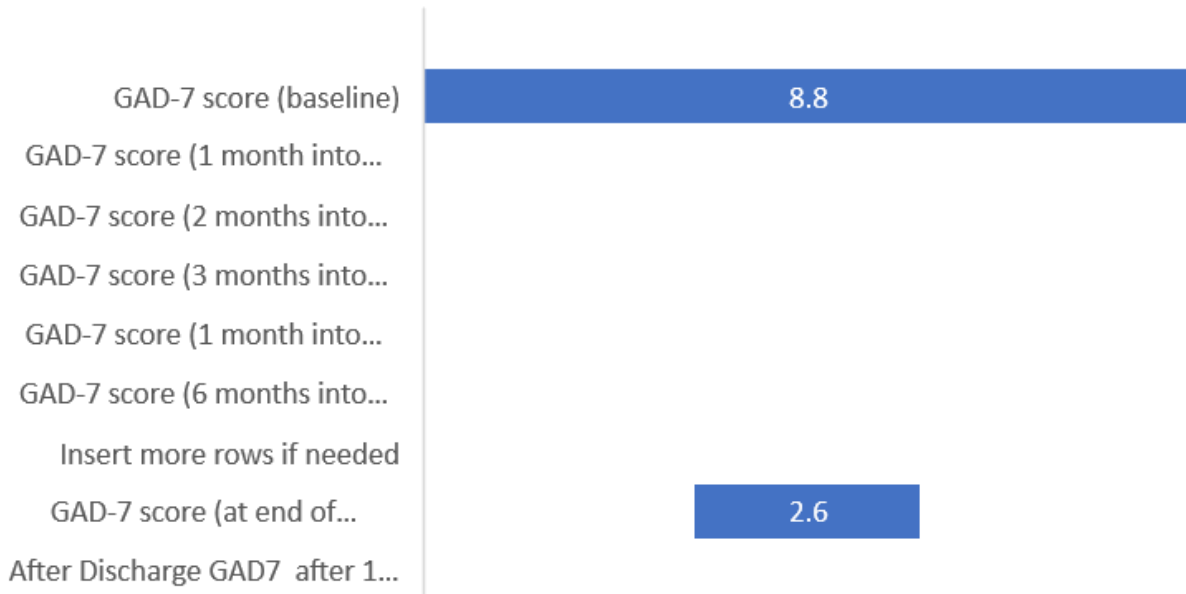
Reason for referral: Anxiety and Depression

Run charts

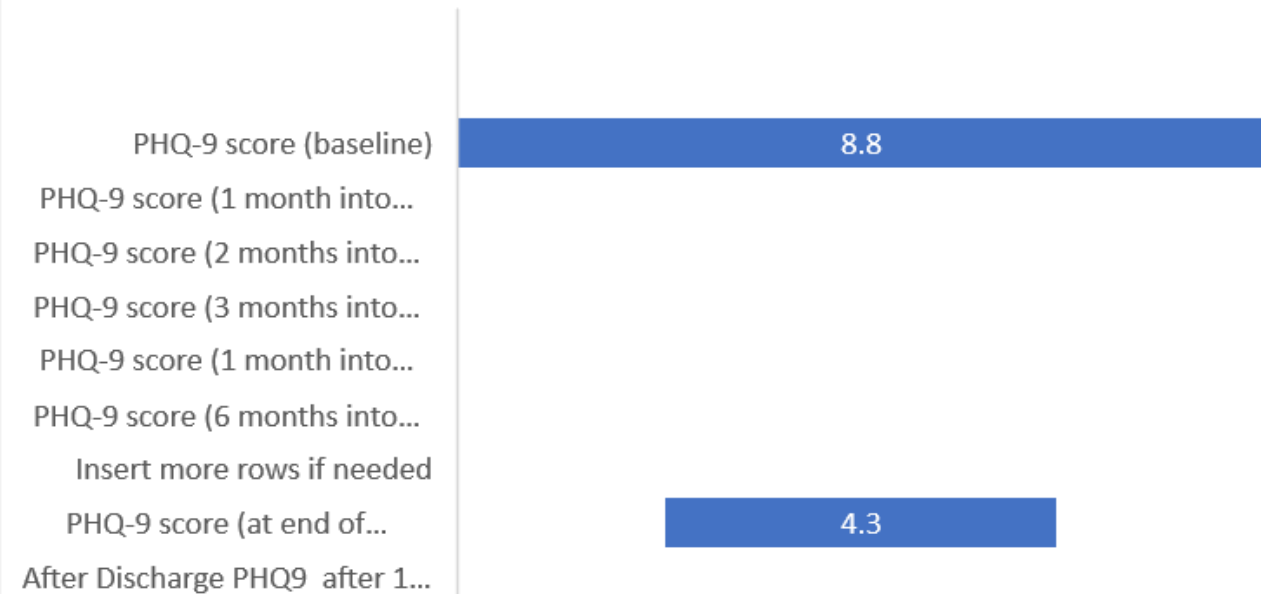


Clinical Impact: Individual GAD-7 and PHQ-9 scores

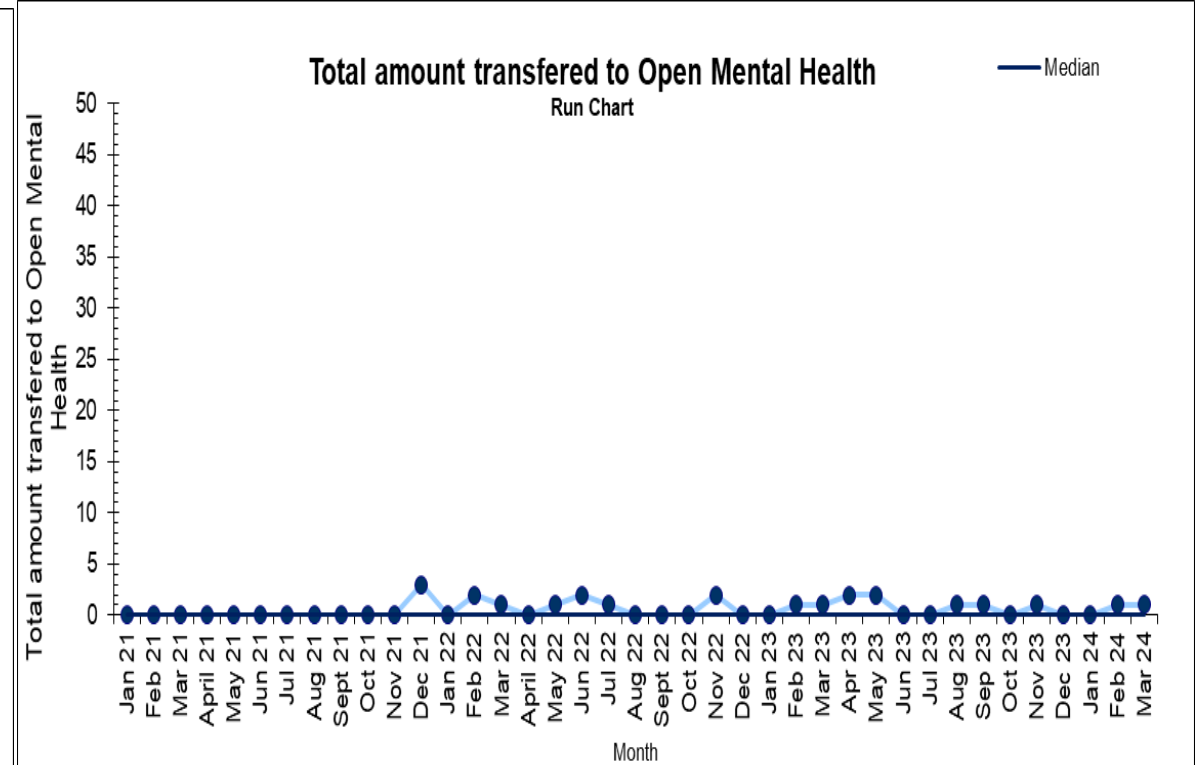
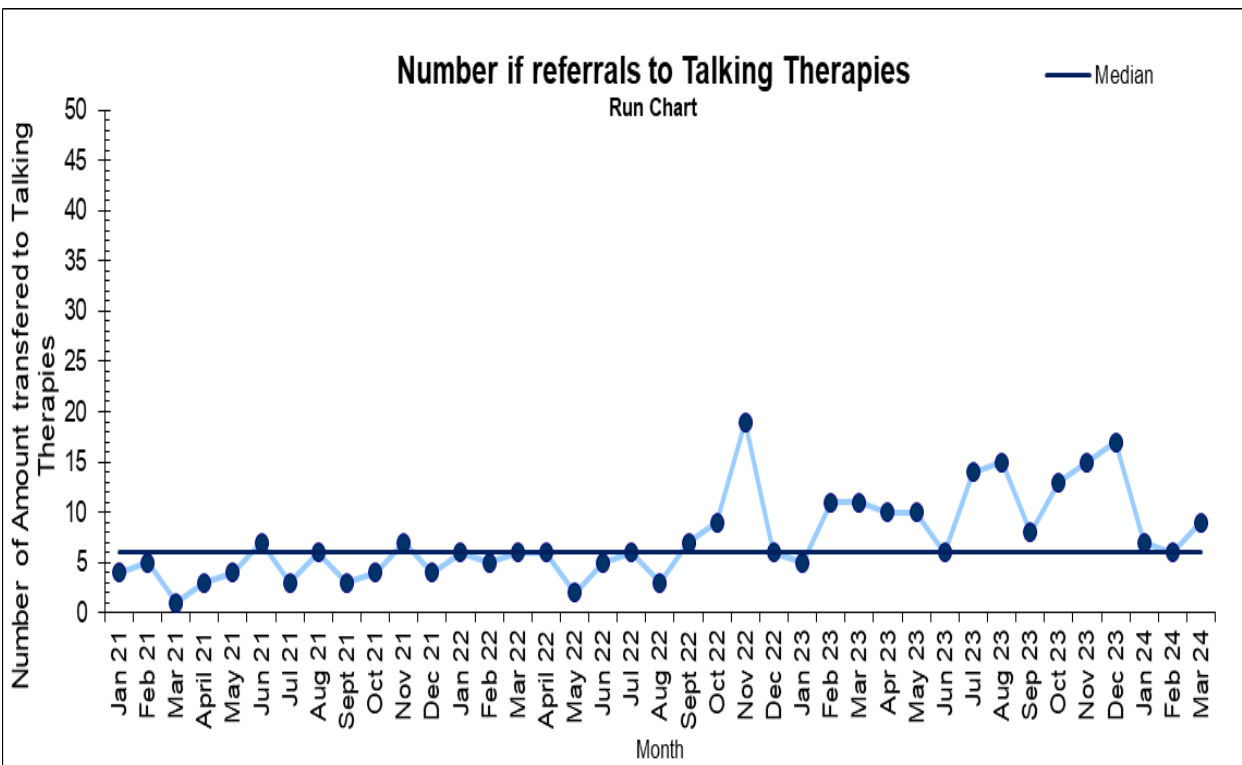
Mean baseline & end of treatment for all the Gad7



