

**SOMERSET NHS FOUNDATION TRUST
PUBLIC BOARD MEETING**

A Public meeting of the Somerset NHS Foundation Trust Board will be held on **Tuesday 5 November 2024** at **9.00am** at Frome Community Hospital, Enos Way, Frome BA11 2FH.

If you are unable to attend, would you please notify Mrs Ria Zandvliet, Secretary to the Trust at Somerset NHS Foundation Trust by email on ria.zandvliet@somersetft.nhs.uk

Yours sincerely

COLIN DRUMMOND
CHAIRMAN

AGENDA

		Action	Presenter	Time	Enclosure
1.	Welcome and Apologies for Absence		Chairman	09:00	Verbal
2.	Questions from Members of the Public and Governors		Chairman		Verbal
3.	Minutes of the Somerset NHS Foundation Trust's Public Board meeting held on 3 September 2024	Approve	Chairman		Enclosure A
4.	Action Logs and Matters Arising	Review	Chairman		Enclosure B
5.	Registers of Directors' Interests and Receive any Declarations of Interests relating to items on the Agenda	Note and Receive	Chairman		Enclosure C
6.	Chairman's Remarks	Note	Chairman	09:10	Verbal
7.	Chief Executive and Executive Directors' Report	Receive	Peter Lewis	09:20	Enclosure D
8.	Constitution Review	Approve	Jade Renville	9:30	Enclosure E
OBJECTIVE 8 - Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies					
9.	Quality and Performance Exception Report	Receive	Pippa Moger	9:35	Enclosure F



OBJECTIVE 6 – Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture

10.	Assurance Report of the People Committee meeting held on 8 October 2024	Receive	Tina Oakley	9:50	Enclosure G
11.	Guardian of Safe Working for Postgraduate Doctors Report	Receive	Melanie Iles/ Tom Rees	9:55	Enclosure H
12.	GMC National Trainee Survey Results	Receive	Melanie Iles	10:10	Enclosure I
13.	Freedom to Speak Up Six Monthly Guardian Report	Receive	Caroline Sealey	10:20	Enclosure J
14.	Wellbeing Champion Six Monthly Report	Receive	Graham Hughes	10:30	Enclosure K
15.	Medical Appraisal and Revalidation Annual Report	Ratify	Melanie Iles	10:40	Enclosure L
16.	Safe Staffing Report	Receive	Hayley Peters	10:45	Enclosure M

Coffee Break - 11:00-11:15

OBJECTIVE 2 – Provide the best care and support to people

17.	Patient Story – Personalised care and support from the community rehabilitation service	Receive	Victoria Bull/ Mr and Mrs S	11:15	Verbal
18.	Assurance Report of the Quality and Governance Assurance Committee meeting held on 25 September 2024	Receive	Jan Hull	11:45	Enclosure N
19.	Assurance Report of the Quality and Governance Assurance Committee meeting held on 4 October 2024	Receive	Inga Kennedy	11.50	Enclosure O
20.	Report from the Organ and Tissue Donation Committee	Receive	Jan Hull James Sidney	11:55	Enclosure P
21.	Learning from Deaths Framework: Mortality Review Progress Report	Receive	Melanie Iles	12:05	Enclosure Q

OBJECTIVE 4 – Reducing Inequalities

22.	Assurance Report from the Mental Health Act Committee meeting held on 17 September 2024	Receive	Alexander Priest	12:15	Enclosure R
23.	Review of Mental Health Services against CQC findings relating to Nottinghamshire Healthcare Trust	Receive	Jane Yeandle	12:20	Enclosure S
OBJECTIVE 7: To live within our means and use our resources wisely					
24.	Finance Report	Receive	Pippa Moger	12:30	Enclosure T
25.	Verbal report from the Finance Committee meeting held on 28 October 2024	Receive	Martyn Scrivens	12:40	Verbal
26.	Assurance Report from the Audit Committee meeting held on 10 October 2024	Receive	Paul Mapson	12:45	Enclosure U
27.	Assurance Report from the Charitable Funds Committee meeting held on 22 July 2024	Receive	Graham Hughes	12:50	Enclosure V
FOR INFORMATION					
28.	Follow up questions from the Public and Governors		Chairman	12:55	Verbal
29.	Any other Business		All		Verbal
30.	Risks Identified		All		Verbal
31.	Evaluation of the Effectiveness of the Meeting		Chairman		Verbal
32.	Items to be discussed at the Confidential Board Meetings The items presented to the Confidential Board include: colleague suspensions and exclusions; progress reports from Symphony Healthcare Services and Simply Serve Limited; Option Appraisal; contract award and minutes from the August and September 2024 Finance Committee meetings.				
33.	Withdrawal of Press and Public To move that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.				

34.	Date of Next Meeting Tuesday 4 February 2025 – Frome Community Hospital			13:00	

PUBLIC BOARD MEETING

MINUTES OF THE SOMERSET NHS FOUNDATION TRUST PUBLIC BOARD MEETING HELD ON 3 SEPTEMBER 2024 AT SOUTH PETHERTON COMMUNITY HOSPITAL, BERNARD WAY, SOUTH PETHERTON, TA13 5EF

PRESENT

Colin Drummond	Chairman
Alexander Priest	Non-Executive Director
Martyn Scrivens	Non-Executive Director
Jan Hull	Non-Executive Director
Paul Mapson	Non-Executive Director
Kate Fallon	Non-Executive Director
Graham Hughes	Non-Executive Director
Inga Kennedy	Non-Executive Director
Tina Oakley	Non-Executive Director
Andy Heron	Chief Operating Officer/Deputy Chief Executive
Pippa Moger	Chief Finance Officer
Melanie Iles	Chief Medical Officer
David Shannon	Director of Strategy and Digital Development
Jade Renville	Director of Corporate Affairs

IN ATTENDANCE

Ben Edgar-Attwell	Deputy Director of Corporate Services
Tina Hickinbottom-Tacey	Corporate Services Officer
Emily Mock	Corporate Administration Assistant
Martina O'Connor	Recovery Partner (for item 14 only)
Candida Carter	Support, Time, Recovery Worker (for item 14 only)
Ria Zandvliet	Secretary to the Trust

1. WELCOME AND APOLOGIES FOR ABSENCE

- 1.1. The Chairman welcomed all Board members and attendees to the Board meeting and confirmed that the meeting was quorate.
- 1.2. It was noted that apologies had been received from Peter Lewis (Chief Executive), Isobel Clements (Chief of People and Organisational Development), and Hayley Peters (Chief Nurse).

2. QUESTIONS FROM MEMBERS OF THE PUBLIC/GOVERNORS

- 2.1. It was noted that no questions from members of the public had been received.



3. MINUTES OF THE SOMERSET NHS FOUNDATION TRUST PUBLIC BOARD MEETING HELD ON 2 JULY 2024

- 3.1. Martyn Scrivens proposed, Jan Hull seconded and the Board approved the minutes of the Somerset NHS Foundation Trust Public Board meeting held on 2 July 2024.

4. ACTION LOGS AND MATTERS ARISING

- 4.1. The Board received the action log and noted that the action relating to the learning from deaths report had been actioned and an executive summary had been included in the report included on the agenda.
- 4.2. The overview of the bed reconfiguration on the YDH site was referenced and it was queried whether the same impact on patient flow and quality of care was being experienced as seen at Musgrove Park Hospital. The Chief Operating Officer advised that the reconfiguration had not resulted in the same impact as only phase one of the reconfiguration process had been implemented. Phase two will focus on consolidation with the aim to achieve efficiencies but the implementation of this phase had been delayed due to the change in the surgical ward build completion date. As a result of this delay, the full benefits of the reconfiguration will not be achieved until April 2025.
- 4.3. There were no matters arising from the minutes.

5. REGISTERS OF DIRECTORS INTERESTS AND RECEIVE AND DECLARATIONS OF INTERESTS RELATING TO ITEMS ON THE AGENDA

- 5.1. The Board received the Register of Directors' interests and noted the following change:
- David Shannon – to add “Shareholder Director of SSL”
- 5.2. There were no declarations in relation to any of the agenda items.

6. CHAIRMAN REMARKS

- 6.1. The Chairman advised that, post election, he had contacted a number of politicians and a positive response to his request for a meeting had been received from Baroness Merron, Parliamentary Under-Secretary of State at the Department of Health and Social Care. A meeting will be set up as soon as possible.
- 6.2. The Chairman further confirmed that he had spoken with the Secretary of State for Health and Social Care and had highlighted that Somerset as a whole felt disenfranchised from the New Hospital Programme (NHP) due to the lack of labour MPs in Somerset. He advised that the Secretary of State for Health and Social Care had indicated that it was expected that the committed fees for the NHP will be

funded. The Chairman has offered for Peter Lewis and him to meet with the Secretary of State for Health and Social Care and Baroness Merron.

- 6.3. The Chairman advised that contact had also been made with local MPs and a meeting with Anna Sabine, MP, had been set up for later in September 2024.

7. CHIEF EXECUTIVE AND EXECUTIVE DIRECTORS REPORT

- 7.1. The Deputy Chief Executive presented the report which set out a number of significant developments. The report was received by the Board.
- 7.2. The Deputy Chief Executive particularly highlighted: the national collective action by GPs; the relocation of St Andrews Ward in Wells to the new mental health inpatient ward in Yeovil; the completion of the improvements to the labour ward at Musgrove Park Hospital and the positive impact of the changes made; and the publication of the Care Quality Commission's review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust and the actions taken by the Trust to check its position against the recommendations set out in the report.
- 7.3. The Board discussed the report and commented/noted that:
- The impact of the GP collective action on ED and MIU activity had been closely monitored since the start of the action on 1 August 2024 but, to date, no increase in activity levels had been identified. This will continue to be closely monitored.
 - A meeting with the Director of Midwifery at the Royal United Hospital NHS Foundation Trust (RUH) had taken place on 2 September 2024 and the purpose of this meeting was to identify areas of good practice at RUH which could be implemented at the Trust. This meeting was in line with the actions agreed following the Care Quality Commission inspection of maternity services.
 - The Care Quality Commission's (CQC) review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust (Nottingham) referred to boards needing to fully understand their role in the oversight of the need of patients who have serious mental illness and who find it difficult to engage with services. It was suggested that this may need further scrutiny by the Mental Health Act Committee or Quality and Governance Assurance Committee. Jan Hull referred to the assurance report from the Mental Act Committee and advised that a patient engagement audit relating to patients on Community Treatment Orders had been carried out but it was recognised that further work will be required to ensure that the absence of patient engagement was flagged as part of routine practices.

The Trust's passion was to put patients at the centre of everything it did and there had been a number of excellent developments in mental health services over the last 12 months. However, in spite of all these developments, it was queried how confident services were that all services were linked up, that no

patients fell through gaps and that colleagues had a sense of ownership of patients accessing mental health services to ensure that they were able to navigate their way through the system. The Chief Operating Officer commented that there was a good level of confidence in relation to partnership arrangements with the voluntary sector but it will be important to stay curious and have a clear line of sight in terms of assurance about processes.

Quality Leadership Walkrounds to home treatment teams had been used as a way of testing the alignment of services and the vast majority of feedback had been positive and reassuring. The key issue will be how to keep oversight and obtain assurance on an ongoing basis.

The Chief Operating Officer advised that concerns had been expressed nationally by some service user groups that the guidance will go too far and impact on liberty and controls. These concerns were based on previous high profile cases which had resulted in a policy response and there was a clear need for balance. The majority of patients with some of the risk indicators will be able to live independent lives and not pose a risk. It will be important to seek assurance about processes whilst ensuring humanity and support patients in a positive way.

The previous Somerset Partnership NHS Foundation Trust had excellent service user experience processes in place and it will be helpful to check that these processes had not been impacted by other developments. Following a conversation between Kate Fallon and a number of Governors, it had been agreed to set up a small governor working group to look at assurance processes and the findings of these discussions will feed into wider discussions.

- A number of publications/national guidance required oversight by the Board and it was important not to respond reactively but to take a comprehensive look at governance and assurance flows into the Board. The Board will not be able to oversee all these processes itself and consideration will need to be given as to where best to provide the appropriate challenges and what the best process was for providing the Board with assurance. The Board agreed that the actions set out in the report should be followed up by the Mental Health Act Committee and progress reported to the Board through the assurance reports.

It was suggested reviewing assurance processes at a future Board Development day and it was agreed to include this suggestion on the Board development day forward programme. **Action: Ria Zandvliet.**

The successful relocation of St Andrews was a tribute to the hard work by the team. Colleagues were pleased to be in the new environment and morale was high. The Director of Strategy and Digital Development set out the background to St Andrews including the reasons for its relocation. He further advised that proposals for the re-utilisation of the Phoenix and vacated St Andrews sites in Wells will be developed over the next six months.

8. 2024/25 Q2 BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER REPORT

Board Assurance Framework (BAF)

- 8.1. The Director of Corporate Services presented the report which was received by the Board. It was noted that the BAF had been discussed in detail at the July 2024 Audit Committee meeting and comments from the Committee had been taken into account in the updated version of the BAF.
- 8.2. The Director of Corporate Services highlighted the key risks on the BAF which continued to relate to: workforce shortages; access to primary care/increased ED demand; lack of pace of system-wide changes to address deficit; failure to identify and deliver sufficient recurrent cost improvements; risk of EHR business case not being approved or delayed; and vacancies within doctor workforce.
- 8.3. The Board discussed the report and commented/noted that:
 - The assurance process in relation to the red rated risks had been discussed at the July 2024 Audit Committee meeting and the Committee recommended a discussion at a future Board development day to consider the management and reporting of red rated risks along with the way assurance is given and taken using the formal governance structures in the Trust. Particular concern had been expressed that the risk ratings might give the impression that no actions were being taken as risk levels had not changed considerably. However, generally the risks were being managed well and some risks were outside of the control of the trust. It will be important to make the link between mitigating actions and the red rated risks clearer.
 - It will be important to distinguish between the risks and sections of risks which were in control of the Trust. It was difficult to score a very high level strategic objective and, even with an overall red scoring, not all parts of the objectives will be red, e.g. in terms of the system wide risks, what will be the risk of the trust, as delivery partner, not delivering its actions.

The Board cannot be assured by the BAF as the BAF was very high level and did not include an overview of mitigating actions or a clear overview of the actions required to be taken by the trust.

- The “outcome of assurance” column provided key information – neutral, negative or positive – and further information will need to be provided for objectives with a negative outcome of assurance. This information can be included as an appendix and will enable the Board to be better informed as to actions being taken.
- Objective 1 – improve the health and wellbeing of the population - had the lowest risk rating and caution was expressed that discussions did not solely focus on the high risk objectives. Although this risk was rated lower than other objectives, the population health position in Somerset had deteriorated. There was the danger of focussing on short term issues to the detriment of longer term issues.

It was highlighted that the BAF included the detailed work undertaken to date to mitigate the risk and four of the five actions were on plan to be delivered by the target date. This level of information was welcomed.

- The revised format of the BAF and CRR enabled a better understanding of the position and therefore enabled a more detailed, mature and in depth discussion.
- Generally actions were on plan to be delivered, but going forward it will be helpful to discuss the Board's expectations in terms of outcomes. It was noted that work on hero measures was taking place.
- Objective 1 was rated amber but this was the largest strategic risk in terms of impact on the trust and financial position and it will not be possible to continue to expand services. It was felt that the actions identified were not actual actions but took the form of controls.

8.4. The Director of Corporate Services agreed to consider the comments made and take these into accounts for the next iteration of the BAF. **Action: Director of Corporate Services.**

Corporate Risk Register

8.5. The Director of Corporate Services presented the report which was received by the Board. The risks had already been considered as part of the BAF discussion.

9. ASSURANCE REPORT OF THE QUALITY AND GOVERNANCE ASSURANCE COMMITTEE MEETING HELD ON 24 JULY 2024

9.1. Jan Hull presented the report which was received by the Board. She highlighted the areas of assurance received and the areas of concern and follow up by the Committee.

9.2. The areas to be reported to the Board related to:

- Maternity services – the increased risk in relation to multi-disciplinary working at Yeovil District Hospital (YDH).
- Maternity Incentive Scheme (MIS) Year 6 – the clear indication of areas of compliance and areas where further evidence will be required. The Committee was also provided with a quarterly quality and safety report which provided an overview of the perinatal surveillance dashboards and perinatal safety.
- The concerns in relation to paediatric services at YDH.
- The Wessex House “reset” programme – risk of requirement for out of area placements for Somerset CAMHS patients needing acute admission.

- The GP industrial action ballot.
- The OrderComms risk.

9.3. The Board discussed the report and commented/noted that:

- In her role as Non-Executive Director Safety Champion, and in relation to maternity services, Inga Kennedy advised that the maternity dashboard was still in an early stage of development. The dashboard was being developed alongside the ICB to ensure a cohesive and consistent approach.

In relation to the Maternity Incentive Scheme (MIS), she advised that a huge amount of effort had gone into the MIS but considerable work will still be required before being able to declare compliance at year end. She highlighted the risk that the Trust may not be able to declare compliance against all standards and, in particular, year end compliance with the medical workforce training requirements remained a concern. It was noted that this risk was being followed up with the Medical Team.

9.4. Inga Kennedy advised that the July 2024 meeting had been Jan Hull's last official meeting as Chair of the Committee and she thanked Jan Hull for her tremendous work in managing the constantly increasing workload of the Committee.

10. LEARNING FROM DEATHS FRAMEWORK: MORTALITY REVIEW PROGRESS REPORT

10.1. The Chief Medical Officer presented the report which was received by the Board. She advised that, as agreed at the July 2024 meeting, the report now included an executive summary. She advised that the report demonstrated the processes for learning from deaths and how this learning was shared and improvements made within the trust. She highlighted the key findings of the reviews and examples of learning.

10.2. The Board received the report and the issues identified as part of the investigations, the lessons learned, areas of improvement and actions taken were noted. It was noted that the report had been reviewed by the Quality and Governance Assurance Committee.

10.3. The Board discussed the reports and commented/noted that:

- There had been a reduction in the number of incidents reported and colleagues will continue to be reminded of the reporting process.
- The learning from deaths process had been shared with the system wide mortality group and system partners will extract learning from the trust's process to strengthen their own processes.
- The National Hip Fracture Database had indicated that the YDH site was an outlier in terms of mortality and an implementation group had been

set up to review the deaths during 2023/24 and oversee the implementation of the action plan. It was noted that the previous Medical Examiner's reviews had not highlighted any obvious themes.

- 49 out of the 64 GP practices in the catchment area were referring deaths to the Medical Examiner service and it was queried whether any of the remaining GP practices were Symphony practices. The Chief Medical Officer advised that this information was not to hand but agreed to check. She advised that generally there was a good response from primary care and legislation will come into effect on 9 September 2024. **Action: Chief Medical Officer.**
- The content of the report had significantly improved and the report was readable and informative.
- The majority of learning originated from inpatient deaths and it was queried whether the same level of learning was available in relation to deaths in the community and whether there was co-operation between different agencies, e.g. in relation to youth violence issues. The Chief Medical Officer advised that information on community deaths was available and this will be an area of focus for the next report.
- The report referred to the approachability of consultants and it was queried whether this posed a safety risk. The Chief Medical Officer commented that this had been identified as a theme and will be further discussed in part B of the meeting.
- The report referred to learning identified from a suicide and contact with the individual having been lost. The Chief Medical Officer advised that contact had been reduced but the key issue was that there was an expectation on patients to initiate contact and this reactive approach had now been transformed into a proactive approach and support for patients.
- There was a lack of understanding of the impact of the menopause on patients' mental health and it was queried what actions were being taken to increase colleague awareness. The Chief Medical Officer advised that one of the GPs was the national champion for menopause and was supporting the drafting of a response to the regulation 28 prevention of future deaths report. In relation to colleague awareness, it was highlighted that the impact of menopause had been identified as an issue by the various colleague networks. It was noted that significant learning had been identified by the networks and, in particular the work by Laura Walker, Head of Patient Safety and Learning, had made a huge difference and had increased the focus on the impact of menopause.
- It was queried how confident junior doctors were talking about deaths and how good consultants were talking to families. A lack of understanding and the resulting increase in distress for patients and families was a theme across the report and will need to be kept under review.

- It was important to ensure that consultants were open and willing to listen to feedback from junior doctors.

10.4. The Board thanked the team for their excellent work.

14. PATIENT STORY – “THE GOOD, THE BAD AND THE UGLY”

14.1. This item was brought forward on the agenda.

14.2. Martina O’Connor and Candida Carter joined the meeting for this agenda item.

14.3. Martina O’Connor set out her own journey with bipolar disorder and highlighted that bipolar made her believe that everything was possible but that these superpowers were only in her mind. She highlighted: the impact the illness has had on her and her family’s life: the need to rebuild her life; her thoughts to contemplating suicide to avoid being a strain on her family; her homelessness; and her time spent living in the woods.

14.4. Martina O’Connor further set out her experience with the Police and her admission to a secure mental health inpatient unit, which she felt had not been positive with staff not making time for patients and not being allowed to use her phone to make a complaint. Martina advised that her support from the community mental health team had been excellent. She felt well supported and their approach had made a real difference.

14.5. Martina O’Connor advised that she had become a recovery partner six years ago and, as part of this role, she was, and continues to be, humbled by the stories she hears from patients. She was very active in this role and was involved in a number of projects, including chairing peer support group meetings; recovery college and being part of interview panels. She felt that becoming a recovery partner gave her hope, had saved her life, and enabled her to make a difference.

14.6. Martina O’Connor read out a poem which reflected on her journey. The poem was titled “IF” by Rudyard Kipling.

14.7. The Board discussed the presentation and commented/noted that:

- The story and poem were very emotional and the Board appreciated Martina telling her story and sharing her personal experience. Although the Board heard about patient stories it was unusual to hear the story direct from the person involved and this helped the Board to understand the issues faced by patients.
- It was queried whether any actions could have been taken earlier to improve Martina’s mental health sooner. Martina advised that it would have been difficult to take actions earlier due to the Police involvement as she had been assessed as being a danger to herself. She advised that she carried three days of medication on her but, as she was not allowed to take her medication, her mental health had deteriorated. The Police intervention process had now

changed but it was still difficult to get help in time to prevent a crisis escalating. Martina highlighted the example of someone in crisis making their first call for help, but when asked to phone someone else for support, a second call will not be made and the crisis will escalate.

The Chief Operating Officer advised that in relation to crisis intervention services, some first response services were fairly new in the way they operate and any feedback Martina could provide will be helpful. Martina commented that she had completed a project on crisis intervention and was happy to share her findings. One of the key issues was that patients were now required to call first response services but this change had been rolled out without this being clearly communicated to patients or without the involvement of patients. As a result patients did not know about the first response service.

- The role of recovery partners was invaluable and it was queried whether Martina had the opportunity to provide feedback into the leadership structure. Martina advised that she had met with the Mendip mental health service to share her feedback relating to crisis intervention cover at weekends and late at night which are the key times of crisis but are times when resources are at their lowest level with staff covering large areas. She suggested that monitoring the number of phone calls received will be helpful.

The Chief Operating Officer queried whether Martina saw evidence of actions taken as a result of her role as a recovery partner. Martina commented that she did not see the evidence herself.

- The Trust worked with a number of charities and third sector organisations and it was queried whether Martina was involved with the third sector and, if so, whether this was working well. Martina responded that the third sector, and especially MIND, offered significant support and some of her peers preferred to contact MIND in the first instance rather than the first response service. At the time of her own journey, she was not aware of third sector support but this was now more visible. Some of the recovery partners were working for the third sector as volunteers and their shared lived experience was helpful. In general she felt that the third sector involvement worked well.
- The Section 136 process had changed significantly over the last few years and patients were no longer taken to the Police station but were admitted to dedicated Section 136 suites. Martina commented that, previously, the Police would drop a mentally distressed patient off to A&E with A&E discharging the patient. In these circumstances Police involvement will be better but people in mental health crisis should not be treated as a criminal. Work continues to take place to improve the process. Martine commented that it was important to get involved and her recovery partner role gave her direction and pride.
- There were a number of well known people with bipolar disorder who had made amazing contributions. It was queried whether Martina had experienced upsides of having bipolar disorder. Martina advised that she had a sixth sense and felt that this was a gift. When having an episode she felt that she can do anything and change the world. She had been

able to build resilience and was able to manage her bipolar episodes. She commented that she would not have wanted to change this path in her life – bipolar disorder was not an easy illness but every cloud had a silver lining.

- In terms of her wellbeing, Martina commented that the benefit of becoming a recovery partner was having peers and breaking the habit of loneliness. Peer support was essential and made a real difference.

14.8. The Chairman thanked Martina O'Connor for sharing her deeply emotional story and for her work as a recovery partner. The Chairman also thanked Candida Carter for supporting Martina.

11. 2023/24 QUALITY ACCOUNT

11.1. The Director of Corporate Services advised that quality governance was not part of her dual role in view of potential conflicts of interests with her ICB role. It was noted that quality governance will be part of Phil Brice's role from 1 October 2024.

11.2. The Board received the Quality Account and noted that, as for previous years, there was no requirement for an external audit opinion on the Quality Account. The report included progress against the 2023/24 priority programmes for delivering the five clinical care and support strategy aims and set out the proposed priorities for 2024/25. It was noted that, as required, the report had been shared with the required stakeholders and their feedback will be included in the version to be presented to the September 2024 Council of Governors meeting.

11.3. The Board discussed the report and commented/noted that:

- The proposed priorities for 2024/25 covered: personalised care; patient involvement and co-production; right care, right bed; colleague health and wellbeing; patient safety incident response framework themes.
- Progress will be monitored within the Board Assurance Framework but the programmes will be delivered at team and/or service group level.
- The report covered the statutory requirements but it was felt that detailed information particularly in relation to pressure ulcers was missing. Pressure ulcers was a key quality indicator, was a red rated risk and was an area of focus by governors. For triangulation purposes it was suggested to include the following information: overview of position across the year, risks, mitigations, progress and ongoing actions.
- The word "form" in the sentence "Our NHS by NHS Somerset" on page two to be deleted.
- A request was made for an overview relating to Symphony Healthcare Services to be included in the 2024/25 quality account.

- Stakeholder feedback was awaited and the Board asked for their feedback to be circulated to the Board prior to the final report being presented to the Council of Governors.

11.4. The Board agreed that the report accurately reflected performance against the objectives. The Board thanked all colleagues who have contributed to this extensive report.

12. ASSURANCE REPORT OF THE PEOPLE COMMITTEE MEETING HELD ON 9 JULY 2024

12.1. Martyn Scrivens, Chairman of the People Committee meeting held on 9 July 2024, presented the report which was received by the Board. He highlighted the areas of assurance received and the areas of concern and follow up by the Committee.

12.2. The area to be reported to the Board related to:

- A discussion on digital prioritisation to be included at a future Board Development Day to ensure that the digital needs for people services were being considered.

12.3. The Board discussed the report and commented/noted:

- A presentation on digital prioritisation will be included on the agenda of the October 2024 Board Development Day.

12.4. The Board thanked the Committee for its hard work.

13. GUARDIAN OF SAFE WORKING FOR POSTGRADUATE DOCTORS REPORT

13.1. The Chief Medical Office presented the report which was received by the Board. The Board noted the exception reporting data; the issues arising from the exception reports; and actions identified.

13.2. The Board discussed the report and commented/noted:

- The reduction in exception reporting overall, but particularly within general surgery and medicine.
- The reduction in the number of outstanding exception reports compared to previous quarters.
- The low number of exception reports generated from out of hours work.
- That it will be helpful to reflect how many junior doctors return to a consultant or associate post and the Chief Medical Director agreed to check whether this data was available. **Action: Chief Medical Officer.**

- The locum agency and bank spend only related to payments associated with exception reporting and not to the overall locum and agency spend and it was felt that the inclusion of these figures did not add value to the report.

14. ASSURANCE REPORT FROM THE MENTAL HEALTH ACT COMMITTEE MEETING HELD ON 11 JUNE 2024

14.1. Jan Hull, Chairman of the Mental Health Act Committee meeting held on 11 June 2024, presented the report which was received by the Board. She highlighted the areas of assurance received and the areas of concern and follow up by the Committee.

14.2. Jan Hull advised that no new risks or items to be reported to the Board had been identified.

14.3. The Board discussed the report and commented/noted:

- In relation to the findings of the internal audit on face to face contacts with patients on Community Treatment Orders (CTOs), it was queried whether the audit included data on the number of contacts with other clinicians. Alexander Priest advised that the audit was limited in scope and had been carried out in response to a question from a governor. Due to the number of contacts with a number of different colleagues, it will be difficult to measure all contacts.

The Chief Operating Officer advised that the key metric was whether there has been delegated contacts on a regular and frequent basis. Jan Hull commented that clinical oversight had been good but it was helpful to have the data on the number of contacts for patients on CTOs as a baseline for further work.

14.4. The Board thanked the Committee for its hard work.

15. QUALITY AND PERFORMANCE EXCEPTION REPORT

15.1. The Chief Finance Officer presented the report which was received by the Board. She highlighted the areas of good performance and provided an overview of the key performance challenges across the Trust. The key areas of under-performance against targets and areas of concern related to: no criteria to reside within acute beds which continued 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 the Emergency Departments; the number of patients waiting 18 weeks or more for a community service; and the number of patients waiting 18 weeks or more to be seen by the community dental service.

15.2. The Board discussed the report and commented/noted that:

- Due to the move to the new national Learn from Patient Safety Events (LFPSE) framework which requires changes to definitions and categorisations of incident data, data relating to a range of measures was unavailable whilst updates to the datasets were implemented. It was expected that data will be available for the next report.
- Additional capacity had been put in place to deliver the 65 weeks referral to treatment target by the end of September 2024. Forecasts indicated that 258 patients – 224 patients waiting for admitted care, and 34 patients waiting for non admitted care - will be waiting beyond 65 weeks as at the end of September 2024. The main specialties with 65 week waiting times delays were trauma and orthopaedics, ear, nose and throat and urology. A revised forecast had been submitted to NHSE and, based on this forecast, the trust had been put into virtual tier 2. Tier 2 consisted of weekly meetings with NHSE, Trust and ICB colleagues at which the plans and barriers for every patient breaching the 65 weeks wait were discussed. It was noted that 9 out of the 13 trusts in the South West will be in tier 2.

It was queried whether the weekly meetings with NHSE had provided added value. It was noted that helpful suggestions had been made by NHSE colleagues and one of the suggestions was to make contact with Cornwall to explore areas of good practice. Some of the suggestions made had already been identified by the trust and were already being implemented.

- The three modalities with diagnostic capacity issues related to echo, MRI and audiology. It was noted that additional mobile MRI capacity had been put in place pending the opening of the diagnostic centre in YDH in November 2024. Additional audiology sessions had also been set up.
- Ambulance handover time performance had historically been good and it was queried what the reason for the deterioration of performance at YDH was, and, in particular, whether the building works were a contributory factor. The Chief Finance Officer advised that performance had been affected by the increase in ED activity levels and patient flow issues due to the high number of “no criteria to reside” beds. To be able to manage these pressures at YDH, 12 escalation beds had been opened and this had positively impacted on ambulance handover time performance. It was noted that bed capacity on Jasmine Ward had also increased to 18 beds to facilitate the required building works.
- The percentage of “no criteria to reside” beds had increased and this was a concern in view of the expected winter pressures. The Chief Operating Officer advised that the percentage had deteriorated to 23.8% but plans were being put in place to come into effect in the autumn. The Chief Operating officer advised that the increase was caused by a number of different factors and was a complex and system wide issue. Progress was being made and further actions will continue to be identified and implemented.

It was noted that two hospitals in the South West were declaring zero no criteria to reside beds and contact will be made to look at their position and actions taken. The Chief Operating Officer however stressed that these two hospitals were outliers.

- There had been a focus on weekend discharges as weekend discharges were only 50% compared to discharges on week days. The aim was to have sufficient medical colleagues on site over the weekend to be able to review every patient on a daily basis. An increase in doctors however required an increase in job plans and, due to having two acute sites, the rota will be tight and difficult to implement. The work to date had resulted in better visibility and incremental changes were being made. The Chief Medical Officer advised that discussions about winter planning, including improving staffing levels and ward round arrangements, were taking place to be able to identify further barriers to discharge.

The Chief Medical Officer advised that discharges were impacted by “no criteria to reside” but a number of patients could be discharged on pathway zero (requiring no onward care) and it was important to ensure that discharge arrangements were as efficient as possible.

- The number of pressure ulcers was increasing and concern was expressed that performance had not been included in the overarching exception report. The Chief Finance Officer advised that deteriorating performance will be identified as an exception after five consecutive months of deterioration. The Chief Operating Officer agreed that the reporting of pressure ulcers will need to be further explored and agreed to follow this up with the Chief Nurse and the Chief Medical Officer. **Action: Chief Operating Officer.**
- It was queried whether diagnostic activity was undertaken seven days a week. The Chief Medical Officer advised that some diagnostic services were provided in weekends, but not all diagnostic services were offered routinely on weekends. Discussions were taking place but providing all diagnostic services seven days a week will require an increase in staffing and finances. The aim was to provide seven days a week services in areas where this made the biggest difference to patients. Basic CT scanning was undertaken in weekends.

One of the areas identified where improvements could be made related to pharmacy services at MPH, and an extension of opening hours in weekends will be able to facilitate weekend discharges.

16. ONE YEAR REVIEW OF THE MERGER

- 16.1. The Director of Strategy and Digital Development presented the report which was received by the Board. He advised that the report had been discussed in detail at the June 2024 Board Development Day, which was attended by senior colleagues from NHS England (NHSE), but that, due to the election period, it had not as yet been possible to present the report to the Part A Board meeting.

16.2. The Director of Strategy and Digital Development advised that formal confirmation had been received from NHSE that all actions requested as part of the governance review had been completed and NHSE have now formally signed off the merger process. No further regulatory review will be undertaken but internal reviews will be undertaken on a regular basis to be able to measure the progress made against the relevant indicators.

16.3. The Board discussed the report and commented/noted that:

- The report was excellent and clearly set out the benefits of the merger and enabled a good understanding of the reasons for the merger.
- The tables - summary of clinical service integration and milestones achievement – showed that not all measures had been achieved to date. Measures had become part of business as usual and it was queried whether this had been the right approach and where progress will continue to be monitored. The Director of Strategy and Digital Development advised that the reference to business as usual related to a change in the monitoring arrangements. The programme of work will continue but will not be run as separate programmes. The Programme Board was stood down and progress will be monitored through the Operational Leadership Team. Whilst previously the Board received quarterly reports, this frequency will change to either six monthly or annual progress reports.

The formatting and content of the table will be discussed outside of the meeting.

- The integration of policies was an ongoing programme of work. It was queried whether implementation dates had been agreed. It was noted that all policies were being uploaded onto Radar. An overview of all outstanding policies had been presented to the Operational Leadership Team meeting and a process for the review of all policies will need to be developed jointly with the service groups.
- The vision was to have a truly integrated health service in Somerset and the merger was a big step towards this vision. It was recognised that this was however the beginning of a longer term process.
- Having been subjected to two mergers in a short period of time, considerable learning had been identified as part of the process, but it was difficult to write all this learning in a business case. Considerable progress had been made and the Trust was now at the point at which strategies for all services and supporting strategies will need to be reviewed and updated.

16.4. The Non-Executive Director members of the Board congratulated the Executive Team on the success of the merger.

17. FINANCE REPORT

17.1. The Chief Finance Officer presented the financial report which was received by the Board. She particularly highlighted:

- The in-month deficit of £1.797 million which was £0.286 million adverse compared with the plan for the month.
- The year to date deficit of £13.202 million which was £1.184 million adverse compared with the plan to date.
- The in-month agency expenditure of £2.363 million which was £0.878 million below the plan and £0.249 million above the cap.
- The in-month delivery of the cost improvement programme of £4.562 million which was consistent with the plan.
- The year to date financial impact of the post graduate doctors in training industrial action of £1.184 million.
- The year to date delivery of £18.2 million capital expenditure against a plan of £17.7 million.
- The in-month workforce position - 110.30 WTE (whole time equivalent) under the workforce cap trajectory.

17.2. The Board discussed the report and commented/noted that:

- The capital programme was discussed at the recent Finance Committee meeting and it was noted that the timing differences with the internal programme around backlog maintenance and IT were being reviewed to ensure that spend was considered later in the programme.
- A 5.5% pay award for colleagues on Agenda for Change had been announced. A baseline pay award of 2.5% had been included in the forecast and information as to the financial allocation had not as yet been received. It was expected that there will be a funding shortfall.
- Good progress had been made in relation to the cost improvement programme gap but this will remain an area of risk.
- Confirmation in relation to the Elective Recovery Fund arrangements had not as yet been received and this lack of certainty was a concern.
- Clear indications had been given nationally that systems will be expected to deliver the plans signed off at the start of the financial year.

18. VERBAL REPORT FROM THE FINANCE COMMITTEE MEETING HELD ON 30 AUGUST 2024

- 18.1. Martyn Scrivens, Chairman of the Committee, advised that the key items and risks discussed at the meeting had already been discussed as part of previous agenda items.
- 18.2. Martyn Scrivens advised that the Committee has asked for monthly outturn reports to be presented to the Committee to be able to closely monitor the financial position. The finance team had improved the information presented to the Committee and the information presented was comprehensive and clear. He thanked the finance team for these improvements.

19. ASSURANCE REPORT FROM THE AUDIT COMMITTEE MEETING HELD ON 10 JULY 2024

- 19.1. Paul Mapson, Chairman of the Audit Committee, presented the report which was received by the Board. He highlighted the areas of assurance received and the areas of concern and follow up by the Committee.
- 19.2. The area to be reported to the Board related to:
 - The findings of the cancellation of elective operations audit (Executive Team/Operational Leadership Group).
 - It is recommended that a whole Board discussion takes place at some stage to consider the management and reporting of red rated risks along with the way assurance is given and taken using the formal governance structures in the Trust i.e Exec committees, Board Assurance Committees, Audit Committee and Trust Board.
- 19.3. The Board discussed the report and noted that the management and reporting of risks issue had already been discussed as part of the Board Assurance Framework agenda item.
- 19.4. The Board thanked the Committee for its hard work.

20. FOLLOW UP QUESTIONS FROM THE PUBLIC AND GOVERNORS

- 20.1. There were no follow up questions from members of the public.

21. ANY OTHER BUSINESS

- 21.1. There was no other business.

22. RISKS IDENTIFIED

- 22.1. The Board identified the risk management assurance process as a potential area of risk.

23. EVALUATION OF THE EFFECTIVENESS OF THE MEETING

- 23.1. The Board agreed that the meeting had been productive with a large number of items covered effectively, and detailed challenging. The patient story had been very good with lengthy discussions.