Mean & end of treatment for all the PHQ9



Onward referrals to other services (balance measure for impact and non duplication of service)



Colleague Feedback (CSL):

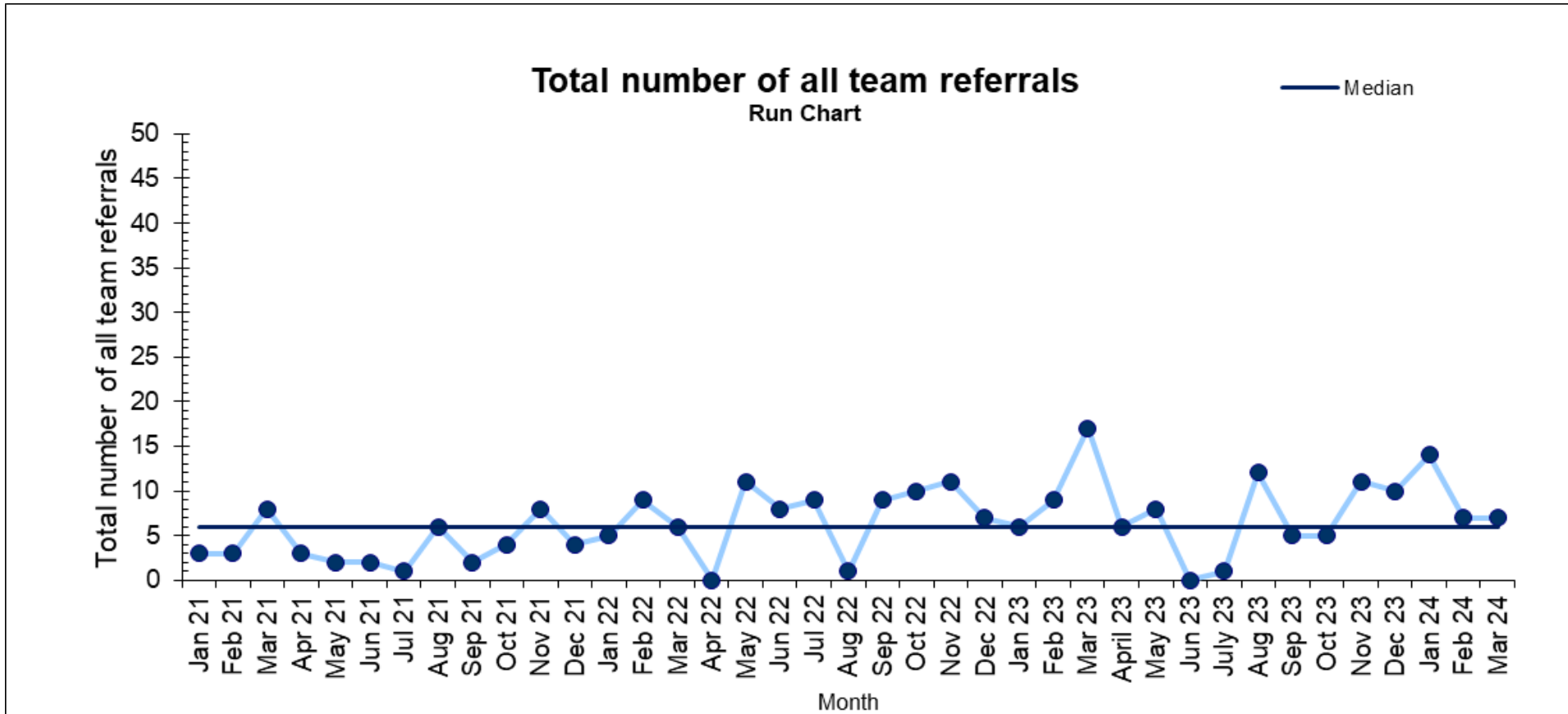
I don't know where I'd be without the colleague support service. I went to a very lonely dark place as a result of a work-related issue and support given to me by the Wellbeing Practitioner has been invaluable. This service is a brilliant service, and we are very lucky to have access to it. I can't thank you all enough for the support and care you have given me.

Brilliant service. I felt listened to and understood and my feelings were validated

'I just wanted to thank you for all your support at what was a very difficult time for me. I am now feeling so much better and settling back in to work. Thank you for all your support'.

I don't know where I'd be without the colleague support service. I went to a very lonely dark place as a result of a work-related issue and support given to me by the Wellbeing Practitioner has been invaluable. This service is a brilliant service, and we are very lucky to have access to it. I can't thank you all enough for the support and care you have given me.

Team Interventions



Team interventions:

- Compassion Circles
- Supervision
- Reflective Conversations
- Consultation
- Training
- Staff Support Post Incident Reflective Conversations

Team interventions Feedback:

"I find the compassion circles beneficial. It is a good space to take some time off the unit and just take a moment. Often it feels like we don't get a chance to do this in the hospital so knowing that ITU supports this is great. I have also found I often think about patients a lot outside of work and if we are doing the right treatments etc, particularly the long stay patients so it is good to chat with others and know they are also in similar positions and have similar thoughts. Thank you again for facilitating these sessions, a huge asset to the team on ITU".

I went to the CC last week. I found it useful for the following reasons:

- Nice to talk to people id never spoken to before
- Reassuring to hear other people have same experiences + challenges going forwards
- Protected time off the unit to clear your head etc.

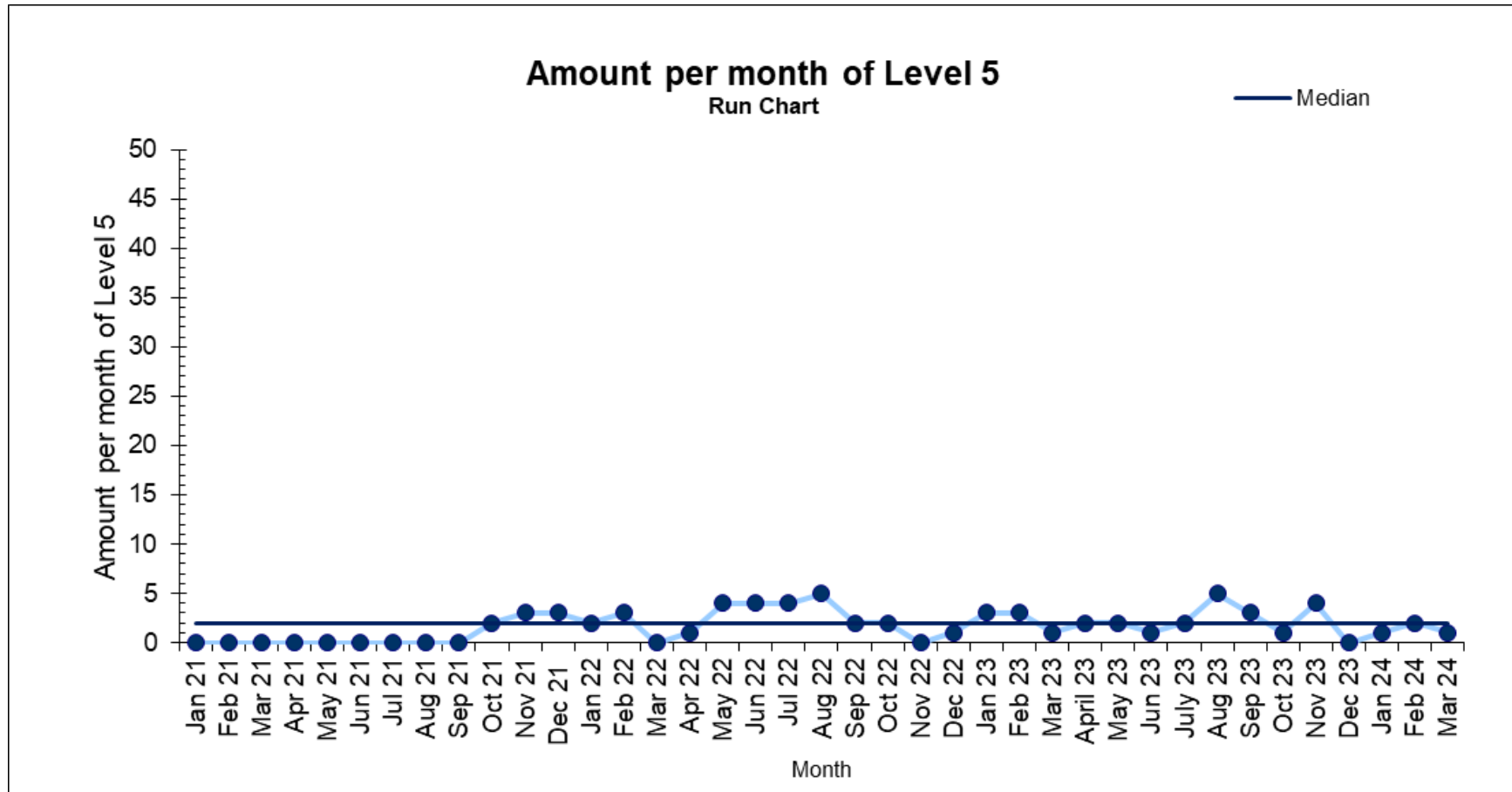
SSPI: I liked it when:

"We reviewed each of our perspective of the day. It helped stitch together the day, which before then I'd just been flashing back to the most unsettling parts of the day, without really processing them"

SSPI: I liked it when:

Other people shared their experiences / thoughts - how some were different to mine and others similar. it was nice to hear positive feedback from how I helped other team members in that situation when I didn't think I had done enough.

Individual referrals for specialist support



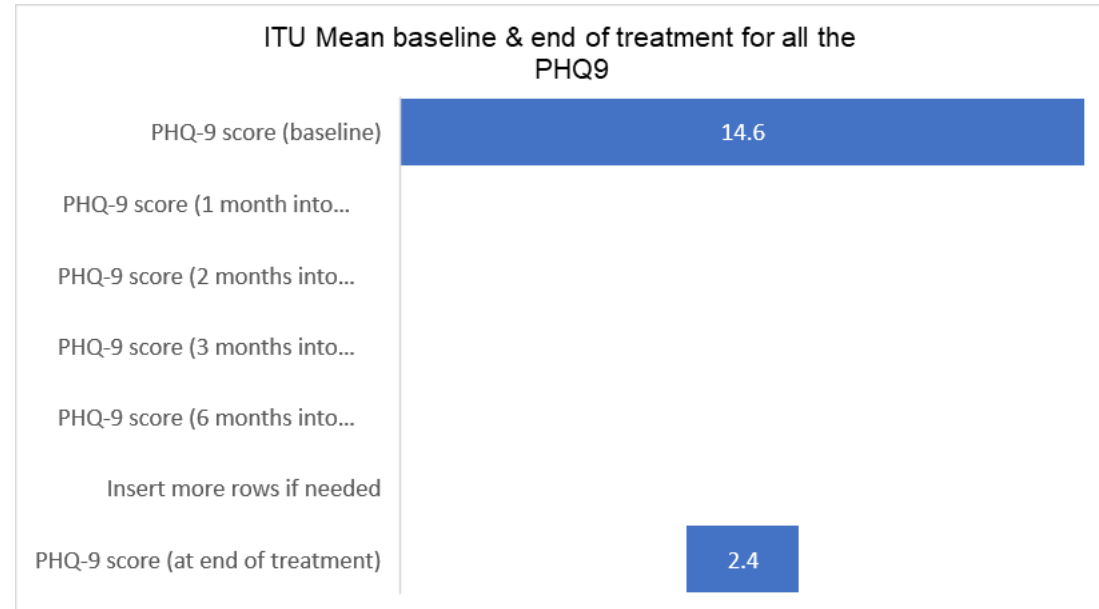
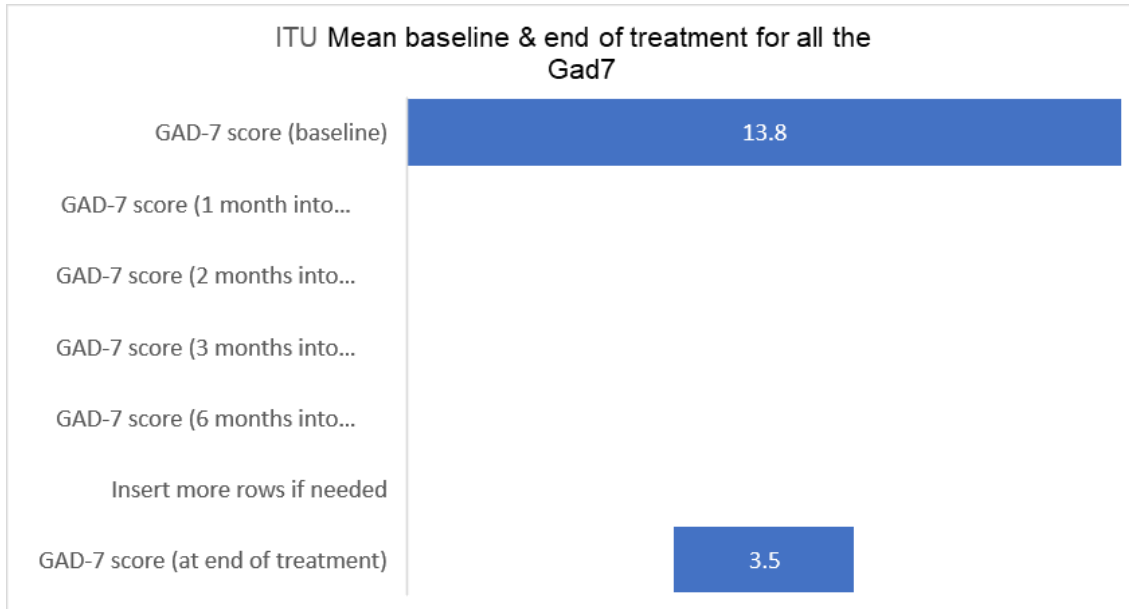
- 2-3 referrals per month accepted for specialist (Level 5) individual intervention
- Recent review of service criteria to focus on specific work-related trauma (vs trauma impacting on work)
- Waiting list now building due to level of demand/ service capacity

Colleague Feedback – Level 5

I have had a period of support with your team, the whole experience has been positive and helpful. I felt listened to and understood, it was difficult to be in the role of a patient rather than the person giving care and that was acknowledged too. I regularly recommend your service to my colleagues as I had such a positive and helpful experience with your team in all respects from making appointments right through to receiving therapy. Thank you so much.

Great service - X was compassionate and gave me the time I desperately needed.

ITU wellbeing practitioner project



ITU Feedback

“Having an ICU to see my GP and being referred into mental health services. It means I can be seen quickly, without problems getting worse.”

“Being in a difficult place and struggling to find the energy to do anything, it was really easy and required minimal energy to email X about support.

It also helped having already met and chatted to x, so it made it feel a bit more comfortable to reach out.

It was quick and easy to start, and benefits have already been noticeable.

It has helped me stay at work rather than continue to downward spiral and need time off. The service has been invaluable to myself and others, and I know people who have said they have reached out when they wouldn't otherwise and how helpful it's been”.

“It is so important that the psychologist is embedded- I feel they really understand the context of my work.”

Local Data – Wellbeing Service Data

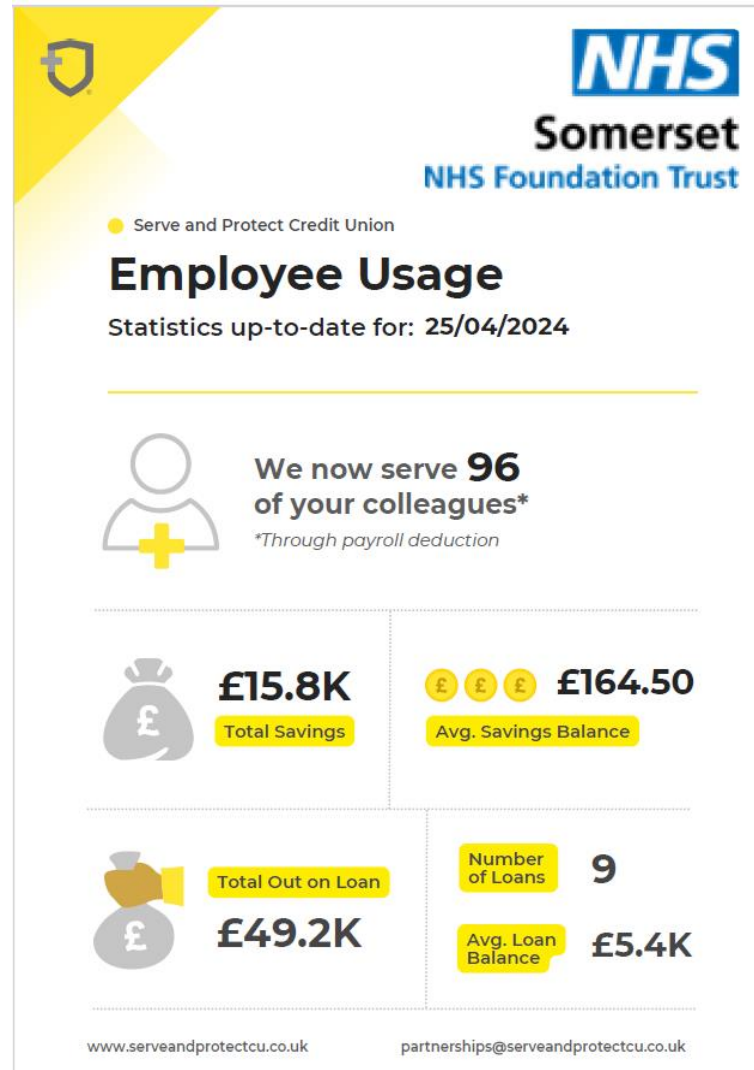


Physio4U Service

Nov 23 – April 24 referral data SFT

	Nov 23	Dec 23	Jan 24	Feb 24	March 24	April 24	Year Total	Total since Sept 21 Launch
Number of P4U Self Referrals	70	60	103	79	91	58	1006	2011
Number of Colleagues who received an appointment within 2 working days	70	60	87	50	20	19	811	1788
% Receiving appointment within 2 working days (5 working days from Sept 23)	100%	100%	84%	63%	22%	33%		
Number of F2F follow ups	39	40	61	48	63	8	580	1190
% Requiring F2F follow-up following initial consultation	56%	67%	59%	61%	69%	14%		

Credit Union Serve & Protect



Credit Union Serve & Protect



How we saved a Somerset NHS Foundation Trust employee £109 per month on their existing loan repayments.

Serve & Protect Credit Union were recently approached by a colleague from Somerset NHS Foundation Trust who wanted help to pay off almost £7,000 of existing debt – which was spread across a combination of credit cards and personal loans.

The existing debt was becoming unmanageable – with monthly repayments approaching £304.

With the help of the credit union the individual borrowed £7,000 and was able to repay some of their existing debt, consolidating the debt into one single monthly repayment of £195 straight from their salary.

By consolidating their debt with the credit union, the individual saved £109 per month on their previous repayments – now at a rate of 9.3% APR.

About Serve and Protect Credit Union

Serve & Protect Credit Union is a free employee benefit available to help NHS employees save money and access affordable credit – with deductions straight from their pay.

Here to help you save, there if you need to borrow.

The not-for-profit, financial cooperative currently serves over 44,000 members and provides an ethical alternative to other financial providers.