24. ITEMS FOR DISCUSSION AT CONFIDENTIAL BOARD MEETING

- 24.1. The Chairman highlighted the items for discussion at the confidential Board meeting and set out the reasons for including these items on the Confidential Board agenda.

25. WITHDRAWAL OF PRESS AND PUBLIC

- 25.1. The Board moved that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

26. DATE FOR NEXT MEETING

- 26.1. 5 November 2024

SOMERSET NHS FOUNDATION TRUST

ACTION NOTES FROM THE PUBLIC BOARD OF DIRECTORS MEETINGS

HELD ON 3 SEPTEMBER 2024

AGENDA ITEM	ACTION	BY WHOM	DUE DATE	PROGRESS
7. Chief Executive Report	To include a review of assurance processes on the Board development day forward programme.	Ria Zandvliet	Tbc	The topic has been included on the forward programme.
8. Board Assurance Framework and Corporate Risk Register	To consider the comments made and take these into accounts for the next iteration of the BAF.	Jade Renville	November 2024	The comments have been considered in the revised BAF.
10. Learning from Deaths Framework	To check whether Symphony practices were included in the 15 GP practices in the catchment area not referring deaths to the Medical Examiner service.	Melanie Iles	November 2024	There is no awareness that any GP practice - symphony or otherwise, are not reporting.
13. Guardian of Safe Working for Postgraduate Doctors	To check whether data on the number of junior doctors returning to a consultant or associate post was available.	Melanie Iles	November 2024	This data is not held centrally.

15.	Quality and Performance Exception Report	To liaise with the Chief Nurse and the Chief Medical Officer in relation to the reporting of pressure ulcers.	Andy Heron	November 2024	Community reporting is now mandated.
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Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Registers of Directors' Interests
SPONSORING EXEC:	Jade Renville, Director of Corporate Services
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Colin Drummond, Chairman
DATE:	5 November 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	The Registers of Interests are presented to the Board at every meeting and reflect the interests of Board members as at 26 October 2024.
Recommendation	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • note the Register of Interests; • declare any changes to the Register of Interests; • declare any conflict of interests in relation to the agenda items.

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 type="checkbox"/> Obj 7	Live within our means and use our resources wisely
<input type="checkbox"/> Obj 8	Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies

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

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

No impact on people with protected characteristics has been identified as part of the attached report.

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.

Public or staff involvement or engagement has not been required for the attached report.

Previous Consideration

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

The report is presented to every Board 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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REGISTERS OF DIRECTORS' INTERESTS

NON EXECUTIVE DIRECTORS	
<p>Colin Drummond Chairman</p>	<ul style="list-style-type: none"> • Honorary Vice President of Calvert Trust Exmoor (outdoor holidays for people with disabilities) – current • President of Wadham College Oxford 1610 Society • Deputy Lieutenant for Somerset • Worshipful Company of Water Conservators – Deputy Master • Trustee of the Harkness Fellows Association and Transatlantic Trust. Registered charity 1088426
<p>Jan Hull Non-Executive Director</p>	<ul style="list-style-type: none"> • Trustee of the Dulverton Abbeyfield Society. • Formerly Managing Director of South, Central and West Commissioning Support Unit
<p>Dr Kate Fallon Non-Executive Director (Senior Independent Director)</p>	<ul style="list-style-type: none"> • Daughter is a Consultant at the Trust • Symphony Health Services Board member • Chairman Symphony Health Services
<p>Alexander Priest Non-Executive Director</p>	<ul style="list-style-type: none"> • Chief Executive Mind in Somerset
<p>Martyn Scrivens Non-Executive Director (Deputy Chairman)</p>	<ul style="list-style-type: none"> • Non Executive Director and Chair of Audit Committee of Hampshire Trust Bank Limited • Wife works as a Bank Vaccinator for the Trust • Non-Executive Director and Chairman of Wesleyan Bank Limited, a 100% subsidiary of Hampshire Trust Bank Limited” (with effect from 28 February 2022) <ul style="list-style-type: none"> ▪ Member of the Boards of Directors of the Ardonagh Group – consisting of the following companies: <ul style="list-style-type: none"> – Ardonagh Holdco Limited (Jersey) – Ardonagh New Midco 1 Limited (Jersey) – Ardonagh Group Holdings Limited (UK) – Ardonagh New Midco 3 Limited (Jersey) – Ardonagh Midco 1 Limited (Jersey) – Ardonagh Midco 2 plc (UK) – Ardonagh Midco 3 plc (UK) – Ardonagh Finco plc (UK) • Director of Ardonagh International Limited

Graham Hughes Non-Executive Director	<ul style="list-style-type: none"> • Chairman of Simply Serve Limited • Parish Councillor of Babcary Parish Council
Paul Mapson Non-Executive Director	Nothing to declare.
Inga Kennedy Non-Executive Director	<ul style="list-style-type: none"> • IJKennedy Healthcare Consultancy - Position - Director (however this Ltd Company is registered as not trading at this time. • Portsmouth Hospitals University Trust - Position - Non-Executive Director (end of term is Mar 24) • Isle of Wight NHS Trust - Position - Non-Executive Director (end of term is Mar 24)
Tina Oakley Non-Executive Director	<ul style="list-style-type: none"> • Son, Dr Tom Oakley, is Chief Executive Officer of a digital medical imaging company, Feedback plc.
EXECUTIVE DIRECTORS	
Peter Lewis Chief Executive (CEO)	<ul style="list-style-type: none"> • Member of the NHS Confederation Community Network Board • Management Board Member, Somerset Estates Partnership (SEP) Board • Director, Somerset Estates Partnership Project Co Limited
Jade Renville	<ul style="list-style-type: none"> • Executive Director of Corporate Services, Somerset ICB Board • Chair, Richard Huish Multi-Academy Trust (voluntary capacity) • Father is Director and owner of Renvilles Costs Lawyers
Isobel Clements Chief of People and Organisational Development	<ul style="list-style-type: none"> • Sister in law works in the pharmacy department at MPH • Nephew works as a physio assistant within MPH.
Andy Heron Chief Operating Officer/Deputy Chief Executive	<ul style="list-style-type: none"> • Wife works for Avon and Wiltshire Mental Health Partnership NHS Trust (and is involved in a sub contract for liaison and diversion services) • Director of the Shepton Mallet Health Partnership • Executive Director for SHS
Pippa Moger	<ul style="list-style-type: none"> • Stepdaughter works at Yeovil District Hospital • Son works for the Trust

Chief Finance Officer	<ul style="list-style-type: none"> • Director of the Shepton Mallet Health Partnership • Director of Somerset Estates Partnership Project Co Limited • Member of the Southwest Pathology Services (SPS) Board • Shareholder Director for SSL
Hayley Peters Chief Nurse	None to declare
David Shannon Director of Strategy and Digital Development	<ul style="list-style-type: none"> • Member of the Southwest Pathology Services (SPS) Board • Daughter is employed as a healthcare assistant at Musgrove Park Hospital • Member of the Symphony Health Care Services (SHS) Board • Director of Symphony Health Services (SHS) • Wife works within the Neighbourhood's Directorate. • Management Board Member, Somerset Estates Partnership (SEP) Board • Director Predictive Health Intelligence Ltd • Shareholder Director of SSL
Melanie Iles Chief Medical Officer	None to declare

Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Chief Executive/Executive Director Report
SPONSORING EXEC:	Peter Lewis, Chief Executive
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Peter Lewis, Chief Executive
DATE:	5 November 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 purpose of the report is to update the Board on the activities of the executive and senior leadership team and/or points of note which are not covered in the standing business and performance reports, including media coverage and any key legal or statutory changes affecting the work of the Trust.</p> <p>The report covers the period 21 August 2024 to 25 October 2024.</p>
Recommendation	The Board is asked to 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 checked="" type="checkbox"/> Obj 7 Live within our means and use our resources wisely <input checked="" type="checkbox"/> Obj 8 Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies

Implications/Requirements (Please select any which are relevant to this paper)					
<input checked="" type="checkbox"/> Financial	<input checked="" 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?

There are a range of issues covered in the report that highlight work we are doing and/or national initiatives in relation to equality, diversity and inclusion.

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 report includes a number of references to work involving colleagues, patients and system partners.

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 presented to every Board 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

CHIEF EXECUTIVE / EXECUTIVE DIRECTOR REPORT

1. APPOINTMENT OF DR RIMA MAKAREM AS THE NEW CHAIR OF OUR TRUST

- 1.1. At its meeting held on 22 October 2024, the Council of Governors approved the appointment of Dr Rima Makarem as the chair of the trust. We look forward to welcoming Rima to Somerset early in 2025.
- 1.2. Rima has extensive experience of working at Board level in the NHS and has worked at both regional and national level. She has been the chair of the Bedfordshire, Luton and Milton Keynes Integrated Care Board since 2020. She is also chair of the Sue Ryder charity, chair of Queen Square Enterprises Ltd (an independent healthcare provider based in London), a lay council member for the General Pharmaceutical Council, and a trustee of LifeArc.
- 1.3. Rima trained as a scientist and has held senior roles within the global pharmaceutical industry. Other senior roles she has held include senior independent director and audit chair of the National Institute for Health and Care Excellence (NICE) and audit chair and external commissioner at the House of Commons Commission, working closely with the Speaker and the Leader of the House.
- 1.4. We are very excited to welcome Rima to Somerset and believe that she will support us to work with partners to improve the health and wellbeing of everyone in Somerset and to deliver outstanding integrated care. We have worked for many years to create a unique trust that provides primary care, community services, mental health and learning disability services and acute services. We want to continue delivering the unique opportunities that our structure gives to deliver outstanding integrated care by supporting you and nurturing an inclusive culture based on our values of kindness, respect and teamwork.

2. FIRST PATIENTS WELCOMED TO YEOVIL HOSPITAL'S NEW BREAST CANCER UNIT

- 2.1. The new Breast Cancer Unit (Maple Unit) was launched on 7 October 2024 and this is the first time that the hospital has had a stand-alone, purpose-built breast cancer unit and the unit will enable the co-location of clinical, nursing, radiology, and admin teams.
- 2.2. The Maple Unit opened after a five year long fundraising campaign, run by our official charity, which saw members of the community, former patients and colleagues at the hospital take part in hundreds of events to raise money for the unit.

- 2.3. We are very grateful for the commitment that so many people have made to raise the funds over an extended period.
- 2.4. The new unit is located away from other busy outpatient areas and treatment rooms, enabling patients to receive all their tests in one, purpose-built facility, making the experience less stressful and more comfortable.

3. CHANGE NHS: HELPING SHAPE A HEALTH SERVICE FIT FOR THE FUTURE

- 3.1. The Department of Health and Social Care (DHSC) and NHS England (NHSE) launched an engagement exercise to harness the views of NHS colleagues, patients, families and carers, and the public, to inform a 10-year health plan that will be published in spring next year. The plan will set out how we all can deliver an NHS fit for the future, creating a modern health service that is designed to meet the changing needs of our changing population.
- 3.2. We regularly discuss the challenges that the NHS faces, and we see within our services, and that we work hard to address. In their daily working lives colleagues across our services work with the challenges this presents of caused by people in Somerset facing many years of ill health. These include record demand for NHS services, rising levels of multiple long-term illnesses, and patients with more complex needs. In addition, like other NHS providers, we struggle to discharge patients due to pressure in social care - all of which means too many patients wait too long for the care they need. At the same time, we work with outdated technology and some buildings and facilities are simply not fit for purpose.
- 3.3. In September 2024, Lord Ara [Darzi's independent investigation of the NHS in England](#), was published. It outlined the need to make three 'strategic shifts' - moving care from 'hospital to community', from analogue to digital and from treatment to prevention. He also made it very clear that many of the solutions to these challenges can be found in parts of the NHS today.
- 3.4. The DHSC and NHSE are therefore asking for NHS colleagues and members of the public to share their experiences – of the good, bad, and sometimes frustrating – that will shape the 10-year health plan.
- 3.5. There are two ways to get involved. Colleagues can submit their ideas and feedback through an online platform at [Change NHS](#) or join events taking place across the country and online.

4. BRITISH MEDICAL ASSOCIATION (BMA) ACCEPTS GOVERNMENT PAY RESTORATION OFFER FOR RESIDENT DOCTORS IN ENGLAND

- 4.1. The BMA has confirmed that resident doctors (formally junior doctors / postgraduate doctors in training) in England had voted in favour of the new Government pay deal, ending the longest industrial dispute in the NHS' history.
- 4.2. The BMA also shared that [junior doctors working across the NHS](#) will now be called resident doctors in a change intended to better reflect their expertise. 'Resident doctor' will refer to more than 50,000 qualified doctors working in GP practices and hospitals - some recently out of medical school and others with a decade of experience.

5. CARE QUALITY COMMISSION PUBLISHES THE RESULTS OF THE NATIONAL ADULT INPATIENT SURVEY

- 5.1. The Care Quality Commission published the results of the [national adult inpatient survey](#) at the end of August 2024. This is the first national inpatient feedback that we have received as a merged organisation. The survey brings together and shares patient experiences from across our various inpatient settings to provide a rich source of information.
- 5.2. Colleagues will be analysing [our results](#) to understand where we are doing well, where we may be able to improve and to see what actions we can take.
- 5.3. NHS Providers has produced a summary of the results which show that people's experience of inpatient care changed little when compared with the results from the 2022 survey. NHS Providers' summary of the national results is below:

Key findings

Respondents were asked to provide a score for their overall experience of receiving inpatient care. Just over half of respondents (51%) gave high scores of nine or 10, a slight increase compared with 2022 (50%) while remaining statistically lower than in 2020 (56%). 4% of people overall gave scores of zero or one, indicating they had a very poor experience.

Areas where patient experience had declined included:

- **Accessing inpatient care** saw a decline in patient experience in 2023, with 42% of patients reporting they would have liked to have been admitted sooner (up from 32% in 2020) and 33% of patients feeling they waited too long to get on a ward (compared to 23% in 2020).
- The findings also show a slight deterioration in the extent to which patients perceive their care to be **patient-centred**. Patients reported a decline in the extent to which they perceived staff to 'always' do everything they could to manage their pain (77%, in contrast to 80% in

2020). Only 33% of respondents said they were **not** prevented from sleeping at night.

- **Patients' experience of being discharged** was found to have deteriorated, with almost one in five respondents (19%) reporting not being involved very much in these decisions, and one in 10 respondents (10%) reported not being involved at all. Only 22% of respondents said their family or carers were involved 'a great deal' in discussions about their discharge, down from 28% in 2022.

Areas where patient experience had improved included:

- Questions asking about patient involvement in their care show most people have positive experiences, with results remaining broadly consistent with 2021. The majority of respondents felt they were 'always' included in conversations about their care by doctors (75%) and nurses (75%), compared with 74% and 75% respectively in 2022.
- Patients also report positive interactions with staff, with results showing that the majority of patients continue to have trust and confidence in doctors and nurses, with 80% of respondents reporting that they felt they were 'always' treated with kindness and compassion.
- Improved patient perceptions of staff availability were seen in the findings, including more than half of respondents (56%) feeling there were 'always' enough nurses on duty to care for them in hospital, compared to 52% in 2022.

6. SEXUAL SAFETY UPDATE

- 6.1. NHS England has published a framework that outlines how NHS organisations should recognise, report and act on sexual misconduct in the workplace. The framework includes a route for colleagues to report sexual abuse via an anonymous form if they do not feel comfortable disclosing their name and personal details but want the incident to be properly investigated. It also includes guidance for those conducting investigations following a disclosure from a colleague, including forming a specialist review group with access to subject matter experts and independent investigators, and a detailed set of steps to ensure the right support has been offered.
- 6.2. NHS England published the first-ever [sexual safety in healthcare charter](#) in September 2023. The charter was developed with healthcare systems and people with lived experience to raise awareness of sexual misconduct in our workplaces and provide NHS staff with clear reporting mechanisms, training and support.

- 6.3. Last year, for the first time, the NHS staff Survey for England asked questions about sexual safety in the workplace and the findings of the [2023/24 NHS staff survey](#) showed that one in every 26 NHS workers experienced inappropriate sexual behaviour from work colleagues.
- 6.4. The new [Worker Protection \(Amendment of Equality Act 2010\) Act 2023](#), which comes into effect this month (October 2024), creates a duty on employers to take reasonable steps to prevent sexual harassment of their employees in the workplace. All trusts and local health systems have been asked to appoint a domestic abuse and sexual violence (DASV) lead, with more than 300 now in place across England. The DASV leads have been asked to review their local policies, training and guidance.
- 6.5. In June 2023, NHS England published the NHS's first [equality, diversity and inclusion \(EDI\) improvement plan](#), which sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.
- 6.6. NHS England has recently published its own [sexual misconduct policy](#) to support staff to recognise and report sexual misconduct at work.

Trust position

- 6.7. The Trust signed up to the NHSE Sexual Safety Charter in October 2024, it outlined 10 principles aimed at promoting creating a safe, respectful, and inclusive workplace where all colleagues are protected from sexual harassment, misconduct, and any other form of inappropriate behaviour.
- 6.8. A working group was established to focus on implementing its elements. Within the Trust, data from the 2023 staff survey, incident reporting, and Freedom to Speak up concerns have revealed that unwanted sexual behaviour is occurring. The survey included questions on unwanted sexual behaviour for the first time, as well as ongoing incident reporting through the RADAR system. The group has analysed the data and identified three areas for further engagement:
 1. Understanding what colleagues know about acceptable and unacceptable behaviour in relation to unwanted sexual conduct.
 2. Exploring how colleagues report incidents of unwanted sexual behaviour.
 3. Assessing how managers respond to these incidents.
- 6.9. It was intended that this group would hold targeted engagement sessions to gather deeper insights into these areas however with the arrival of the national bundle of documents including a training package and policy, it has been decided to roll these out across targeted areas. This package will aim to increase awareness, improve reporting processes, and enhance responses to sexual safety incidents across the Trust.

7. NATIONAL ORGAN AND TISSUE DONATION AWARENESS WEEK

- 7.1. In aid of Organ and Tissue Donation awareness week held between 23 and 29 September 2024, colleagues from across the trust helped to raise awareness and highlighted the difference that organ donation can make. This year's theme was all about 'thinking pink' and colleagues were being encouraged to embrace the colour and decorate departments/wards and splash some pink on their uniforms across the week.
- 7.2. As part of the celebrations, Somerset FT also took part in the #Race4Recipients challenge. This challenge had been designed to incorporate all the above while getting people active. All the #Race4Recipients targets were meaningful milestones that related to an important number we wanted to raise awareness for. For example, travelling 9km was a distance that represents the nine lives one organ donor can save.

8. OBITUARY FOR PETER RENSHAW, CHAIRMAN OF THE MUSGROVE PARK HOSPITAL LEAGUE OF FRIENDS

- 8.1. We heard the very sad news that Peter Renshaw, chairman of the Musgrove Park Hospital League of Friends, which has contributed so much to the hospital, died on 24 September 2024.
- 8.2. An obituary for Peter, written by Clinton Rogers, president of the Musgrove Park Hospital League of Friends, and a Deputy Lord Lieutenant of Somerset is available on the following link [Obituary for Peter Renshaw - League of Friends Musgrove Park](#)

9. PHARMACY TECHNICIAN VICKY BULL WINS A NATIONAL AWARD FOR WORK TO REDUCE FALLS

- 9.1. Pharmacy technician Vicky Bull has won a national award for the work she has done to help reduce falls across Mendip. The awards celebrate and acknowledge successful individuals, teams and projects within the pharmacy technician profession.
- 9.2. Vicky has been a pharmacy technician for over 30 years, and has experience working in community pharmacy, GP practices, the medicines management team at the former Somerset Clinical Commissioning Group, and our community rehabilitation service. She was nominated for an award by Amanda Jones, our community rehabilitation service's pharmacy technician, who also works in the Mendip area.
- 9.3. Vicky says she is proud that the achievements of both herself, and her team, have been recognised, after they worked hard to successfully introduce a falls and frailty clinic, based out of Frome Community Hospital, which she says is making a huge difference to the lives of patients in Mendip.

10. USE OF THE CORPORATE SEAL

- 10.1. As outlined in the Standing Orders, there is a requirement to produce a quarterly report of sealings made by the trust.
- 10.2. The seal register entries over the period 1 April 2024 to 29 October 2024 are set out in the attached appendix.

11. MEDIA COVERAGE

- 11.1. Over the period 24 August 2024 to 25 October 2024, there has been the following media coverage:

- **Update on communications and media coverage about our maternity services**

Four mothers who gave birth in maternity services at MPH and YDH in the last few years shared their stories with the BBC Radio Somerset. On Friday 6 September Radio Somerset broadcast an interview with Sally Bryant, Director of Midwifery, responding to the experiences the women described and describing the work we have done to improve maternity services and respond to the Care Quality Commission's concerns. A link to Sally's interview is on [iPlayer](#) at 1:07 and 2:10 into the programme.

On 6 September 2024 BBC Points West has broadcast an interview with Sally alongside the feedback from women who have used our services.

We have written to update stakeholder on the work we have done to improve our maternity services since the CQC inspected them in November 2023. We have posted an [open letter on our website](#) and updated service users via our maternity Facebook page.

- **Art for life supports end of life care**

Caroline Barnes, our creative health coordinator, took part in an interview on the BBC Radio Somerset mid-morning Simon Parkin show about the role of Art for Life, and how its displays, exhibitions and music can help with end of life care.

<https://www.bbc.co.uk/sounds/play/p0jqcf5h> (39:30 into programme)

- **Ubuntu**

Following a package of planned media communications, there was coverage across local and regional outlets about the success of our Ubuntu project, where we partner with the Community Council of Somerset who provide non-medical support in the community for people who frequently use our emergency departments and GP practices: <https://www.bbc.co.uk/news/articles/czd1qm8dr0jo>

- MAMMO-50 study**

We issued a press release about our involvement in a national trial that looked at the frequency of follow-up mammograms for those aged 50 years and over. This trial included those who have had breast cancer, with over 70 Somerset patients contributing to the study:
<https://www.somersetcountygazette.co.uk/news/24638010.somerset-patients-contributed-towards-national-study/?ref=rss>
- Maple Unit opening – further coverage**

Through the week we saw additional coverage of the Maple Unit (breast cancer unit) opening at Yeovil Hospital, including the broadcast piece on ITV Westcountry:
<https://www.bbc.co.uk/news/articles/c3rljzvvl8yo> (BBC News Online)
<https://www.somersetlive.co.uk/news/somerset-news/yeovil-hospital-open-first-ever-9606705> (Somerset Live)
<https://www.itv.com/news/westcountry/2024-10-07/new-breast-cancer-unit-will-be-different-world-for-patients> (ITV Westcountry)
- Part 2 of our pioneering gastric balloon procedure**

At the end of August 2024 BBC Points West and BBC Radio Somerset covered the second instalment of a story about a pioneering gastric balloon procedure that is being offered to support the sickest patients to help them get fit for bariatric surgery.

We [initially shared the story in January](#) this year, as the first NHS trust in the country and the first non-private sector organisation in the world to introduce this innovative procedure.

The gastric balloon procedure is aimed at patients in Somerset who are struggling to get fit enough for weight loss surgery and who meet certain criteria. The procedure takes about 15 minutes in total, with a non-invasive approach that doesn't require surgery, endoscopy or anaesthesia, meaning patients can be in and out of hospital within the hour, rather than needing a long appointment, additional surgery or an overnight stay.

The interview features Dave Pulford from Yeovil, one of the first patients to have had the new procedure and the story follows his successful weight loss journey so far. Also featured, Mr Hamish Noble, consultant in UGI and bariatric surgery. You can listen to the interview on the following [link](#):

 - Interview with Patient Dave = 1.07:00 into the programme
 - Interview with Dave's family and Mr Hamish Noble = 2.08:20 into the programme
- Varicose veins in treatment rooms**

We saw widespread coverage across local and regional media about

our new varicose veins treatment room at Musgrove Park Hospital, which is giving patients a better experience and also freeing up operating theatre slots. BBC Online coverage is [here](#) and we are hoping our consultant vascular surgeon may appear on BBC Radio Somerset next week.

- **Rheumatology services return to Minehead Hospital**
Coverage across the BBC and other local media about rheumatology services returning to Minehead Hospital and other community hospitals in Somerset. The BBC Online article is [here](#), and Dr Luke Gompels, our consultant rheumatologist, was also interviewed on BBC Radio Somerset – [listen here](#) (2.04:00 into programme). Further coverage in the West Somerset Free Press is [here](#).
- **Paediatric consultant helps Save Babies Lives in Afghanistan**
Our paediatric consultant and associate medical director Dr Michael Fernando was interviewed by BBC Radio Somerset about his Saving Babies Lives project in Afghanistan. The story was also covered locally – see the Somerset County Gazette coverage [here](#).
- **Ask About Asthma campaign**
As part of the #AskAboutAsthma campaign, our children’s respiratory nurses Dawn Bradley and Charlotte Meredith were interviewed on the BBC Radio Somerset mid-morning Sion Parkin show about all things asthma, which you can hear [here](#) (15.15 mins into programme)
- **Frome Hospital Urgent Treatment Centre mention on Jeremy Vine Show**
BBC Radio 2’s Jeremy Vine Show featured a segment on sepsis, with members of the public phoning in to talk about their experiences. As part of this a visitor to Center Parcs spoke about how quick thinking by the Frome Hospital urgent treatment centre team in spotting the signs of sepsis, may have saved the life of their child [Listen here](#) (about 80 mins in).
- **Exmoor rural health hub on BBC Radio 4’s Farming Today**
There was coverage about our Exmoor rural health hub on BBC Radio 4’s Farming Today. It includes an interview with our nurse Claire Hughes and a farmer. You can listen to the piece on the [iPlayer](#), 4:10 minutes into programme. We shared information about Exmoor rural health hub on social media this week which also included an interview with clinical associate psychologist Sian Williams.
- **Dawn Wintle’s retirement**
There was coverage across local and regional media about the recent retirement of our substance misuse specialist nurse Dawn Wintle following a long career in the NHS. Dawn was interviewed on the BBC Radio Somerset Simon Parkin show this week, which you can listen

back to here: <https://www.bbc.co.uk/sounds/play/p0jrsgwg> (2.15:10 into programme). The [BBC](#) and [Somerset Live](#) also ran the story online.

- **Care First Fund Later (CareFFuL)**
Somerset Live covered the story about how Somerset healthcare workers involved in the care of patients nearing end of life have been trialling a new way of helping people achieve their wish of being able to spend their remaining time at home. The project, called Care First Fund Later – or CareFFuL for short – is where patients are discharged home with a package of care, regardless of whether other funding streams are being applied for. The team also recently made the final of the HSJ Patient Safety Awards: <https://www.somersetlive.co.uk/news/somerset-news/somerset-healthcare-innovation-allows-more-9600837>
- **Cleaning Awards shortlist**
Two of our teams have reached the final of the national [Cleaning Awards](#). Well done to the following:
 - Outstanding Achievement in Infection Prevention and Control - *Somerset NHS Foundation Trust Response Team*
 - Going Above and Beyond Expectations – Simply Serve Response Team – *Somerset NHS Foundation Trust*.

We will find out whether they've won at a prestigious event at the

- **Healthcare infrastructure strategy**
News outlets reported on the Somerset Integrated Care System's infrastructure strategy, with the headline focusing on nearly 30 NHS sites not being fit for purpose. The BBC coverage is [here](#).
- **Cancer targets missed**
A couple of local news outlets reported figures that showed our trust didn't meet the 62-day treatment standard in August 2024. The coverage follows a press release issued to media by Yeovil MP Adam Dance. Here's the Chard and Ilminster News story: <https://www.chardandilminsternews.co.uk/news/24653198.immediate-action-needed-somerset-nhs-misses-cancer-target/>
- **Expansion of private GP service at Yeovil Hospital**
Following proactive communications by our private patient services, there was coverage across local media outlets on the expanded private GP service at Yeovil Hospital – [article here](#). It was also briefly mentioned on ITV Westcountry's news bulletin.
- **Patient/carer experience award for Yeovil Hospital radiology team**
Our sonographer-led paracentesis service at Yeovil Hospital landed a prize for its domiciliary palliative ultrasound intervention, and the story

was covered by the [Society of Radiographers](#). Steve Savage and Helen McLean collected the award.

- **Ophthalmology consultant's sight-saving trip to Cambodia**
Following a package of communications, including a press release and social media posts, many local media outlets covered the story of our ophthalmology consultant Mr Indy Sian's organised trip to Cambodia, where he was involved with a team to help improve the sight of people in the country's most rural areas, who typically have never been able to get this sort of treatment. The Somerset County Gazette article is [here](#) and we are also in the process of setting up an interview with BBC Radio Somerset.
- **Leaking roof in Musgrove Park Hospital's Old Building corridors**
Following a press release issued by Taunton and Wellington MP Gideon Amos, we were approached to comment on the ongoing leaks in the roof that colleagues who work in the hospital's Old Building will be very familiar with. The coverage, including a comment from the trust, is [here](#).
- **Our NHS Charity link up with Somerset Life magazine**
There was coverage across local media outlets about how new subscribers to the Somerset Life magazine will in turn be raising vital funds for the Somerset NHS Charity. Read more [here](#).
- **Man admits threatening to punch police at Yeovil Hospital**
There was coverage in the Somerset County Gazette series over the trial of a man who threatened police at Yeovil Hospital. You can read the article [here](#).

12. NATIONAL DEVELOPMENTS

Publication of the Care Quality Commissions' (CQC) report into maternity services across the country

- 12.1. On 19 September 2024, the CQC published its findings from the recent national maternity inspection programme. Between August 2022 and December 2023, 131 maternity units were inspected as part of a targeted programme to assess all hospital maternity locations that had not been inspected and rated since March 2021, including [Somerset FT](#). The programme was carried out to provide an up-to-date view of safety and quality across England and to unpick and help address the lack of progress at some hospitals.
- 12.2. While the CQC found some examples of good practice, of the 131 maternity units inspected just under half (48%) were rated requires improvement or inadequate 'overall'. Around a third (35%) were rated good for 'safety'. However, 'safety' standards at all other units inspected were rated either requires improvement (47%) or inadequate (18%) and the CQC found

significant variation in the way trusts operated in key areas such as learning from incidents and assessing women at triage to identify any risks.

- 12.3. The national review of maternity services in England 2022-2024 report sets out the main themes from the inspection programme as a whole and draws on feedback from families about their experience of using maternity services. It points to examples of good care but also highlights common areas of concern impacting on the quality of care for women and babies at some hospitals.
- 12.4. Based on its findings, the CQC has made recommendations for NHS trusts, the wider system and national bodies to support vital improvements.
- 12.5. The [full press release](#) and report can be read on the [Care Quality Commission website](#).

Publication of Lord Darzi's Independent Investigation of the National Health Service in England

- 12.6. On 5 September 2024 Lord Darzi's [Independent Investigation of the National Health Service in England](#) was published.
- 12.7. The [Prime Minister gave a speech about the report at the King's Fund](#) and the Department of Health and Social Care published a [press release](#) in response to the report's publication.
- 12.8. Lord Darzi's investigation focuses on 'diagnosing' the problems facing the NHS, and provides an assessment of access to care, quality of care, and the overall performance of the health system.
- 12.9. The report details the current performance of the NHS and builds a picture of a system where long waits are the norm, quality of care is mixed, productivity is low, and too great a share of the budget is spent in the acute sector.
- 12.10. The key drivers of these challenges around performance are described as:
 - funding austerity and capital starvation;
 - the impact of the Covid-19 pandemic and its aftermath;
 - lack of patient voice and staff engagement; and
 - management structures and systems.
- 12.11. The 2012 Health and Care Act is also noted as a costly and distracting process. Lord Darzi views the structural reforms brought in by the 2022 Health and Care Act as a positive step but calls for greater clarity around the roles and responsibilities of integrated care boards (ICBs).
- 12.12. Likewise, NHS managers are viewed as essential to tackling some of the challenges outlined in the document, with a call for greater investment to ensure there are 'more and better leaders.'

12.13. Lord Darzi sets out the major themes to be explored in the upcoming ten-year plan for the NHS, led by the Department of Health and Social Care (DHSC). These include to:

- re-engage staffing and re-empower patients.
- Lock in the shift of care closer to home by hardwiring financial flows.
- Simplify and innovate care delivery for a neighbourhood NHS.
- Drive productivity in hospitals.
- Tilt towards technology.
- Contribute to the nation's prosperity.
- Reform to make the structure deliver.

12.14. [NHS Providers briefing](#) highlights the key points from Lord Darzi's investigation and includes NHS Providers' view.

12.15. NHS England's messages in response to the report are:

- This is a detailed and wide-ranging independent report that draws some honest conclusions which Government will want to consider as they set out their plans and priorities.
- But many of the issues set out in the report are ones the system will recognise, as are the challenges we face. Despite the best efforts of staff, we know the NHS cannot always deliver the level of service we want to all our patients.
- Across the NHS, teams are working hard to get services back on track. We are collectively making headway and are seeing some real innovation and improvement.
- We know there is still a long way to go, however. That is why we are working closely with Government to help shape their 10 Year Plan.
- We are committed to moving as far as we can, as fast as we can, towards the NHS we aspire to be on behalf of the patients we serve.

Report: Patient experience in England

12.16. The Patient Experience Library has published its annual overview of people's experiences in healthcare across the English NHS titled [Patient experience in England](#).

12.17. This report offers an overview of the last twelve months of studies and surveys on patient experience, an overview of the findings of the latest British Social Attitudes Survey which showed that overall satisfaction with the NHS was at its lowest level since the survey began in 1983; and looks at wider research about equity, the voice of colleagues and patients, and patient safety.

12.18. This report gives us a good overview of these issues from a national perspective as the Care Quality Commission's new well-led framework sets out our duty to understand and take account of our patients' and colleagues' experience, the public's perception of the NHS, feedback from partners, stakeholders and representatives, and our impact on health and wellbeing, in how we plan and deliver services and the performance of our services.

Healthwatch Somerset's report – *The doctor will see you now: a look at booking an appointment with your GP in Somerset*

12.19. Healthwatch Somerset has published its report exploring people's experience of booking a face-to-face appointment at GP surgeries in Somerset. The report, titled [*The doctor will see you now: a look at booking an appointment with your GP in Somerset*](#) follows previous work by Healthwatch Somerset looking at access to primary care and people's experience of using GP practice websites.

12.20. Key messages from the report are:

- More than half of those trying to book an appointment contacted their surgery by telephone.
- There are still long waits involved in booking and scheduling appointments.
- 38% of telephone calls connected to a receptionist/administrator within five minutes.
- The triage processes and execution vary between GP surgeries and is unclear to some people.
- Many people received an appointment with a GP/Doctor after they were triaged.
- Some people are happy to use digital technology for appointments when suitable and available.
- Most respondents said continuity of care for the same condition was very important.

12.21. The report's recommendations are:

- Reduce call waiting times; suggestions include:
 - Improving and increasing availability of booking online appointments.
 - Increased reception/administrative staff at peak times.
- Consider creating contact centres for each Primary Care Network (PCN) as a single point of contact for the surgeries. This would

improve continuity of triage and appointment allocation with potential to reduce financial overheads.

- Regular support for and monitoring of staff members who perform triage to improve continuity, training, delivery, and efficiency for patients.
- Demonstrate improved communication and understanding for patients surrounding:
 - Triage processes and outcomes.
 - Appointments with other healthcare professionals within the general practice teams.
 - PCN level Enhanced and Extended Access Appointments.
 - Local support available to those who are digitally excluded through lack of confidence, knowledge, or finance.
- All GP surgeries should offer in person, telephone, and online access to services and appointments to help suit patient needs.
- All GP surgeries should have the ability to book routine appointments in advance.
- Surgeries should consider a dedicated mental health triage option.

Tackling health inequalities – long read from The King’s Fund

12.22. The King’s Fund has published a long read titled [Tackling Health Inequalities: seven priorities for the NHS](#). Drawing on its [five-year programme of work](#) on health inequalities and tackling the worst health outcomes, which includes insights from stakeholders, partners and people with lived experience, this long read outlines what The King’s Fund thinks the anticipated 10-year health plan should focus on to help the NHS do more to tackle these challenges.

12.23. Tackling health inequalities and improving health for the groups who typically experience the worst outcomes requires concerted action from across government - yet the NHS clearly has a significant contribution to make. The King’s Fund outlines how the [anticipated 10-year health plan](#), which will set out a long-term vision for the NHS, can help to tackle this immense and salient challenge.

NHS Providers report - *Digital transformation survey 2024: challenges, opportunities and priorities for trust leaders*

12.24. NHS Providers has published a [report](#) exploring how NHS trusts' ability to go further and faster to digitally transform NHS services is being hindered by funding and financial constraints, operational pressures and inadequate infrastructure.

12.25. This report is informed by a recent survey and series of insights calls, which combined represent over 140 unique NHS trusts. The findings inform NHS

Providers' ongoing activity on behalf of members, including its [Digital Boards development programme](#).

12.26. Key messages from the report are:

- Trust leaders are operating in an exceptionally challenging environment as they work to progress digital transformation within their organisations and systems. Despite the challenges, trusts are making steady progress across key areas, with most progress reported across: frontline digitisation – particularly electronic patient record system (EPR) implementation and improvements; cyber security assurance; and improvements to IT infrastructure, data and intelligence functions.
- Digital transformation is no longer solely the responsibility of the trust digital lead; instead, it is increasingly seen as a shared priority for the whole board. 75% of respondents agree that their board is engaged and actively promoting the digital agenda.
- However, progress and board engagement with the digital agenda is not consistent across trust type, with respondents bringing attention to lower board engagement from mental health/ learning disability trusts, and the additional barriers facing these trusts around funding constraints, a more challenging EPR landscape and difficulties procuring technology that meets complex patient needs, including privacy and security concerns.
- Only 54% of trust leaders said they were very confident (22%) or confident (32%) their trust will meet the minimum digital standards by 2025, including the need for all providers to implement an EPR.
- Trust leaders have responded positively to the clear ambition set out in NHS England's (NHSE) *What good looks like* (WGLL) framework, with 24% reporting that WGLL is fully embedded in their digital work and/or strategy. Progress on WGLL is aided by central support to advance national priorities like frontline digitisation. This compares to much lower reported adoption of other NHSE digital policy and guidance documents.
- Key barriers to advancing faster and further remain. The top three barriers for progressing digital were
 - funding and financial constraints (73%)
 - operational pressures impacting clinical engagement training and adoption of technology (50%)
 - and inadequate infrastructure (poor wi-fi, computers, multiple log ins) (38%).
- While the provider sector has made great strides in recent years, additional support is needed to achieve the shared ambitions for digital transformation. This includes increased investment, a change in the

funding model and mechanisms for digital to enable sustainable, strategic investment and central support on supplier relationships.