Learn more or join today at: www.serveandprotectcu.co.uk

Speaking Up Data 2023

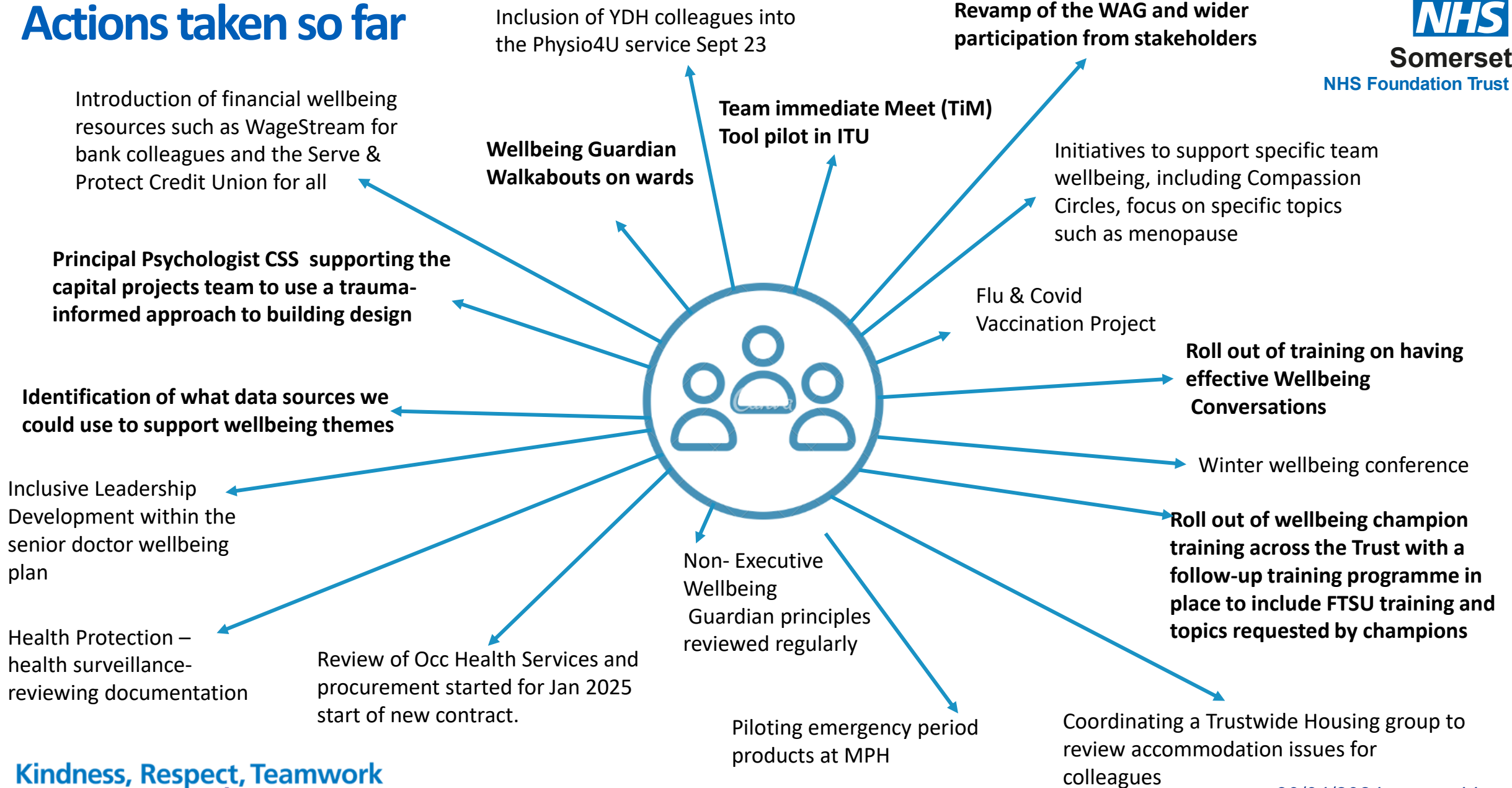
Speaking Up data	Number of concerns with an element of worker safety or wellbeing
Q1 2023-24	22
Q2 2023-24	35
Q3 2023-24	42
Q4 2023-24	27

Wellbeing Inbox Referrals

Since April 23 the highest levels of requests have been for support with:

- Financial wellbeing - 41 (14 for food banks)
- Information & signposting – 31
- Wellbeing initiatives – 65
- Menopause – 10
- Referrals onto Colleague Support Service -16

Actions taken so far



Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Assurance Report from the Mental Health Act Committee meeting held on 19 March 2024
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 May 2024

Purpose of Paper/Action Required (Please select any which are relevant to this paper)		
<input checked="" type="checkbox"/> For Assurance	<input type="checkbox"/> For Approval / Decision	<input type="checkbox"/> For Information

Executive Summary and Reason for presentation to Committee/Board	<p>The attached report sets out the items discussed at the Mental Health Act Committee meeting held on 19 March 2024 and the assurance received by the Committee. The meeting was conducted as a video conference call.</p> <p>The Committees received assurance in relation to:</p> <ul style="list-style-type: none"> • The Terms of Reference review • The Mental Health Act Lead report • The Mental Capacity Act, Deprivation of Liberty and Liberty Protection Safeguards updates • The AMHP (Approved Mental Health Professional) Services update • The ICB Commissioning update • The CAMHS update • The Forensic report • The Out of Area Treatment Somerset (OATS) patients update • The review of the First Tier Tribunal Policy
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	<p>The following areas of concern or for follow up were identified:</p> <ul style="list-style-type: none"> • The Update on Community Treatment Orders (CTOs) • The request for a further update on the Swan Advocacy services to be presented to the September 2024 meeting • The Care Quality Commission reports • The complaints and issues update • The Mental Health and Learning Disability service group risks <p>The following items were identified as needing to be added to the risk register or reported to the Board:</p> <ul style="list-style-type: none"> • Mental Health Act assessments – an audit had been carried out and a shared interface group with the Local Authority had been set up. • Right Care Right Person – an internal steering group to assess the impact of Right Care Right Person had been set up.
Recommendation	<p>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.</p>

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

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



Financial	<input checked="" type="checkbox"/> Legislation	<input type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input checked="" type="checkbox"/> Patient Safety/ Quality
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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)

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led
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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 19 MARCH 2024

1. PURPOSE

- 1.1. The report sets out the items discussed at the meeting held on 19 March 2024, 2 December 2023, the assurance received by the Committee and any areas of concern identified.

2. ASSURANCE AND UPDATES RECEIVED

Updated Terms of Reference

- 2.1. The Committee discussed a change to its Terms of Reference relating to its oversight arrangements. The Committee approved the inclusion of oversight of compliance with the Deprivation of Liberty (DoLs), the Mental Capacity Act and the Liberty Protection Safeguards (LPS) arrangements in its Terms of Reference. The proposed revised Terms of Reference will be presented to the July 2024 Board meeting for approval.

Mental Health Act Lead Report

- 2.2. The Committee received the report of the Mental Health Act Lead and noted that it had been a busy period and that a new Mental Health Act administrator had been appointed.
- 2.3. The Committee further noted the ongoing casework support; the work to support and improve relationships with wards; the ongoing training particularly in the emergency department; the absence of negative feedback through the complaints and PALS process; and the statistical information in relation to activity levels.
- 2.4. The Committee further noted the findings of the Recording of MHA assessments audit in relation to the fragmented recording of information and the action plan which was aimed at supporting appropriate referrals for assessments and ensuring that task allocation is clear.
- 2.5. The Committee noted the two potential areas of non compliance which related to: the lack of timely response to requests for second opinion appointed doctors (SOADs), and lapsed detentions. The Committee noted that there was now only one outstanding SOAD request and that no lapsed detentions had been recorded since January 2024. No new non-compliance issues had been identified.
- 2.6. The Committee noted that the number of Section 136s had remained stable. There had been an increase in the number of patients being dropped

off in emergency departments by the Police without ongoing supervision resulting in patients leaving the emergency department. There had been a general reduction in the numbers of S136 patients to emergency departments but the Committee noted that this could be a concern as patients may be brought in without a legal framework. There had been an increase in the number of patients taken to Section 136 suites. It was noted that two section 136 suites were now available at YDH.

MCA, DoLs and LPS updates

- 2.7. The Committee received an update in relation to the MCA, DoLs and LPS work and noted the report. The Committee particularly noted the capacity assessment clinical audit undertaken in September/October 2023 in relation to informal admission to mental health inpatient wards and the finding that no concerns had been identified that patients were unlawfully detained. The audit did find that capacity was not always considered upon informal admissions, and that evidence that assessments had been undertaken was not always available. An action plan has been developed to address the issues identified.
- 2.8. The Committee further noted: the review of the Using the Mental Capacity Act policy; the approval of the Deprivation of Liberty Safeguards policy; the training compliance; and NICE compliance. The Committee agreed that the report provided a good level of assurance.

AMHP (Approved Mental Health Professional) Services

- 2.9. The Committee received an update and noted: the delay in the development of the Section 117 After Care policy, the ongoing discussions with the ICB about the need for a project team and funding for this project; and the improvement of relationships across the system. The Committee noted that improvements to the arrangements for section 117 after care support had been made and that there was more clarity on roles and responsibilities. However, more work needed to be done. The Committee recognised that there was a funding issue and that Local Authority input at the meeting will be helpful.

ICB Commissioning

- 2.10. The Committee received an update and noted that: there had been a slight improvement in the number of doctors within the section 12 app and that the usage of the app was improving. The Committee noted that the app will be re-launched to promote more uptake and better usage.

CAMHS

- 2.11. The Committee received an update on child and adolescent mental health services (CAMHS) out of area placements and noted that there were currently no out of area patients. There had however been an increase in the number of patients from the Bristol area being admitted in Somerset following the closure of an inpatient unit in Bristol.

Forensic Report

- 2.12. The Committee received a progress report and noted that: the new service manager had now taken up their post; the team was now fully staffed; the number of patients in secure environments outside of Somerset was low but that the acuity of these patients was high. The Committee further noted the phased approach to determine which patients were likely be returned to Somerset in the next 12 months.

Out of Area Treatment Somerset (OATS) patients

- 2.13. The Committee noted that there had been 29 inappropriate out of area bed days during February 2024 and this related to male PICU patients placed out of area due to the potential of putting female patients at risk within a mixed sex PICU.
- 2.14. The Committee further noted the development of an urgent care hub to monitor patients placed out of area and arrange the return of these patients to Somerset when appropriate.
- 2.15. The Committee agreed that the report provided significant assurance.

Policies and Procedures

- 2.16. The Committee discussed the First Tier Tribunal Policy and noted that there were no significant changes to the current policy as the policy was based on a strictly legislative framework.

3. AREAS OF CONCERN OR FOR FOLLO UP

Update on Community Treatment Orders (CTOs)

- 3.1. The Committee noted the concerns expressed by governors about an incident in Nottingham by a patient and its potential link to supporting patients in community settings and on a CTO. The Committee discussed the concerns and noted that the patient in this particular case had not been on a CTO. In terms of the trust's CTO process, the Committee noted that the number of CTOs had remained consistent and that the monitoring process included several touch points with clinical teams and key workers.
- 3.2. The Committee noted that patients on a CTO had voluntarily agreed to the CTO and will have access to a responsible clinician and a key worker. In the case of a deterioration of their condition, the key worker will liaise with the Approved Mental Health Practitioner (AMHP) as part of the safeguarding process.
- 3.3. The Committee noted that consideration was being given to auditing the length of time patients remained on a CTO. A progress report will be presented to the July 2024 meeting.

Swan Advocacy

- 3.4. The Committee received an update on the work of the advocacy service and

noted that engagement on all wards and with all ward staff had been good and that monthly meetings with the MHA Team manager took place to be able to identify any young people detained on the children's wards. The contract with the Somerset commissioner had been changed to reflect for the need for advocacy support for young people detained on children's wards.

- 3.5. The Committee further noted: the feedback from the advocacy visits, including the lack of PIT alarms for advocacy staff requiring staff to hand over their PIT alarm; the lack of consistent information about patients in seclusion; better information with patients about meetings and symptoms and side effects of medication; timely responses by consultant and ward managers to advocacy emails; the lack of weekend activities or activities being cancelled due to staffing issues. The Committee noted that two new Occupational Therapists had been appointed.
- 3.6. The Committee agreed to invite Katy Buckley, Somerset Service Manager, to the September 2024 Committee meeting for a further update.

Care Quality Commission Reports

- 3.7. The Committee received an update on the latest CQC MHA compliance report regarding the visits to Pyrland Ward 1, Willow Ward, and St Andrews. The Committee noted that overall patient and carer feedback regarding the care and support provided had been extremely positive.
- 3.8. The key areas highlighted related to: Section 132 (in all three wards); SOAD issue at St Andrews ward; delayed discharges at Pyrland Ward; prescribing and administration of medication. Additional areas relating to recording of capacity to consent and the occupational therapist vacancy had been highlighted in the St Andrews Ward report. The Committee noted that the occupational therapist vacancy had now been filled; and that action plans had been developed to address the areas highlighted in the reports.

Complaints and Issues

- 3.9. The Committee received the report and noted that, over the period 1 December 2023 to 29 February 2024 five new complaints had been received via the Care Quality Commission or through the Trust's complaints process. The Committee noted the details of the complaints and agreed that it was assuring that no common themes had been identified.
- 3.10. The Committee discussed the deaths of patients detained under the mental Health Act and noted the circumstances of the deaths and the progress in relation to the investigation processes. The Committee noted that the final independent investigation reports will be published when available.

Risk Register

- 3.11. 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. The Committee particularly noted the risks in relation to: the physical wellbeing of people receiving care and treatment from the specialist

community forensic team; the difficulty in recruiting to medical vacancies; the timely convening of MHA assessments; Right Care Right Person and the uncertainty about its impact on emergency departments; and the nurse call bell at St Andrews.

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

4.1. The Committee agreed that the following risks should be added to the risk register or reported to the Board:

- Mental Health Act assessments – an audit had been carried out and a shared interface group with the Local Authority had been set up.
- Right Care Right Person – an internal steering group to assess the impact of Right Care Right Person had been set up.

Alexander Priest
CHAIRMAN OF THE MENTAL HEALTH ACT COMMITTEE

Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Finance Report
SPONSORING EXEC:	Pippa Moger, Chief Finance Officer
REPORT BY:	Marl Hocking, Deputy Chief Finance Officer
PRESENTED BY:	Pippa Moger, Chief Finance Officer
DATE:	7 May 2024

Purpose of Paper/Action Required (Please select any which are relevant to this paper)		
<input checked="" type="checkbox"/> For Assurance	<input type="checkbox"/> For Approval / Decision	<input checked="" type="checkbox"/> 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)	
<input type="checkbox"/> Obj 1	Improve health and wellbeing of population
<input type="checkbox"/> Obj 2	Provide the best care and support to children and adults
<input type="checkbox"/> Obj 3	Strengthen care and support in local communities
<input type="checkbox"/> Obj 4	Reduce inequalities
<input type="checkbox"/> Obj 5	Respond well to complex needs
<input type="checkbox"/> Obj 6	Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture
<input checked="" type="checkbox"/> Obj 7	Live within our means and use our resources wisely
<input type="checkbox"/> Obj 8	Develop a high performing organisation delivering the vision of the Trust

Implications/Requirements (Please select any which are relevant to this paper)					
<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Legislation	<input type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> 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.

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.



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)

<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led
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Is this paper clear for release under the Freedom of Information Act 2000?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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SOMERSET NHS FOUNDATION TRUST

FINANCE REPORT

1. SUMMARY

- 1.1 The Trust has ended the year with a surplus of £0.023m, a small favourable position compared with the breakeven plan. This outturn position reflects a significant amount of work all year to mitigate a number of risks and manage a complex financial plan.
- 1.2 The draft accounts were submitted to NHSE and our external auditors on 24 April in accordance with the national timetable. A period of external audit will commence on the 29 April with final accounts being submitted on 28 June.

2. INCOME AND EXPENDITURE

- 2.1 Table 1 below sets out the summary income and expenditure account to 31 March 2024: -

Table 1: Income and Expenditure Summary March

Statement of Comprehensive Income	Annual Plan £000	Year to date		
		Plan £000	Actual £000	Fav./ (Adv.) Variance £000
Income				
Patient Care Income	928,490	928,490	972,112	43,622
Other Operating Income	54,102	54,102	102,508	48,406
Total operating income	982,592	982,592	1,074,621	92,028
Operating expenses				
Employee Operating Expenses	(674,225)	(674,225)	(729,918)	(55,693)
Drugs Cost: Consumed/Purchased	(71,060)	(71,060)	(84,906)	(13,846)
Clinical Supp & Serv Exc-Drugs	(45,272)	(45,272)	(62,646)	(17,375)
Supplies & Services - General	(27,780)	(27,780)	(36,022)	(8,242)
Other Operating Expenses	(151,017)	(151,017)	(152,162)	(1,144)
Total operating expenses	(969,354)	(969,354)	(1,065,654)	(96,299)
Operating Surplus/Deficit	13,238	13,238	8,967	(4,271)
Finance Expense	(12,651)	(12,651)	(13,245)	(594)
Finance Income	613	613	4,316	3,704
Other	0	(0)	0	0
Overall Surplus/(Deficit)	1,200	1,199	38	(1,161)
Depr On Donated Assets	1,386	1,386	1,198	(187)
Donated Assets Income	(2,591)	(2,591)	(3,159)	(568)
Amortisation	9	9	9	(0)
Other	(4)	(4)	1,936	1,940
Adjustments to control total	(1,200)	(1,200)	(15)	1,185
Adjusted Financial Performance	(0)	0	23	23

- 2.2 Total agency expenditure for the year was £36.784m (22/23 £39.1m) and medical locum expenditure £10.8m (22/23 £6.6m). While total agency expenditure has reduced since last year, medical agency has increased by £2m and medical locums by £4.2m.

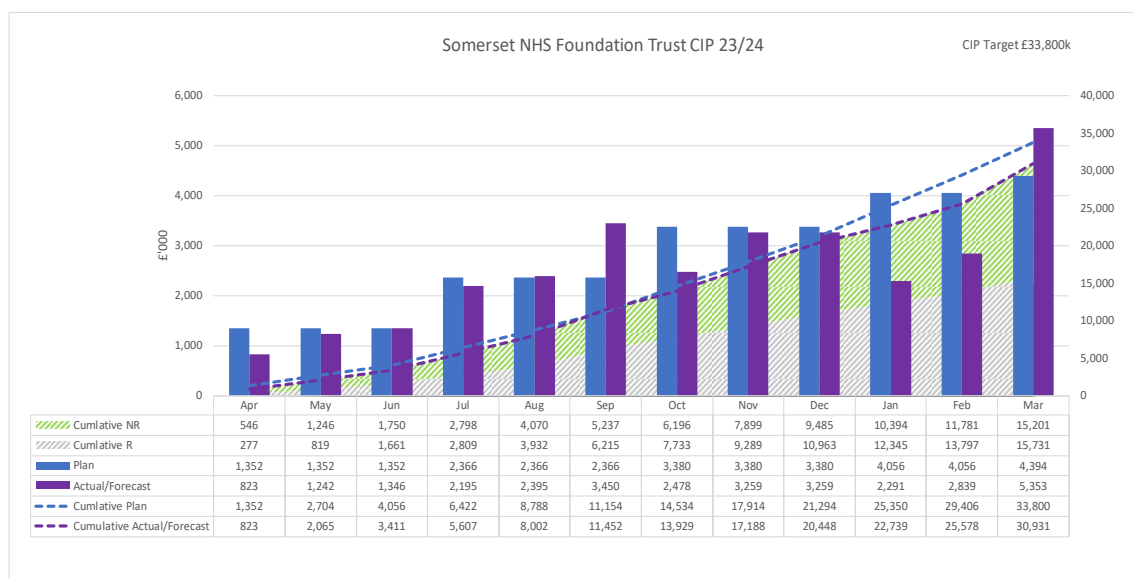
- 2.3 There has been a focussed effort by services to review agency usage and there are some encouraging signs that recent successes in overseas campaigns will see a significant reduction in medical agency spend in 2024/25, particularly within mental health services.
- 2.4 There is a strong national focus on agency and an expectation that organisations will reduce their expenditure by at least 5% next year. We will need to ensure that we continue our progress on reducing gaps in our workforce and maintain strong day to day controls.

3. COST IMPROVEMENT PROGRAMME

3.1 Cumulatively, £30.931m has been delivered and of this, £15.731m (51%) is recurrent. This represents a 92% achievement when compared to our original plan. It has been another difficult year; operational pressures have continued largely unabated all year. Added to this, industrial action has been disruptive to patients and our services and to an extent slowed progress in the achievement of our full CIP plans. Services are currently working hard to develop their Productive Care Plans; these will form the backbone of the Trust efficiency programme and supplement Trustwide schemes.