CQC's annual State of Care report

12.27. The Care Quality Commission (CQC) has today published its annual [State of Care report](#) which warns that there is a risk of “failing the future” if children and young people don't get the care they need.

12.28. The report looks at the quality of care over the past year, drawing on inspections, findings from the CQC's national NHS patient survey programme and statutory reports, bespoke research into people's experiences, insight from key stakeholders and evidence collected by the regulator throughout the year about the quality and safety of services in all areas of health and care.

12.29. The report states that many children and young people are not currently getting the support they need and highlights the risk this poses for the future.

12.30. Messages from the report include:

- timely access to good care continues to be a struggle for many, and inequalities in care persist. In addition, getting access to services are often exacerbated by deprivation.
- The safety and quality of some services is not good enough. CQC's review of maternity services shows that women and babies are still not receiving the high-quality maternity care they deserve, and women from Black and ethnic minority backgrounds continue to be more at risk of experiencing poor maternity care and outcomes
- Mental health services are also a cause for serious concern. Lack of resources, ageing estates and poorly designed facilities are affecting the safety of inpatient wards.
- The CQC has particular concerns about children and young people's mental health services, where demand continues to rise. While the mental health workforce has grown, problems with staffing and skill mix remain.
- The CQC's inspections of urgent and emergency care services found issues around triage and patient flow that affect care for all patients - but identified specific issues around care for deteriorating children.
- The report highlights concerns about care for autistic people and people with a learning disability – both the quality of care and access to it.
- Waiting times for services remain a problem within ICSs, and the main challenge is demand versus supply – a significant increase in requests at the same time as workforce shortages.

- A greater focus on children and young people’s services at both a national and local level is needed. This should include consistent funding targeted to areas of early intervention, better understanding by systems of the gaps in provision of care and treatment for their population to ensure that local areas can meet the needs of their children, improved management of demand, and communication with children and their families.

SOMERSET NHS FOUNDATION TRUST
SEAL REGISTER

1 APRIL 2024 – 29 October 2024

Date of Sealing	No. of Seal	Nature of Document	First Signatory	Second Signatory
8 April 2024	01	Burnham and Berrow Medical Centre, Deed of Guarantee and Indemnity and Release	David Shannon	Peter Lewis
30 April 2024	02	Deed of Termination of Deed of Guarantee and Indemnity – Lynton Health Centre	Peter Lewis	David Shannon
3 May 2024	03	Licence to alter Unit 5F, Courtlands	Phil Brice	Peter Lewis
24 May 2024	04	Substation Transfer	David Shannon	Pippa Moger
6 June 2024	05	ED CT Scanner contract with Harris Bros and Collard Ltd	David Shannon	Phil Brice
17 June 2024	06	Musgrove Park Hospital Retail leases with Compass Contract Services Ltd (trading as Medirest) – café in concourse; food store in concourse; and café in duchess	Peter Lewis	David Shannon
21 June 2024	07	Duty of Care Deed, residential accommodation, Goldcroft	David Shannon	Pippa Moger
27 June 2024	08	Compound licence and licence to carry out works – Yeovil Diagnostic Centre	Peter Lewis	David Shannon
1 July 2024	09	Deed of Grant – Wincanton Hospital	Isobel Clements	Phil Brice

Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Constitution and Standing Orders Review
SPONSORING EXEC:	Jade Renville, Director of Corporate Services
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Ria Zandvliet, Secretary to the Trust
DATE:	5 November 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	<p>The Constitution and Standing Orders for the merged organisation were approved in May 2022 and two small changes to the Constitution were further approved in March 2023.</p> <p>The Standing Orders and Constitution have been reviewed in the light of the publication of the revised Code of Governance and a change is recommended in relation to the appointment process for the Chairman and Non-Executive Directors. Whilst the process for new appointments is currently very prescribed, the recommended change will enable a more flexible process; will transfer responsibility for the appointments process from the Appointments Panel to the Governor led Nomination and Remuneration Committee; and will be in line with best practice as set out in the Code of Governance.</p> <p>A further change is recommended relating to the disqualification criteria for Staff Governors to take account of best governance practices and to avoid conflict of interests.</p>
Recommendation	<p>The Board is asked to approve the proposed changes set out in the report and to note that the proposed changes will also be presented to the December 2024 Council of Governors meeting for approval.</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



- 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 Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies

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

- | | | | | | |
|------------------------------------|-------------------------------------------------|------------------------------------|----------------------------------|------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Financial | <input checked="" 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.

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

Not Applicable for this report.

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

Public/Staff Involvement History

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

Not applicable for this report.

Previous Consideration

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

A report was last presented to the March 2023 Board 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 |
|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|----------------------------------------------|

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
AMENDMENTS TO THE CONSTITUTION

1. INTRODUCTION

- 1.1. The Constitution and Standing Orders for the merged organisation were approved in May 2022 and two small changes to the Constitution were further approved in 2023.
- 1.2. The Standing Orders and Constitution have been reviewed in the light of the publication of the revised Code of Governance and a change is recommended in relation to the appointment process for the Chairman and Non-Executive Directors. Whilst the process for new appointments is currently very prescribed, the recommended change will enable a more flexible process; will transfer responsibility for the appointments process from the Appointments Panel to the Governor led Nomination and Remuneration Committee; and will be in line with best practice as set out in the Code of Governance.
- 1.3. A further change is recommended relating to the disqualification criteria for Staff Governors to take account of best governance practices and avoid conflict of interests.

2. PROPOSED AMENDMENTS

Appointment of Chairman and Non-Executive Directors

- 2.1. The current wording in relation to the appointment of the Chairman and Non-Executive Directors is set out below and the proposed changes have been highlighted in red print.

“Decisions and processes regarding the appointment and reappointment of the Chairman and Non-Executive Directors of the Trust are solely within the purview of the Council of Governors.

The Nominations and Remuneration Committee has delegated powers from the Council of Governors to consider the Non-Executive Director or Chairman vacancies due in the next 12 months and make recommendations to the Council of Governors.

The Nominations and Remuneration Committee shall:

- recommend the re-appointment of an existing Non-Executive Director/Chairman or if applicable the recruitment process for the Chairman and Non-Executive Directors (as may be the case).

- take advice, as necessary, from the Director of People and Organisational Development and the Trust Secretary or other internal or external sources.
- report its recommendations regarding the re-appointment of the Non-Executive Director or Chairman as an agenda item in a timely manner at a Council of Governors meeting for decision, or:
- report its recommendations regarding the recruitment process for the Non-Executive Director or Chairman post as an agenda item in a timely manner to the Council of Governors meeting for decision.
- make recommendations to the Council of Governors meeting in relation to pay and tenure of Non-Executive Directors/Chairman for the Council of Governors' decision. Each period of appointment (or re-appointment) will be to a maximum of three years, and any re-appointment over six years will be subject to particularly rigorous review. Any re-appointment over six years will be subject to annual re-appointment to provide assurance that the Non-Executive Director seeking re-appointment retains their independence of character and judgement.
- ensure that a formal, rigorous and transparent procedure is followed, which takes into account the needs of the organisation, the balance of expertise and experience on the Board, eligibility of existing Non-Executive Directors or Chairman to stand for a further term, and any other relevant factors. This is not an exhaustive list of the matters which may need to be considered by the Nominations and Remuneration Committee, but is merely intended to act as a guide.

The process for appointing new Non-Executive Directors and the Chairman, including the potential re-appointment of the Chairman and Non-Executive Directors, will be as follows:

- No later than six months before the end of the term of office of the Chairman or a Non-Executive Director (as the case may be), the Nominations and Remuneration Committee will consider the formal performance evaluation for the Non-Executive Director or Chairman for the previous two years, skills and experience and eligibility of existing Non-Executive Directors prepared to stand for re-appointment. The reason for considering the performance of existing Non-Executive Directors will be to inform the decisions made regarding the re-appointment of the Non-Executive Director or Chairman, or the recruitment process to be followed. However, nothing within this paragraph will preclude the Nominations and Remuneration Committee from considering other relevant circumstances when deciding on the recruitment process. Having due regard to the needs of the composition of the Board, the Nominations and Remuneration Committee may either 1) recommend to the Council of Governors that 1) an external recruitment process is followed or 2) recommend the re-appointment, pay, length of term of an existing Non-Executive Director.

~~For the avoidance of doubt, if the recommendation to re-appoint a Non-Executive Director or Chairman is approved by the Council of Governors, there is no requirement to set up an Appointments Panel, unless this is specifically requested by the Council of Governors.~~

- The current Chairman or a Non-Executive Director may stand for reappointment, subject to the conditions above.
- ~~In the case of new appointments, Following a recommendation to follow an external recruitment process, the Nomination and Remuneration Committee will discuss the composition of the selection panel and, if required the recruitment process to be followed, with NHS England, as set out in the Code of Governance, and present the proposed recruitment process to the Council of Governors for approval. and subject to the Council of Governors' agreement, the Council of Governors will appoint an Appointments Panel to undertake the recruitment process. The Appointments Panel will be constituted in accordance with paragraphs 4.4.4 and 4.4.5 below.~~

~~The Appointments Panel for the Chairman will consist of the Senior Independent Director, or if the Senior Independent Director is standing for appointment a Non-Executive Director who is not standing for appointment, two Elected Governors, and one Appointed Governor. If the number of Elected/Appointed Governors prepared to serve on the Appointments Panel is greater than the number of places available, the Panel members will be selected by election by the Elected/Appointed Governors respectively. A Public Governor will chair the Appointments Panel. Each member of the Appointments Panel will have one vote. The chairman of another NHS foundation trust will be invited to act as an independent assessor to the Appointments Panel.~~

~~The Appointments Panel for Non-Executive Directors will consist of the Chairman, two Elected Governors, and one Appointed Governor. If the number of Elected/Appointed Governors prepared to serve on the Appointments Panel is greater than the number of places available, the Panel members will be selected by election by the Elected/Appointed Governors respectively. The Chairman will chair the Appointments Panel. Each member of the Appointments Panel will have one vote.~~

Appropriate candidates (not more than 5 (five) for each vacancy) will be identified by ~~an Appointments Panel.~~ Nomination and Remuneration Committee.

The ~~Nomination and Remuneration Committee~~ ~~Appointments Panel~~ ~~constituted under paragraphs 4.4.4 and 4.4.5 above~~ will be supported by appropriate advice from the Trust's Chief of People and Organisational Development on the qualifications, skills and experience required for each position. They may also work with an external organisation recognised as expert at appointments to identify the qualifications, skills and experience required for Non-Executive Directors.

The Council of Governors will not consider nominations for the Chairman and other Non-Executive Directors other than those made by the **Nomination and Remuneration Committee** ~~appropriate Appointments Panel~~.

The ~~Appointments Panel~~ **Nomination and Remuneration Committee** will make recommendations to the Council of Governors meeting about the preferred candidate to be appointed to the Non-Executive Director or Chairman post for the Council of Governors' decision."

Council of Governors Disqualification Criteria

- 2.2. The disqualification criteria are set out in the Constitution and do not currently cover situations where colleagues are subject to investigations. To protect colleagues and to avoid conflict of interests, and in line with NHS Provider guidance, it is recommended to add the following criteria:

"Governors who are subject to any form of investigation, either by the Trust or by an external organisation, resulting in suspension from their substantive role will be suspended from their Governor role pending the outcome of the investigation".

3. RECOMMENDATION

- 3.1 The Board of Directors is asked to approve the proposed changes to the Constitution and Standing Orders.
- 3.2 The proposed changes will be presented to the December 2024 Council of Governors meeting.

SECRETARY TO THE TRUST

Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Quality and Performance Exception Report
SPONSORING EXEC:	Pippa 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:	5 November 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>Areas in which performance has been sustained or has notably improved include:</p> <ul style="list-style-type: none"> CAMHS Eating Disorders – Urgent and routine referrals seen within the required time periods remain above the national standards and the national averages. Access to our perinatal service was significantly above the 10% mandated standard. the number of patients waiting 52 weeks or more from referral to acute treatment reduced. patients followed up within 72 hours of discharge from an adult mental ward remained above 90%. <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"> the numbers of patients in our acute beds not meeting the criteria to reside continues to impact on patient flow. the percentage of people waiting under six weeks for a diagnostic test.
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	<ul style="list-style-type: none"> • the percentage of ambulance handovers completed within 30 minutes of arrival at our Emergency Departments. • the number of patients waiting 18 weeks or more for a community service. • the number of patients waiting 18 weeks or more to be seen by our community dental service.
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 <input checked="" type="checkbox"/> Obj 2 <input checked="" type="checkbox"/> Obj 3 <input checked="" type="checkbox"/> Obj 4 <input checked="" type="checkbox"/> Obj 5 <input checked="" type="checkbox"/> Obj 6 <input type="checkbox"/> Obj 7 <input checked="" type="checkbox"/> Obj 8	Improve health and wellbeing of population Provide the best care and support to children and adults Strengthen care and support in local communities Reduce inequalities Respond well to complex needs Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture Live within our means and use our resources wisely Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies

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: N/A

Equality
The Trust wants its services to be as accessible as possible, to as many people as possible. Please indicate whether the report has an impact on the protected characteristics
<p>This report has been assessed against the Trust’s People Impact Assessment Tool and there are proposals or matters which affect any persons with protected characteristics and the following is planned to mitigate any identified inequalities</p> <p>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.</p>

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)

Not Applicable.

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 presented to every Board meeting.

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

<input 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?	<input checked="" type="checkbox"/> Yes	
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SOMERSET NHS FOUNDATION TRUST

QUALITY AND PERFORMANCE EXCEPTION REPORT: SEPTEMBER 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

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): 91 cases, MSSA BSIs: 64, E. coli BSIs: 127 cases, Klebsiella BSIs: 51 Pseudomonas aeruginosa BSIs: 17.

Current performance (including factors affecting this)

The thresholds for 2024/25 have now been published and are reflected in this report.

- **MRSA:** One Trust-attributed MRSA bloodstream infections (BSIs) was reported in September 2024, bringing the total for the year to two.
- **MSSA:** There were four Trust-attributed MSSA BSIs reported in September 2024, bringing the total to 33.
- **E. coli:** There were 13 Trust-attributed E. coli BSIs reported in September 2024, bringing the total to 59.
- **Klebsiella:** There were no Trust-attributed Klebsiella BSIs reported in September 2024, so the total remained at 15.
- **Pseudomonas:** There was one Trust-attributed Pseudomonas aeruginosa BSI reported in September 2024, bringing the total to six.
- **C. diff:** There were eight Trust-attributed cases reported in September 2024, bringing the total to 52.

Respiratory Viral Infections

- **COVID-19:** 153 inpatient cases of COVID-19 were identified during September 2024, of which 52 were healthcare-attributed.
- **Influenza:** five inpatient cases were identified during September 2024, all of which were 'Flu A.

Outbreaks

- During September 2024 a total of 12 outbreaks affected inpatient wards, 10 due to COVID-19 and two due to norovirus.
- Carbapenemase producing organism, the outbreak on the YDH site, remains ongoing but stable with a total of 51 cases between January 2022 and August 2024 (the latest data available).

Surgical Site Infections – Data as of August 2024 (the latest data available)

Total Hip Replacement

- MPH rate of infection = 0%
- YDH rate of infection = 1.1%

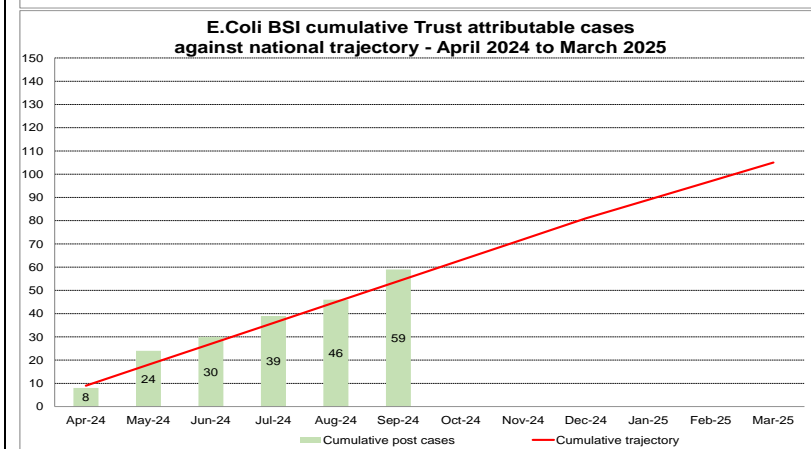
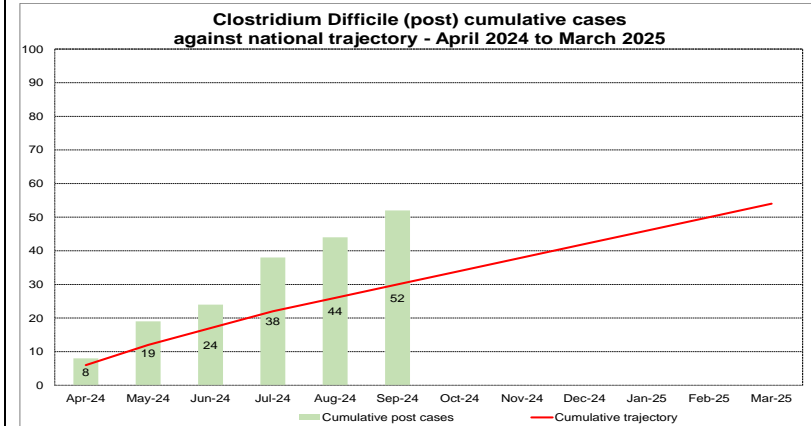
Total Knee Replacement

- MPH rate of infection = 1.08%
- YDH rate of infection = 0%

Spinal Surgery

- MPH rate of infection = 1.48%

Line/Bar Charts



Recent performance

Area	Apr	May	Jun	Jul	Aug	Sep
MRSA	0	1	0	0	0	1
C.Diff	8	11	5	14	6	8
MSSA	5	8	3	4	9	4
E.coli	8	16	6	9	7	13

Safe

To monitor and report on the number of patients transferred between acute wards after 10pm, to minimise the impact on patients' wellbeing.

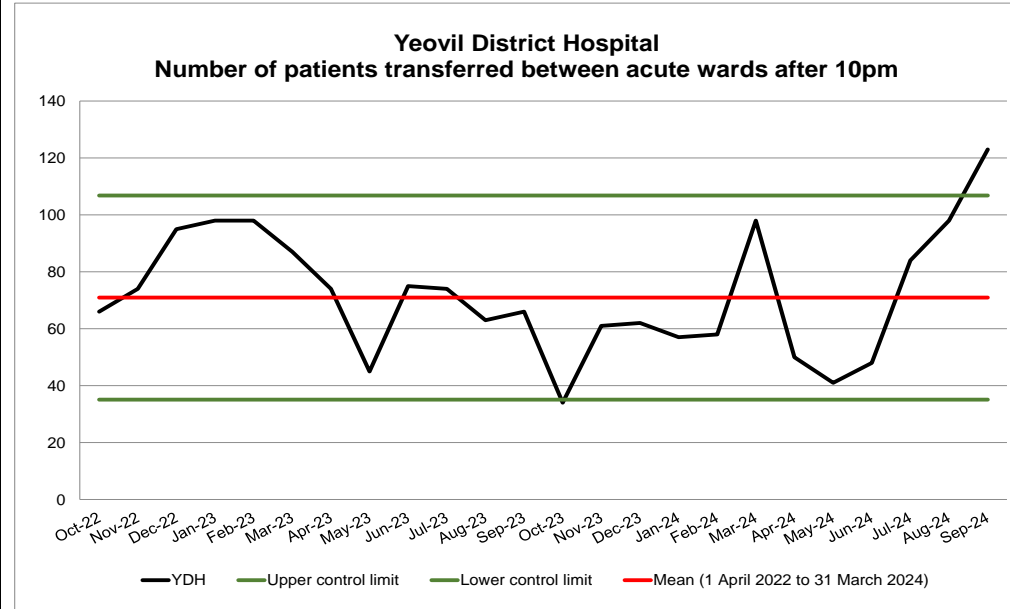
Current performance (including factors affecting this)

- The number of patients reported during September 2024 as having been transferred between wards at Yeovil District Hospital after 10pm significantly increased and were at their highest level since March 2023 when 143 transfers were reported.
- The numbers reported have been steadily increasing since July 2024, which coincides with the opening of our winter ward, Jasmine Ward.

Focus of improvement work

- Our patient flow team are awaiting detailed information relating to all transfers reported over recent months in order to identify common themes.
- A review of the information will also ascertain that all transfers have been recorded with the actual times of transfer and not the time of when the data was recorded on Trak Care (the YDH patient information system).
- Work will also be undertaken to assess the impact of delays associated with limited bed availability and high numbers of patients not meeting the criteria to reside.

Run Chart



How do we compare

The numbers reported increased during September 2024 compared to August 2024

Recent performance

The numbers reported in recent months were as follows:

Area	Apr	May	Jun	Jul	Aug	Sep
Numbers	50	41	48	84	98	123

Safe

Pressure ulcers – we are committed to improving and maintaining high rates of reporting across all services and to reducing the number of incidents resulting in harm to patients.

Current performance (including factors affecting this)

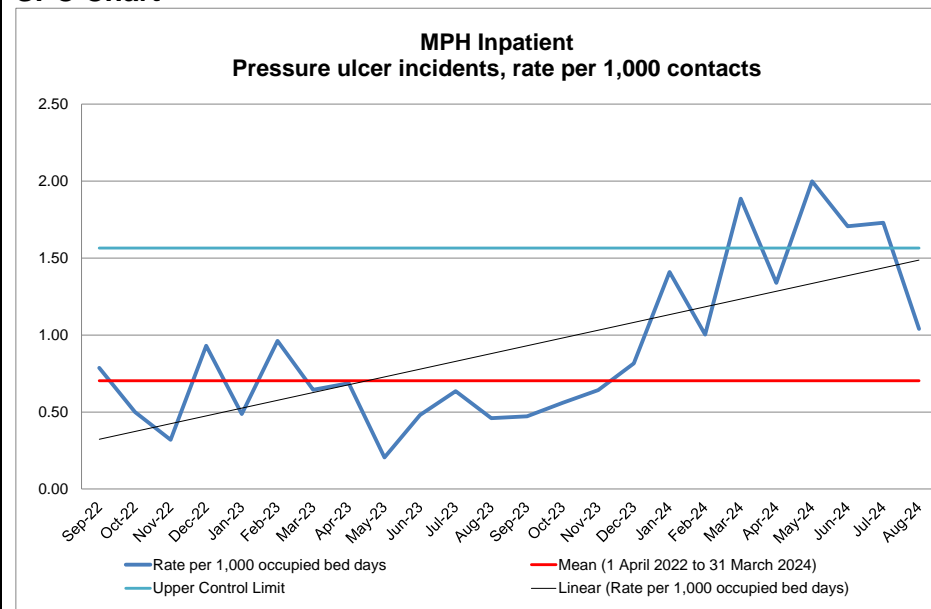
- During August 2024 – the latest validated data available - a total of 19 incidents were reported within inpatient services at Musgrove Park Hospital (MPH), the lowest number since February 2024 (also 19).
- The impact of moving over from June 2024 to the nationally mandated criteria of Learning from Patient Safety Events (LFPSE) has yet to be established, as incidents are now based on actual physical and psychological harm to patients.

Focus of improvement work

The Trust’s Tissue Viability Lead Nurse reports the following work, which contributes to highlighting and addressing this issue:

- The Pressure Ulcer Prevention Project (continuous professional development funded) has completed the ward-based training sessions. This training started in October 2023 and a good proportion of Musgrove-based wards were visited between October 2023 and March 2024, which coincides with the upward trajectory demonstrated by the SPC Chart opposite.
- Quality improvement work is being planned in several inpatient areas which have high rates of pressure ulcers, with an aim to bring them in line with the Trust average in the first instance.
- The Tissue Viability lead will present a quarterly report to the Quality and Governance Committee and there will be tighter assurance, direct from governance meetings with service groups, regarding local actions.
- The Pressure Ulcer Steering Group is currently revising the incident review process, to ensure local learning is captured and that the principles are in line with the Patient Safety Incident Response Framework (PSIRF).
- The specialty is represented on, and an active member of, the Working Groups reviewing both Quality Metric/Fundamentals of Care (Policy Monitoring) and Intentional Rounding activity.

SPC Chart



How do we compare

During August 2024, the number of incidents and rate per 1,000 bed days decreased compared to July 2024.

Recent Performance

Area	Mar	Apr	May	Jun	Jul	Aug
Number of reported incidents	38	25	37	31	32	19
Rate per 1,000 bed days	1.89	1.34	2.00	1.71	1.73	1.04

Safe

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.

Current performance (including factors affecting this)

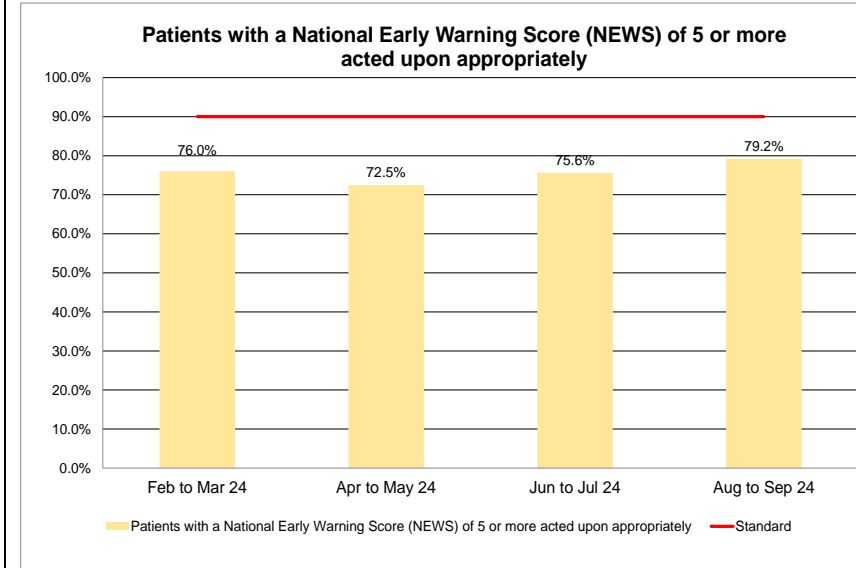
- During the reporting period 1 August to 30 September 2024, compliance increased when compared to the period 1 June to 31 July 2024.
- Of 78 patients identified with a National Early Warning Score (NEWS2) of five or above during the reporting period, a total of 67 (79.2%) were appropriately acted upon by the registered nurses informing the medical team, against a compliance standard of 90% or more.
- Of the 77 patients, 27 were identified with a NEWS score of 7 or more, with 26 being escalated within the required timescale.

Focus of improvement work

Actions include:

- When conducting the NEWS2 audit, ensuring there is documented evidence in the patients' notes that the nurses have escalated to the medical team who in turn have reviewed the patient.
- Ensuring that documented timings used to determine whether escalation was immediate are recorded accurately.
- To have the NEWS2 audit results available for each ward and service group, every other month.
- For the results to be available for discussion at the service groups' monthly meetings. These reports provide details of compliance by ward and ownership

Bar Chart



How do we compare

Compliance for the period 1 August to 30 September 2024 increased when compared to the period 1 June to 31 July 2024.

Performance over the last six months

Area	Feb to Mar	Apr to May	Jun to Jul	Aug to Sep
% compliance	76.0%	72.5%	75.6%	79.2%

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.

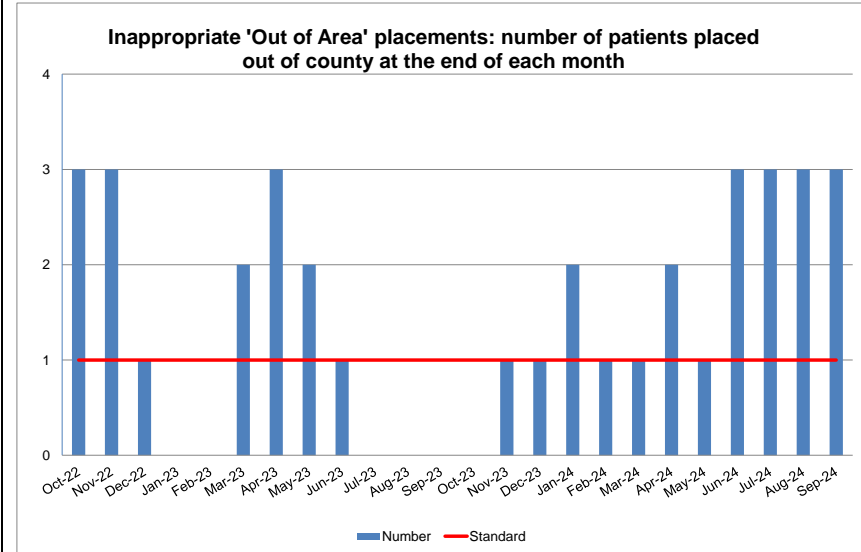
Current performance (including factors affecting this)

- As at 30 September 2024 three patients remained placed out of area.
- One patient was placed out of county on 28 June 2024. This was clinically-indicated due to their requiring a gender-specific Psychiatric Intensive Care Unit (PICU).
- Another patient was placed out of county on 31 July 2024 due to the need to access seclusion, which was already occupied at Holford ward, our PICU.
- The third patient was placed out of county on 26 September 2024 as they also required a gender-specific PICU.

Focus of improvement work

- The majority of out of area placements are due to patients requiring admission into our PICU. With only ten beds available there are occasions when, due to clinical acuity or gender, it would be unsafe to admit a patient. In the last 12 months (1 October 2023 to 30 September 2024) all inappropriate out of area admissions were due to the need for PICU, of which 75% were due to the need for a gender-specific ward.
- When a patient is placed out of area, the Urgent Care Hub and/or Holford ward maintains regular contact with the patient until the patient is either transferred back to our wards, discharged, or moved to secure services. Every effort is made to place people 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.
- An out of area escalation process is in place to ensure that barriers to repatriation and/or discharge of patients are minimised and escalated with system partners where appropriate.
- Our Inpatient Quality Transformation Programme, a two-to-three-year programme, is reviewing processes and procedures in relation to patients who do not meet the Criteria to Reside, with the aim of improving patient flow and reducing the need for Out of Area placements.

Bar Chart



How do we compare

Data published by NHS Digital shows that we continue have amongst the lowest levels of out of area placements for non-specialist acute mental health inpatient care of all providers of mental health services nationally.

Recent Performance

The numbers of patients who were on out of area placements as at the last day of each month were as follows:

Area	Apr	May	Jun	Jul	Aug	Sep
Number of patients out of area on last day of month	2	1	3	3	3	3

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, rising to 78% by March 2025.

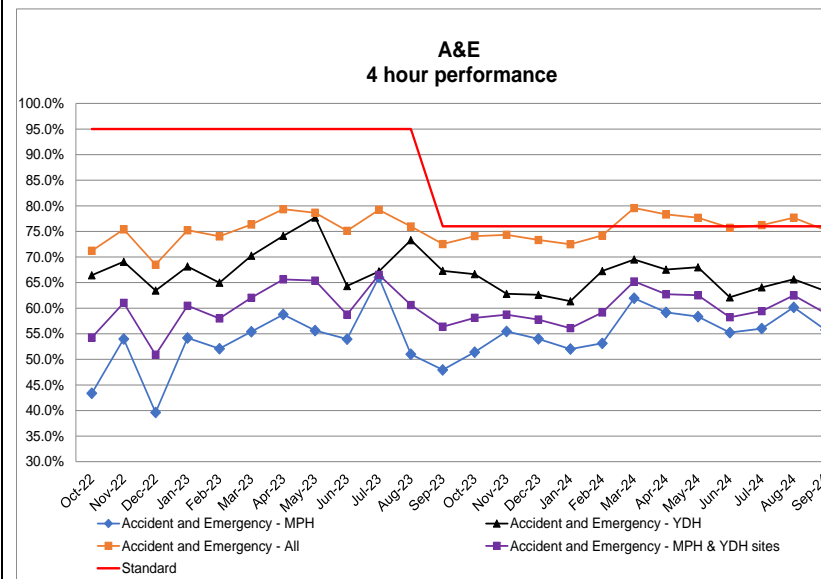
Current performance (including factors affecting this)

- Trust-wide A&E 4-hour performance for our EDs was 59.0% during September 2024, down from 62.5% in August 2024. With Urgent Treatment Centres (UTCs) compliance included at 97.8%, overall compliance was 75.2%, down from 77.7% in August 2024, and below the 76% national standard that took effect from 1 April 2024.
- Compliance in respect of our two A&E departments was:
 - Musgrove Park Hospital (MPH): 55.7%.
 - Yeovil District Hospital (YDH): 63.4%.
- Combined rolling 12 months A&E attendances at MPH and YDH, for the period from 1 October 2023 to 30 September 2024, were 4.6% higher than the same months of 2022/23. Since 1 January 2024, the average number of attendances has increased to 425 patients per day, compared to 408 per day between 1 April and 31 December 2023, which has affected performance against the four-hour standard.
- The number of patients spending more than 12 hours in the departments in September 2024 was 2.5% at MPH and 5.0% at YDH.

Focus of improvement work

- An Urgent Treatment Centre (UTC) has been approved for the YDH site and recruitment and operational plans are moving forward. MPH is exploring the arrangements needed to accommodate a UTC.
- The Junior Doctor rota change in August 2024 has significantly improved available doctor hours in the YDH ED in-hours, and work will be undertaken to focus on out-of-hours next.
- Work is being undertaken to focus on GP shift time cover at MPH, to cover where highest demand is (afternoon and evening hours), and to increase contracts to cover late shifts.
- YDH has successfully recruited three new middle grade doctors to join over the next few months. Two ED Consultant posts are out for advert.
- A middle grade rota proposal has been developed for YDH, and is being modelled against available funding.
- MPH held interviews for two ED consultant posts in October 2024, and a middle grade post is also on track for recruitment.
- There has been a relaunch of more frequent safety huddles at MPH to ensure appropriate and timely pathways for patients.

Line Chart



How do we compare

In September 2024, the national average performance for Trusts with a major Emergency Department was 59.8%. Our performance was 59.0%. We were ranked 63 out of 122 trusts. With Urgent Treatment Centre attendances included, we were ranked 35, with performance of 75.2%. National average performance was 71.6%.

Recent performance

Area	Apr	May	Jun	Jul	Aug	Sep
A&E only	62.7%	62.5%	58.2%	59.4%	62.5%	59.0%
Including MIU	78.3%	77.7%	75.7%	76.2%	77.7%	75.2%

Responsive

Ambulance handovers are to be completed within 30 minutes of arrival at hospital. The target is that at least 95% of patient handovers are within the 30 minute standard.

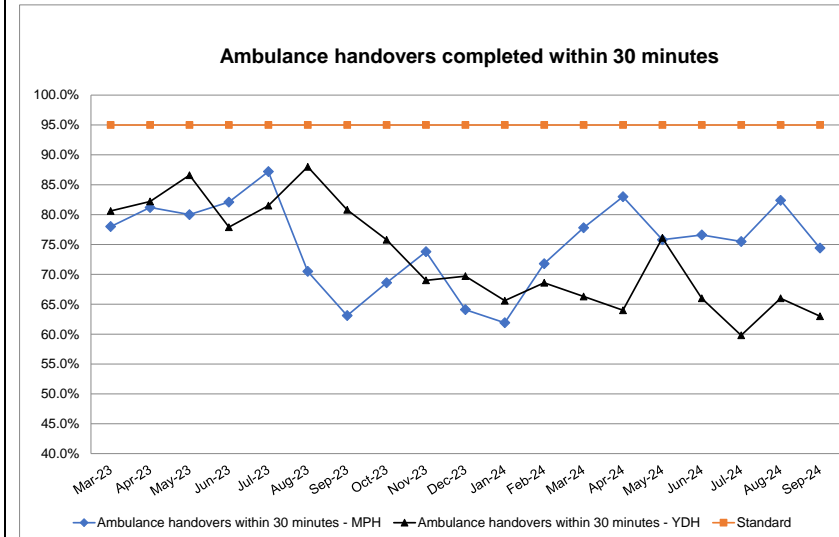
Current performance (including factors affecting this)

- During September 2024, performance for the handover within 30 minutes of patient arrivals by ambulance decreased at both Musgrove Park Hospital (MPH) and Yeovil District Hospital (YDH) when compared to August 2024. Compliance in September 2024 was as follows:
 - MPH: 74.4% (1,848 out of 2,484 handovers were within 30 minutes).
 - YDH: 63.0% (804 out of 1,277 handovers were within 30 minutes).
- The average performance across all hospitals served by South Western Ambulance Service NHS Foundation Trust (SWAST) in September 2024 was 55.5%. MPH was ranked fifth out of 19 sites served by across the Region and YDH was ranked tenth.

Focus of improvement work

- A joint audit, undertaken with the Integrated Care Board and SWAST has been completed successfully on both sites with positive data for learning and a joint meeting has been arranged to discuss the findings and develop actions.
- The 'Traffic light' system for ambulance arrivals has been ordered at MPH to encourage crews to come straight into the department with patients where the department has flow and there are no queues.
- The Improvement team has met with key leads at each department to initiate process mapping for ambulance handovers, to help identify areas for potential efficiency gains.
- Work is being undertaken with SWAST on the development of a 'Timely handover' procedure, including reviewed triggers for escalation.
- A WhatsApp group has been set up with the Hospital Ambulance Liaison Officers to improve communications.

Line Chart



How do we compare

In September 2024, 74.4% of all ambulance handovers at Musgrove Park Hospital and 63.0% of all ambulance handovers at Yeovil District Hospital were completed within 30 minutes. The average performance across all hospitals served by SWAST was 55.5%.

Recent performance

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

Area	Apr	May	Jun	Jul	Aug	Sep
MPH	83.0%	75.8%	76.6%	75.5%	82.4%	74.4%
YDH	64.0%	76.1%	66.0%	59.8%	66.0%	63.0%

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.