3.2 Further analysis is shown in the chart below: -

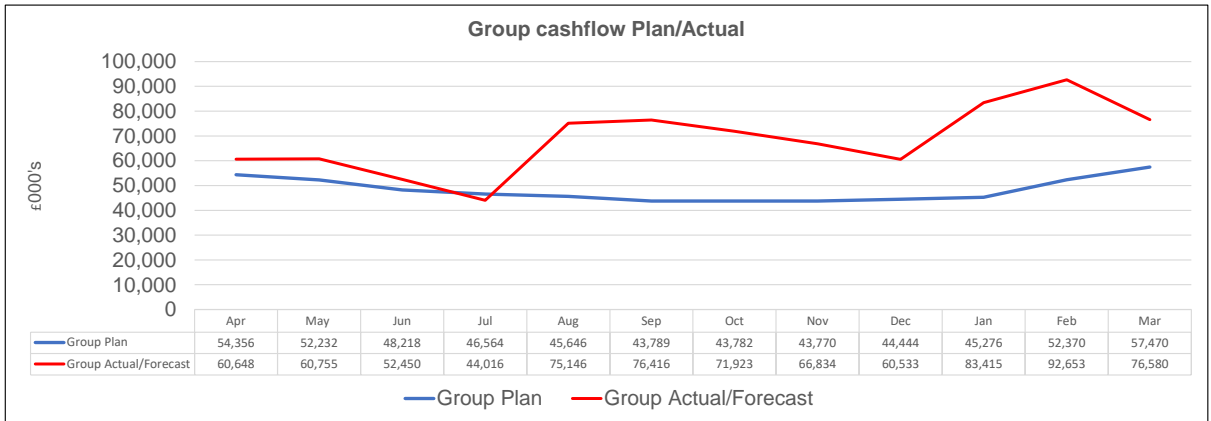
Chart 1: CIP Plan 23/24



4. CASH

4.1 Cash balances at 31 March were £76.6m, £19.1m higher than plan. The Trust remains in a strong cash position.

Chart 2: Cash flow Actual/Plan



5. CAPITAL

- 5.1 Total capital expenditure was £79.668m at the end of March against a plan of £79.698m, an underspend of £0.030m. There have been significant changes over the course of the year as a result of a combination of approving new areas of expenditure as schemes slipped and in response to additional funding allocations.
- 5.2 There was a late discussion with NHSE on IFRS 16 available CDEL which resulted in additional Allocation of £3.500m to cover the recognition of the Burnham GP lease and some other lease remeasurements.
- 5.3 Detailed monitoring is reported regularly to the Finance Committee and oversight is through the Strategic Estates and Capital Delivery Groups. Delivery of a complex programme such as this is another huge achievement and the result of significant planning and hard work of many colleagues.

6. STATEMENT OF FINANCIAL POSITION (BALANCE SHEET)

Feb-24	Mar-24	Movement		Mar-23	Mar-24	Movement in Year
£000	£000	£'000		£000	£000	£000
34,888	37,954	3,065	Intangible Assets	25,142	37,954	12,812
373,019	390,563	17,544	Property, plant and equipment, other	356,521	390,563	34,042
28,579	28,360	(219)	On SoFP PFI assets	24,654	28,360	3,706
80,484	83,020	2,536	Right of use assets	82,143	83,020	877
(2,329)	14	2,343	Investments	296	14	(282)
14	14	0	Other investments/financial assets	14	14	0
3,392	2,957	(435)	Trade & other receivables >1yr	3,113	2,957	(156)
518,048	542,883	24,835	Non-current assets	491,883	542,883	51,000
12,259	11,005	(1,254)	Inventories	10,833	11,005	172
23,635	7,082	(16,554)	Trade and other receivables: NHS receivables	39,244	7,082	(32,162)
19,873	24,932	5,059	Trade and other receivables: non-NHS receivables	22,158	24,932	2,774
466	466	0	Non current assets held for sale	0	466	466
92,653	76,580	(16,073)	Cash	64,388	76,580	12,192
148,885	120,064	(28,821)	Total current assets	136,623	120,064	(16,559)
(100,836)	(96,051)	4,785	Trade and other payables: non-capital	(124,670)	(96,051)	28,619
(9,776)	(14,419)	(4,643)	Trade and other payables: capital	(10,942)	(14,419)	(3,477)
(32,070)	(16,340)	15,730	Deferred income	(8,524)	(16,340)	(7,816)
(13,031)	(14,364)	(1,333)	Borrowings	(6,210)	(14,364)	(8,154)
(6,287)	(7,805)	(1,517)	Provisions <1yr	(4,893)	(7,805)	(2,912)
(162,001)	(148,980)	13,022	Current liabilities	(155,239)	(148,980)	6,259
(13,116)	(28,915)	(15,799)	Net current assets	(18,616)	(28,915)	(10,299)
(94,343)	(111,978)	(17,635)	Borrowings >1yr	(103,041)	(111,978)	(8,937)
(5,624)	(3,073)	2,551	Provisions >1yr	(4,034)	(3,073)	961
(1,704)	(1,682)	22	Deferred income >1yr	(1,941)	(1,682)	259
(101,671)	(116,734)	(15,062)	Total long-term liabilities	(109,016)	(116,734)	(7,718)
403,261	397,234	(6,027)	Net assets employed	364,251	397,234	32,983
			Financed by:			
359,984	363,752	3,768	Public dividend capital	322,064	363,752	41,688
77,975	77,897	(78)	Revaluation reserve	76,094	77,897	1,803
0	(245)	(245)	Other reserves	0	(245)	(245)
(2,471)	(2,471)	0	Financial assets at FV through OCI reserve	(2,472)	(2,471)	1
(32,227)	(42,246)	(10,019)	I&E reserve	(31,435)	(42,246)	(10,811)
			Other's equity			
0	548	548	Non-controlling Interest	0	548	548
403,261	397,234	(6,027)	Total financed	364,251	397,234	32,983

7. CONCLUSION AND RECOMMENDATIONS

- 7.1 The Trust has delivered its financial plan in the face of persistent operational pressure for most of the year. We will have to do even more as we move into 2024/25 which will be an even more challenging financial landscape.
- 7.2 Our efficiency programme is a step change increase from previous years, and we will need to continue the progress we are making on reducing our agency expenditure and controlling our workforce numbers. The productive care programme is central to our drive to improve productivity and transform clinical services.
- 7.3 The Board are asked to note the financial performance for March 2024.

CHIEF FINANCE OFFICER

Somerset NHS Foundation Trust	
REPORT TO:	Trust Board
REPORT TITLE:	2024/25 Revenue budget
SPONSORING EXEC:	Pippa Moger, Chief Finance Officer
REPORT BY:	Mark Hocking, Deputy Chief Finance Officer
PRESENTED BY:	Pippa Moger, Chief Finance Officer
DATE:	7 May 2024

Purpose of Paper/Action Required (Please select any which are relevant to this paper)		
<input type="checkbox"/> For Assurance	<input checked="" type="checkbox"/> For Approval / Decision	<input type="checkbox"/> For Information

Executive Summary and Reason for presentation to Committee/Board	This report presents the Board with the 2024/25 annual revenue budget including information on the cost improvement programme, forecast cashflow and statement of financial position.
Recommendation	The Board is requested to approve the 2024/25 annual revenue budget.

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

Implications/Requirements (Please select any which are relevant to this paper)					
<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Legislation	<input type="checkbox"/> Workforce	<input type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input type="checkbox"/> 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.

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.

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 report has been reviewed by the Finance Committee.

Reference to CQC domains (Please select any which are relevant to this paper)

<input type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well Led
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Is this paper clear for release under the Freedom of Information Act 2000?

Yes No



SOMERSET NHS FOUNDATION TRUST

2024/25 REVENUE BUDGET

1. INTRODUCTION

- 1.1 The Board approved the final version of the 2024/25 financial plan at its meeting on 29 April 2024 and this was submitted to NHSE on 2 May 2024 in accordance with the national timescale. The submission included:
- i) The financial plan – detailed profiled plans for I&E, capital, cash and efficiencies
 - ii) Workforce plans – setting out demand, supply, efficiency and skill mix information
 - iii) Activity plans - which set out trajectories for key performance areas
- 1.2 In addition, the Somerset ICS submitted a system wide plan which is a consolidation of the ICB and SFT plans for 2024/25.
- 1.3 This paper is a summary of the final plan and proposes the annual revenue budget for agreement.

2. SUMMARY

- 2.1 The financial plan was developed with reference to the national planning guidance and locally determined priorities. Initial guidance from NHSE in December 2023 set out the key themes and ambitions for the year ahead. Many of the ambitions for 2024/25 reflect the reality of the multi-year process of recovering from the impact of the pandemic and improving services for patients.
- 2.2 The overall priority in 2024/25 remains the recovery of our core services and productivity following the COVID-19 pandemic. National guidance is clear that to improve patient outcomes and experience we must continue to:
- i) Focus on quality and safety, particularly in maternity and neonatal services
 - ii) Improve A&E waiting times by supporting admission avoidance and hospital discharge while maintaining acute bed capacity
 - iii) Reduce elective long waits and improve performance against the core cancer and diagnostic standards
 - iv) Make it easier for people to access community and primary care services, particularly general practice and dentistry
 - v) Improve access to mental services for people of all ages
 - vi) Improve staff experience, retention and attendance



2.3 Planning has been undertaken collaboratively with the ICB to ensure we are able to meet the national objectives and local priorities and deliver a balanced net financial position. The Board will be familiar with this and how this work has progressed through the planning cycle through updates at previous meetings.

3. INCOME AND EXPENDITURE

3.1 The summary level Statement of Comprehensive Income (SOI) budget at Group level is shown below:

Group Statement of comprehensive income	Annual Budget £000
Operating income from patient care activities	964,351
Other operating income	66,890
Employee expenses	(704,565)
Operating expenses excluding employee expenses	(315,584)
Operating Surplus/(Deficit)	11,092
Finance Costs	(10,281)
Corporation Tax	(372)
Surplus/(Deficit) 2024/25	439
Adjustments to Financial Performance	(439)
Adjusted Financial Performance Surplus/Deficit	0

3.2 Service group, corporate services and other budgets are set out below. These are net of the agreed cost improvement targets. Corporate includes the corporate support service departments and other central budgets such as CNST, capital charges and depreciation is shown in the table below:



SERVICE GROUP	EMPLOYEE BENEFITS £'000	NON CLINICAL SUPPLIES £'000	OTHER INCOME £'000	CLINICAL SUPPLIES £'000	DRUGS £'000	FINANCING COSTS £'000	NON NHS CLINICAL INCOME £'000	NHS CLINICAL INCOME £'000	24/25 TOTAL PLAN £'000
NEIGHBOURHOOD SERVICES	88,524	9,623	(2,449)	1,124	641	0	(2,962)	(292)	94,209
MEDICAL SERVICES	121,551	2,097	(1,582)	9,143	18,765	0	(35)	0	149,938
SURGICAL SERVICES	143,345	2,501	(3,004)	22,066	17,656	0	(6,703)	0	175,861
CLIN SUPP & CANCER SERV	73,320	6,149	(3,033)	10,131	33,632	6,666	(1,599)	(0)	125,264
CYP & FAMILIES SERVICES	68,106	2,888	(1,382)	1,970	2,796	0	(131)	(2,017)	72,230
MENTAL HEALTH AND LD	67,394	10,769	(55)	(649)	792	0	0	(70)	78,181
	562,239	34,027	(11,505)	43,785	74,281	6,666	(11,430)	(2,379)	695,683
CORPORATE & OTHER SERVICES									
ESTATES AND FACILITIES	23,862	25,641	(27,920)	2,342	0	77	(809)	0	23,193
CHIEF NURSE	3,773	222	(281)	(26)	0	0	0	0	3,688
CHIEF OF PEOPLE & OD	15,013	5,680	(5,530)	(163)	39	0	(38)	0	15,001
DIRECTOR OF CORPORATE SERVICES	7,636	24,917	(364)	(496)	0	56	0	0	31,748
DIRECTOR OF STRATEGY & DIGITAL	16,608	26,591	(6,332)	(556)	0	3	0	0	36,314
CHIEF MEDICAL OFFICER	2,217	35	(495)	(55)	0	0	0	0	1,702
CHIEF FINANCE OFFICER	9,257	2,742	(4,867)	420	0	106	0	0	7,659
SYMPHONY HEALTH SERVICES	25,940	3,109	(100)	473	1,981	2,104	(33,778)	0	(270)
SOUTHWEST PATHOLOGY SERVICES	0	12,438	0	2,603	11,829	0	(3,804)	0	23,066
OPERATIONAL MANAGEMENT	7,247	3,823	(177)	(137)	85	0	0	0	10,841
RESERVES & CENTRAL BUDGETS	22,276	9,974	(31,331)	(19,805)	(22)	223	(460)	0	(19,145)
FINANCIAL ACCOUNTING	8,460	388	(10,109)	0	0	42,640	(843)	0	40,536
CENTRAL & CLINICAL INCOME	0	0	(3,438)	0	0	0	(14,315)	(855,678)	(873,431)
SIMPLY SERVE LIMITED	0	1,587	35,562	0	0	643	(35,562)	0	2,230
	142,289	117,147	(55,382)	(15,400)	13,912	45,853	(89,608)	(855,678)	(696,868)
GROUP TOTAL	704,528	151,174	(66,887)	28,384	88,193	52,519	(101,038)	(858,057)	(1,185)

Less: Control total adjustments 1,185

PLAN 24/25 0

3.3 A more granular income and expenditure position is set out in the table below. This is net of the £64.3m efficiency programme.

Statement of comprehensive income	Annual Budget £'000
Income from patient care activities	
Integrated Care Boards	837,033
NHS England	95,887
Local Authorities	2,376
NHS Trusts//overseas/other/non NHS	22,476
Private patients	6,579
sub-total	964,351
Other operating income	
Research & Development	3,024
Education & Training	29,004
Car Parking, catering & staff accommodation	5,088
Donations	2,592
Other	27,182
sub-total	66,890
Total operating income	1,031, 241
Operating expenditure	
Staff costs – substantive	(634,170)
Staff costs – agency	(32,169)
Staff costs – bank/locum	(38,226)
Supplies & services - clinical	(29,725)
Supplies & services - general	(39,410)
Drug costs	(88,195)



Statement of comprehensive income	Annual Budget £'000
Establishment & premises costs	(36,451)
Depreciation & amortisation	(36,627)
Clinical negligence	(22,104)
Other	(63,072)
sub-total	(1,020,149)
Operating Surplus/(Deficit)	11,092
Finance Costs	
Interest receivable	2,424
Interest payable	(3,321)
PDC dividends payable	(9,384)
Corporation Tax	(372)
Surplus/(Deficit) 2024/25	439
Remove capital donations	(439)
Adjusted Financial Performance Surplus/Deficit	0

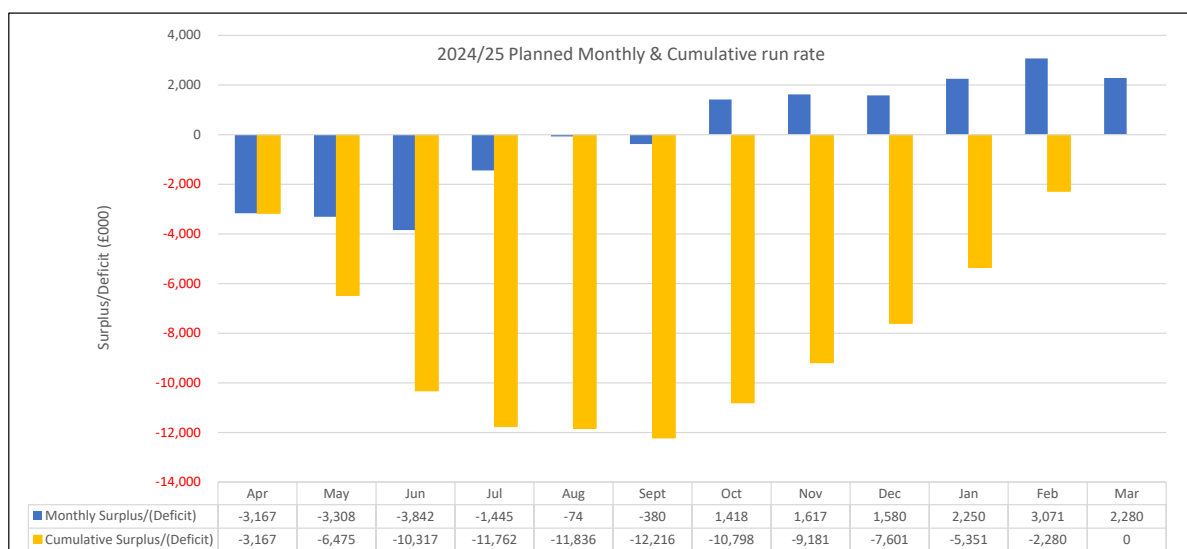
- 3.4 Total staff costs are £704.565m and represent c69% of the Group operating expenses. The agency budget is c4.5% of total pay expenditure and represents a material reduction on the actual spend in 2023/24.
- 3.5 A breakdown of the total staffing budget by staff type including whole time equivalent information (planned as 31 March 2025) is shown in the table below:

Staff costs detail	Annual Budget £'000	WTE
Clinical substantive staff (non-medical)		
Registered nursing & midwifery staff	(192,330)	3,420
Registered/ Qualified Scientific, Therapeutic and Technical Staff	(106,834)	1,564
Support to nursing, AHP & clinical staff	(100,862)	2,539
	(400,026)	7,523
Medical & dental substantive staff		
Consultants	(72,969)	439
Career/Staff grades/Trainees	(65,235)	661
	(138,204)	1,100
Non-medical/non-clinical substantive staff		
NHS infrastructure support & others	(95,940)	3,143
Total substantive staff costs	(634,170)	11,766
Bank/Locum staff		
Registered nursing & midwifery staff	(9,438)	150
Allied Health professionals	(1,385)	26
Support to nursing staff	(13,587)	319
Medical staff	(6,024)	27
NHS infrastructure support	(1,735)	36
Total bank staff costs	(32,169)	558



Agency staff		
Registered nursing & midwifery staff	(8,938)	61
Allied Health professionals	(3,409)	27
Support to nursing staff	(2,848)	25
Medical staff	(23,031)	68
Total agency staff costs	(38,226)	181
Total staff costs	(704,565)	12,505

3.6 The monthly phased budget is shown in the chart below:



3.7 The Board will note that the Group is planning a deficit for the first 6 months. This reduces over the next 6 months through the surpluses generated in each month - primarily as the CIP delivery increases.

4. CIP

4.1 The total savings programme is £64.3m in 2024/25. This is composed of the following key elements:

Core CIP	£35.4m
Merger	£1.0m
ERF	£14.0m
Agency reduction	£6.8m
Other programmes	£7.1m
Total	£64.3m

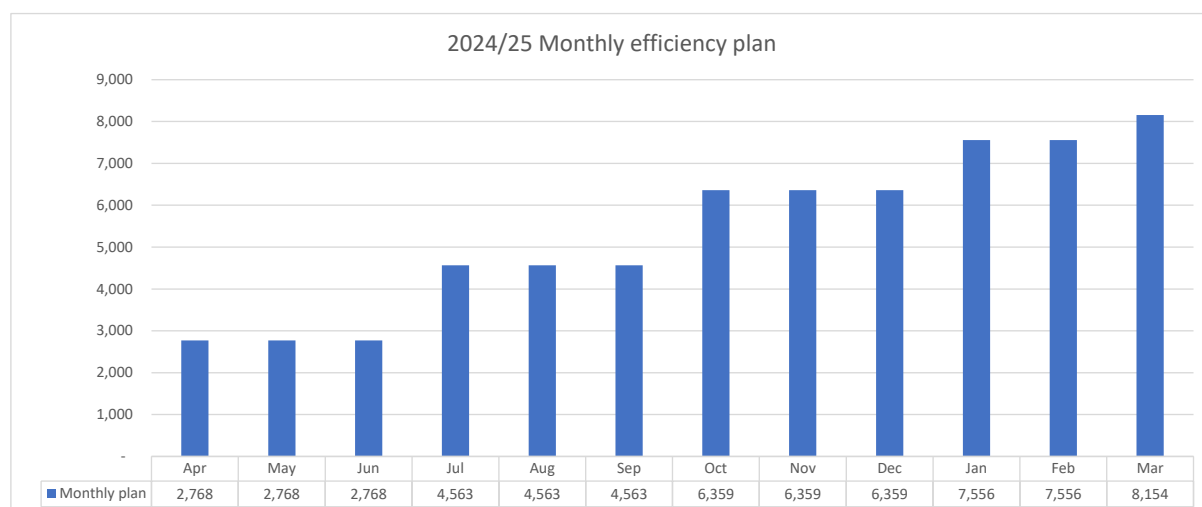
4.2 The approach to the core cip programme is based on the same approach used in 2023/24, which a combination of the carry forward of CIP achieved non-recurrently in the previous year together with a minimum efficiency % requirement.