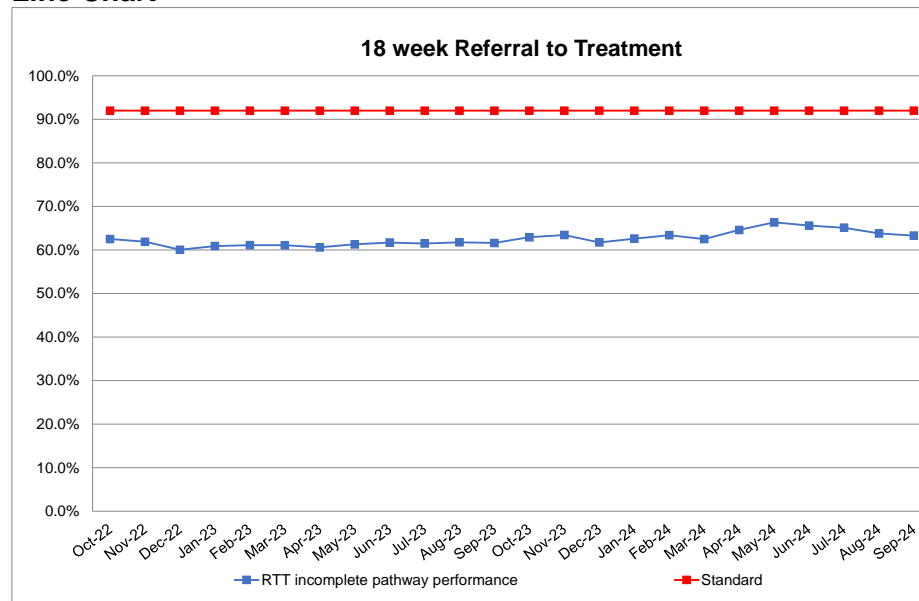
Current performance (including factors affecting this)

- The percentage of patients waiting under 18 weeks RTT was 63.3% (combined acutes + community) in September 2024, 0.5% down on the August 2024 position.
- The total waiting list size increased by 493 pathways, and was 5,176 higher (i.e. worse) than the planning trajectory (58,112 actual vs. 52,936); this in part represents the Dermatology service transfer, not fully accounted for in the planning trajectory.
- The number of patients waiting over 52 weeks reduced again, decreasing by 233 in September 2024 to 1,536 pathways, 516 lower (i.e. better) than the planning trajectory of 2,052.
- The number of patients waiting over 65 weeks reduced to 247 at the month-end, against a trajectory of zero.
- The number of patients waiting 78+ weeks decreased to eleven in September 2024 from 19 in August 2024, against a trajectory of zero.

Focus of improvement work

- The number of patients needing a first outpatient appointment or surgery, to avoid becoming a 65-week RTT waiter by the end of October and November 2024, has been quantified for each specialty to support the development of capacity plans. These plans continue to emphasise productivity and ways of increasing capacity internally, along with insourcing and outsourcing solutions.
- Cohort clearance monitoring reports continue to be updated fortnightly for all high-volume specialties and split by hospital site.
- A significant programme of improvement work to support elective care recovery in the medium and long-term remains in place.
- A programme of waiting list validation continues, which includes contacting patients to check they still need to be seen; additional validation is taking place for patients in the December 2024 65-week cohort, to ensure the waiting times are being correctly reported.

Line Chart



How do we compare

The national average performance against the 18-week RTT standard was 58.3% in August 2024, the latest data available; our performance was 63.8%. National performance deteriorated by 0.3% between July and August 2024; our performance reduced by 1.3%. The number of patients waiting over 52 weeks across the country decreased by 7,662 to 282,664 (3.7% of the national waiting list compared with 2.6% for the Trust). The number of patients waiting over 78 weeks nationally increased by 597 to 3,335.

Performance trajectory: 78 week and 65 week wait performance

Area	Apr	May	Jun	Jul	Aug	Sep
78-week trajectory	34	22	0	0	0	0
78-week actual	37	35	15	15	19	11
65-week trajectory	483	373	289	178	125	0
65-week actual	463	484	493	426	370	247

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.

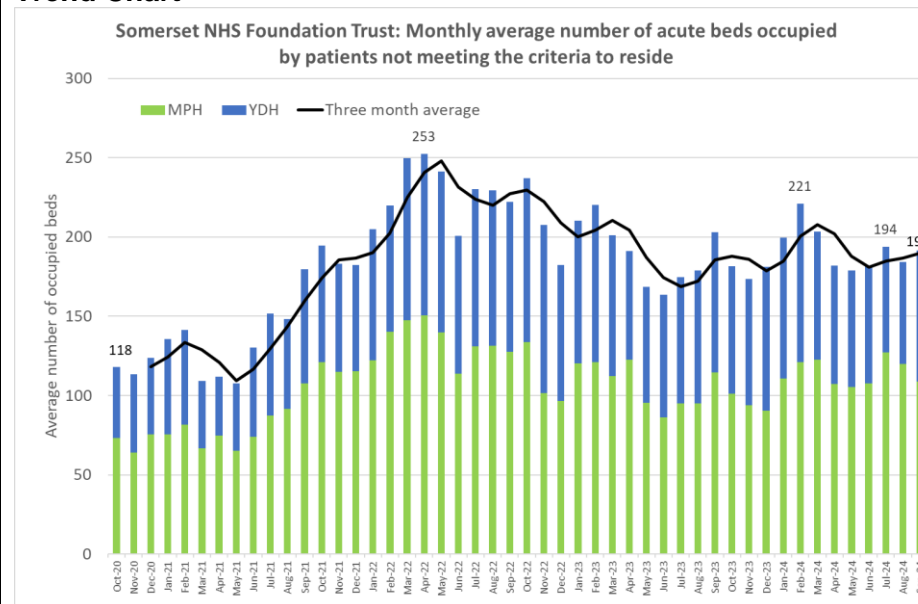
Current performance (including factors affecting this)

- During September 2024, the Trust-wide number of acute bed days occupied by patients not meeting the criteria to reside was 5,744 (3,269 at MPH and 2,475 at YDH), up from 5,710 in August 2024. This equates to 191 fully occupied beds for the month of September 2024, up from 184 in August 2024.
- In our community hospitals, the number of patients not meeting the criteria to reside reduced, from 60 as at 31 August 2024 to 50 as at 30 September 2024.
- Of the 1,571 acute inpatients discharged during September 2024 who had a Discharge Ready Date recorded, the average duration between the Discharge Ready Date and the actual date of discharge was 2.6 days, down from 2.9 days during August 2024. This is currently artificially low as presently it is not possible for YDH wards to input Discharge Ready Dates in respect of Pathway 0 patients.
- Recording of Ready to Discharge Dates in respect of all discharges was 49.0%, a slight increase from 48.2% achieved during August 2024.

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 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 discharges are in an appropriate and timely way.

Trend Chart



How do we compare

As at 30 September 2024, national best-quartile performance was that 8.9% 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 21.6% of beds. We were ranked 109 of 119 Trusts nationally.

Recent performance

The numbers of bed days occupied by patients who did not meet the criteria to reside over recent months were as follows:

Area	Apr	May	Jun	Jul	Aug	Sep
MPH	3,215	3,267	3,230	3,939	3,719	3,289
YDH	2,238	2,284	2,230	2,070	1,991	2,475
Total	5,453	5,551	5,460	6,009	5,710	5,744

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 is to have at least 95% of patients so admitted.

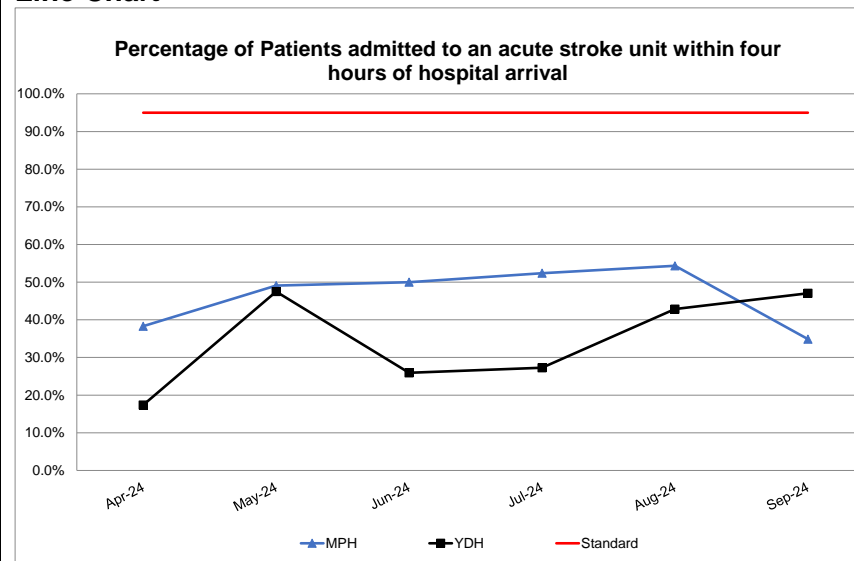
Current performance (including factors affecting this)

- During September 2024 compliance increased at Yeovil District Hospital but decreased at Musgrove Park Hospital when compared to August 2024. Compliance remained significantly below the 95% reporting standard at both sites, with performance as follows:
 - Musgrove Park Hospital (MPH): 34.9%
 - Yeovil District Hospital (YDH): 47.1%
- 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 reduction in performance at MPH was due to a combination of issues:
 - Reduced bed capacity – although Hyper Acute Stroke Unit beds were available, patients may not have met the criteria as not ‘acute’.
 - Reduced flow due to infection prevention and control requirements and the need for isolation.
 - Late diagnosis with / without the masking of symptoms and the need to rule out rather than rule in a stroke diagnosis’
- Despite these delays in transferring patients to the designated ward for continuation of care; patients would have had all diagnostic scanning, interventions, and a senior review by a Stroke Consultant. Referrals would have been made in a timely manner between clinicians including both during the ED period and once on the Acute Medical Unit.
- 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.
- Reviews have shown that 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.

Line Chart



How do we compare

During September 2024 compliance decreased at Musgrove Park Hospital but increased at Yeovil District Hospital when compared to August 2024.

Performance over the last six months

Area	Apr	May	Jun	Jul	Aug	Sep
% compliance MPH	38.3%	49.1%	50.0%	52.4%	54.3%	34.9%
% compliance YDH	17.4%	47.5%	25.9%	27.3%	42.9%	47.1%

Responsive

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

Current performance (including factors affecting this)

During September 2024, 94.9% 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

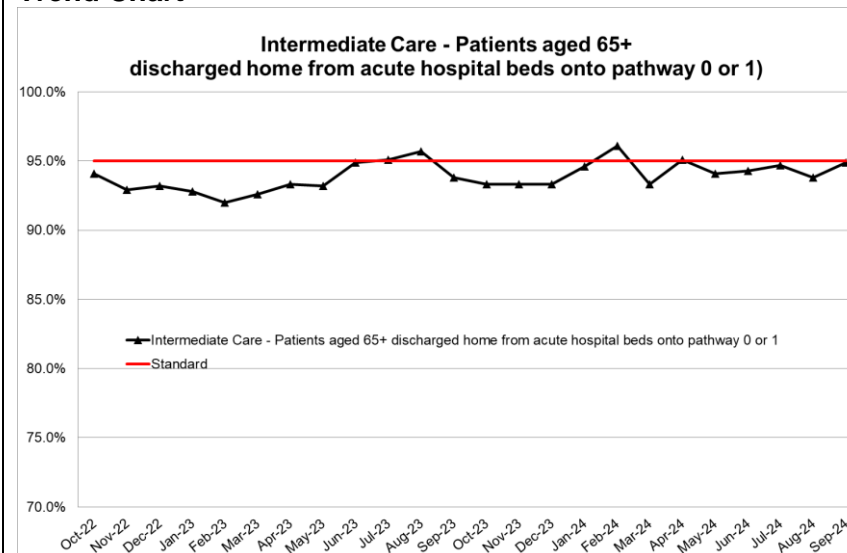
These discharges are supported by the Intermediate Care Discharge to Assess Service (D2A). These people require reablement and ongoing assessment within their own home.

Focus of improvement work

Actions being taken include:

1. **Continuing to strengthen the Somerset Transfer of Care (TOC) Hub model** – the proposed new operating model will be presented to the intermediate care steering group in October 2024.
2. **Out of Hospital Care models** – a Hospital at Home improvement action plan is being implemented and caseload levels are increasing incrementally.
3. **Increase Pathway 1 capacity** – work to increase capacity has been completed in South Somerset, with good effect. Future capacity requirements are being modelled and will be reported to the system huddle group.
4. **Returning to higher levels of P0 activity** – this will be achieved through the promotion of discharge planning on the day of admission.

Trend Chart



How do we compare

The percentage of patients aged 65 or more transferred onto pathway 0 or 1 during September 2024 increased compared to August 2024.

Performance over the last six months

Area	Apr	May	Jun	Jul	Aug	Sep
Total Discharges	2,230	2,233	2,150	2,113	2,175	2,138
Pathway 0	1,876	1,892	1,790	1,793	1,817	1,815
Pathway 1	244	210	237	207	224	214
% onto P0 or P1	95.1%	94.1%	94.3%	94.7%	93.8%	94.9%

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.

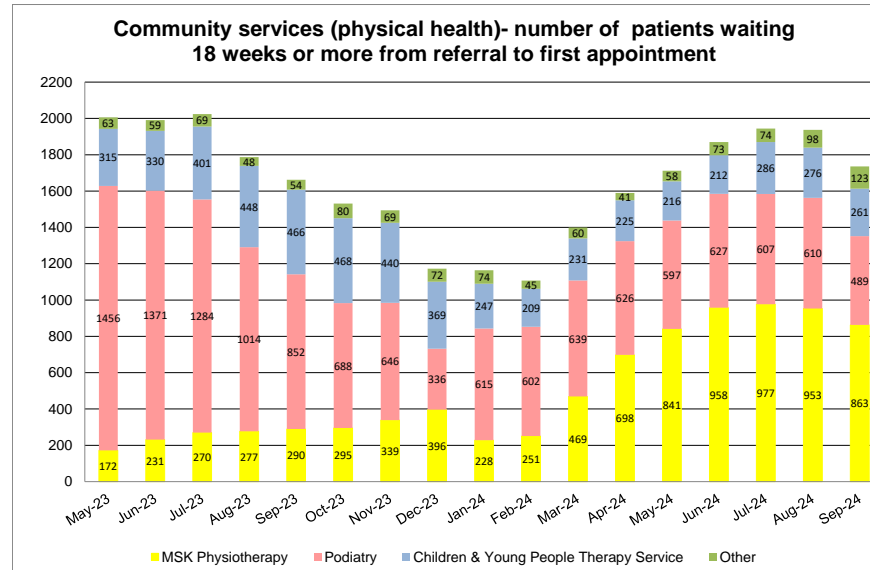
Current performance (including factors affecting this)

- As of the 30 September 2024, the number of patients waiting 18 weeks or more totalled 1,736, a reduction of 201 compared to 31 August 2024.
- Our Musculoskeletal Physiotherapy Service had the highest number of patients waiting 18 weeks or more with 863, down from 953 as at 31 August 2024. The increase in the numbers waiting since March 2024 has primarily been due to vacancies within the service.
- The number of people waiting 18 weeks or more to be seen by our Podiatry service decreased to 489 patients, from 610 as at 31 August 2024. The Podiatry service has also had significant levels of vacancies, which is a national issue.
- Numbers with our Children and Young People's Therapy Service totalled 261, down from 276 as at 31 August 2024.
- As at 30 September 2024, a total of 93 patients had waited 104 weeks or more, which was 18 lower (i.e. better) than the trajectory agreed with NHS England. All 93 patients were waiting for Podiatry.

Focus of improvement work

- The Musculoskeletal Physiotherapy Service has implemented an opt-in policy, from September 2024. Upon receipt of referrals, the service contacts patients to confirm that they wish treatment. This should reduce numbers of patients listed waiting who do not wish to attend appointments and will help to make best use of capacity. The service is planning to arrange a further round of recruitment, for three Band 6 therapists.
- For 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. Plans have been developed to introduce additional capacity, commencing in early November 2024.
- The Children and Young People's Therapy Service has been successful in recruiting to occupational therapy, the area with the highest numbers waiting. Plans have been developed which should reduce the number of patients waiting 18 weeks or more to zero by April 2025.

Bar Chart



How do we compare

The number of patients waiting 18 weeks or more as of 30 September 2024 decreased by 201, when compared to 31 August 2024.

Recent performance

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

Area	Apr	May	Jun	Jul	Aug	Sep
Number waiting	1,590	1,712	1,870	1,944	1,937	1,736

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 dentistry service.

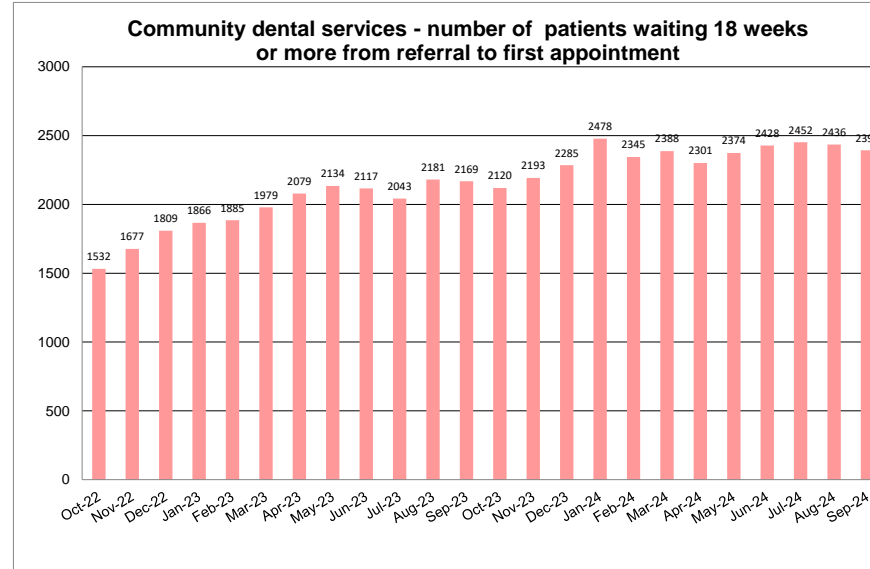
Current performance (including factors affecting this)

- As at 30 September 2024, the number of patients waiting 18 weeks or more totalled 2,394, a reduction of 42 compared to 31 August 2024.
- Of the patients waiting 18 weeks or more to be seen, 1,841 were waiting within Somerset (up from 1,827 as at 31 August 2024), and 553 were waiting within Dorset (down from 609 as at 31 August 2024).
- The number of people waiting 52 weeks or more reduced slightly, from 538 as at 31 August 2024 to 533 as at 30 September 2024.

Focus of improvement work

- The service continues to face considerable challenges due to vacancies, sickness absence and insufficient cover for colleagues on maternity leave. A total of 1.4 whole time equivalent dentists in Somerset have accepted an offer of employment and will begin in post once the relevant processes have been completed. The service continues its recruitment alongside talent acquisition experts, using social media campaigns, refer a friend schemes, a testimonial service video, glossy brochures, and open drop-in events for all posts including senior specialists.
- With demand currently exceeding capacity, the service has been reviewing pathways and is also reviewing trajectories and actions to reduce numbers waiting. We have engaged with our acute colleagues to work alongside us to fulfil the needs of some minor oral surgery patients.
- The service is balancing seeing core primary care patients and completing their courses of treatment, with those who have been referred into the service. Unfortunately, the with the volume of referrals it is proving very challenging, and the service has requested regular catch-up meetings with the Integrated Care Boards of Dorset and Somerset to assist in finding resolutions to the challenges faced.
- The service works regionally, through the Managed Clinical Network structure, the Local Dental Committee, and with NHS England network managers, to ensure we are able to align with the latest thinking, and to share challenges and initiatives with all other similar services in the South West.

Bar Chart



How do we compare

The number of patients waiting 18 weeks or more as at 30 September 2024 decreased by 42 when compared to 31 August 2024.

Recent performance

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

Area	Apr	May	Jun	Jul	Aug	Sep
Number waiting	2,301	2,374	2,428	2,452	2,436	2,394

Responsive

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

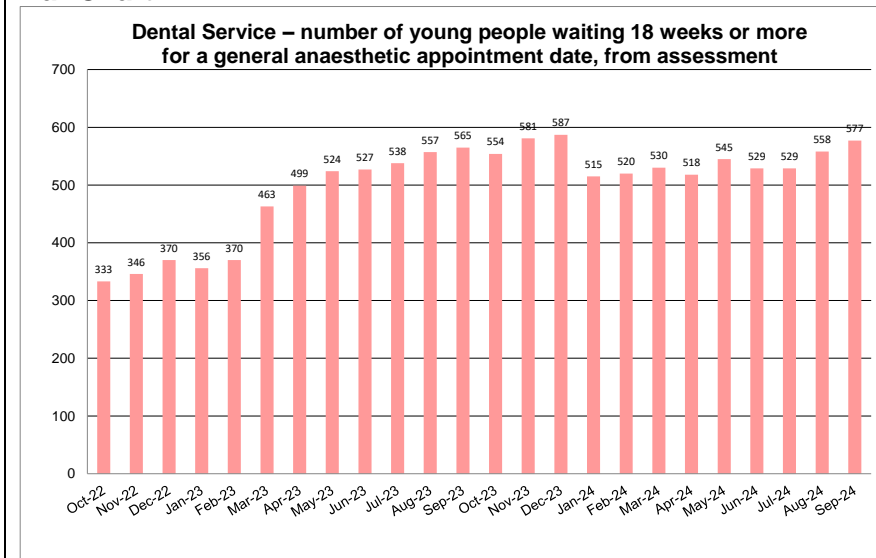
Current performance (including factors affecting this)

- As at 30 September 2024 a total of 577 young people had waited 18 weeks or more, up from 558 reported as at 31 August 2024.
- Of the 577 patients waiting, 504 related to our Dorset service (up from 474 as at 31 August 2024), and 73 related to our Somerset service (down from 84 as at 31 August 2024).
- The service continues to have significant levels of vacancies, which is a national issue, exacerbated by four GA dentists now being on maternity leave, for whom there is insufficient cover.
- Demand for these services remains high across both counties.

Focus of improvement work

- Recruitment challenges in Somerset persist. More junior dentists have been recruited, although it will take some time to train them for GA work. Further recruitment drives are planned over the Winter and Spring.
- There is limited capacity in respect of GA dental clinicians, although maternity returners will help with this by mid-2025.
- There has been a positive impact from the number of patients on the majority of morning lists at YDH increasing to six patients. Improving ward capacity and Pre-Operative Assessment Clinic (POAC) limitations remains work in progress.
- Musgrove Park Hospital has agreed to double the children's GA theatre sessions from autumn 2025.
- The approval of a business case, which the service presented to Dorset Integrated Care Board, will result in additional theatre slots being made available from November 2024 for one year. This will have a positive impact on reducing the GA waiting list for both adults and children.
- The Get It Right First Time (GIRFT) report into Community and Paediatric Dental GA services is currently still awaited.

Bar Chart



How do we compare

The number of young people waiting 18 weeks or more as at 30 September 2024 increased when compared to numbers reported as at 31 August 2024.

Recent Performance

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

Area	Apr	May	Jun	Jul	Aug	Sep
Number waiting	518	545	529	529	558	577
% > 18 weeks	66.4%	66.1%	64.1%	60.9%	61.6%	66.6%

Responsive

28 Day Faster Diagnosis Cancer Standard is a measure of the length of wait from referral through to diagnosis (benign or cancer). The target is for at least 75% of patients to be diagnosed within 28 days of referral. The first step in a 62-day cancer pathway.

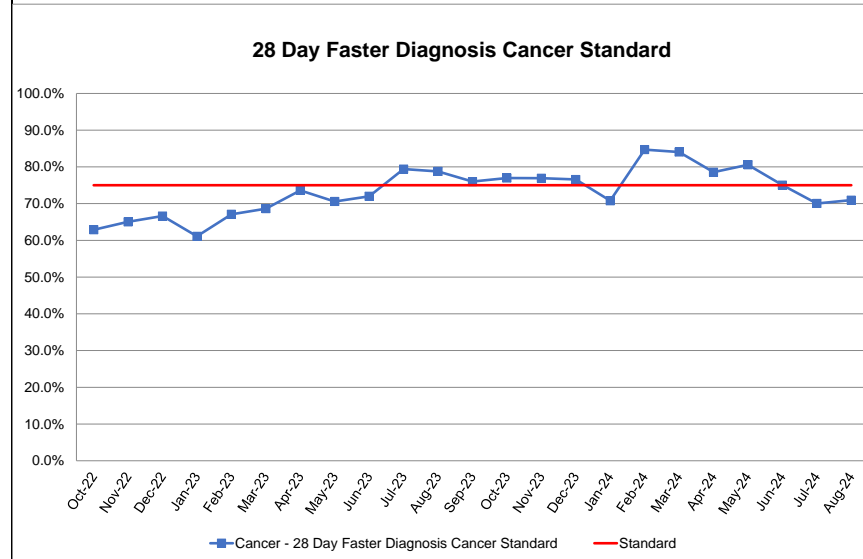
Current performance (including factors affecting this)

- The percentage of patients diagnosed with a cancer or given a benign diagnosis within 28 days of referral was 70.9% in August 2024, below the national 75% standard and also below the national average performance.
- The highest volume of breaches were in: colorectal (28% of breaches; performance 50%) and skin (28% of breaches; 68% performance).
- The increase in skin breaches relates to the seasonal peak in referrals, with insufficient capacity to meet the peaks in demand; the service was repatriated from University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) in November 2023, sooner than had originally been planned.
- Performance against the 28-day Faster Diagnosis Standard is expected to improve in October 2024, with the additional dermatology insourcing capacity being put in place.

Focus of improvement work

- The level of insourcing for dermatology has been increased and extended to provide greater resilience to the service. This will include both capacity for first appointments and also minor procedures. A medical photography service is being established at Yeovil, which will enable enhanced triage and reduce the number of patients needing an urgent appointment when not required. Clinical Nurse Specialists will also be seeing suspected cancer patients for first appointments. Two locums have also been identified to support the Yeovil service.
- Additional colonoscopy capacity is in place with an additional locum and return of a long-term locum who has been on extended leave, which should help to reduce colonoscopy waiting times.
- Additional CT colon capacity will come online with the opening of the Yeovil Community Diagnostic Centre.
- Please see other actions related to urology and general pathway management changes in the 62-day Cancer exception report.

Line Chart



How do we compare

National average performance for providers was 75.5% in August 2024, the latest data available. Our performance was 70.9%. We ranked 114 out of 140 providers.

Recent performance

Performance in recent months was as follows:

28-day Faster Diagnosis performance

Area	Mar	Apr	May	Jun	Jul	Aug
Compliance	84.1%	78.6%	80.6%	75.0%	70.0%	70.9%
Trajectory		78.5%	78.0%	78.0%	79.4%	78.8%

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.

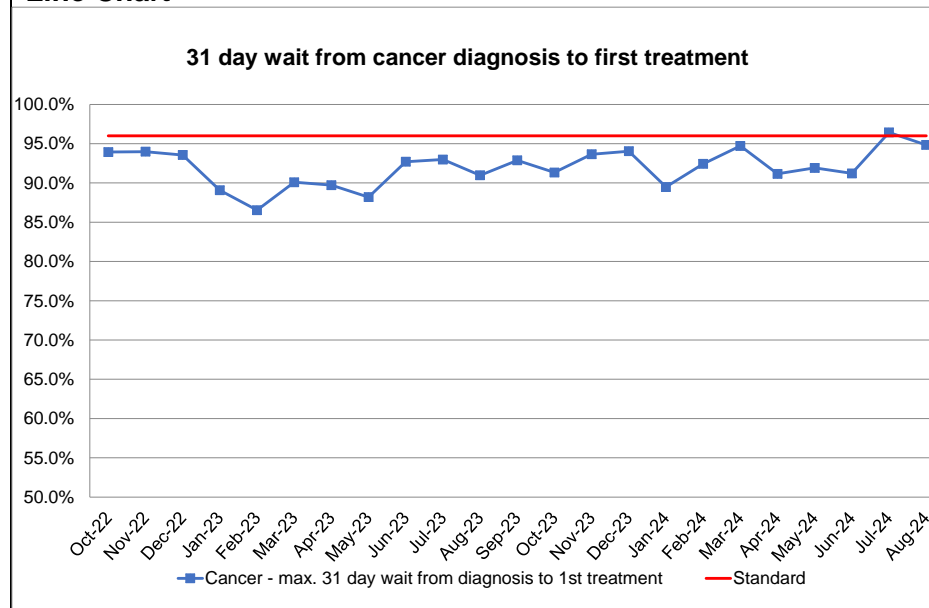
Current performance (including factors affecting this)

- Performance against the 31-day first combined treatment standard was 94.8% in August 2024 – the latest data available. This was below the 96% national standard but above the national average performance.
- There were 34 breaches of the standard, 13 (38% of breaches) for skin, six for colorectal (18%) and six for breast (18%). 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 Hospitals Bristol and Weston NHS Foundation Trust (UHBW) from the start of November 2023.
- 87% of the breaches were for surgical treatments. The ability to start treatment within 31 days of the decision to treat is affected by bulges in demand. Skin has seen a significant seasonal rise in demand in recent months, as has colorectal.

Focus of improvement work

- The work outlined in the combined 62-day cancer standard report will help to reduce delays in cancer pathways which will also help to smooth bulges in demand for cancer treatments.
- Capacity and demand modelling has been undertaken for the repatriated dermatology two-week wait service. Additional capacity continues to be established, including attempted further consultant recruitment, GPs with Extended Roles being trained, and insourcing. Allied service capacity continues to be planned for, including pathology, plastics, and melanoma oncology. A new Artificial Intelligence (AI) system is being piloted which should help with the triage and management of suspected cancer referrals. The new teledermatology system (Cinapsis) is live across both sides of the county, helping to manage routine demand and free-up capacity for suspect cancer and other specialist referrals.

Line Chart



How do we compare

National average performance for providers was 91.7% in August 2024, the latest data available. Our performance was 94.8%. We ranked 74 out of 141 providers.

Recent performance

31-day diagnosis to first treatment performance

Area	Mar	Apr	May	Jun	Jul	Aug
% Compliance	94.7%	91.2%	91.9%	91.2%	96.4%	94.8%

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.

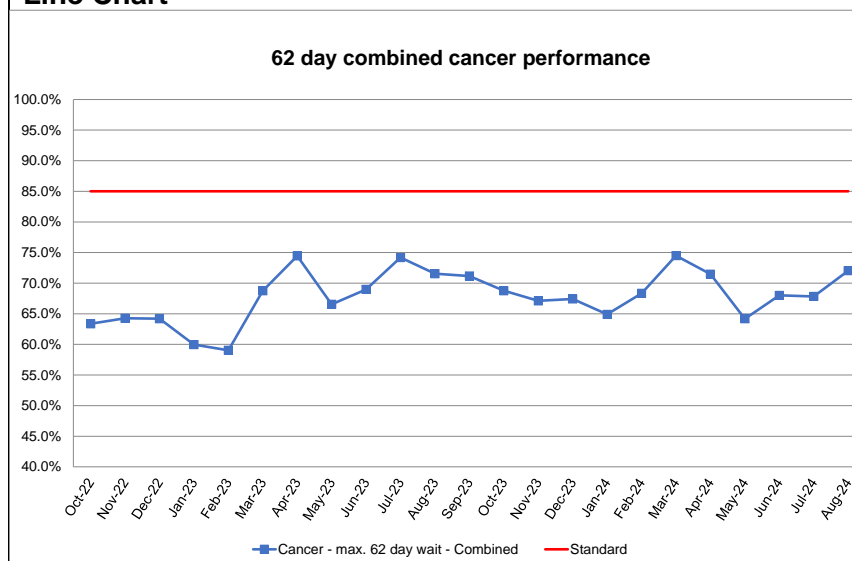
Current performance (including factors affecting this)

- The percentage of patients treated for a cancer within 62 days of referral was 72.0% in August 2024, below the national standard of 85%, but above the national average of 69.2%.
- The main breaches of the 62-day GP cancer standard were in urology (35% of breaches), colorectal (17%) and skin (13%).
- The main cause of the urology and colorectal breaches continues to be surges in demand during the last 2-3 months. 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).
- Nineteen GP-referred patients were treated in August 2024, on or after day 104 (the national 'backstop'); see Appendix 5a.
- 28-day Faster Diagnosis Standard performance was 71.9% in August 2024 against the current national target of 75% (please see the separate exception report).

Focus of improvement work

- A new cancer 'front door' is being implemented and is now partly in place; this is creating a single-entry point for cancer referrals across Somerset, helping to smooth demand across the two hospital sites; it includes nurse-led triage and management of the initial diagnostic phase of cancer pathways.
- Prostate pathway redesign work continues on the diagnostic phase, focusing on nurse-led management and steps being condensed or removed to achieve a diagnosis sooner.
- Additional colorectal diagnostic capacity continues to be established, to try to meet increasing demand. This includes additional CT colon scans being undertaken at Musgrove for Yeovil patients, as well as additional CT colon lists at Yeovil.
- Please also see the 28-day exception report for actions relating to skin.

Line Chart



How do we compare

National average performance for providers was 69.2% in August 2024, the latest data available. Our performance was 72.0%. We were ranked 75 out of 149 trusts.

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	Mar	Apr	May	Jun	Jul	Aug
% Compliance	74.5%	71.5%	64.2%	68.0%	67.8%	72.0%
Trajectory		71.4%	64.6%	65.9%	66.5%	67.1%

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.

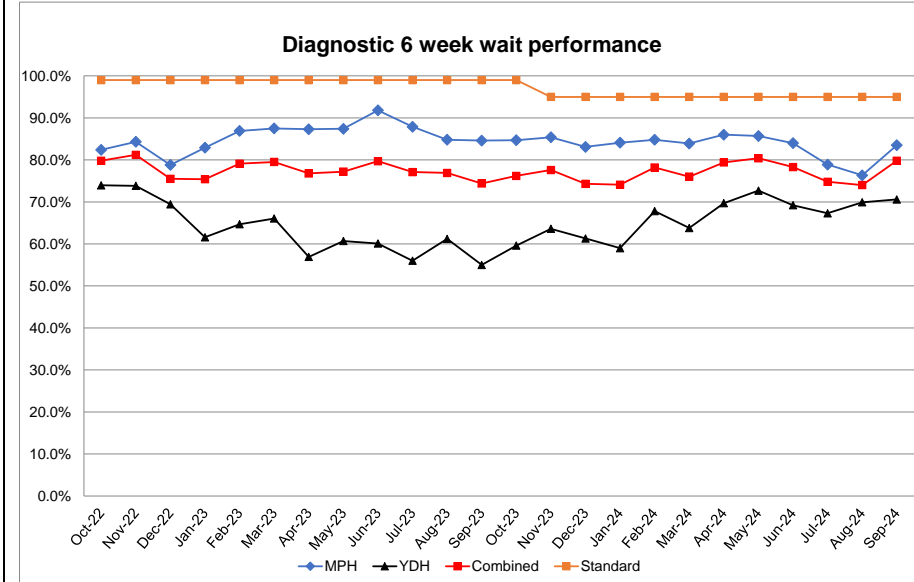
Current performance (including factors affecting this)

- The combined percentage of patients waiting under six weeks for their diagnostic test increased to 79.8% in September 2024 but remains below the regional March 2024 ambition of greater than 85%, and below the planning trajectory.
- The number of patients waiting over six weeks in September 2024 decreased by 682 patients from the previous month; the highest numbers of patients waiting over six weeks were waiting for the following diagnostic tests:
 - echo (down from 1,192 to 1,050; 51% of over six-week waiters).
 - MRI (down from 608 to 385; 19% of over six-week waiters).
- The total waiting list size decreased by just over 3% (349 patients), which means that less demand will need to be met in future months.
- The echo backlog reflects staff departures on both hospital sites over the last three months.
- The MRI backlog relates to continued high demand for scans.

Focus of improvement work

- Echo capacity and demand modelling has been undertaken, which has confirmed the scale of additional capacity required to meet recurrent demand and eliminate the backlog by the end of March 2025, but ideally sooner.
- Additional echo capacity has been established through the extension of the insourcing contract which is currently in place; weekend waiting list initiatives have been established; in addition, another member of the team will return from maternity leave in the next two months.
- The MRI Capacity and Demand modelling undertaken has highlighted the need for more complex scanner capacity; the modular scanner at Bridgwater Community Hospital is being swapped for one capable of doing this work, and the working week is being extended to seven days from five.

Line Chart



How do we compare

National average performance for NHS providers (i.e. excluding Independent Sector providers) was 75.1% in August 2024, the latest data available. Our performance was 74.0%. We were ranked 106 out of 159 trusts for the 15 high-volume diagnostic tests.

Recent performance

Area	Apr	May	Jun	Jul	Aug	Sep
Musgrove Park Hospital (MPH)	86.0%	85.7%	84.0%	78.9%	76.3%	83.5%
Yeovil District Hospital (YDH)	59.4%	72.7%	69.2%	67.3%	69.9%	70.6%
Combined	79.4%	80.4%	78.3%	74.8%	74.0%	79.8%
Trajectory	75.2%	77.2%	80.3%	83.3%	84.7%	86.6%

Responsive

Our aim is to ensure that at least 90% of the complaints we receive are responded to within timescales agreed with complainants.

Current performance (including factors affecting this)

- Of 27 complaints responded to during September 2024, a total of 17 (63.0%) were responded to within the timescales agreed with the complainants. There were no delays associated with the complaints team processes.
- Delays occurred due to a combination of reasons including:
 - Ongoing operational and workforce challenges across all areas and services to be able to review, prioritise and respond to complaints.
 - An increasing complexity of complaints with a large proportion of complaints overlapping teams and service groups and challenges with service groups identifying a lead for the review and ongoing management of a complaint.
 - The timely availability of paper medical notes when multiple teams are involved across service groups.

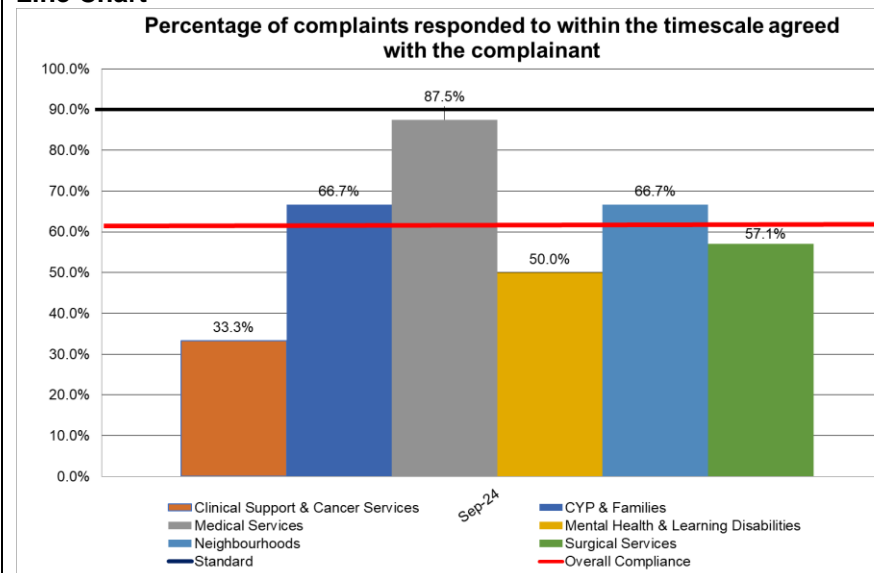
Areas of note:

- The Mental Health and Learning Disabilities service group had only two complaints closed in September 2024, of which one was two days outside the agreed timeframe.
- The Medical services group has been on a six-month improvement journey supported by the patient experience team, following a significantly challenged position of less than 20% compliance. In September 2024, 88% of all formal complaints were responded to within the agreed timeframe.

Focus of improvement work.

- Implementation of a new RADAR System, to enable oversight from the service groups and complaints team. The system will enable identification of where delays have occurred and inform service improvement.
- Regular tracker meetings between complaint co-ordinators and service groups to identify potential delays and escalate concerns.
- Regular meetings between Associate Directors of Patient Care and the Head of Patient Experience to identify causes of delays and potential solutions.
- Review of targets to ensure alignment with national standards.
- A working group has been developed to perform an organisational diagnostic against NHS complaint standards. The first meeting will take place on 29 November 2024.

Line Chart



How do we compare

Changes were implemented from September 2024 reflect compliance in respect of complaints responded to within the timescale agreed with complainants.

Recent Performance

Complaints open:

Directorate	Number >=20 days from agreed deadline	Number >=10 days from agreed deadline	Number <10 days from agreed deadline	Total
Clinical Support	1	0	1	2
CYP & Families	6	1	0	7
Medical Services	6	1	2	9
Mental Health & LD	0	1	2	3
Surgical Services	7	2	0	9
Totals:	20	5	5	30

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

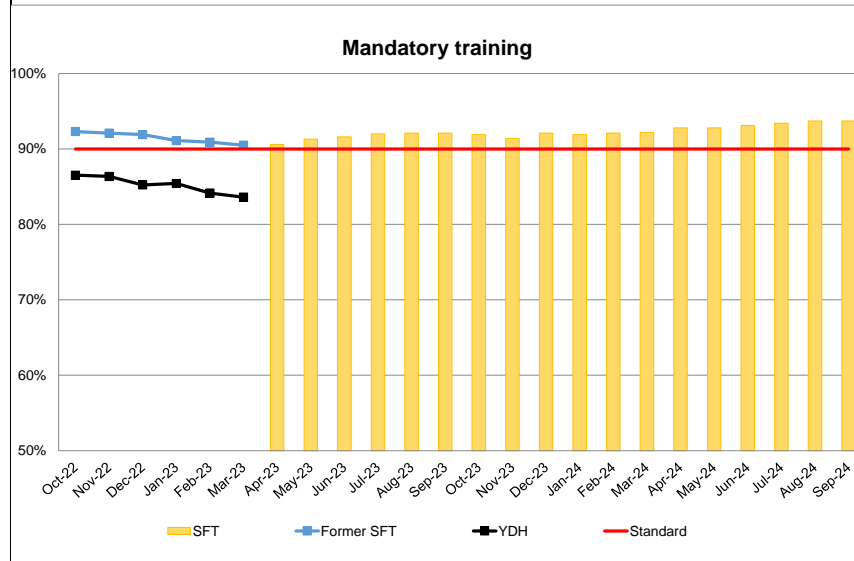
Current performance (including factors affecting this)

- As at 30 September 2024, our overall mandatory training rate was 93.7%, unchanged from the position as at 31 August 2024.
- Apart from Symphony Health Service (SHS), all colleagues moved to the new Trust training system, LEAP, on 1 April 2023. As at 30 September 2024, compliance reported from the two separate systems was as follows:
 - LEAP: 93.8% (93.7% as at 31 August 2024)
 - SHS: 78.8% (81.9% as at 31 August 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.
- The rate recorded as at 30 September 2024 remains the highest rate recorded since the formation of the new Trust in April 2023.

Focus of improvement work

- Remapping of over 1,000 colleagues in respect of Level 3 Safeguarding is planned to be undertaken in the forthcoming months and will potentially have a negative impact on overall compliance rates, although colleagues moving to Level 3 will be given six months to undertake and complete courses.
- Capacity for Basic Life Support (BLS) at MPH will increase by 20% by the end of the year because venepuncture and cannulation are moving into the Skills Hub, freeing up the training room. Monthly Sunday BLS sessions at MPH are popular, as are evening sessions. During September 2024, one fifth of all resuscitation training spaces were lost to DNAs (this does not include late cancellations).
- The resuscitation team continues to run with a high level of sickness absence; however, an additional 1.0 whole time equivalent (WTE) Resuscitation Officer has been recruited and will start in January 2025 on the YDH site, and a second 0.8 WTE funding has been agreed to enlarge the team on the MPH site. This is the most significant step forward to reaching compliance since covid-recovery commenced.

Run Chart



How do we compare

Compliance as at 30 September 2024 was unchanged from the rate reported as at 31 August 2024.

Recent Performance

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

Area	Apr	May	Jun	Jul	Aug	Sep
% Compliance	92.8%	92.8%	93.1%	93.3%	93.7%	93.7%

Well Led

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

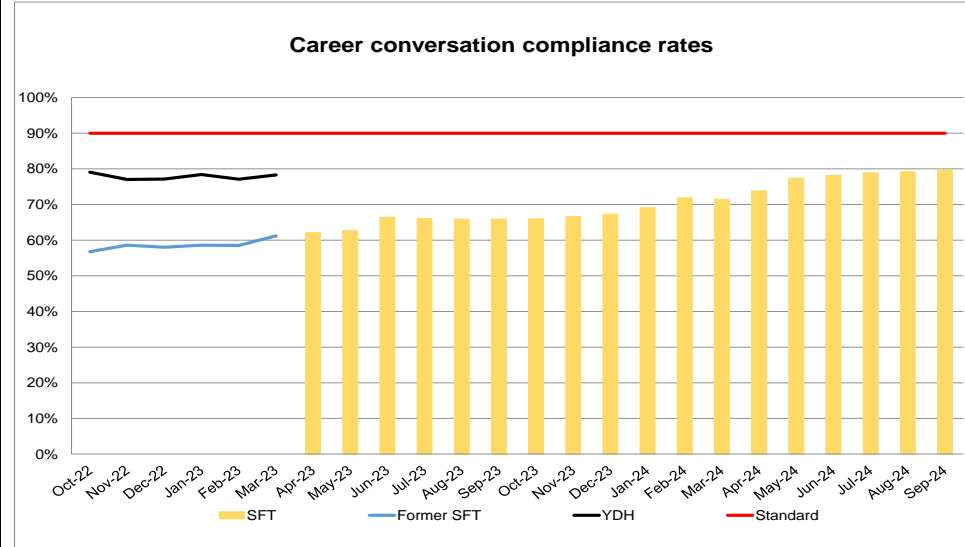
Current performance (including factors affecting this)

- Compliance as at 30 September 2024, in respect of appraisals being undertaken at least annually was 79.7%, up by 0.5% from the previous month, and the highest rate reported since the new Trust was established in April 2023, but still significantly below the standard of 90%.
- Neighbourhoods continues to be the best-performing service group, with compliance of 85.5%, closely followed by Medical services at 84% and Corporate services at 81.3%.
- The Mental Health and Learning Disabilities service group has seen the greatest improvement over the 12-month period, increasing from 47.8% in October 2023 to 75.7% in September 2024.

Focus of improvement work

- The system used to record medical and dental appraisals is in a period of transition, with the whole Trust set to use the new system fully from January 2025. The system improves the user experience by reducing log-in requirements across multiple systems and also improves reporting.
- A Year-2 People Strategy deliverable is underway, focused on improving compliance with appraisal rates and modernising the approach to appraisals.
- Service groups continue to provide assurance of their focus on appraisals through the Quality, Outcomes, Finance and Performance meetings.

Run Chart



How do we compare

Compliance as at 30 September 2024 increased by 0.5% compared to the position as at 31 August 2024.

Recent performance

The compliance rates in recent months were as follows:

Area	Apr	May	Jun	Jul	Aug	Sep
% compliance	73.8%	77.4%	78.2%	78.9%	79.2%	79.7%

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.

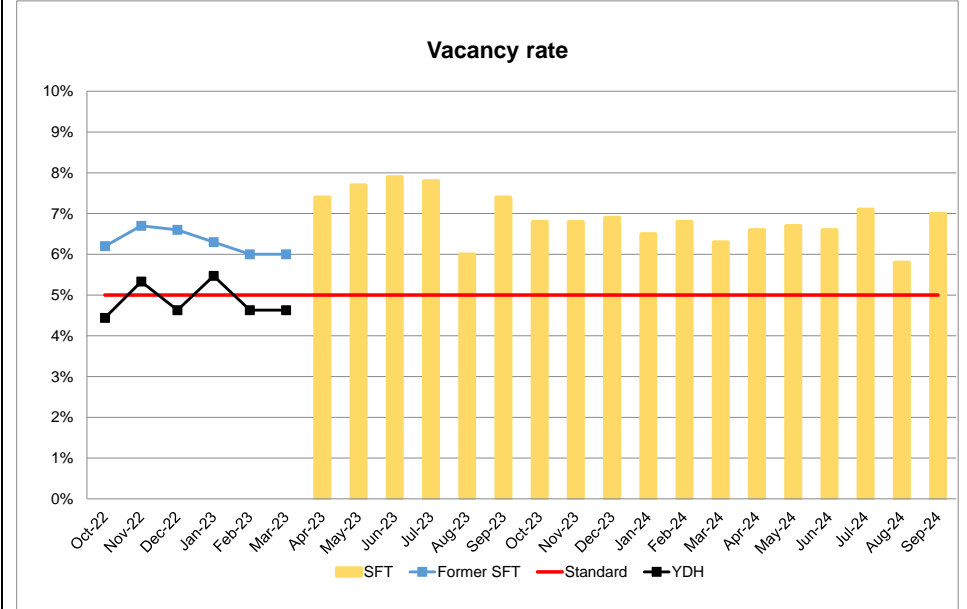
Current performance (including factors affecting this)

- Our vacancy rate as at 30 September 2024 was 7.0%, up from 5.8% reported as at 31 August 2024.
- The areas with the highest vacancy rates are:
 - Estates and Facilities: 14.1%
 - Mental Health and Learning Disabilities: 10.0%
 - Neighbourhood Services: 9.7%
- As part of the NHS England workforce whole time equivalent cap, there will be some roles which are deliberately not being filled, as service groups progress their productive care plans.
- Twenty-three risks on the risk register relate to recruitment challenges, spanning many services and roles. The highest-scoring risks are with senior medical and nursing and allied health professional roles with community hospitals, pharmacy, theatres, bowel cancer screening and digital recruitment challenges, scoring 15 and above.
- For many hard-to-recruit roles, there are national and local shortages, making it a very competitive environment in which to recruit.

Focus of improvement work

- The pressure in recruitment continues for hard to attract roles. Success from international recruitment for medical roles is seeing a reduction in vacancies in that area.
- Workforce plans are being developed at service level to provide greater clarity of future workforce requirements.
- Additional resources have been identified to speed the recruitment for those in the pipeline,

Run Chart



How do we compare

The vacancy rate within the Trust in September 2024 increased when compared to August 2024.

Recent performance

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

	Dec	Apr	May	Jun	Jul	Aug	Sep
Vacancy rate		6.6%	6.7%	6.6%	7.1%	5.8%	7.0%

Well Led

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

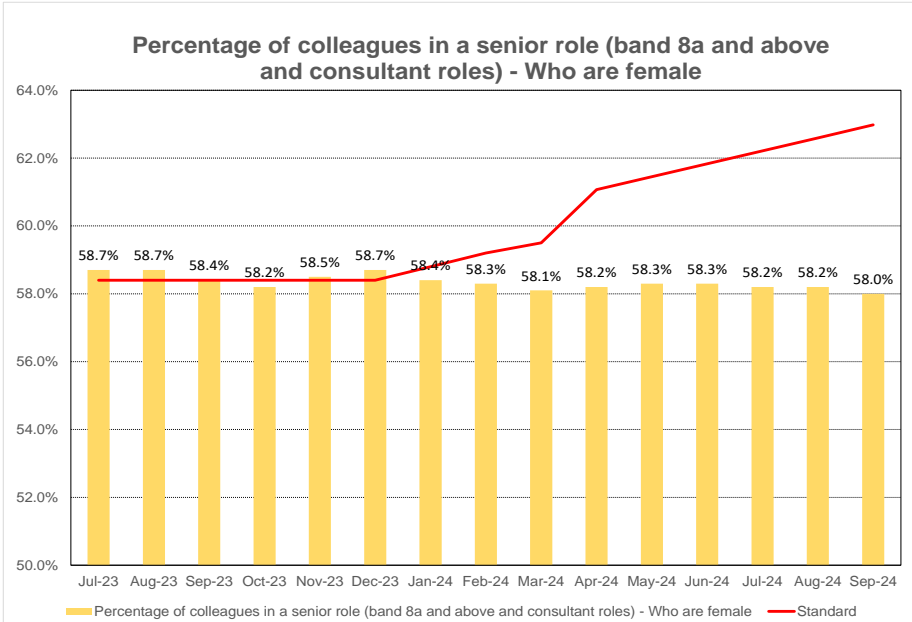
Current performance (including factors affecting this)

- Across Somerset NHS Foundation Trust as a whole, 79% of colleagues (excluding bank, locums and those on secondment) 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.
- As at 30 September 2024, a total of 58.0% of colleagues at Band 8a or above identify as female, and decrease from 58.2% as reported as at 31 August 2024 and behind the target trajectory of 63.0% identified to achieve equitable representation by March 2028.
- There was no significant movement within this measure during 2023/24.

Focus of improvement work

- The Pay Assurance Committee reviewed the pay gap information in July 2024 and further actions to understand the gap are being identified through the inclusion workplan oversight group.
- Clinical Excellence Awards are a significant contributing factor to the pay gap; work is being undertaken to understand the likely timescale for these to continue having an effect, now the award programme has stopped.
- Current areas of focus include exploring within band pay gaps to understand if salary negotiation is a contributing factor to the gap and understanding the pay gap for consultation roles which exists without the Clinical Excellence Awards included in the reporting.

Run Chart



How do we compare

- 51.1% of Somerset residents identify as female.
- 77% of the NHS workforce identify as female.
- 79% of colleagues at Somerset NHS Foundation Trust identify as female.
- 58.0% of senior roles (Band 8a or above) identify as female.
- 50% of medical and dental colleagues identify as female.

Recent performance

Compliance over recent months were as follows:

Area	Apr	May	Jun	Jul	Aug	Sep
Monthly rate	58.2%	58.3%	58.3%	58.2%	58.2%	58.0%

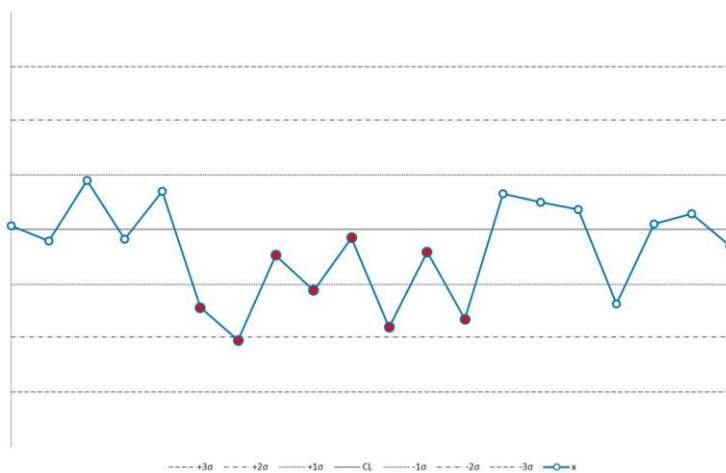
Appendix 1 - Procedure for Interpreting Run Charts

Special Cause Variation Rules

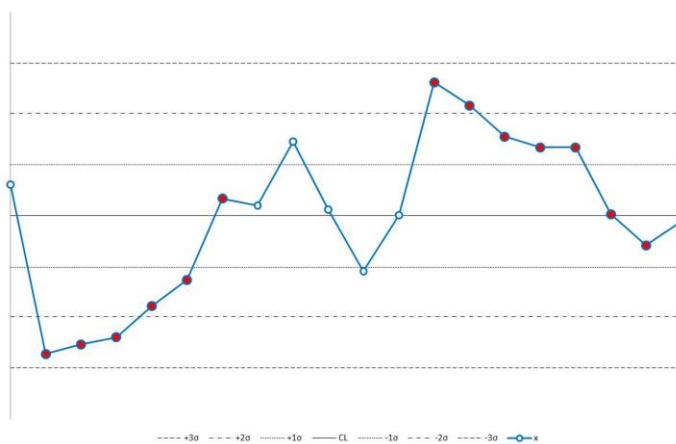
1. A single point outside the control limits



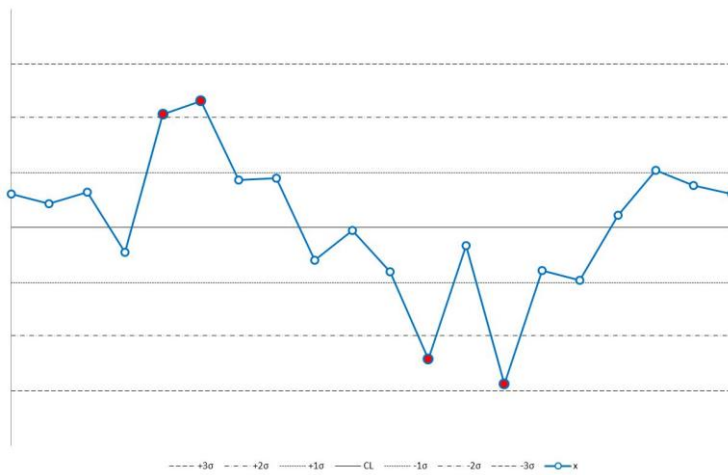
2. A run of eight or more points in a row above (or below) the centreline



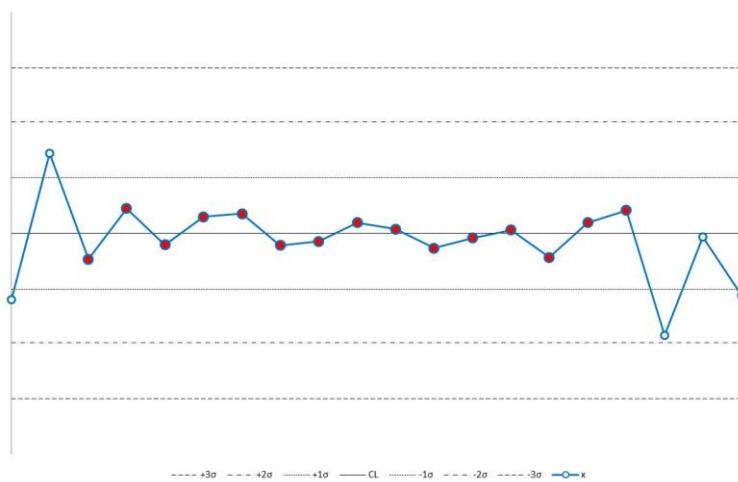
3. Six consecutive points increasing (trend up) or decreasing (trend down)



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

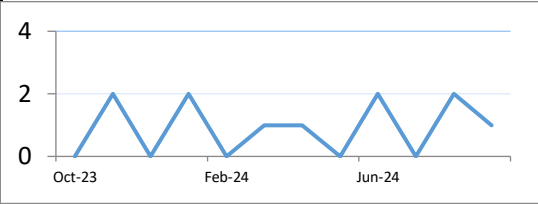
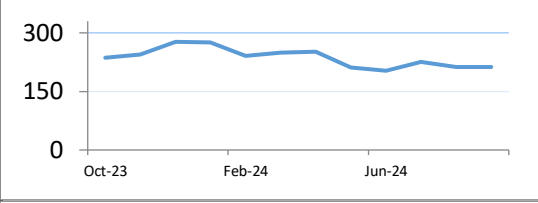
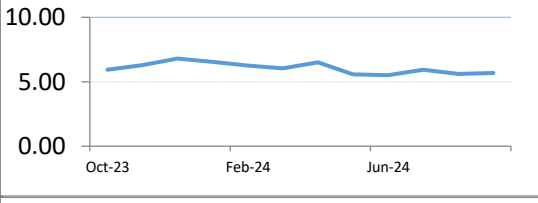
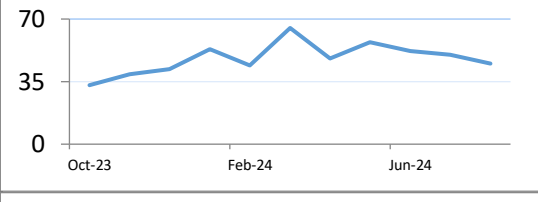
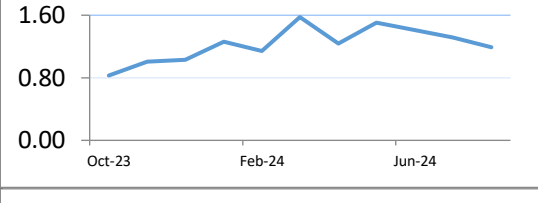
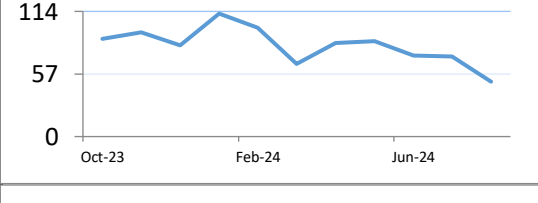
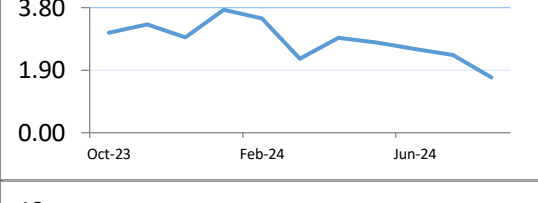
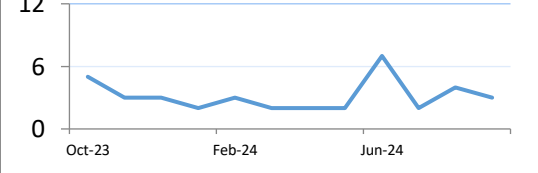
SOMERSET NHS FOUNDATION TRUST

QUALITY MEASURES - 2024/25

Area	Ref	Measure	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24		
Admissions	1	Average daily number of medical and surgical outliers in acute wards during the month	MPH	1	5	9	8	3	1	1	2	1	2	1	2	
	2		YDH	Reporting criteria to be changed to be same as MPH reported numbers												
	3	Number of patients transferred between acute wards after 10pm	MPH	64	50	64	123	80	73	67	69	57	59	66	81	
	4		YDH	34	61	62	57	58	98	50	41	48	84	98	123	
Mortality (acute services)	5	Summary Hospital-level Mortality Indicator (SHMI)	105.12	101.52	102.51	101.73	103.76	107.55	102.94	102.19	108.03	Data not yet due - July 2024 to be reported after October 2024				
Infection Control	6	Clostridium Difficile cases HOHA cases (Hospital Onset Hospital Acquired) and COHA cases (Community Onset Hospital Acquired)	3	7	7	13	9	11	8	11	5	14	6	8		
	7	MRSA bacteraemias (post)	0	0	0	1	0	0	0	1	0	0	0	1		
	8	E. coli bacteraemia	7	15	9	7	7	8	8	16	6	9	7	13		
Infection Control	9	Methicillin-sensitive staphylococcus aureus	6	4	5	5	10	6	5	8	3	4	9	4		

SOMERSET NHS FOUNDATION TRUST

QUALITY MEASURES - 2024/25

Area	Ref	Measure	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24		
Maternity	10	No. of still births	0	2	0	2	0	1	1	0	2	0	2	1		
	11	No. of babies born in unexpectedly poor condition	0	0	0	0	0	0	0	0	0	0	0	0		
Falls	12	Total number of patient falls	236	245	277	275	241	249	252	211	203	225	212	213		
	13	Rate of falls per 1,000 occupied bed days - all services	5.93	6.31	6.80	6.56	6.25	6.04	6.49	5.56	5.51	5.92	5.59	5.69		
Pressure ulcer damage	14	Inpatient wards - number of incidents	33	39	42	53	44	65	48	57	52	50	45	Data not yet due		
	15	Rate of pressure ulcer damage per 1,000 inpatient ward occupied bed days	0.83	1.00	1.03	1.26	1.14	1.58	1.24	1.50	1.41	1.31	1.19			
	16	District nursing - number of incidents	89	95	83	112	99	66	85	87	74	73	50			
Pressure ulcer damage	17	Rate of pressure ulcer damage per 1,000 district nursing contacts	3.03	3.29	2.89	3.73	3.48	2.24	2.88	2.75	2.54	2.36	1.68	Data not yet due		
Cardiac Arrests	18	No. ward-based cardiac arrests - acute wards	MPH	5	3	3	2	3	2	2	2	7	2	4	3	

SOMERSET NHS FOUNDATION TRUST

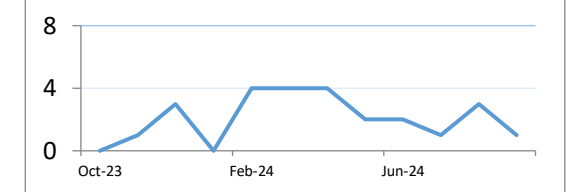
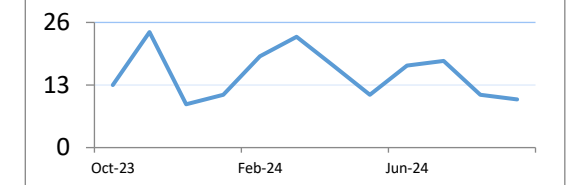
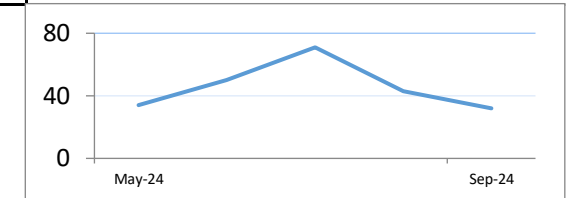
QUALITY MEASURES - 2024/25

Area	Ref	Measure		Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	
Cardiac Arrests	19	No. ward-based cardiac arrests - acute wards	YDH	4	6	6	1	3	8	7	7	3	2	2	3	
Restrains (mental health wards)	20	Total number of incidents	Mental Health Wards	53	64	51	30	36	52	33	24	36	43	45	28	
	21	Restrains per 1,000 occupied bed days	Mental Health Wards	14.84	18.31	14.11	8.32	11.08	15.32	9.79	7.33	10.85	12.37	12.92	8.57	
	22	Number of prone restraints	Mental Health Wards	4	6	2	2	5	10	5	1	4	6	2	3	
	23	Prone restraints per 1,000 occupied bed days	Mental Health Wards	1.12	1.72	0.55	0.55	1.54	2.95	1.48	0.31	1.21	1.73	0.57	0.92	
Medication incidents	24	Total number of medication incidents		244	202	202	228	205	208	194	186	184	213	174	146	
Ligatures and ligature points	25	Ligatures: Total number of incidents	Mental Health Wards	180	153	109	184	137	46	49	108	54	65	50	33	
	26	Number of ligature point incidents	Mental Health Wards	0	6	9	4	4	2	2	1	1	1	3	1	
Violence and Aggression	27	Violence and Aggression: Number of incidents patient on patient (inpatients only)	MPH, Community Hospitals and Mental Health wards	Reporting changes due to Learning from							4	10	10	10	3	

SOMERSET NHS FOUNDATION TRUST

QUALITY MEASURES - 2024/25

Area	Ref	Measure	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	
Violence and Aggression	28	Violence and Aggression: Number of incidents patient on staff MPH, Community Hospitals and Mental Health wards	Reporting changes due to Learning from								34	50	71	43	32
	29	Number of Type 1 -Traditional Seclusion Mental Health Wards	13	24	9	11	19	23	17	11	17	18	11	10	
Seclusion	30	Number of Type 2 -Short term Segregation Mental Health Wards	0	1	3	0	4	4	4	2	2	1	3	1	



SOMERSET NHS FOUNDATION TRUST

CORPORATE SCORECARD 2024/25

No.	Description		Links to corporate objectives	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Thresholds	
18	Mental health referrals offered first appointments within 6 weeks	Adult mental health services	1,2,3	91.6%	92.2%	93.9%	93.5%	96.1%	92.2%	92.1%	94.7%	92.5%	94.2%	91.5%	90.4%	>=90%= Green >=80% - <90% =Amber <80% =Red	
19		Older Persons mental health services		87.5%	95.3%	93.0%	93.7%	96.0%	90.3%	93.8%	97.0%	100.0%	97.2%	93.8%	93.4%		
20		Learning disabilities service		100.0%	80.0%	87.5%	100.0%	100.0%	100.0%	83.3%	100.0%	100.0%	100.0%	100.0%	100.0%		
21		Children and young people's mental health services		92.0%	96.6%	94.7%	96.1%	100.0%	100.0%	95.0%	95.4%	95.3%	98.5%	97.8%	98.8%		
22	Percentage of women accessing specialist community Perinatal MH service - 12 month rolling reporting		1,2	11.1%	11.7%	11.6%	12.2%	12.4%	12.6%	12.9%	13.0%	13.1%	13.3%	13.8%	13.7%	>=10%= Green >=7.5% - <10% =Amber <7.5% =Red	
23	Diagnostic 6-week wait - acute services	MPH	1,2	84.7%	85.4%	83.1%	84.1%	84.8%	83.9%	86.0%	85.7%	84.0%	78.9%	76.3%	83.5%	From March 2024 At or above trajectory = Green Below trajectory = Red	
24		YDH		59.6%	63.6%	61.3%	59.0%	67.8%	63.8%	59.4%	72.7%	69.2%	67.3%	69.9%	70.6%		
25		Combined		76.2%	77.6%	74.3%	74.1%	78.2%	76.0%	79.4%	80.4%	78.3%	74.8%	74.0%	79.8%		
26	RTT incomplete pathway performance: percentage of people waiting under 18 weeks		1,2,4	62.9%	63.4%	61.7%	62.6%	63.4%	62.5%	64.6%	66.3%	65.6%	65.1%	63.8%	63.3%	>=92%= Green <92% =Red	
27	52 week RTT breaches - Patients of all ages			2,547	2,577	2,519	2,252	2,158	2,270	1,969	1,871	1,873	1,842	1,769	1,536	From April 2023 At or below trajectory = Green Above trajectory = Red	
28	52 week RTT breaches - Patients aged 18 or under			New reporting - to commence from May 2024								185	168	165	162		115
29	65 week RTT breaches - Patients of all ages			687	661	725	605	538	434	463	484	493	426	370	247		
30	Referral to Treatment (RTT) incomplete pathway waiting list size			54,777	53,406	53,667	53,787	53,800	53,524	54,625	55,014	56,599	57,442	57,619	58,112		

SOMERSET NHS FOUNDATION TRUST

CORPORATE SCORECARD 2024/25

No.	Description	Links to corporate objectives	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Thresholds
31	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	2,7	6.5	6.1	6.1	6.4	6.4	6.0	5.9	6.0	5.9	5.9	6.0	Monitored using Special Cause Variation Rules. Report by exception.
32		YDH		6.8	6.9	7.5	7.7	6.9	7.1	7.0	6.7	6.3	5.5	6.4	
33	Patients not meeting the criteria to reside: % of occupied bed days lost	MPH	2,7	18.1%	17.1%	15.9%	18.4%	20.5%	21.0%	18.9%	19.2%	19.4%	23.2%	22.4%	<=9.8%= Green >15% =Red
34		YDH		24.1%	23.5%	26.3%	25.7%	29.5%	23.0%	21.8%	23.4%	23.0%	21.0%	19.9%	
35	Acute bed days lost due to patients not meeting the criteria to reside	MPH	2,7	3,134	2,819	2,807	3,435	3,516	3,805	3,215	3,267	3,230	3,939	3,719	TBC
36		YDH		2,497	2,387	2,804	2,756	2,891	2,495	2,238	2,284	2,230	2,070	1,991	
37	Community service waiting times: number of people waiting over 18 weeks from referral to first appointment (excluding dental)	1,2,3	1,531	1,494	1,173	1,164	1,107	1,399	1,590	1,712	1,870	1,944	1,937	1,736	From June 2024 At or below trajectory = Green Above trajectory = Red
38	Community service waiting times: number of people waiting over 52 weeks from referral to first appointment (excluding dental)		237	245	223	232	229	264	257	259	280	277	277	263	
39	Community service waiting times: number of people waiting over 104 weeks from referral to first appointment (excluding dental)	41	34	25	34	35	45	45	49	57	73	88	93		
40	Community dental services - General, Dominciliary or Minor Oral surgery waiting 18 weeks or more	1,2,3	2,120	2,193	2,285	2,478	2,345	2,388	2,301	2,374	2,428	2,452	2,436	2,394	From April 2024 <1,979 = Green >=1,979 = Red
41	Community dental services - General, Dominciliary or Minor Oral surgery waiting 52 weeks or more		476	491	541	584	575	574	531	584	620	600	538	533	From April 2024 <574 = Green >=574 = Red
42	Community dental services - Child GA waiters waiting 18 weeks or more	1,2,3	554	581	587	515	520	530	518	545	529	529	558	577	From April 2023 <463 = Green >=463 = Red
43	Early Intervention In Psychosis: people to begin treatment with a NICE recommended care package within 2 weeks of referral (rolling three month rate)	1,2,3	84.6%	85.7%	82.4%	89.5%	93.3%	87.5%	86.7%	73.7%	77.8%	70.6%	73.3%	70.0%	>=60%= Green <60% =Red
44	Talking Therapies RTT : percentage of people waiting under 6 weeks	1,2,3	77.7%	77.8%	82.9%	81.1%	78.4%	83.0%	84.3%	84.0%	85.4%	82.7%	88.0%	86.3%	>=75%= Green <75% =Red
45	Talking Therapies RTT: percentage of people waiting under 18 weeks	1,2,3	98.9%	99.6%	98.5%	99.4%	99.2%	98.9%	99.0%	98.9%	98.7%	98.2%	99.6%	98.9%	>=95%= Green <95% =Red
46	Talking Therapies (formerly Improving Access to Psychological Therapies [IAPT]) Recovery Rates	1,2,3	58.1%	59.2%	59.8%	57.5%	60.7%	56.6%	58.6%	60.2%	59.5%	58.9%	61.3%	54.5%	>=50%= Green <50% =Red
47	Talking Therapies: Completing a course of treatment for anxiety and depression achieving Reliable Improvement	1,2,3	76.7%	80.6%	74.0%	74.7%	74.1%	75.9%	69.7%	78.5%	72.3%	74.3%	77.8%	76.3%	>=67%= Green <67% =Red

SOMERSET NHS FOUNDATION TRUST

CORPORATE SCORECARD 2024/25

No.	Description	Links to corporate objectives	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Thresholds		
48	Talking Therapies: Completing a course of treatment for anxiety and depression achieving Reliable Recovery	1,2,3	55.8%	57.2%	54.7%	55.5%	57.0%	54.8%	54.9%	57.9%	55.9%	55.4%	58.8%	52.9%	>=48%= Green <48% =Red		
49	Adult mental health inpatients receiving a follow up within 72 hrs of discharge	1,2	100.0%	97.0%	100.0%	100.0%	100.0%	92.9%	97.6%	90.9%	90.5%	100.0%	96.2%	97.4%	>=80%= Green <80% =Red		
50	Inappropriate Out of Area Placements for non-specialist mental health inpatient care. Number of 'active' out of area placements at the month-end	1,2	0	1	1	2	1	1	2	1	3	3	3	3	1= Green >1 = Red		
51	Intermediate Care - Patients aged 65+ discharged home from acute hospital beds on pathway 0 or 1	1,2,3	93.3%	93.3%	93.3%	94.6%	96.1%	93.3%	95.1%	94.1%	94.3%	94.7%	93.8%	94.9%	>=95%= Green >=85% - <95% =Amber <85% =Red		
52	Urgent Community Response: percentage of patients seen within two hours	1,2,3	93.8%	95.9%	90.9%	91.1%	91.6%	95.9%	90.5%	87.8%	87.5%	87.4%	89.5%	Data not yet due	>=70%= Green >=60% - <70% =Amber <60% =Red		
53	% Stroke Patients direct admission to stroke ward in 4 hours	MPH	Change in reporting criteria						38.3%	49.1%	50.0%	52.4%	54.3%	34.9%	>=90%= Green >=75% - <90% =Amber <75% =Red		
54		YDH							17.4%	47.5%	25.9%	27.3%	42.9%	47.1%			
55	Patients spending >90% of time in stroke unit - acute services	MPH							85.0%	80.2%	88.5%	94.1%	94.0%	98.2%	>=80%= Green >=70% - <80% =Amber <70% =Red		
56		YDH							82.3%	90.7%	86.5%	92.4%	Data awaited	Data awaited			
57	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, YDH, Community Hospitals and Mental Health wards							Reporting change from 1 January 2024 to include both acute sites and community and mental health wards				76.0%	72.5%	75.6%	79.2%	
58	Neutropenic Sepsis: Antibiotics received within 60 minutes - acute services	MPH							Testing of a reporting solution using electronic forms has been completed by the Trust's Digital			78.8%	77.8%	95.3%	94.4%	91.9%	83.3%
59	Percentage of emergency patients screened for sepsis - Emergency Departments		Reporting solution developed and after training rolled out with reporting commencing from			97.8%	100.0%	96.6%	85.7%	96.2%	90.9%	77.8%	91.0%	90.3%			
60	National paediatric early warning system (PEWS)	MPH	Reporting to commence from January 2024			66.7%	80.0%	100.0%	64.3%	87.5%	Reporting is being moved from a paper method to a digital solution. This will improve robustness of recording. Planned that reporting will commence from November 2024 covering October 2024.						
61	Percentage of complaints responded to within the timescale agreed with the complainant	6	New reporting - to commence from September 2024											63.0%	>=90%= Green >=80% - <90% =Amber <80% =Red		

SOMERSET NHS FOUNDATION TRUST

CORPORATE SCORECARD 2024/25

No.	Description	Links to corporate objectives	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Thresholds	
62	Mandatory training: percentage completed	Combined	91.9%	91.4%	92.1%	91.9%	92.1%	92.2%	92.8%	92.8%	93.1%	93.3%	93.7%	93.7%	All courses >=90%= Green Overall rate <80% =Red Any other position = Amber	
63	Monthly percentage of days lost due to sickness	6	5.3%	5.1%	5.2%	5.5%	5.5%	5.1%	5.0%	4.8%	4.8%	5.2%	4.8%	4.8%	SPC (Upper Control Limit 5.2%)	
64	Sickness absence levels - rolling 12 month average (Trust-wide)	6	5.0%	5.0%	4.9%	4.9%	5.3%	5.3%	5.2%	5.2%	5.2%	5.2%	5.1%	5.1%	SPC (Upper Control Limit 5.4%)	
65	Career conversations (12 months) - formerly 'Performance review (12-month)'	6	66.0%	66.6%	67.3%	69.1%	71.9%	71.5%	73.8%	77.4%	78.2%	78.9%	79.2%	79.7%	>=90%= Green >=80% - <90% =Amber <80% =Red	
66	Vacancy levels - percentage difference between contracted full time equivalents (FTE) in post and budgeted establishment (Trust-wide)	6	6.8%	6.8%	6.9%	6.5%	6.8%	6.3%	6.6%	6.7%	6.6%	7.1%	5.8%	7.0%	<=5%= Green >5% to <=7.5% =Amber >7.5% =Red	
67	Retention rate – rolling 12 months percentage of colleagues in post	6	89.0%	89.0%	89.2%	88.9%	89.0%	89.2%	89.1%	89.0%	89.2%	89.0%	88.8%	88.7%	>=88.3%= Green >=80% to <88.3% =Amber <80% =Red	
68	Percentage of colleagues in a senior role (band 8a and above and consultant roles):	Who are of an ethnic minority	4,6	20.9%			21.6%			21.8%			21.0%			>=Trajectory = Green <=10% below trajectory = Amber >10% below trajectory = Red
69		Who are female	4,6	58.7%			58.1%			58.3%			58.0%			
70		With a recorded disability	4,6	3.1%			3.0%			3.0%			3.4%			
71	Number of formal HR case works (disciplinary, grievance and capability).	6	31	23	23	38	38	38	33	38	62	62	53	59	TBC	

Appendix 5a – Specialty and tumour-site level performance

Table 1 – Performance against the RTT performance standard in September 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
Dermatology	681	17	3,329	79.5%
Cardiology	872	3	3,866	77.4%
Other – Medical Services	774	8	2,761	72.0%
Geriatric Medicine	202	5	647	68.8%
Other - Paediatric Services	544	3	1,647	67.0%
General Medicine	10		30	66.7%
Other – Other Services	378	10	1,099	65.6%
Rheumatology	309	2	889	65.2%
Ophthalmology	1,784	53	5,104	65.0%
General Surgery	765	40	2,155	64.5%
Plastic Surgery	71		197	64.0%
Gynaecology	1,556	67	4,131	62.3%
Oral Surgery	959	36	2,527	62.0%
Thoracic Medicine	814	8	2,144	62.0%
Other - Surgical Services	2,337	317	6,066	61.5%
Trauma & Orthopaedics	3,279	492	7,952	58.8%
Gastroenterology	1,293	74	3,015	57.1%
Urology	1,444	164	3,354	56.9%
Neurology	935	42	2,097	55.4%
Ear, Nose & Throat (ENT)	2,284	195	5,066	54.9%
Cardiothoracic Surgery	18		36	50.0%
Total	21,309	1,536	58,112	63.8%

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

Tumour site	No of breaches	Trust performance
Breast	5.0	88.6%
Colorectal	16.0	49.2%
Gynaecology	4.0	75.0%
Haematology	6.0	64.7%
Head & Neck	2.0	42.9%
Lung	8.0	61.0%
Other	2.5	76.2%
Skin	11.5	87.6%
Upper GI	5.0	73.7%
Urology	32.0	55.9%
Total	92.0	72.0%

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

- Eight pathways were impacted by capacity related internal delays only.
- Four 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, due to additional investigations, medical complexity, waiting times at other organisations and periods of patient choice.
- Three pathways were delayed due to periods of medical deferral due to not being fit enough to have diagnostic tests or treatment.
- Three patients had complex pathways, including requiring additional diagnostics, and being diagnosed with two cancers.
- One pathway was delayed due to patient choice to defer tests/appointments.