4.3 The programme by service/corporate team is shown below:



Service Group/Corporate Team/Area	2024/25 CIP Target £m	% of Total
Clinical Support & Cancer Services Group	5.6	9%
Medical Services Group	6.4	10%
Surgical Services Group	5.2	8%
Mental Health & LD Services Group	2.4	4%
CYP & Families Services Group	2.7	4%
Neighbourhood Services Group	4.6	7%
Operational Management	0.9	1%
Estates	1.9	3%
Director of Corporate Services	0.7	1%
Chief Finance Officer	0.3	0%
Chief Nurse	0.1	0%
Chief of People and OD	0.6	1%
Chief Medical Officer	0.2	0%
Director of Strategy and Digital	1.9	3%
SSL	0.9	1%
SHS	1.0	2%
ERF	14.0	22%
Agency reduction	6.8	11%
Merger	1.0	2%
Central & other programmes	7.1	11%
TOTAL	64.3	

4.4 This level of efficiency savings represents c6.3% of operating expenses and is an increase on the CIP delivered in 2023/24. The plan is profiled based on the makeup of individual schemes and increases from 13% in quarter 1 to 36% in quarter four. The monthly trajectory is shown below:



- 4.5 Services are continuing to work hard developing their CIP plans using a combination of traditional CIP schemes and productivity and transformational opportunities identified as part the Productive Care Programme (PCP). The PCP will be the key enabler to unlock the full opportunities and benefits of clinical integration and the merger. The plans in development will set out the financial benefits, productivity and workforce gains over this and next year. Non-clinical departments and services are continuing to identify their schemes.
- 4.6 We continue to work with the ICB to identify wider opportunities to secure recurrent benefits through strategic changes; through improved system flow, integrated neighbourhood working and population health management.

5. CASH

- 5.1 The cash flow statement is driven by the planned operating surplus/(deficit), the impact of non-cash transactions such as depreciation and movements in working capital and the impact of investment activities, namely the Group capital programme expenditure both in terms of capital expenditure and capital funding (PDC) received.
- 5.2 The level of cash retained by month is shown in the table below. The year end balance is projected to be c62m.



- 5.3 The Group cash flow statement is set out in the table below and is based on the final income and expenditure plan and capital programme for the year:



Statement of Cash flows	Plan for y/e 31/03/25 £'000
Operating surplus/(deficit)	11,092
<u>Non-cash income & expense</u>	
Depreciation/amortisation	36,627
Income in respect of capital donations	(2,592)
Amortisation of PFI credit	(264)
Increase/(decrease) in trade/other payables/liabilities	8,151
Increase/(decrease) in provisions	(272)
Net cash generated/(used in) operations	52,742
<u>Cash flows from investing activities</u>	
Interest received	2,424
Purchase of intangible assets	(6,427)
Purchase of property, plant & equipment	(83,996)
Proceeds of sale of property, plant & equipment	466
Receipt of cash donations to purchase capital assets	2,592
Net cash used in investing activities	(84,941)
<u>Cash flows from financing activities</u>	
Public dividend capital received	41,396
Loans from DH repaid	(948)
Other loans repaid	(92)
Capital element of lease payments	(7,687)
Capital element of PFI	(3,327)
Interest paid	(304)
Interest element of lease payments/PFI	(2,136)
PDC dividend (paid)/refunded	(9,384)
Net cash generated from/(used in) financing activities	17,518
Increase/(decrease) in cash & cash equivalents	(14,681)
Cash & cash equivalents at start of period	76,580
Cash & cash equivalents at end of period	61,899

5.4 The cash flow statement demonstrates that the Group will have sufficient cash available to meet its obligations and planned commitments and there is no planned additional borrowing in the period.

6. STATEMENT OF FINANCIAL POSITION

6.1 The statement of financial position (balance sheet) is derived principally from the final revenue plans set out above and planned capital expenditure programme. The SOFP sets out the assets owned by the Group and liabilities which it owes. These sum to the total net assets of the organisation and in the case of NHS bodies, are funded by the taxpayers' equity.

6.2 The movement in current assets and liabilities and other working capital are based on the business as usual activities of the Group. The final year ending 31/03/2025 planned position is shown in the table below:



Statement of Financial Position	Plan for y/e 31/03/25 £'000
<u>Non-current assets</u>	
Intangible assets	31,384
On-SoFP IFRIC 12 assets	26,150
Other property, plant and equipment (excludes leases)	451,645
Right of use assets - leased assets for lessee (excluding PFI/LIFT)	88,505
Investments in associates and joint ventures	1,037
Other investments/financial assets	28
Receivables: due from NHS and DHSC group bodies	1,012
Receivables: due from non-NHS/DHSC Group bodies	2,565
Credit loss allowance	(620)
Total non-current assets	600,669
<u>Current assets</u>	
Inventories	11,005
Receivables: due from NHS and DHSC group bodies	5,479
Receivables: due from non-NHS/DHSC Group bodies	27,906
Credit loss allowance	(1,372)
Cash and cash equivalents	61,899
Total current assets	104,917
<u>Current liabilities</u>	
Trade and other payables: capital	(19,160)
Trade and other payables: non-capital	(101,441)
Borrowings	(13,198)
Provisions	(6,049)
Other liabilities: deferred income including contract liabilities	(6,081)
Other liabilities: other	(259)
Total current liabilities	(146,188)
Total assets less current liabilities	559,398
<u>Non-current liabilities</u>	
Trade and other payables: non-capital	(114,994)
Other liabilities: deferred income/other	(4,587)
Total non-current liabilities	(119,581)
Total net assets employed	439,816
Financed by:	
Public dividend capital	405,148
Revaluation reserve	77,897
Other reserves	(2,716)
Income and expenditure reserve	(41,061)
Non-controlling interest	548
Total taxpayers' and others' equity	439,816

7. RECOMMENDATION

- 7.1 The Board is asked to note and approve the Trust's 2024/25 annual revenue budget as set out above.

CHIEF FINANCIAL OFFICER



Somerset NHS Foundation Trust		
REPORT TO:	Board of Directors	
REPORT TITLE:	Assurance Report from the Charity Committee meeting held on 26 January 2024	
SPONSORING EXEC:	Director of Strategy and Digital Development	
REPORT BY:	Katy Fry, Executive PA	
PRESENTED BY:	Graham Hughes, Chairman of the Charity Committee	
DATE:	7 May 2024	
Purpose of Paper/Action Required (Please select any which are relevant to this paper)		
<input checked="" type="checkbox"/> For Assurance	<input type="checkbox"/> For Approval / Decision	<input type="checkbox"/> For Information
Executive Summary and Reason for presentation to Committee/Board	<p>The attached report sets out the items discussed at the Charity Committee meeting held on 26 January 2024.</p> <p>The Committee received assurance in relation to:</p> <ul style="list-style-type: none"> • The fundraising report • Progress against annual plan and charity charter • Finance report and approvals • Fundraising policy • A £25,000 donation for each acute site from Glastonbury festival. • A legacy of £351,000 has been received after four years. • A transfer of £750,000 to the CCLA. <p>The Committee did not identify any areas of follow up.</p> <p>The Committee did not identify any issues to be reported to the Board.</p>	
Recommendation	The Board is asked to note the assurance and areas for follow up identified by the Charity 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)

- | | | | | | |
|---|--------------------------------------|---|---|------------------------------|---|
| <input checked="" type="checkbox"/> Financial | <input type="checkbox"/> Legislation | <input checked="" type="checkbox"/> Workforce | <input checked="" type="checkbox"/> Estates | <input type="checkbox"/> ICT | <input checked="" type="checkbox"/> 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)				
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<input checked="" type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input type="checkbox"/> Well Led
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Is this paper clear for release under the Freedom of Information Act 2000?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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SOMERSET NHS FOUNDATION TRUST

ASSURANCE REPORT FROM THE CHARITY COMMITTEE MEETING HELD ON 26 JANUARY 2024

1. PURPOSE

- 1.1. The report sets out the items discussed at the meeting held on 26 January 2024, along with the assurance received by the Committee and any areas for follow up identified. The meeting was conducted by MS Teams.

2. ASSURANCE RECEIVED

Fundraising Report

- 2.1. The Committee received the fundraising report and noted that the key points.
- 2.2. The family of three websites are up and running.
- 2.3. A donation of £25,000 has been received from Glastonbury Festival for each acute site.
- 2.4. A legacy of £351,000 has now been received after four years.
- 2.5. James Kirton is working with Louise Coppin to review the charities' approach to GDPR and consent.
- 2.6. The NHS Charities Together garden bids were unsuccessful however a working group has been set up by Andy Heron to look at outdoor spaces.

Progress against Annual Plan and Charity Charter

- 2.7. James Kirton explained that the charity priorities have been split into three phases, the launch phase, the consolidation phase and the development phase.
- 2.8. A "wish list" is going to be developed so that potential donors have an idea what they could contribute towards.

Finance Report and Approvals

- 2.9. Nick Boatwright noted that a legacy of £351,000 has been received after four years.
- 2.10. Nick Boatwright asked the committee to approve a transfer of £750,000 to the CCLA as there is currently £1.2million in the current account. The committee approved this transfer which will leave £500-600k in the current account.
- 2.11. The committee approved business cases BC152, BC154 and BC156.

2.12. Nick Boatwright will contact Neil Murray regarding a date of transfer of funds for the Breast Appeal project.

Fundraising Policy

2.13. James Kirton noted there is no current Trust policy in relation to fundraising and shared a draft with the committee.

2.14. David Shannon noted the important of the fundraising policy working alongside the conflict of interest and procurement policies.

2.15. Alexander Priest noted the importance of being commercially aware for the benefit of the charities as long as there is transparency.

2.16. David Shannon advised adding a link to the ethical investment policy.

2.17. James Kirton will make the suggested amendment and re-circulate within two weeks.

3. AREAS OF CONCERN OR FOLLOW UP

3.1. There were no areas of concern or follow up.

4. BE REPORTED TO THE BOARD OR OTHER COMMITTEES

4.1 The Committee did not identify any issues to be reported to the Board.

Graham Hughes
CHAIRMAN OF THE CHARITY COMMITTEE