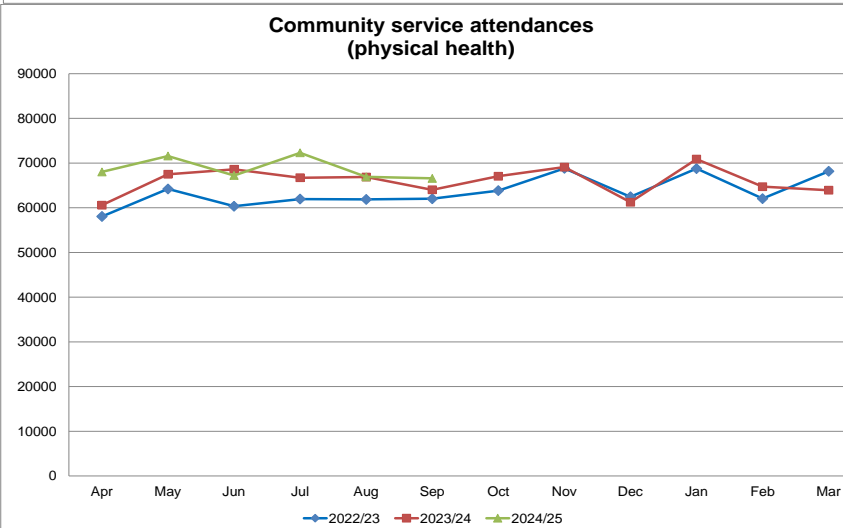
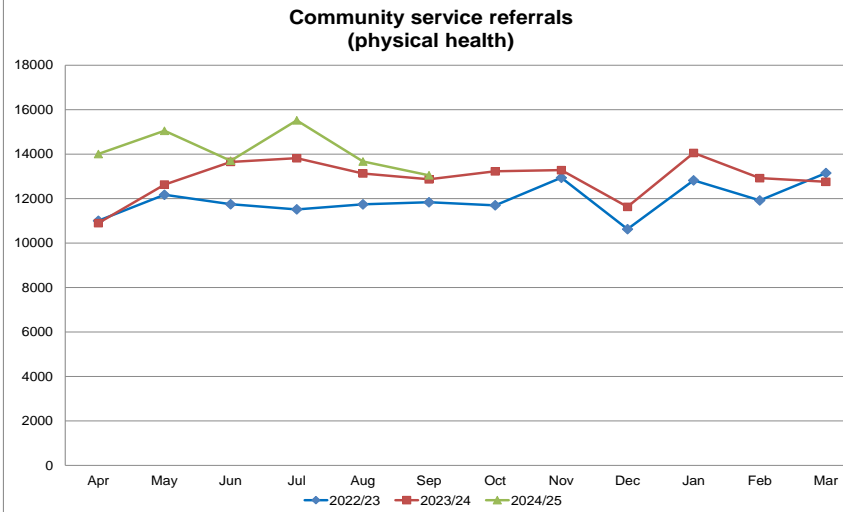
Appendix 2 – RTT validation progress

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 14 th Jan	Week ending 4 th Feb	Week ending 10 th Mar	Week ending 14 th Apr	Week ending 12 th May	Week ending 9 th Jun	Week ending 14 th Jul	Week ending 11 th Aug	Week ending 8 th Sep	Week ending 13 th Oct
12 weeks and over	70%	69%	74%	77%	75%	76%	69%	67%	70%	69%
26 weeks and over	73%	72%	77%	77%	77%	76%	77%	76%	77%	76%
52 weeks and over	89%	87%	93%	93%	97%	99%	99%	95%	100%	99%

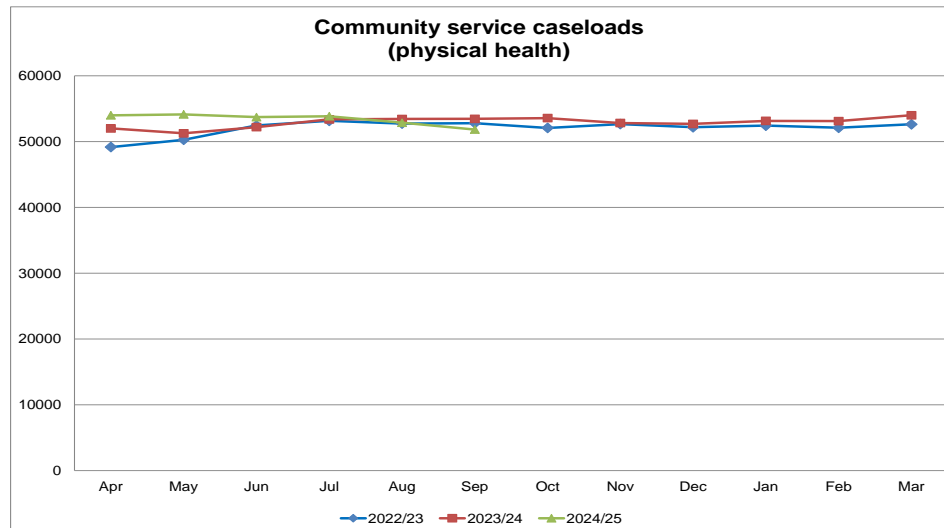
Operational context

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



Summary:

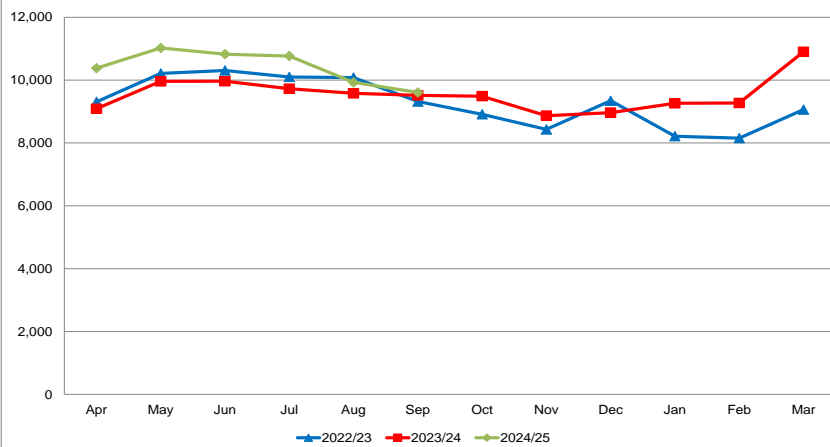
- Direct referrals to our community physical health services between 1 April and 30 September 2024 were 10.4% higher than the same months of 2023 and 21.4% higher than the same months of 2022. Services with the highest increases include Rapid Response, Diabetes Integrated Care and District Nursing.
- Attendances for the same reporting period were 4.6% higher than the same months of 2023 and 12.0% higher than the months of 2022.
- Community service caseload levels as at 30 September 2024 were 3.0% lower than as at 30 September 2023, and 1.8% lower than 30 September 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.

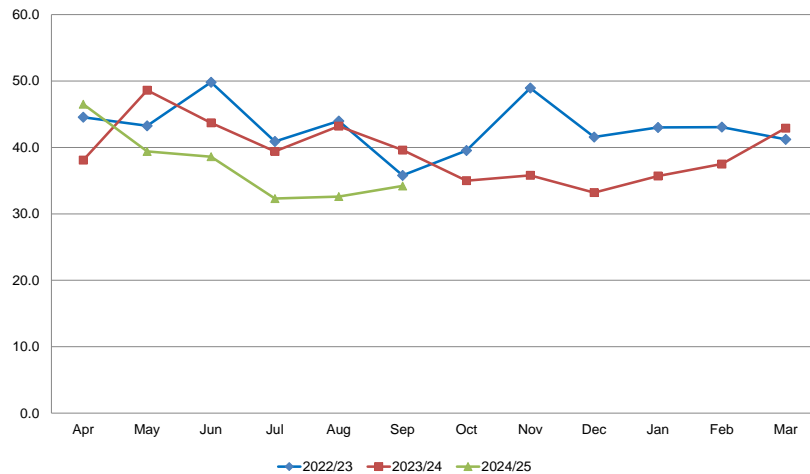
Urgent Treatment Centre attendances



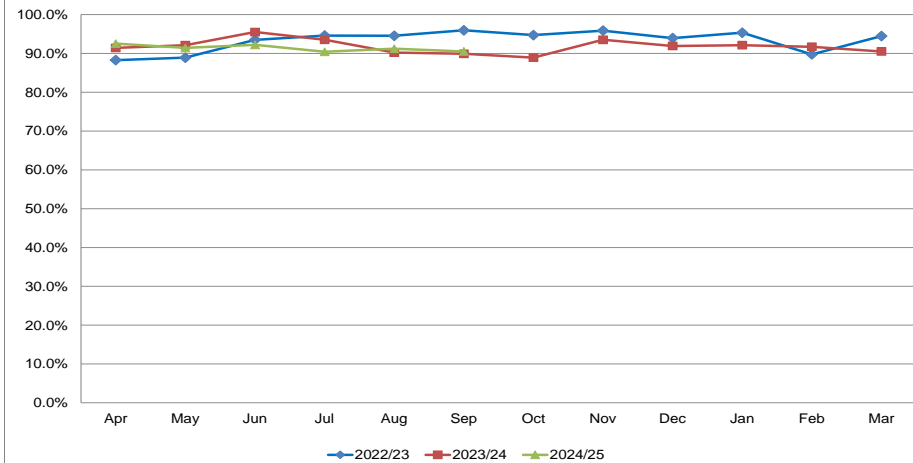
Summary:

- Between 1 April and 30 September 2024, the number of Urgent Treatment Centre (formerly Minor Injury Unit) attendances were 8.1% higher than the same months of 2023, and 5.4% higher than the same months of 2022. During September 2024, 97.8% of patients were discharged, admitted, or transferred within four hours of attendance, against the national standard of 76%.
- The average length of stay for non-stroke patients in our community hospitals in September 2024 was 34.2 days, an increase compared to August 2024. The year-to-date average length of stay for non-stroke patients was 37.2 days, compared to 42.1 days in the same months of 2023. The community hospital bed occupancy rate for non-stroke patients in September 2024 decreased to 90.5%, from 91.2% in August 2024.

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



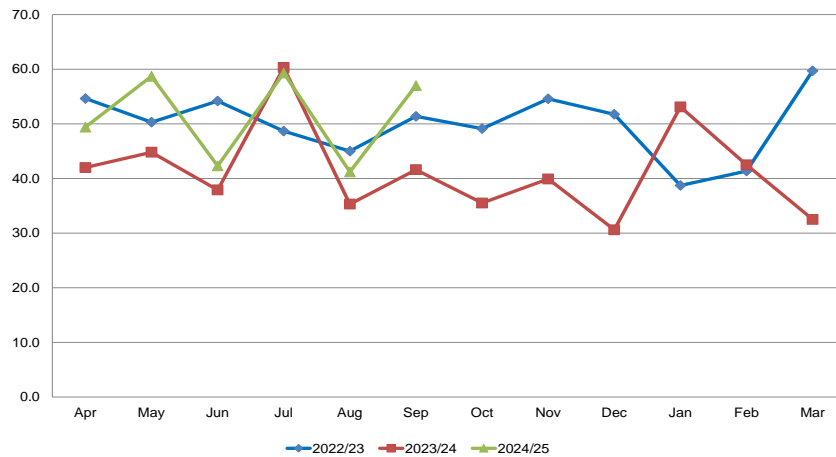
Community Hospital - average bed occupancy (excluding stroke beds)



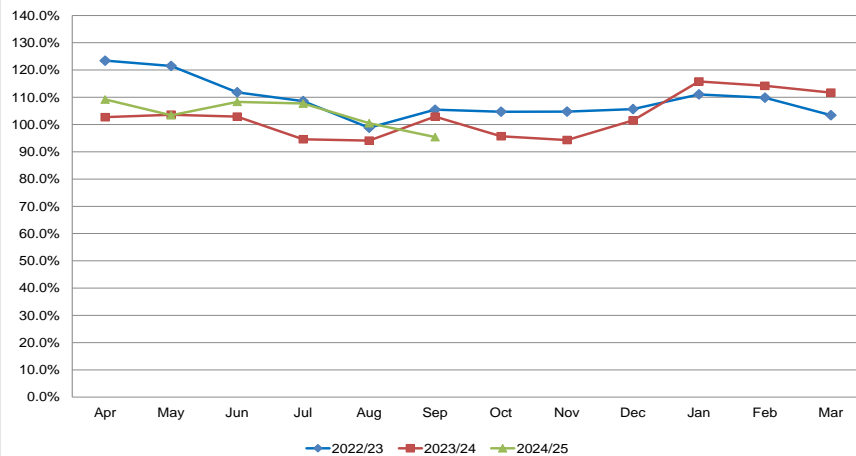
Operational context

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)



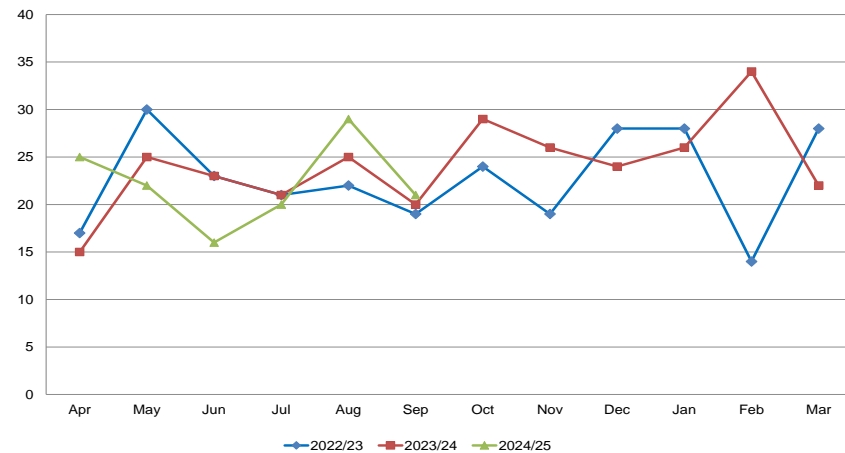
Community Hospital Stroke Beds - average bed occupancy



Summary:

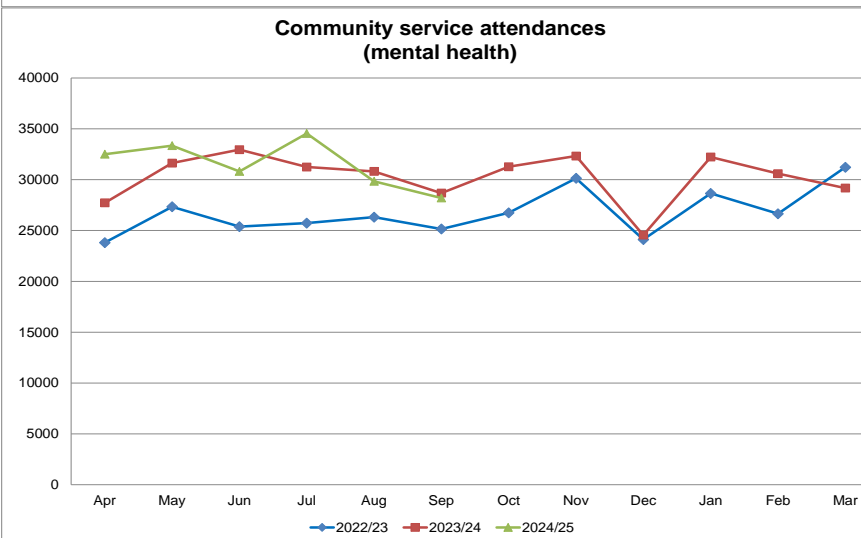
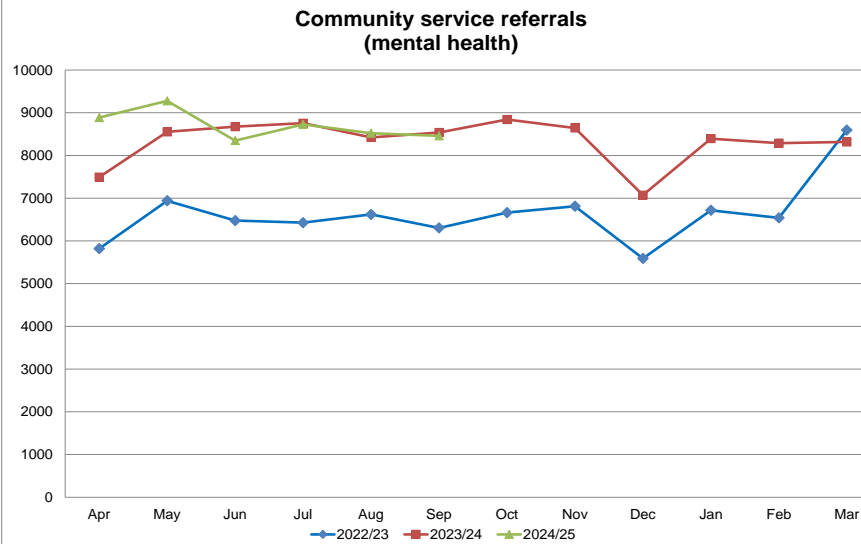
- The average length of stay for stroke patients in our community hospitals in September 2024 increased to 57.0 days, from 41.2 days in August 2024. Four patients discharged during September 2024 had a length of stay exceeding 100 days; the longest was 140 days for a patient at South Petherton community hospital.
- The year-to-date average length of stay for stroke patients was 51 days, up from 43.3 days in the same months of 2023. This is due principally to an increase in the numbers of patients discharged with very long lengths of stay.
- Stroke bed occupancy in September 2024 decreased compared to August 2024.
- During September 2024 there were 21 discharges of stroke patients, down from 29 discharged during August 2024.

Community Hospital Stroke Beds - number of discharges during month



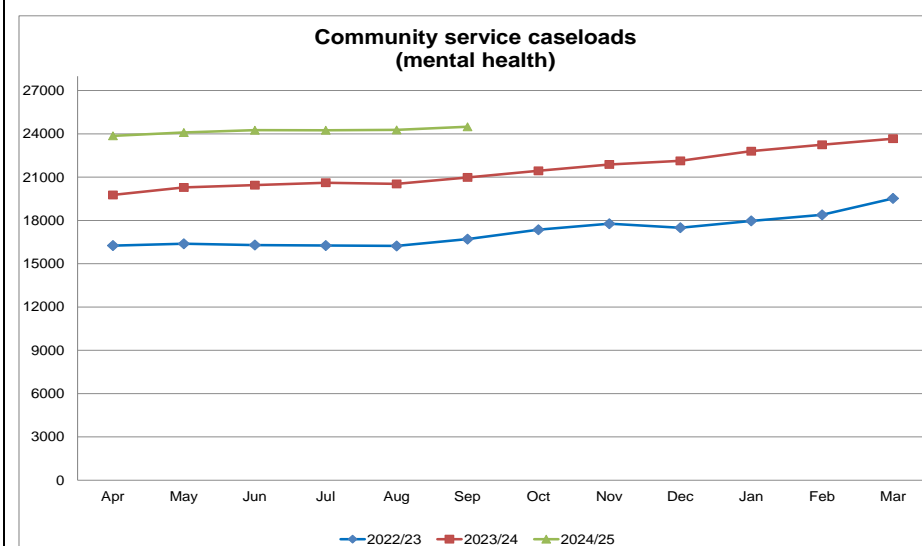
Operational context

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:

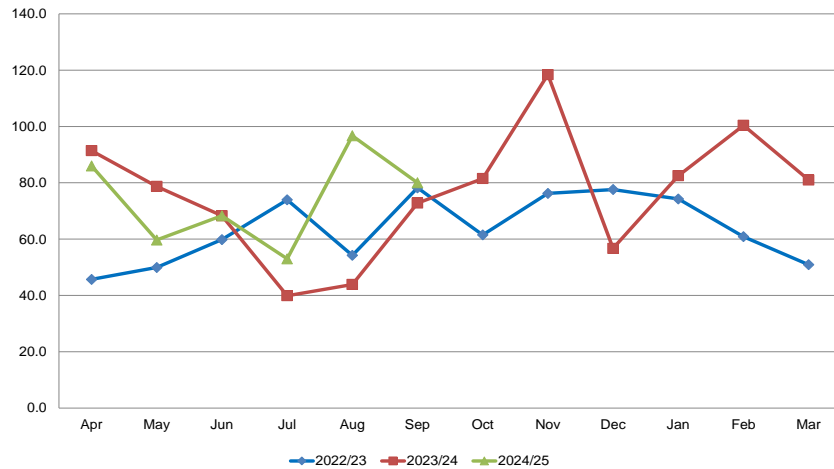
- Direct referrals to our community mental health services between 1 April and 30 September 2024 were 3.5% higher than the same months of 2023 and 35.3% higher than the same months of 2022.
- Attendances for the reporting period were 3.4% higher than the same months of 2023 and 23.1% higher than the months of 2022. Services which have seen significant increases in recorded activity include Primary Care Mental Health Services (Open Mental Health), Home Treatment, and Older People's Community Mental Health services.
- Community mental health service caseloads as at 30 September 2024 increased by 16.7% when compared to 30 September 2023 and were 46.6% higher than as at 30 September 2022. It should be noted that investment has facilitated the expansion of some community mental health services.



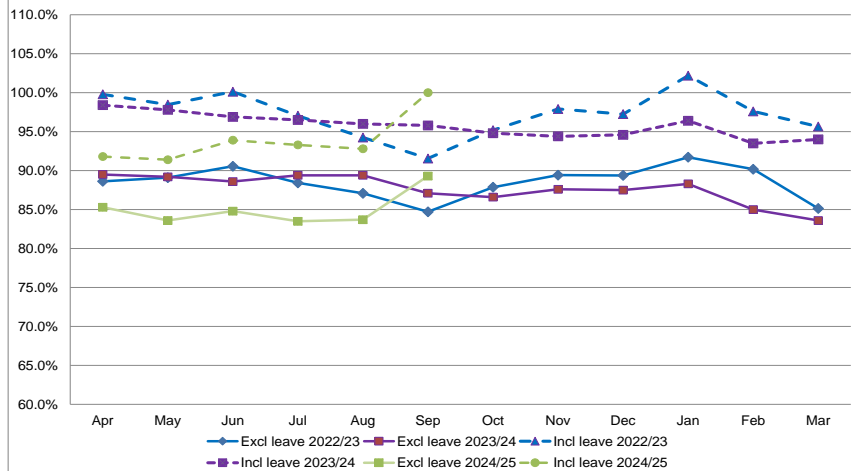
Assurance and Leading Indicators

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)



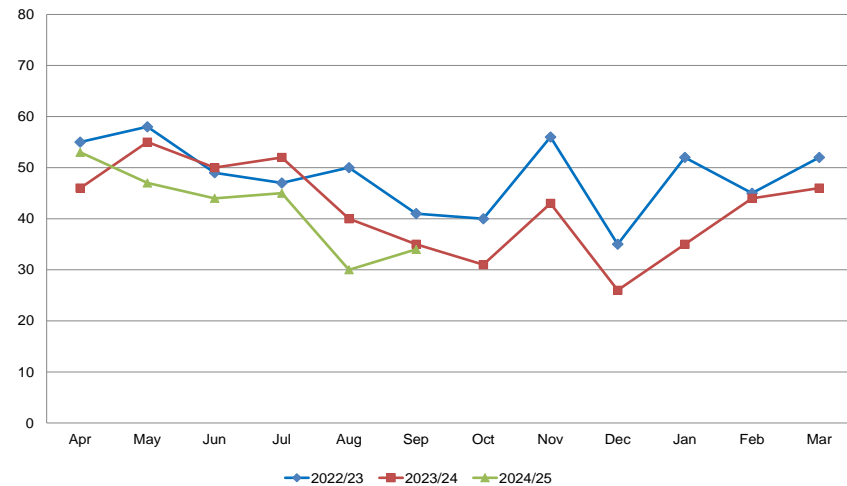
Mental Health wards - average bed occupancy



Summary:

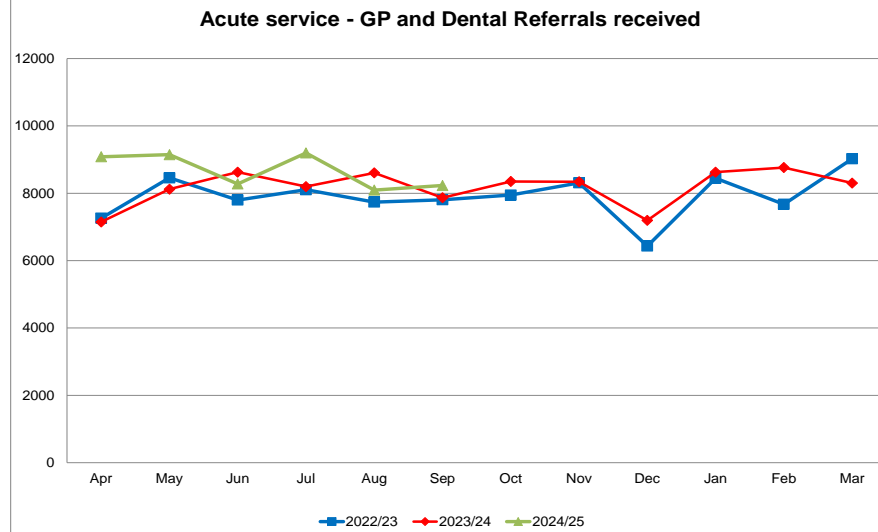
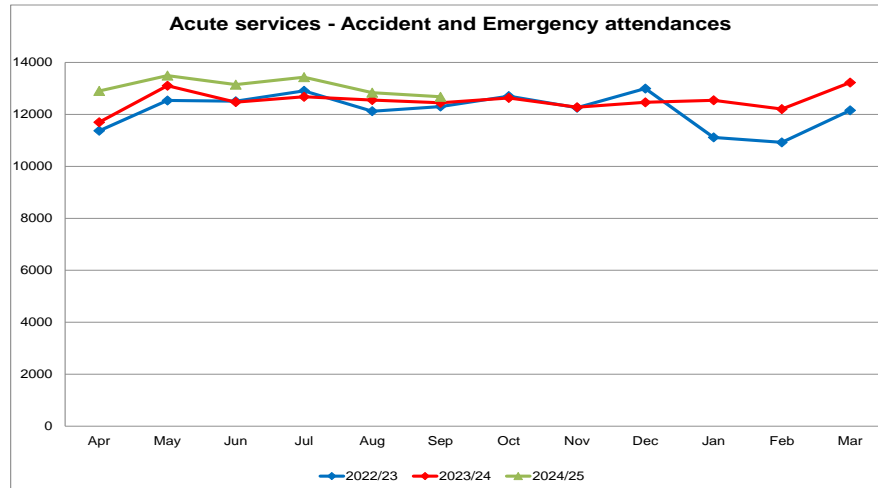
- The average length of stay across all of our mental health wards in September 2024 was 80 days, down from 96.7 days in August 2024. During September 2024, eight patients were discharged with lengths of stay of 100 days or more, including one patient discharged from Holford Ward, our psychiatric intensive care unit, who had a length of stay of 942 days. The average length of stay across all of our mental health wards for the year to date was 72.6 days, compared to 66.1 days in the same months of 2023, mainly due to an increase in the number of discharges of patients with very long lengths of stay.
- The mental health bed occupancy rates, on the basis of excluding and including leave, increased in September 2024 compared to August 2024. A total of 34 patients were discharged in September 2024, up from 30 in August 2024.

Mental Health wards - number of discharges during month



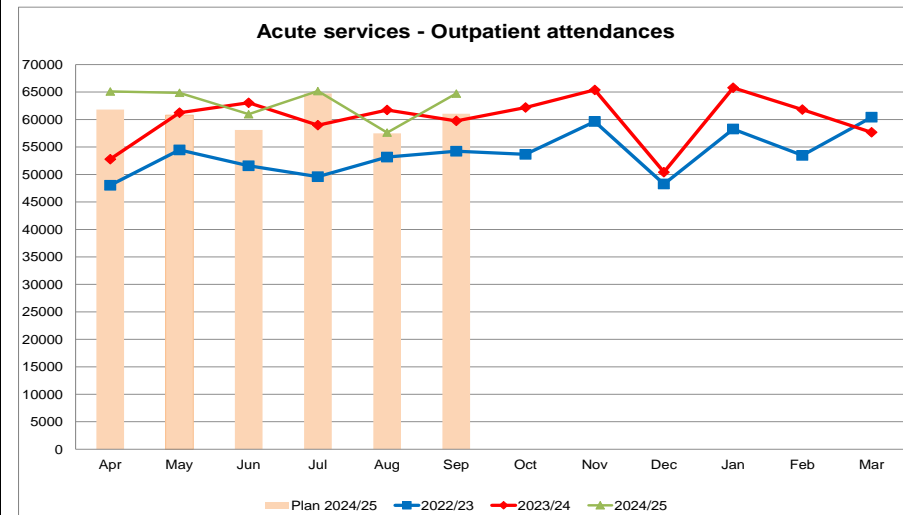
Operational context

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 years.



Summary:

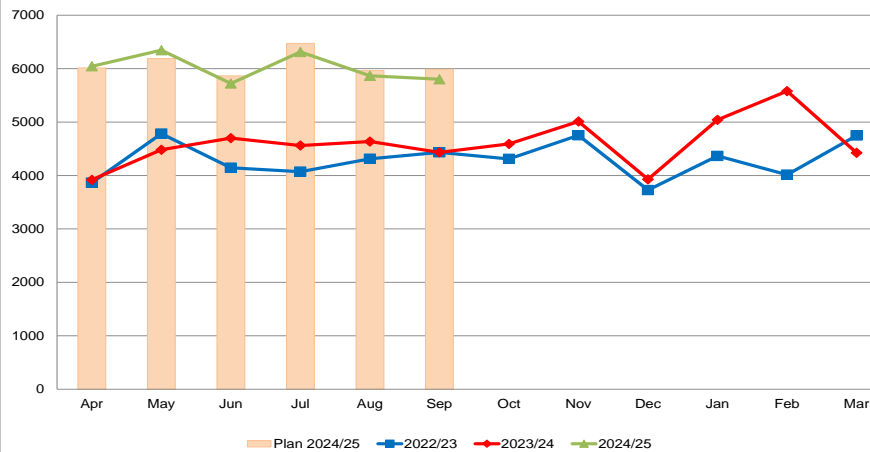
- Between 1 April and 31 August 2024 attendances to Accident and Emergency were 5.3% higher than the same months of 2023 and 7.1% higher than the same months of 2022. In August 2024, 62.5% of patients were discharged, admitted, or transferred within four hours of attendance, against the national standard of 76%.
- GP and Dental referrals between 1 April and 31 August 2024 were 7.3% higher than the same months of 2023 and 14.8% higher than the same months of 2022.
- Outpatient attendances for the same period were 5.4% higher than the corresponding months of 2023 and 22.2% higher than the same months of 2022. Attendances for the year to date are currently 3.6% above the interim plan for 2024/25.



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 years.

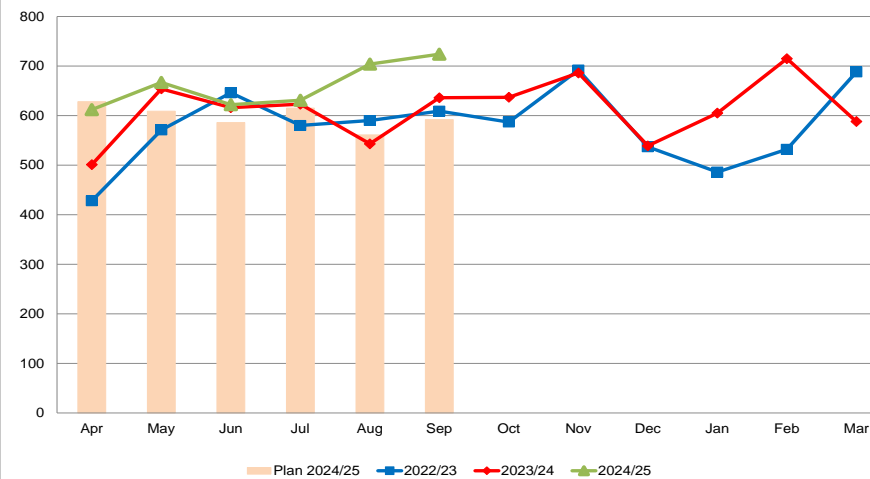
Acute services - daycase activity



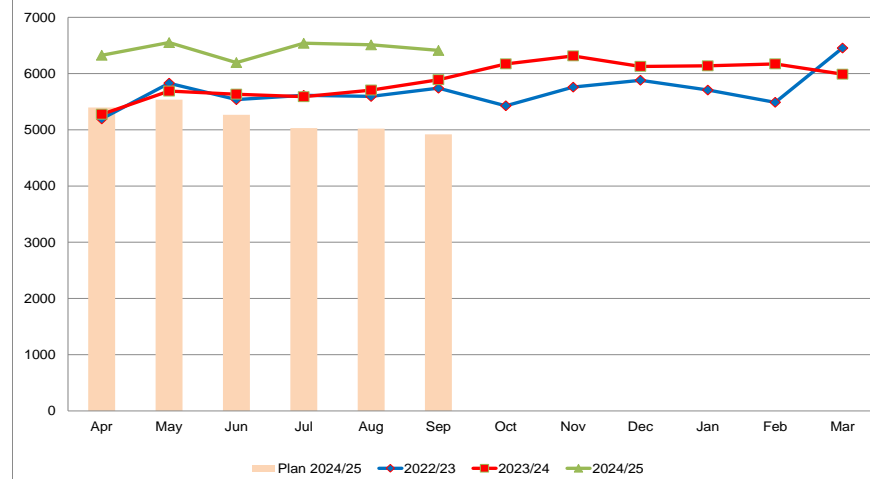
Summary:

- The number of day cases undertaken by our acute services between 1 April and 30 September 2024 increased by 35.8% compared to the same months of 2023 and by 43.0% compared to the same months of 2022. Activity for the year to date was 0.7% below the current year plan.
- Over the same period, elective admissions were 10.2% higher than the corresponding months of 2023 and 15.0% higher compared to the same months of 2022. Activity for the year to date was 7.9% above the current year plan.
- Non elective admissions also saw increases, of 15.2% compared to 2023 and 15.7% compared to 2022. Activity for the year to date was 22.4% above the current year plan.

Acute services - elective activity



Acute services - non elective activity



Appendix 6 – Infection Control and Prevention – September 2024

MRSA bloodstream infections	Commentary on MRSA / MSSA BSIs
Musgrove Park Hospital = 0 Yeovil District Hospital = 1 Community Hospitals / Mental Health = 0	Case numbers of MSSA bloodstream infection reduced to more usual levels this month, however we remain slightly above trajectory.
MSSA Bloodstream Infections	Improvement work continues focusing on peripheral vascular cannulae care. This year national definitions are being applied to the case reviews to determine if the cannula is the source of the infection. Two definitions are used:
Musgrove Park Hospital = 4 Yeovil District Hospital = 0 Community Hospitals / Mental Health = 0	<ul style="list-style-type: none"> • PVC Related BSI – the PVC is definitely the source of the infection • PVC Associated BSI – the PVC is probably the source of the infection <p>To date, five of the MSSA bloodstream infection were probably due to a cannula (15% of cases).</p>
E. coli bloodstream infections	Commentary on Gram-negative bloodstream infections
Musgrove Park Hospital = 8 Yeovil District Hospital = 5 Community Hospitals / Mental Health = 0	E. coli - Case numbers have doubled during September although we remain under trajectory and have the second the lowest rates in the region (data as per end of August).
Klebsiella bloodstream infections	A third of Trust cases are associated with a urinary source (22 cases) with 13 of these linked to urinary catheters. Improvement work has focused on urinary catheters, with success. A new care bundle is due to be implemented Trustwide which will ensure a daily assessment is completed on patients with catheters. This prompts care of the catheter and a review of the ongoing need of the device, resulting in removal if it is no longer required. As reported last month, more recently cases have been linked to long-term catheters. These cannot be removed and for many patients will be permanently required. The Infection Control Team are meeting with District Nursing colleagues to look at these cases in more depth.
Musgrove Park Hospital = 0 Yeovil District Hospital = 0 Community Hospitals / Mental Health = 0	
Pseudomonas bloodstream infections	
Musgrove Park Hospital = 1 Yeovil District Hospital = 0 Community Hospitals / Mental Health = 0	
C. difficile	Commentary on C. difficile
Musgrove Park Hospital = 5 Yeovil District Hospital = 3 Community Hospitals / Mental Health = 0	Case numbers of C. difficile have remained stable although we are over trajectory. Our cases are almost all antibiotic driven. There are no clear trends of prescribing issues identified and therefore work continues to understand the problem. This remains a national problem with case numbers increasing and reasons for this are not clear, even amongst national experts.

Respiratory Viral Infections - inpatients	Commentary on Respiratory Viral Infections
<p>COVID (Trust Cases) = 52 Musgrove Park Hospital = 34 Yeovil District Hospital = 10 Community Hospitals / Mental Health = 8</p> <p>Influenza = 5 (Inpatients) Musgrove Park Hospital = 4 Yeovil District Hospital = 1 Community Hospitals = 0</p>	<p>COVID COVID cases increased during September. As a trust we remain in line with regional and national levels of COVID. An increase in cases at this time of would be expected.</p> <p>Influenza Levels of influenza remain low during September.</p>
Outbreaks	Commentary on outbreaks
<p>COVID = 12 Musgrove Park Hospital = 9 Yeovil District Hospital = 1 Community / Mental Health = 2</p> <p>Norovirus = 2 Musgrove Park Hospital = 0 Yeovil District Hospital = 1 Community / Mental Health = 1</p> <p>Carbapenemase Producing Organism (CPO)</p> <ul style="list-style-type: none"> • YDH - Since January 2022 there have been 51 cases of CPO identified on the YDH site. • MPH – Three cases of CPO linked to the Surgical Decision Unit identified this month. Cases occurred between May and August 2024. 	<p>Respiratory Outbreaks Outbreaks due to COVID-19 have started to increase throughout September. On average wards are restricted or closed for around 10 days. A total of 176 bed days were lost during the outbreaks in September.</p> <p>Norovirus Outbreaks Although outbreaks were seen in September, levels remain low.</p> <p>Carbapenemase Producing Organism (CPO)</p> <p>YDH – This has been managed as a Trustwide outbreak however, links between clusters of cases have been difficult to definitively confirm. UKHSA are doing further typing of specimens using whole genome sequencing which should enable us to determine the actual extent of the outbreak, and which cases are linked. This takes significant time and therefore results are awaited.</p> <p>MPH – Surveillance identified possible links between 3 cases of CPO on the Surgical Decision Unit on the MPH site. Not all the cases were in hospital together, but they all shared the same resistance mechanism which is less commonly found in our area. Full genome sequencing is being undertaken by the reference lab to determine if they are connected. Actions have been implemented at ward level to control risks. No further cases have been identified to date.</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><u>Musgrove Park Hospital Site</u></p> <ul style="list-style-type: none"> • Hip Replacement Within the last year (September 2023 to August 2024) a total of 346 operations have been undertaken with no infections identified. • Knee Replacement Within the last year (September 2023 to August 2024) a total of 185 operations have been undertaken and 2 infections identified giving an infection rate of 1.08%. This is above the national benchmark of 0.52% and is an increase since last month. • Spinal Surgery Within the last year (September 2023 to August 2024) a total of 340 operations have been undertaken and 5 infections identified giving an infection rate of 1.48%. This is a little above the national benchmark of 1.2%. <p><u>Yeovil District Hospital Site</u></p> <ul style="list-style-type: none"> • Hip Replacement Within the last year (September 2023 to August 2024) a total of 364 operations have been undertaken and 4 infections identified giving an infection rate of 1.1%. This is higher than the national benchmark of 0.5% but has reduced again from last month. • Knee Replacement Surveillance began in January 2024 therefore between January and August 2024, a total of 262 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.</p> <p>The IPC team are working with the Surgical Service Group. Key areas of focus are:</p> <ul style="list-style-type: none"> ○ Ensuring patients remain warm ○ Theatre etiquette

Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Assurance Report from the People Committee meeting held on 8 October 2024
SPONSORING EXEC:	Isobel Clements, Chief of People and Organisational Development
REPORT BY:	Ria Zandvliet, Secretary to the Trust
PRESENTED BY:	Tina Oakley, Chairman of the People Committee
DATE:	5 November 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 8 October 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 - the interaction with colleague support services, the review of the data, and the focus on the physical health of colleagues. • The review of the Board Assurance Framework – strategic objective six - and Corporate Risk Register. • The work on compassionate and inclusive leadership. • The work on wellbeing and enablement. • Medical workforce recruitment. <p>The Committee identified the following areas for follow up:</p> <ul style="list-style-type: none"> • The detailed review of strategic objective six at the November 2024 meeting. • The detailed review of the risks assigned to the People Committee at the November 2024 meeting. • The further update on compassionate and inclusive leadership at the January 2025 meeting.
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	<p>The Committee identified the following issue to be reported to the Board:</p> <ul style="list-style-type: none"> • An update on the work taking place within people services to be provided to a future Board Development Day. • The development of an assurance dashboard that identifies actions /accountabilities/dates and RAG status. <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 Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies

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

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 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 8 October 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

- 2.1. The Committee received the colleague story which focussed on the support provided by colleague support services. For confidentiality reasons the name of the team has not been included in this report. The Committee was advised that a colleague within the team had to be admitted to ITU and the Committee noted the stress this caused to the team with the team having to interact with their colleague as a patient on a professional level. The Committee further noted the actions taken, jointly with the wellbeing team, to provide colleagues with an opportunity to discuss their feelings; and the support offered by the wellbeing team following the death of the colleague by suicide. This support had made it easier for the team to express and manage their feelings during which was a very difficult time.
- 2.2. The Committee further noted: the HR challenges which impacted on the day to day support to the team; the delay in responding to a self referral to the wellbeing team; and the subsequent implementation of a triage process where a clinician prioritises referrals to the wellbeing team. The Committee agreed that asking for support and sharing this story was commendable and showed the focus on prioritising self-health and wellbeing both individually and on a team basis.
- 2.3. The Committee noted the link to the wellbeing agenda; the Care Quality Commission quality statements; and recognised the growing demand for the service.

Review of Board Assurance Framework (BAF)

- 2.4. The Committee received the updated Board Assurance Framework in relation to strategic objective six.
- 2.5. The Committee noted : the improvement in the pulse survey response rates; the completion of the action to convene an Inclusion Oversight Group to monitor progress against the inclusion action plan; the completion of the action to review measures for service level people plans at the Quality,

Finance and Performance meetings; the development of a sickness measure for inclusion on the BAF; the improvement of retention in some areas and the need for further focus in other areas, such as estates and nursing.

Corporate Risk Register

- 2.6. The Committee received the updated corporate risk register relating to the People Committee and noted: that no new risks have been added to the register; the increase in the risk rating for one risk; the reduction in the risk rating for three risks; that 35 service group risks were not aligned to a corporate area as these risks did not meet the criteria for the Corporate Risk Register; that five risks were within the Committee's risk appetite level; that one risk – doctor consultant workforce – was outside of the Committee's risk appetite level; the emerging risks; and the progress in relation to the level 1 and 2 risk management training.
- 2.7. The Committee discussed the risk in relation to unified policy and management of personal files and noted that this will remain a high scoring risk until a digital solution has been identified and implemented but that a review of this risk will be carried out. The Committee noted the details of this risk.

Compassionate and Inclusive Leadership

- 2.8. The Committee received an update on the work by the organisational development and leadership team on compassionate and inclusive leadership.
- 2.9. The Committee noted: the inclusion of leadership elements in the inclusion workforce action plan to ensure that leaders are culturally competent and intelligent; the productivity exercise, the restructuring of the team and the shift from aligning the team to service groups to centralising the team; the use of workforce data to understand leadership by reviewing the experience of colleagues; the review of the data by the Culture Strategy Group; and the use of metrics such as the NHS staff survey, the year 1 people strategy deliverables and, going forward, the pulse survey.
- 2.10. The Committee further noted: the actions taken to support managers; the development of a leadership expectations framework and line management handbook; the step care approach to assess the level of support required; and the need to bring leadership teams together.
- 2.11. The Committee discussed the report and noted/highlighted: the need to listen to “hidden voices”; the need for a “safe space” for managers to discuss any issues and the work taking place with the network leads and executive team to look at allyships; the need for engagement with stakeholders which will be carried out following the completion of the review of leadership expectations.

Workforce Wellbeing and Enablement

- 2.12. The Committee received an update on the workforce wellbeing and enablement work and noted the actions taken to date: the establishment of

the Wellbeing Action Group with the key objective to explore existing projects, triangulate data and priorities going forward; the use of a quality improvement framework to collect data from service groups; the key themes identified from the data relating to requirement for breaks and spaces; the coordination of responsive wellbeing initiatives in response to the data; and the establishment of a Credit Union to provide financial wellbeing support to colleagues.

- 2.13. The Committee further noted: the work to identify the cost of the service; the review of the Physio4U criteria and model; the development of the support service structure with the strategic aim to achieve personalised, responsive and inclusive care as well as achieving the organisational culture shift through a range of different levels of support; the activity levels and the increase in referrals; the key themes for referrals – anxiety, low mood, worry about mental health, stress and managing and maintaining mental health at work; that data on referrals by service group showed that the majority of referrals originated from the mental health and learning disability service group followed by the clinical support service group; the benefits of the support provided as evidenced by standardised measures and the estimated return on investment into the service; the collection of data relating to Core20plus5 to be able to understand and improve the experience of wellbeing by colleagues with long term health conditions and disabilities; and the ambitions going forward.
- 2.14. The Committee discussed the report and noted the expectation of the new occupational health provider to be able to reduce sickness absence by 10%; the increase in the number of referrals from medical colleagues; and the work taking place on a system wide basis.

Medical Workforce Update

- 2.15. The Committee received an update on the work taking place to fill medical vacancies and reduce the reliance on agency staff. The Committee noted: the reduction in the number of vacancies with 14 live vacancies and 40 vacancies being progressed; the ongoing review of vacancies, particularly the hard to fill vacancies, and the use of talent specialists to look at the best way to recruit to these vacancies; the use of a regional rate card for agency usage; the use of the GMC sponsorship scheme to recruit international doctors, with three out of the six recruited doctors having taken up their post; the success of the sponsorship scheme with only two remaining vacancies across mental health services.
- 2.16. The Committee received confirmation from the finance team that the month six financial position showed a significant reduction in the use of agency spend.

Director Report

- 2.17. The Committee received the report and noted: the need for transformation which required an investment in digital solutions; and the need for an ongoing focus on productivity to ensure that services were as efficient as possible.

Assurances Received

2.18. The Committee agreed that assurances had been provided in following areas:

- Colleague story - the interaction with colleague support services, the review of the data, and the focus on the physical health of colleagues.
- The review of the Board Assurance Framework – strategic objective six - and Corporate Risk Register.
- The work on compassionate and inclusive leadership.
- The work on wellbeing and enablement.
- Medical workforce recruitment.

3. AREAS OF CONCERNS/FOLLOW UP

Review of Board Assurance Framework (BAF)

3.1. The Committee agreed to review strategic objective six in more detail at the November 2024 deep dive meeting. The Committee noted that the BAF will also be reviewed by the executive team and the Operational Leadership Team and that an update will be provided to the December 2024 Committee meeting.

Corporate Risk Register

3.2. The Committee agreed to review the People Committee related risks in more detail at the November 2024 deep dive meeting. An update on recruitment and resourcing will also be provided to the November 2024 meeting.

Compassionate and Inclusive Leadership

3.3. The Committee recognised that further work will be required and noted that a further update will be presented to the January 2025 Committee meeting.

Assurance Tracker

3.4. The Committee asked for an assurance tracker to be developed, including actions/accountabilities, timescales and RAG ratings to enable progress to be more closely monitored.

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

4.1 The Committee identified the following issue to be reported to the Board:

- An update on the work taking place within people services to be provided to a future Board Development Day.

- The development of an assurance dashboard that identifies actions /accountabilities/dates and RAG status.

5. ASSURANCE FRAMEWORK

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

- The inclusion agenda.
- The wellbeing and enablement agenda.
- Leadership development.
- Medical workforce recruitment.

Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Guardian of Safe Working for Postgraduate Doctors Quarterly Report – Q2 2024/25
SPONSORING EXEC:	Melanie Iles, Chief Medical Officer
REPORT BY:	Tom Rees (TST) and John McFarlane (YDH), Guardian of Safe Working; Lee-Ann Toogood, Medical Workforce Manager
PRESENTED BY:	Tom Rees, Guardian of Safe Working/ Melanie Iles, Chief Medical Officer
DATE:	5 November 2024

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

<input checked="" type="checkbox"/> For Assurance/ Discussion	<input type="checkbox"/> For Approval / Decision	<input type="checkbox"/> For Information
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Executive Summary and Reason for presentation to Committee/Board	<p>This report covers quantitative and qualitative summary of exception report data generated between 13 July 2024 and 16 October 2024 across Somerset NHS Foundation Trust.</p> <p>The key findings from the report are:</p> <ul style="list-style-type: none"> • The large increase in the number of exception reports generated at YDH this quarter. • The lower number of exception reports compared to historical averages at MPH for this quarter. <p>The recommendation from the report is:</p> <ul style="list-style-type: none"> • That both the Guardian of Safe Working for Postgraduate Doctors and individual supervisors have found the current method of exception reporting and actioning difficult to navigate and use. It is anticipated that further issues may arise from this in the future and we would advocate for a better interim solution, if the e-rostering system is not imminently implemented.
Recommendations	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)

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 Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies

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 type="checkbox"/> Estates	<input type="checkbox"/> ICT	<input checked="" type="checkbox"/> Patient Safety / Quality
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Details:

Equality and Inclusion

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

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

This report has been assessed against the Trust’s Equality Impact Assessment Tool and there are no proposals or matters which affect any persons with protected characteristics.

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

Public/Staff Involvement History

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

Not applicable for this report.

Previous Consideration

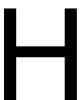
(Indicate if the report has been reviewed by another Board, Committee or Governance Group before submission to the Board or is a follow up report to one previously considered by the Board – eg. in Part B]

The report is presented to the Board on a quarterly basis.



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 checked="" type="checkbox"/> Responsive	<input type="checkbox"/> Well Led

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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3. EXCEPTION REPORT DATA	5-9
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6. RECOMMENDATIONS	10-11



QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

1. EXECUTIVE SUMMARY

- 1.1. There has been a large increase in the number of exception reports generated at YDH this quarter. MPH had a lower number of exception reports compared to historical averages.

2. INTRODUCTION

- 2.1. This report covers and comprises quantitative and qualitative data on working patterns and associated exception reports for postgraduate doctors in training across the Trust.
- 2.2. Exception reports are a mandatory requirement of the 2016 Junior Doctor Contract. All doctors on this contract should report any hours worked above their standard contract via the software provided by the hospital in order to be awarded time off in lieu (TOIL) or additional payment where TOIL cannot be accommodated.

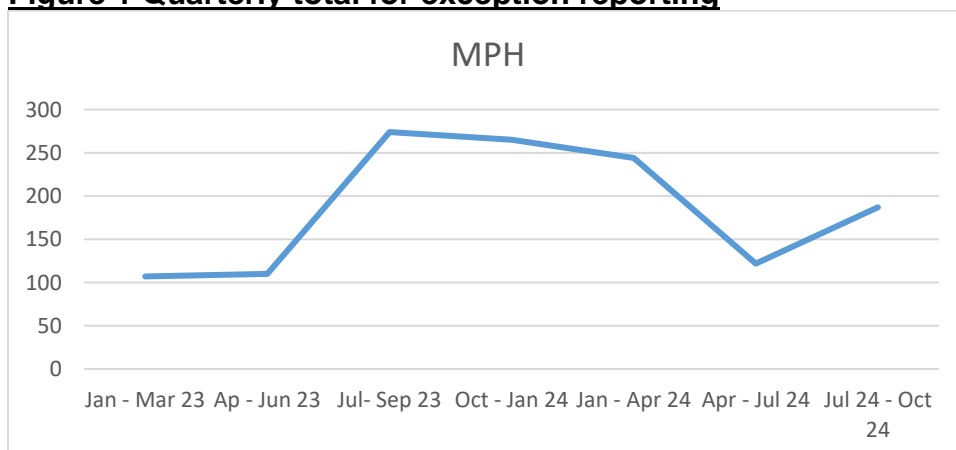
3. EXCEPTION REPORT DATA:

Number of doctors/dentists in training on 2016 TCS (total):	424
Job plan allocation for Guardian of Safe Working: (1.5 legacy SFT, 1 YDH)	2.5 PAs
Job plan allocation for Educational Supervisors per trainee:	0.125 PAs

Exception reporting since the introduction of the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016

- 3.1. As of 16/10/2024- Total of exception reports since implementation of 2016 TCS (December 2016). 3494 for Taunton and for Yeovil 1636. The overall cost of exception report overtime is £93,426.17

Figure 1 Quarterly total for exception reporting



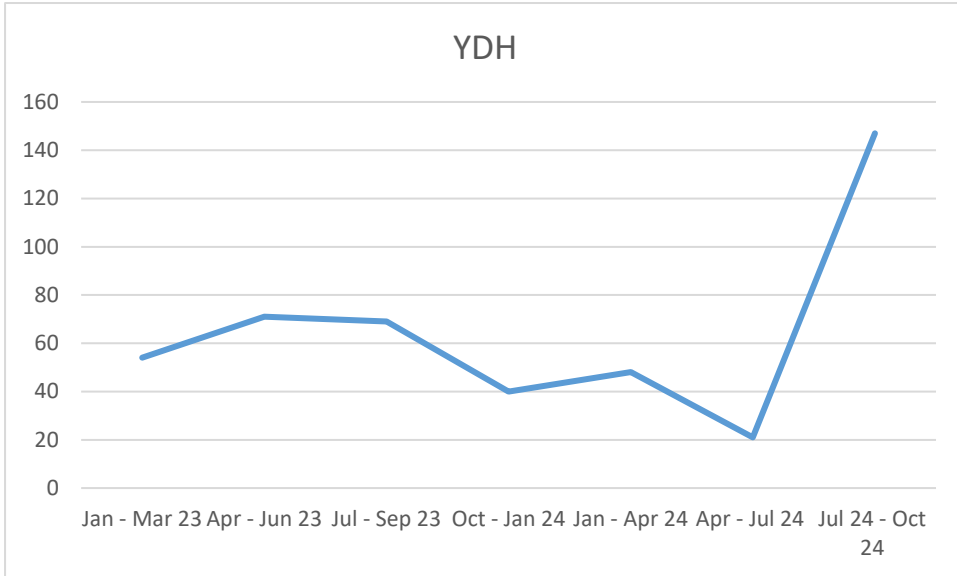
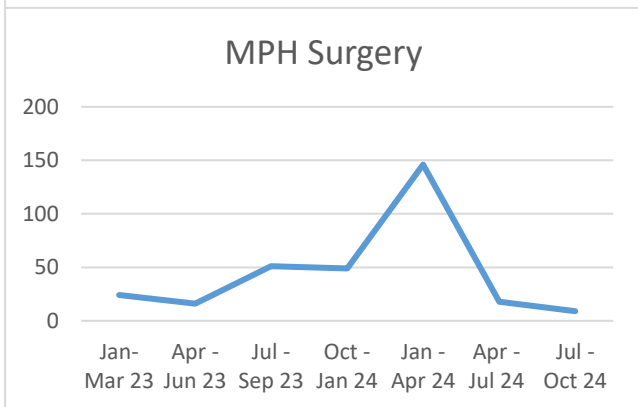
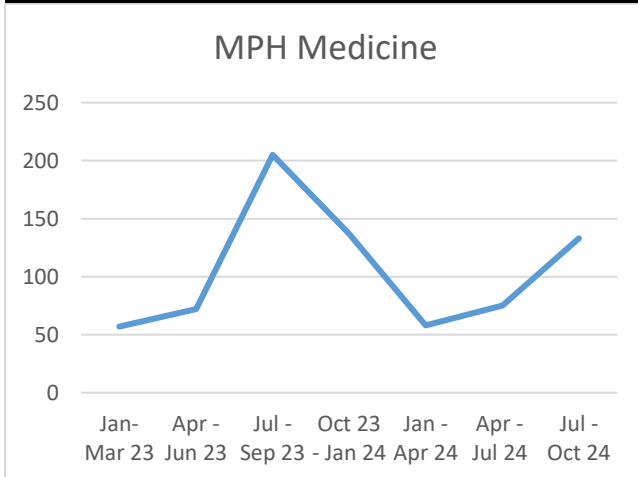
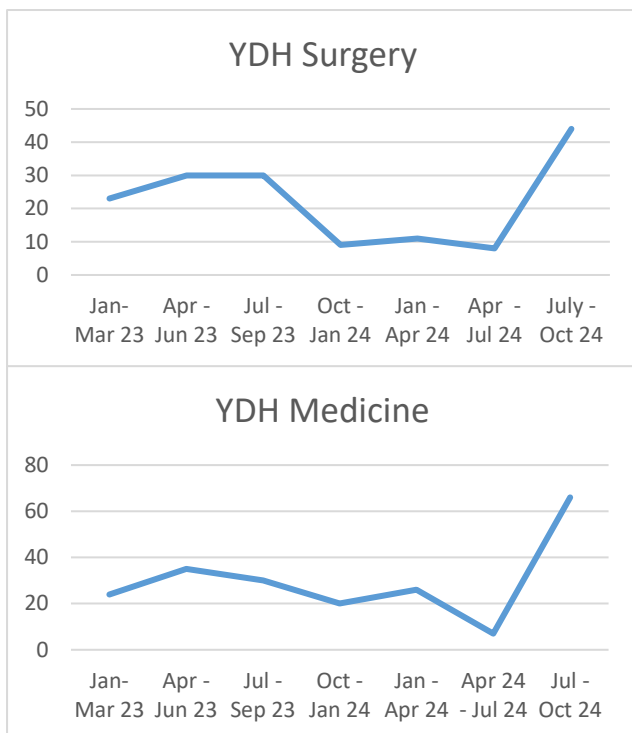


Figure 2 Exception Report Trends by Specialty





3.2. **Exception reports this quarter** - please find the information in brackets from the previous quarterly report for comparison:

Table 1: Exception reports per speciality

Specialty	No. exceptions raised	No. exceptions closed	No. exceptions outstanding	Type
Acute & General Medicine	MPH 133 (75) YDH 66 (7)	66 11	67 69	Hours MPH 128 YDH 63 Educational MPH 0 YDH 3 Pattern MPH 2 Support MPH 3
Anaesthetics	0 (0)	0	0	
DCT Trainees	0 (0)	0	0	
Emergency Medicine	MPH 1 (2) YDH 1 (1)	0 0	1 1	Hours MPH 1 YDH 1
ENT	1 (0)	0	1	Hours MPH 1
General Surgery	MPH 9 (15) YDH 44 (6)	0 3	9 41	Hours MPH 8 YDH 39 Education 2 YDH 1 MPH Pattern 2 YDH Support 1 YDH
O&G	MPH 13 (0) YDH 2 (0)	0 0	13 2	Education YDH 2 MPH 1 Hours MPH 12
Oncology/ Haematology/Palliative Care	MPH 0 (1) YDH 3 (0)	0 1	0 2	Breaks YDH 3
Paediatrics	MPH 0 (0)	0	0	

Specialty	No. exceptions raised	No. exceptions closed	No. exceptions outstanding	Type
Psychiatry	MPH 12 (0)	0	12	Hours MPH 8 Education MPH 1 Pattern 1 Support 2
Trauma & Ortho	MPH 1 (0) YDH 9 (29)	0 6	1 3	Hours 7 YDH 1 MPH Breaks 2 YDH
Urology	MPH 1 (2) YDH 2 (2)	0 2	1 2	Hours 1 MPH 2 YDH
Vascular	4 (0)	4	0	Hours 4 MPH
Total	302	93	209	

Table 2: Exception reports per trainee grade

Grade of trainee	No. exceptions raised Taunton	No. exceptions raised Yeovil
F1	74	123
F2	72	16
CT1-2 / ST1-2	39	4
ST3+	2	4
Total	187	147

Locum Agency and Bank Spend to cover Post Graduate Doctors in Training

Division	Gross Pay & Assumed NI (No VAT)	Gross Commission (No VAT)	VAT (SP Only)	Booking Gross (No VAT)
Clinical Support & Cancer Services	£22,024.71	£920.00	£0.00	£22,944.71
CYP & Families Services	£289,680.75	£12,010.07	£22,534.64	£301,690.82
Medical Services	£1,130,815.86	£45,998.68	£37,479.09	£1,176,814.54
Mental Health and LD	£231,530.95	£18,641.12	£2,076.00	£250,172.07
Neighbourhood Services	£94,464.64	£8,586.88	£3,015.71	£103,056.12
OPMH Sedgemoor	£38,828.56	£3,424.00	£0.00	£42,252.56
Surgical Services	£267,507.82	£9,131.04	£0.00	£276,638.86
Grand Total	£2,074,853.30	£98,711.79	£65,105.44	£2,173,569.09

Qualitative summary of exception reports

3.3. Immediate safety concerns (ISCs)

- Three at YDH these were deemed to be due to overtime work rather than safety issues.
- One at MPH which was also misclassified and was hours deviation due to workload.

3.4. Fines

No fines were issued during this quarter.

3.5. Work schedule reviews

There were no work schedule reviews this quarter.

4. ISSUES ARISING

Postgraduate Doctor Forum (PDF)

4.1 YDH continues to have well attended PDF. We spent one session talking about exception report submissions. Another session spent time talking about discharge summaries.

4.2 At MPH we continue to have once quarterly PDF meetings which was the agreed frequency following a poll of junior doctors. No issues were raised at the last PDF meeting, our next meeting will be scheduled next month

Rota management

4.3 We continue to see issues arising from rota management which we are hopeful will be fixed by the introduction of electronic rostering.

Weekend working

4.4 We continue to see low numbers of ER generated from OOH and weekend working, despite reminders at PDF and induction.

5. SUMMARY

5.1. Yeovil have had a big surge in exception reporting this quarter, almost treble the average number. This came mainly from general surgery and medicine AMU. Although we expect a slight rise during August this is more than normal. This may partly be due to raised awareness of the benefit of exception reporting following our session during PDF. The concerns in general surgery are being addressed by way of increasing registrar ST by 0.8 for six months and also currently advertising for a new registrar due to staffing levels.

- 5.2. In medicine we are looking to troubleshoot the issues and will be discussing in depth at the next PDF.
- 5.3. A contributing factor at Yeovil has been the reporting system. Allocate was removed from use in June and an excel spreadsheet put in place until a new e- rostering system is functional. The supervisors at Yeovil have not been able to sign off these exception reports in the usual manner and as a result there has been a delay in signing them off.
- 5.4. MPH had lower levels of exception reporting compared to historical averages during this quarter (we usually see a peak of ERs generated this time of the year due to changeover and the impact this has on doctor efficiency and productivity). The F1 expansion may have had a positive impact on the numbers.

6. RECOMMENDATION

- 6.1. Both the GoSW and individual supervisors have found the current method of ER and actioning difficult to navigate and use. We anticipate further issues may arise from this in the future and would advocate for a better interim solution, if the e-rostering system is not imminently implemented.

Tom Rees and John McFarlane Guardian of Safe Working

Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	General Medical Council (GMC) National Training Survey 2024 Somerset NHS FT Results
SPONSORING EXEC:	Melanie Iles, Chief Medical Officer
REPORT BY:	Dr Stephen Harris, Director of Medical Education
PRESENTED BY:	Melanie Iles, Chief Medical Officer
DATE:	5 November 2024

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

Executive Summary and Reason for presentation to Committee/Board	<p>The attached presentation provides an overview of the 2024 General Medical Council (GMC) National Training Survey results for Somerset NHS Foundation Trust.</p> <p>The annual GMC survey assesses the quality of training environments for doctors in training, covering key areas such as clinical supervision, workload, support, and access to learning resources. These findings are essential for ensuring continuous improvement in medical education and patient care across the Trust.</p> <p>The 2024 results reflect the performance of Mental Health, Community, Yeovil District Hospital and Musgrove Park Hospital, identifying key strengths and areas where the Trust needs to take action to improve the experiences of trainees and their trainers.</p>
Recommendations	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)	
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

Obj 8 Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies

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:

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 report does not include proposals or matters which affect any persons with protected characteristics. Any impacts will be further considered as part of the action plan.

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

Public/Staff Involvement History

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

Not applicable for this report.

Previous Consideration

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

The report has not been previously considered by the Board.

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



GMC National Training Survey 2024

Somerset NHS FT Results

Dr Stephen Harris

Mr Oliver Donaldson

Directors of Medical Education



MPH

	A	B	C	D	E	F	G	H	I	J	K
663	NHS Leicester, Leicestershire and Rutland	Castle Meadows	Overall Satisfaction	91.67	Within IQR	92.5	Within IQR	93.75	Within IQR	83.75	Within IQR
664	NHS Lincolnshire Icb - 71e - 71E	Parkside Meadows	Overall Satisfaction	N less than		97.5	Above	90	Within IQR	83.75	Within IQR
665	NHS North East and North Cumbria Icb	Coquet Meadows	Overall Satisfaction	95	Within IQR		N less than 3			83.75	Within IQR
666	NHS North West London Icb - W2u3z	Cedars Meadows	Overall Satisfaction				N less than	73.33	Within IQR	83.75	Within IQR
667	NHS Nottingham and Nottinghamshire Icb	Family Meadows	Overall Satisfaction	91.67	Within IQR	83.33	Within IQR	81.67	Within IQR	83.75	Within IQR
668	NHS Nottingham and Nottinghamshire Icb	Woodlands	Overall Satisfaction	83.33	Within IQR		N less than	88.75	Within IQR	83.75	Within IQR
669	NHS Shropshire, Telford and Wrekin Icb	Teldoc - York	Overall Satisfaction						N less than	83.75	Within IQR
670	NHS West Yorkshire Icb - 03r - 03R	Friarwood	Overall Satisfaction	93.75	Within IQR	76.25	Within IQR	93.75	Within IQR	83.75	Within IQR
671	University Hospitals Plymouth NHS Trust	Royal Eye Institute	Overall Satisfaction	81	Within IQR	86.25	Within IQR	65.83	Q1 but not	83.75	Within IQR
672	Somerset NHS Foundation Trust - RH5A8	Musgrove	Overall Satisfaction	82.45	Within IQR	80.31	Within IQR	81.44	Within IQR	83.74	Within IQR
673	Kent and Medway NHS and Social Care	St Martins	Overall Satisfaction	83.8	Within IQR	85	Within IQR	81.54	Within IQR	83.61	Within IQR
674	NHS Bath and North East Somerset, Swindon and Wiltshire Icb	Southbrook	Overall Satisfaction	93.33	Within IQR	90	Within IQR	85	Within IQR	83.57	Within IQR
675	NHS Greater Manchester Icb - 00t - 00T	Unsworth	Overall Satisfaction	74.17	Within IQR	80.83	Within IQR	76.67	Within IQR	83.57	Within IQR
676	NHS West Yorkshire Icb - 15f - 15F	Shaftesbury	Overall Satisfaction	82.5	Within IQR	78.75	Within IQR	87	Within IQR	83.57	Within IQR
677	University Hospitals Coventry and Warwickshire	Hospital of St Mary	Overall Satisfaction	63.33	Q1 but not	48.33	Below	70	Within IQR	83.57	Within IQR
678	Great Ormond Street Hospital for Children	Great Ormond Street	Overall Satisfaction	87.04	Within IQR	85.93	Within IQR	85.74	Within IQR	83.53	Within IQR
679	Leicestershire Partnership NHS Trust	Leicestershire	Overall Satisfaction	70	Within IQR	73.13	Within IQR	75	Within IQR	83.5	Within IQR
680	Belfast Commissioning Group - ZC01	70 Springfield	Overall Satisfaction				N less than 3		N less than	83.33	Within IQR



YDH

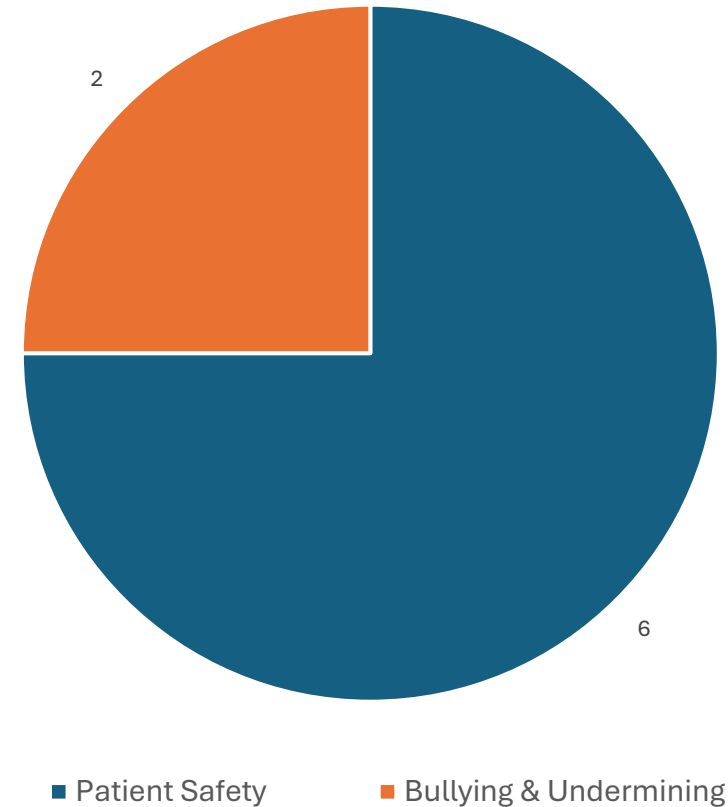
B1491												
Yeovil District Hospital - RH504												
	A	B	C	D	E	F	G	H	I	J	K	L
1482	Hywel Dda University Lhb - 7A2	Bronglais C	Overall Sat	75.23	Within IQR	71	Within IQR	73.44	Within IQR	64.77	Below	
1483	NHS Greater Manchester Icb - 01y - C	Haughton	Overall Sat	70.83	Within IQR	76.25	Within IQR	90	Within IQR	64	Q1 but not below	
1484	Birmingham Community Healthcare	Moseley H	Overall Sat	72.86	Within IQR		N less than 3		N less thar	63.75	Q1 but not below	
1485	Fife - F	Stratheder	Overall Sat	86.25	Within IQR	78.33	Within IQR	76.25	Within IQR	63.75	Below	
1486	Kent and Medway NHS and Social Ca	Priority Ho	Overall Satisfaction		N less than 3		N less thar	68	Q1 but not	63.75	Below	
1487	Lancashire & South Cumbria NHS Fo	Royal Pres	Overall Sat	71.25	Within IQR		N less thar	71.25	Within IQR	63.75	Q1 but not below	
1488	NHS Greater Manchester Icb - 00t - 0	Kildonan H	Overall Sat	71	Within IQR	75.83	Within IQR	71.67	Within IQR	63.75	Below	
1489	NHS Staffordshire and Stoke-On-Tre	Birches He	Overall Sat	65	Q1 but not	81	Within IQR	90	Within IQR	63.75	Below	
1490	West London NHS Trust - RKL	Lakeside L	Overall Sat	80.71	Within IQR	82.67	Within IQR	82.5	Within IQR	63.75	Q1 but not below	
1491	Somerset NHS Foundation Trust - RH	Yeovil Dist	Overall Satisfaction							63.55	Below	
1492	NHS Bedfordshire, Luton and Milton H	Bute Hous	Overall Satisfaction			85	Within IQR	95	Within IQR	63.33	Q1 but not below	
1493	NHS Bedfordshire, Luton and Milton H	Westcroft	Overall Satisfaction				N less than 3		N less thar	63.33	Q1 but not below	
1494	NHS Coventry and Warwickshire Icb	Paradise M	Overall Satisfaction				N less thar	72	Within IQR	63.33	Q1 but not below	
1495	NHS Lancashire and South Cumbria I	Hazelvalle	Overall Satisfaction		N less than 3		N less thar	68.33	Below	63.33	Q1 but not below	
1496	Lancashire & South Cumbria NHS Fo	The Harbo	Overall Sat	79.5	Within IQR	80	Within IQR	71.88	Within IQR	63	Below	
1497	NHS Lancashire and South Cumbria I	Lane Ends	Overall Sat	83.33	Within IQR		N less thar	77.5	Within IQR	63	Q1 but not below	
1498	Manchester University NHS Foundati	Trafford Ge	Overall Sat	64.23	Below	75.71	Within IQR	61.54	Below	62.5	Below	
1499	NHS Greater Manchester Icb - 01g - C	Sorrel Ban	Overall Sat	78.33	Within IQR	76.67	Within IQR	76	Within IQR	62.5	Q1 but not below	



Departments Affected

- General Surgery (MPH) x2
- Psychiatry (Rowan)
- COOP (MPH) - Stroke
- Gastroenterology (MPH)
- Paediatrics (YDH)
- Obstetrics (MPH)
- Emergency Dept (MPH)

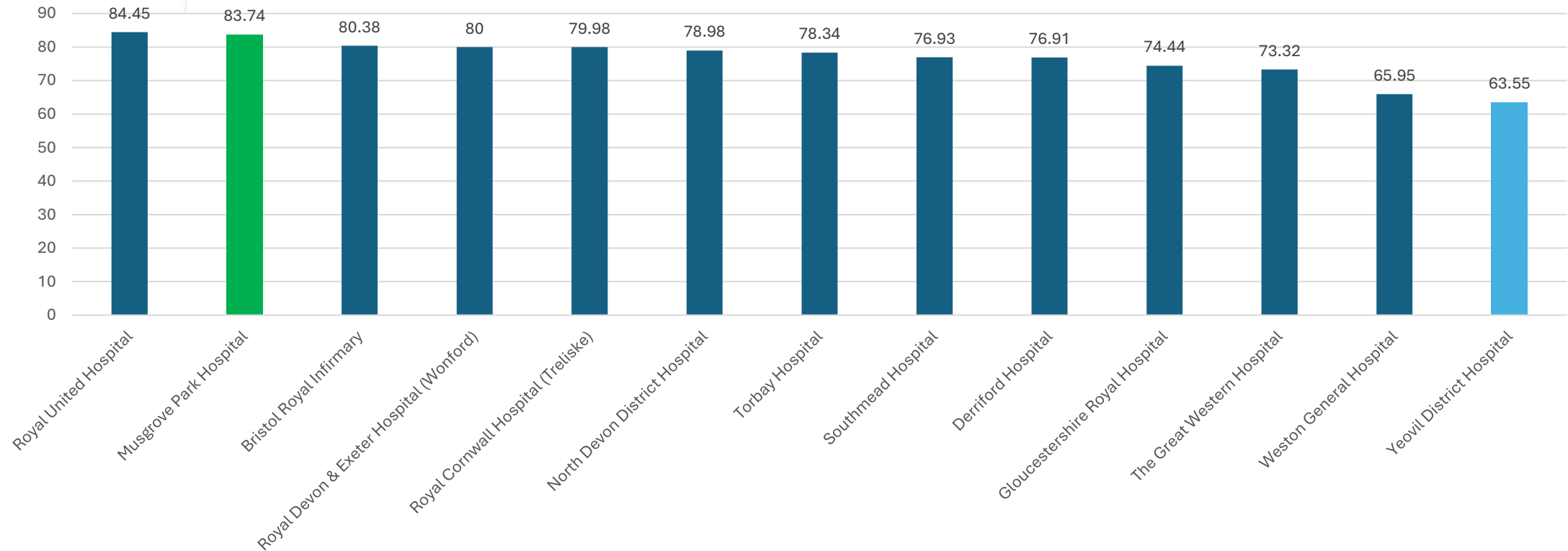
Qualitative Returns Themes





Overall Satisfaction by site Acute Trusts, SW Deanery

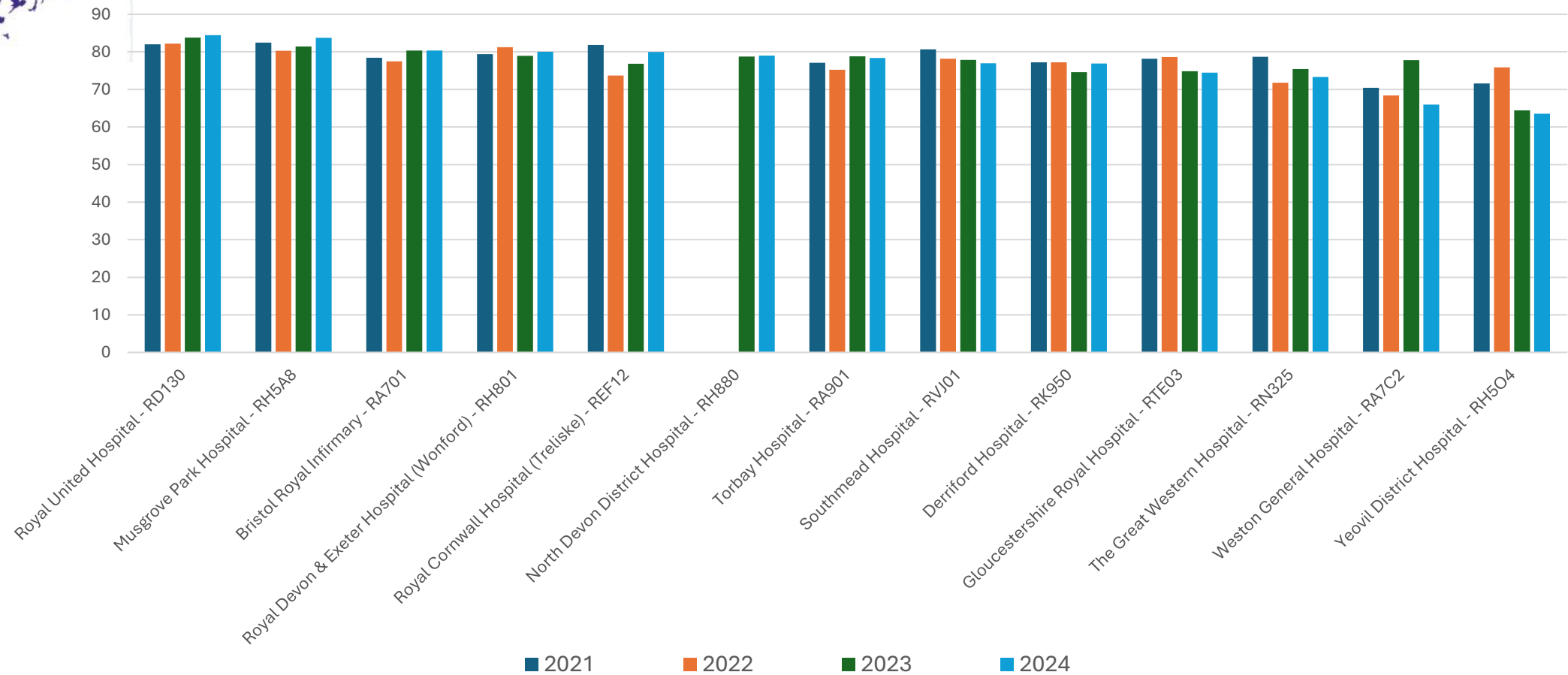
GMC NTS 2024
Overall Satisfaction





Overall Satisfaction - trends

GMC NTS
Overall Satisfaction
2021-24





Ranking in the SW



General Surgery YDH 4th, MPH 5th



The Highlights

- MPH – Highest score for ~10 years
- ENT MPH – Highest in the Country
- AIM MPH – Best in the SW, 9th Nationally
- IMT – top in SW

	A	B
1		2024
2	Site	Score
3	Musgrove Park Hospital - RH5A8	98.75
4	Great Ormond Street Hospital Central London Site - RP401	97.5
5	Birmingham Children's Hospital - RQ301	95
6	Addenbrooke's Hospital - RGT01	95
7	The Great Western Hospital - RN325	95
8	The James Cook University Hospital - RTRAT	94
9	University Hospital Monklads - L106H	93.75
10	Pilgrim Hospital - RWDLA	93.75
11	Royal Preston Hospital - RXN02	93.33
12	Sunderland Royal Hospital - R0B01	93
13	Royal Surrey County Hospital - RA201	92.5
14	Torbay Hospital - RA901	91.67
15	St Thomas' Hospital - RJ122	90
16	William Harvey Hospital (Ashford) - RVV01	89.17
17	Princess of Wales Hospital - 7A3B7	89
18	The Royal Glamorgan Hospital - 7A5B1	88.33
19	Raigmore Hospital - H202H	88.33



MPH - Overall

Survey Year			2024	
Trust/board	Site	Indicator	Score	Outcome
Somerset NHS Foundation	Musgrove Park Hospital	Overall Satisfaction	83.74	Within IQR
		Clinical Supervision	92.07	Within IQR
		Clinical Supervision out of hours	89	Within IQR
		Reporting Systems	78.66	Within IQR
		Work Load	45.03	Within IQR
		Teamwork	81.34	Within IQR
		Handover	75.04	Within IQR
		Supportive Environment	80.02	Within IQR
		Induction	84.66	Within IQR
		Adequate Experience	83.18	Within IQR
		Curriculum Coverage		
		Educational Governance	78.36	Within IQR
		Educational Supervision	89.04	Within IQR
		Feedback	81.04	Within IQR
		Local Teaching	74.3	Within IQR
		Regional Teaching	71.27	Within IQR
		Study Leave	76.03	Within IQR
Rota Design	63.58	Within IQR		
Facilities	79.23	Above		



MPH – Post Specialty

	Overall Sa	Clinical Su	Clinical Su	Reporting	Work Load	Teamwork	Handover	Supportive	Induction	Adequate	Curriculum	Education	Education	Feedback	Local Tea	Regional T	Study Leav	Rota Desig	Facilities
Acute Internal Medicine	86.15	91.92	85.1	80.91	36.06	76.92	72.92	82.69	86.15	88.46		73.08	91.35	85.42	65.83	54.17	47.92	46.63	87.22
Anaesthetics	89.41	95.59	91.8	75.94	51.59	85.29	77.34	79.41	88.82	88.97		79.41	89.71	87.85	75.2	66.42	85.29	74.26	79.09
Cardiology	79.38	88.75	87.24	67.5	41.15	75	72.02	81.25	86.25	82.81		67.71	88.28	81.77	57.5	81.25	76.79	44.53	78.75
Clinical oncology	80.83	89.17	100	85.83	51.39	90.28	77.61	84.17	80	77.08		73.61	81.25	88.33	56.67	75	68.75	71.88	84.58
Clinical radiology	95	100	98.44	86.67	71.66	78.33		90	93	95		78.33	98.75	97.92	97.33	81.67	97.5		79.17
Community Child Health																			
Emergency Medicine	86.67	93.26	88.33	77.39	44.53	77.78	76.99	77.71	87.5	85.94		79.17	88.54	75	88.24	70.14	74.43	68.23	76.39
Endocrinology and diabetes	83.33	91.67	93.75		46.53	77.78		81.67	88.33	83.33		77.78	93.75					47.92	76.25
Gastroenterology	80.83	90.83	86.11	74.17	44.1	83.33	75	77.5	82.5	79.17		88.89	81.25	75.83	69.44	70.83	77.5	70.49	83.75
General (internal) medicine	90			78.33	52.78	88.89	89.58	86.67	91.67	91.67		86.11	93.75		79.44	75	75		68.33
General Practice																			
General psychiatry																			
General surgery	72.81	85.55	85.83	65.67	41.02	76.04	72.22	65.94	79.69	70.31		75.52	89.45	81.09	79.44	78.7	70.83	64.06	79.38
Geriatric medicine	80.59	86.4	77.7	74.29	40.2	77.94	75.3	82.35	80.29	75.74		74.02	81.99	80.28	67.67	70.83	73.21	59.93	79.79
Haematology																			
Histopathology																			
Intensive care medicine	89	94.5	91.88	84.5	61.25	87.5	85.94	81.5	82.5	88.75		78.33	85.63	81.77	73.57	72.62	85.94	67.5	77.22
Interventional Radiology																			
Medical oncology																			
Neurology																			
Obstetrics and gynaecology	81.79	93.84	91.96	76.79	35.27	77.38	64.73	80.36	73.21	80.36		74.4	82.59	71.8	62.5	51.04	56.25	40.63	82.68
Ophthalmology	91	95	95.31	85	45.42	78.33	59.38	80	88	92.5		86.67	95	95	89.67	91.67	95	81.25	75.63
Otolaryngology	98.75	100	98.44	100	51.56	97.92	65.63	100	93.75	100		100	98.44	93.75			78.13	89.06	95
Paediatrics	84.47	94.14	94.1	83.33	42.11	83.33	74.89	75.79	84.93	90.13		78.51	89.8	60	62.13	66.9	69.74	58.55	76.73
Respiratory Medicine	87.14	95	91.07	77.86	41.07	85.71	81.25	85	87.86	85.71		75	90.18	84.03	74	68.33	75	66.96	75
Rheumatology																			
Stroke Medicine																			
Trauma and orthopaedic sur	78.18	89.32	84.28	76.5	40.34	86.36	70.42	79.55	84.55	77.27		75	90.91	80.09	61.67	81.67	78.75	72.16	68.75
Urology	81	86	83.75	90	28.75	80	79.17	86	79	82.5		81.67	95	88.33	94.45	80.56	95.83	58.75	86.67
Vascular surgery	68.75	87.5	86.72	80.71	42.45	79.17	70.31	67.5	81.88	62.5		81.25	89.84	78.57	73.33	71.88	84.38	64.06	76.67



MPH - Programme

Program	Overall Satisfaction	Clinical Supervision	Clinical Supervision	Reporting Systems	Work Load	Teamwork	Handover	Supportive Environment	Induction	Adequate Experience	Educational Governance	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Rota Design	Facilities
ACCS	86.43	93.93	90.18	76.92	51.79	80.36	73.24	79.29	77.86	84.82	75	87.5	76.85	69.64	52.98	75	61.61	76.36
Anaesthetics	85	96.25	91.96	66.88	47.92	84.38	72.4	78.13	86.88	82.81	81.25	88.28	91.67	76.67	76.04	79.69	70.31	76
Cardiology	85	88.33	95.83		39.58	72.22	77.08	90	85	95.83	72.22	77.08	84.72	56.67	86.11	91.67	58.33	
Clinical oncology	78	87	100	85	51.67	88.33	74.31	81	77	77.5	68.33	77.5	87.5	56.67	75	65	68.75	
Clinical radiology	95	100	98.44	86.67	71.66	78.33		90	93	95	78.33	98.75	97.92	97.33	81.67	97.5		79.17
Core Anaesthetics	98.33	96.67	91.67	95	47.92	97.22	93.75	93.33	96.67	95.83	91.67	100	91.67	88.89	63.89	95.83	85.42	93.33
CST	91.88	93.13	89.06	80	44.53	78.13	72.66	78.75	81.25	90.63	81.25	94.53	95.84	82.71	67.19	84.38	73.44	79.17
Emergency medicine	85.45	95	94.32	75.5	41.48	75.76	75.57	72.27	88.64	85.23	81.82	87.5	73.44	86.82	80.3	86.36	71.02	67.14
Emergency Medicine F2	86.25	85	77.61	83.75	34.38	79.17	79.69	76.25	92.5	87.5	83.34	98.44	94.44			59.38	56.25	73.33
General surgery	75	92.75	98.44	57.5	49.17	85	70	72	85	67.5	76.67	86.25	83.34	80	83.33	65	75	74.38
GP Prog - Emergency Medicine	91.25	98.33		75	57.29	72.92	78.13	81.25	82.5	93.75	68.75	81.25	77.08	93.75	54.17	62.5	73.44	83.33
GP Prog - Medicine	90			78.33	52.78	88.89	89.58	86.67	91.67	91.67	86.11	93.75		79.44	75	75		68.33
GP Prog - Obstetrics and Gynaecology	81.67	97.92	93.75	83.33	45.83	86.11	79.17	83.33	73.33	79.17	69.45	85.42		64.44	36.11	45.83	43.75	
GP Prog - Paediatrics and Child Health	86.67	91.67			46.53	86.11	80.56	73.33	75	87.5	75	93.75		60	55.56	37.5	54.17	78.33
Internal Medicine Training Stage One	86.25	96.25	89.58	77.5	49.48	81.94	78.13	87.5	87.08	90.63	86.11	90.63	79.17	65.42	57.99	72.92	59.72	83.33
Medicine F1	83.33	85.48	80.56	78.75	40.67	78.97		82.38	83.57	79.17	71.83	81.85	79.66				51.49	83.83
Medicine F2	76	89.88	81.88	71.5	31.88	78.33	77.92	71	86.5	76.25	68.33	88.75	82.92			55	53.75	81.25
Obstetrics and gynaecology	81.11	91.67	90.28	72.22	28.47	72.22	56.25	79.44	75.56	79.17	74.07	79.17	67.13	61.85	56.02	62.5	39.58	78.33
Ophthalmology	91	95	95.31	85	45.42	78.33	59.38	80	88	92.5	86.67	95	95	89.67	91.67	95	81.25	75.63
Paediatrics	84	94.25	93.75	83.75	40.28	82.74	72.08	79.67	86.58	90	77.78	88.33	61.46	62.55	69.17	74.17	58.75	74.17
Respiratory medicine	87.5	96.25	95.31	83.75	43.75	91.67	81.25	90	88.75	78.13	81.25	93.75	86.11	82.92	85.42	84.38	79.69	77.5
Surgery F1	59.29	76.43	77.38	68.33	29.02	74.4		60.71	76.07	57.14	73.81	90.18	69.79				47.32	79.58
Surgery F2	80	93.21	84.82	81.67	52.08	88.1	70.24	86.43	90.71	82.14	83.33	92.86	86.81			73.21	69.64	85
Trauma and orthopaedic surgery	76.67	86.67	89.58	76.67	18.75	88.89	56.25	76.67	71.67	70.83	69.44	85.42	69.44	43.33	83.33	83.33	75	48.33
Vascular surgery	85	100	95.83	88.33	47.92	77.78	75	75	96.67	83.33	77.78	87.5	91.67	72.22	83.33	87.5	85.42	



Mental Health Results

Program	Overall Satisfaction	Clinical Supervision	Clinical Supervision	Reporting Systems	Work Load	Teamwork	Handover	Supportive Environment	Induction	Adequate Experience	Educational Governance	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Rota Design	Facilities
CPT	91.82	97.5	91.93	80	66.48	86.74	82.87	80.91	92.73	93.18	78.79	96.59	93.56	90.15	76.89	88.64	80	78.47
GP Prog - Psychiatry	53.33		66.67	51.67	29.17	58.33	64.58	55	68.33	54.17	52.78	87.5		60.55	55.56	25	54.17	67.5
Psychiatry F2	86.25	92.5	79.17	78.33	60.94	77.09	73.44	81.25	72.5	84.38	72.92	71.88	84.38			81.25	71.88	
Post	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Reporting Systems	Work Load	Teamwork	Handover	Supportive Environment	Induction	Adequate Experience	Educational Governance	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Rota Design	Facilities
General psychiatry	76.07	88.94	78.91	65.38	59.23	77.38	76.7	75	80	76.79	70.83	85.71	84.47	84.83	73.33	78.13	70.09	77.25
Old age psychiatry	88.75	95.94	92.71	81.25	68.23	76.04	87.5	75	76.25	90.63	66.67	95.31	86.46	70.83	78.13	56.25	81.25	57.5

No result for

- CAHMS
- Psych (LD)
- Liaison psych
- Psych (F1)

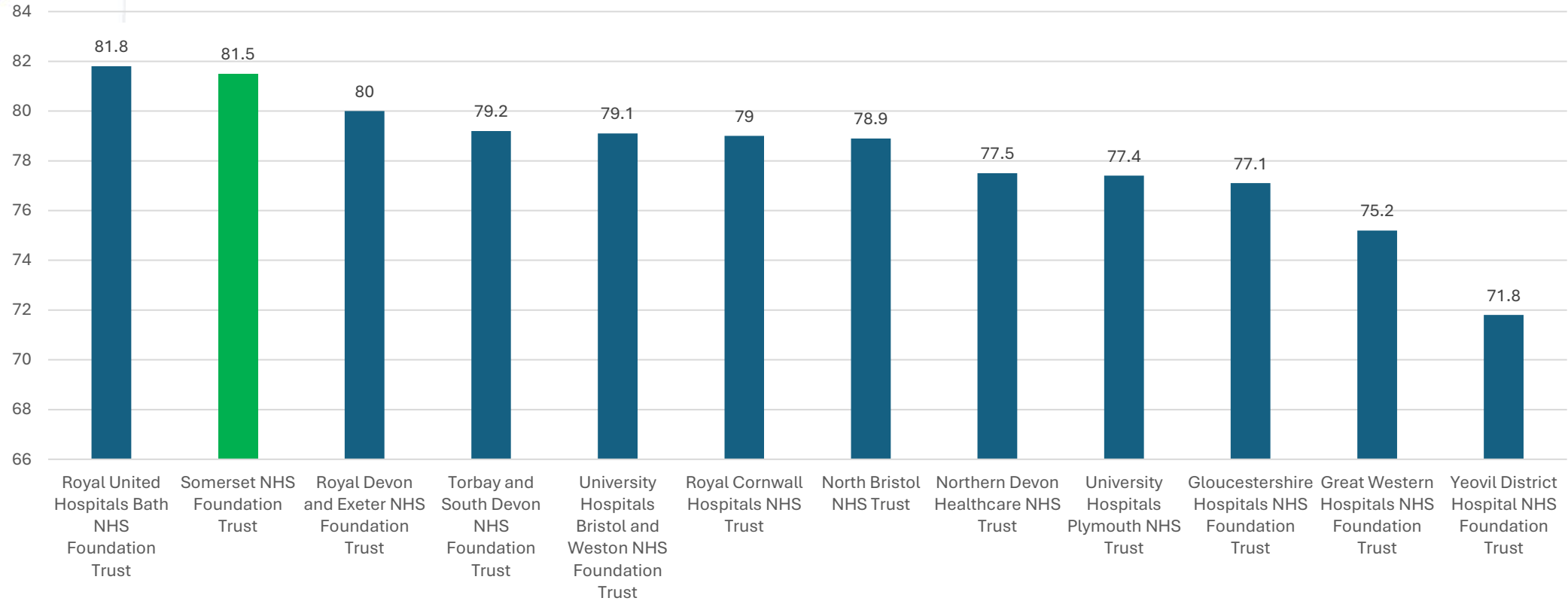


YDH Overall

Survey Year		2024		
Trust/board	Site	Indicator	Score	Outcome
Somerset NHS Foundatio	Yeovil District Hospital -	Overall Satisfaction	63.55	Below
		Clinical Supervision	79.28	Below
		Clinical Supervision out of hours	76.31	Below
		Reporting Systems	59	Below
		Work Load	47.25	Within IQR
		Teamwork	67.87	Within IQR
		Handover	61.09	Within IQR
		Supportive Environment	65.07	Within IQR
		Induction	72.1	Below
		Adequate Experience	67.93	Below
		Educational Governance	57.79	Below
		Educational Supervision	77.72	Below
		Feedback	59.55	Below
		Local Teaching	64.82	Within IQR
		Regional Teaching	65.77	Within IQR
Study Leave	60.28	Within IQR		
Rota Design	43.78	Within IQR		
Facilities	68.8	Within IQR		



GMC NTS 2017 - 2024
Overall satisfaction (average)





Successes

- MPH (Overall Satisfaction)
 - ENT (MPH)
 - IMT (MPH)
 - COOP (MPH)
 - Respiratory (MPH)



- YDH
 - OS
 - CS/CS OOH
 - Reporting Systems
 - Induction
 - Adequate Experience
 - Educational Supervision & Governance
 - Feedback

Concerns

- Psychiatry – GP experience
- MPH
 - T&O – registrar workload
 - Surgery – F1 workload
 - O&G handover
- YDH
 - AIM
 - Anaesthetics
 - Cardiology
 - Emergency Medicine
 - Gastroenterology
 - O&G
 - Paeds



Actions so far

- MPH T&O
 - Departmental action to prioritise clinics over assisting in theatre, plus local audit on workload
- MPH Surgery
 - F1PD to discuss with CD & Specialty Tutor
- GP Prog – Psych
 - Guidance to nCS as to role; additional trainee allocated
 - Need closer working between Primary & Secondary Care Education team

YDH Progress

All Specialty Tutors asked to review their own GMC results and provide an action plan (to be reviewed at next P MEC (6th Nov) by SH/OD)

Governance

- Not yet embedded in each department, much less PGD involvement. Needs top down support for cultural change

Supervision OOH needs addressing

- ?levels of support required ? Workforce gaps?cultural change

• Faculty Capacity

- ES included in Core SPA – funding mechanism unclear
- ES for LED included? (LED sit outside of GMC NTS). Over-represented at YDH
- Multiple WTE vacancies at Consultant level – replaced by SAS or locum Consultants going through CESR or IMG. Won't be solved by single appointments. What does integration really look like??
- Recruitment difficulties means that education/training is not prioritised, or no experience of UK training program that are being asked to oversee

Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Freedom to Speak Up Report
SPONSORING EXEC:	Isobel Clements, Chief People Officer
REPORT BY:	Caroline Sealey, Freedom to Speak up Guardian
PRESENTED BY:	Caroline Sealey, Freedom to Speak up Guardian
DATE:	5 November 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>All organisations which regulate or provide NHS healthcare should implement the principles and actions set out in the report Freedom to Speak Up: An independent review into creating an open and honest reporting culture in the NHS.</p> <p>This paper provides an update regarding FTSU activity in Somerset Foundation Trust (SFT) covering an overview for the year 2023 – 2024 and then in further detail for the period April 2024 - September 2024.</p> <p>It informs the Trust Board about the number of concerns received, the categories of the concerns, the professional background of the colleagues contacting the service and their demographics. It also outlines the themes of the concerns, the service progress and planned actions.</p> <p>A total of 338 cases were raised in 2023 / 2024 – an increase of 71% compared to the previous year. Nationally, in the same period, cases rose 27.6%.</p> <p>For the period Q1 and Q2 2024/25 a total of 197 cases were raised. This is an increase of 37% compared to the same period in 2023/24.</p> <p>Data collected demonstrates that most concerns in this period were raised by Nursing and Midwifery colleagues and Additional Clinical Service colleagues.</p> <p>A significant number of concerns (33%) contained an element of working safety or wellbeing.</p>
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Recommendation	The Board is asked to note and discuss the report
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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 Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies

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

- | | | | | | |
|------------------------------------|--------------------------------------|------------------------------------|----------------------------------|------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Financial | <input type="checkbox"/> Legislation | <input type="checkbox"/> Workforce | <input 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 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.

Colleagues who have used the FTSU service are asked to provide feedback via an MS Forms survey. In addition, since April 24, we have started to collect feedback from



managers / leaders who were involve in supporting resolution of a concern to sense check we are offering an impartial service and look at service improvement.

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 previous FTSU six monthly progress report was presented at the March 2024 Board Meeting. This paper has been presented in November 24 to align dates to enable the most up-to-date information to be presented.

This paper has been presented to the Operational Leadership Team in October 2024.

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

FREEDOM TO SPEAK UP REPORT

1. PURPOSE

- 1.1 To present an overview of the work of the Freedom to Speak Up (FTSU) Guardians including high level detail of the number of cases raised, a thematic analysis and any learning from these cases.
- 1.2 This paper is presented in a structured format to ensure compliance with guidance published, June 2022, Freedom to Speak Up: A guide for leaders in the NHS and organisations delivering NHS services. [B1245 ii NHS-freedom-to-speak-up-guide-eBook.pdf \(england.nhs.uk\)](#)
- 1.3 In order for the FTSU paper to present up-to-date information to Board, we have realigned submission dates. As a result, this paper will include a summary of data from 2023 -2024, and also review in more detail, data from Q1 and Q2 2024 – 2025.

2. BACKGROUND

- 2.1 The standard NHS contract requires that all trusts and foundation trusts employ a Freedom to Speak Up (FTSU) Guardian. FTSU Guardians are now employed across the health and care sector, including in primary care, health charities, independent providers and arms' length bodies including health regulators. The FTSU Guardian's role is to ensure patient safety and colleague wellbeing by providing a mechanism for colleagues to speak up when they see or hear something that is not right. The FTSU Guardian also provides support to colleagues who raise concerns and supports the Board to develop a 'positive, compassionate, and inclusive' workplace culture in line with the vision set out in the NHS People Plan.
- 2.2 In addition, while the mission of the National Guardian's Office is to make speaking up business as usual in the NHS, the broader strategy is to effect cultural change.

What is Freedom to Speak Up?

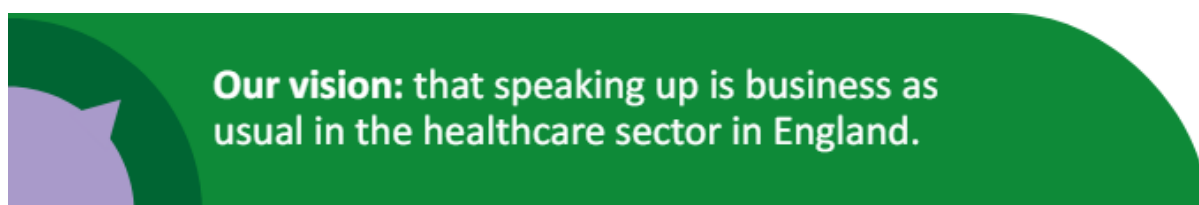
In healthcare, Freedom to Speak Up is about feeling able to speak up about anything that gets in the way of doing a great job. That could be a concern about patient safety, a worry about behaviours or attitudes at work, or an idea which could improve processes or make things even better.

- 2.3 The network of FTSU Guardians continues to grow. There are over 1,200 Guardians in post in NHS and independent sector organisations, national bodies and now also in organisations outside of the healthcare sector within England supporting workers to speak up about patient safety and anything which impacts on their ability to do their job. The National Guardian's Office has strengthened the training and support it gives FTSU Guardians in order to

ensure that they meet the needs of the workforce in this complex and wide-ranging role.

- 2.4 The FTSU model within Somerset Foundation Trust (SFT) consists of a full-time lead guardian (band 8a), Caroline Sealey, and a full-time guardian (band 6), Sarah Kerrigan, who has been in post since March 2024.

3. NATIONAL GUARDIAN'S OFFICE (NGO)



- 3.1 On Tuesday 21 May 2024, Jayne Chidgey-Clark, National Guardian for the NHS, gave evidence to the Health and Social Care Select Committee in the House of Commons, for their inquiry into NHS leadership, performance and patient safety. The committee examined the fear and futility of speaking up in the NHS, and how the healthcare system needs to learn lessons quicker from the multiple reviews that take place.
- 3.2 Ensuring FTSU Guardians are fully supported to deliver the role was discussed alongside embedding a more consistent approach to the implementation of the guardian role.
- 3.3 Jayne has been quoted in an article in The Independent saying “I very worryingly have heard of accounts from some guardians where they feel that when they’re delivering messages around themes that are hard for organisations to hear, that they feel they suffer detriment themselves, which is clearly unacceptable”:
[‘Defensive culture’ hindering timely patient safety investigations, MPs told | The Independent](#)
- 3.4 In response to the publication of Too Hot to Handle: why concerns about racism are not heard or acted upon ([Too Hot to Handle? \(brap.org.uk\)](#)), the NGO has incorporated equity, diversity and belonging into the mandatory refresher training for all FTSU Guardians to give a better understanding of discrimination. The report includes the better use of FTSU Guardians who, as part of their role, have a focus on encouraging their organisations to remove the barriers which workers face in speaking up, particularly black and minority workers.
- 3.5 A Speak Up Review is being initiated by the NGO over the next 12 months to understand the speaking up experiences of overseas trained workers. The National Guardian for the NHS is becoming increasingly concerned that the voices of overseas trained workers are not always being heard, and in some cases, are being silenced. It is vital that these workers are listened to. The aim is to develop actionable recommendations out of this review to improve policies and practices, fostering a more inclusive and supportive Speak Up

culture throughout healthcare. SFT have expressed interested in participating in this review.

[Speak Up Review into experiences of overseas-trained workers - National Guardian's Office.](#)

3.6 In July 24, The NGO published 'Culture is a patient safety issue – A summary of speaking up to Freedom to Speak Up Guardians: [FTSU-Case-Data-Annual-Report-23-24.pdf \(nationalguardian.org.uk\)](#)

3.7 This covers data from 1 April 2023 – 31 March 2024 and the highlights include:

- An increase of 27.6% in number of recorded cases from 2022/23 – a total of **32,167**
- Cases being categorised as follows:

PATIENT SAFETY AND QUALITY

18.7% of cases raised included an element of patient safety/quality

a marginal drop compared to 2022/23 (19.4%).



BULLYING AND HARRASSMENT

19.8% of cases reported included an element of bullying or harassment.

A 2-percentage point fall compared to 2022/23.



WORKER SAFETY AND WELLBEING

One in every three cases raised (32.3%) involved an element of worker safety or wellbeing.

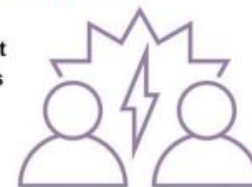
An increase from one in every four cases (27.6%) in 2022/23.



INAPPROPRIATE BEHAVIOURS

Two in every five cases (38.5%) involved an element of inappropriate behaviours and attitudes.

The most reported theme in 2023/24.



- The majority of cases are being raised by Registered Nurses and Midwives
- 4% of cases reporting detriment as a result of speaking up
- Average number of cases by organisation type per quarter:

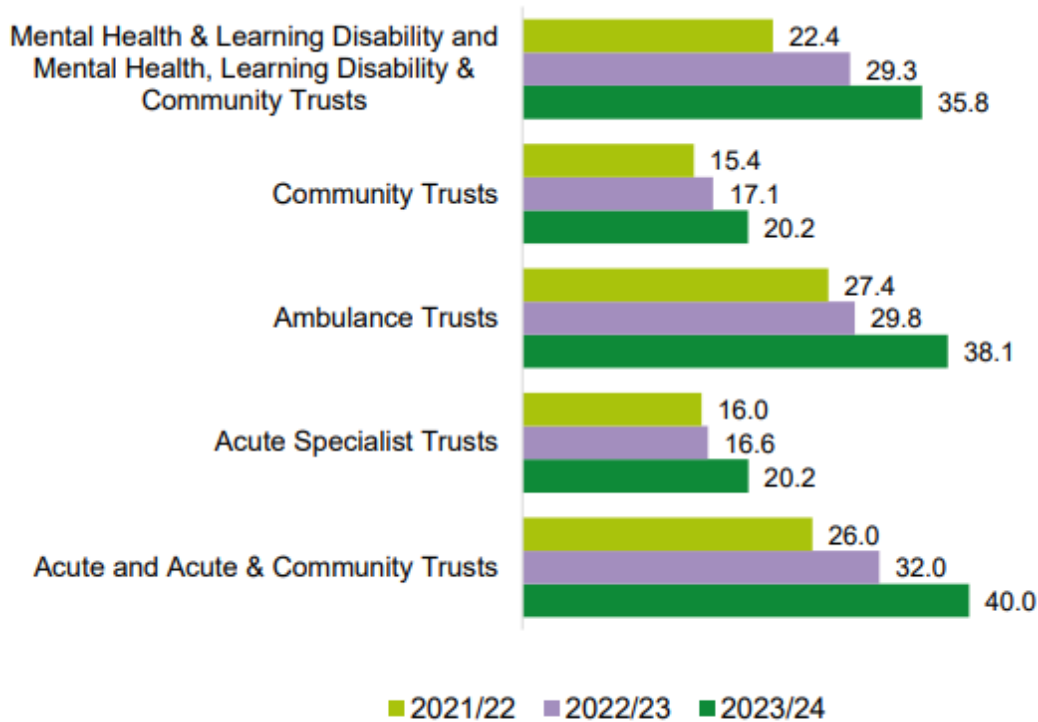


Figure 3. Average number of cases per submission by organisation type

- Average number of cases per 1,000 workers:

Sector	Average cases per 1,000 workers (headcount) (2023/24) ⁵
All Trusts	20.2
Acute and Acute & Community Trusts	17.5
Acute Specialist Trusts	33.0
Ambulance Trusts	26.8
Community Trusts	25.1
Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts	27.5

- 3.8 The NGO has over the past year improved the support and development for all Guardians and have introduced a revised training programme for new guardians.
- 3.9 In July 24, they launched their new strategy ([NGO Strategy - National Guardian's Office](#)) which outlines the updated vision for improving workplace cultures and ensuring workers are confident to speak up, by providing expert support, guidance and challenge:

Vision

Improving workplace cultures, ensuring workers are **confident to speak up**, by providing **expert support, guidance and challenge**

Outcomes

For those we support	For our organisation	For our staff
<ol style="list-style-type: none"> 1. Workers feel increasingly confident and supported in speaking up as result of the changes the NGO is driving through its work. 2. Guardians feel empowered by the NGO through our high-quality resources and training and supported by us, our communications and active network. 3. Leaders feel supported and constructively challenged by the NGO through our development sessions, resources and speaking up reviews. 	<ol style="list-style-type: none"> 1. The NGO is considered the subject matter experts on effective speaking up cultures, respected for our expertise, quality of outputs and impact. 2. The NGO's insight, recommendations and independent voice is making a difference in improving workers experiences when speaking up and ultimately patient safety. 3. The NGO is a valued independent partner to our funders, healthcare regulators, and organisations in improving speaking up culture. 	<ol style="list-style-type: none"> 1. The NGO role models the high standards we expect from other organisations with an inclusive, collaborative and supportive environment. 2. The NGO has a clear vision and strategy, all team members understand their contribution to delivering the strategy. 3. The NGO's reputation as recognised experts attracts and retains talent. The NGO provides learning and development opportunities and plans strategically for its workforce.

Strategic Goals

1 Continue to improve resources and offer to Freedom to Speak Up Guardians	2 Develop additional support and guidance for organisational leaders	3 Use the NGO's independent voice to champion Freedom to Speak Up for workers	4 Use our insight to drive recommendations to improve speak up measures and culture	5 Improve partnership working with key organisations to deliver change	6 Improve our organisational maturity and internal infrastructure to support our ambitions
-------------------------------------------------------------------------------	-------------------------------------------------------------------------	----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

3.10 Also in July 24, The NGO published 'Listening to the Silence: what does the Staff Survey tell us about speaking up in the NHS?' ([2024-NSS-2023-report.pdf](https://nationalguardian.org.uk/2024-NSS-2023-report.pdf) (nationalguardian.org.uk)). This details The NGO's analysis of the 2023 NHS Staff Survey revealing a decline in workers feeling secure raising concerns about unsafe clinical practice for the second consecutive year.

3.11 While workers' confidence in speaking up about anything which concerns them showed signs of improvement, the survey revealed a five-year low in the number of respondents who feel secure raising concerns about unsafe clinical practice.

3.12 While the results have improved since the 2015 Freedom to Speak Up Review and resulting actions, this data continues the fall in NHS workers' confidence to speak up since the pandemic. However, Freedom to Speak Up guardians are seeing an increase in the numbers of cases being raised with them, which may signify that other speaking up routes are not effective or trusted.

4. FREEDOM TO SPEAK UP GUARDIAN ACTIVITY

4.1 **National Work** - The Lead FTSUG has continued to actively engage with the National Guardian's Office, including responding to surveys, timely submission of quarterly data returns and putting forwards ideas for future development of the Guardian role.

4.2 The Lead FTSUG was invited to a Mentor Meeting at the NGO head office in London in Feb 24 to support the development of the NGO strategy and review the FTSU job role descriptor with a view to providing more consistency across organisations in the future. The lead Guardian has mentored over 20 new Guardians nationally.

4.3 Both FTSUG's also attended the National NGO Conference in March 2024.

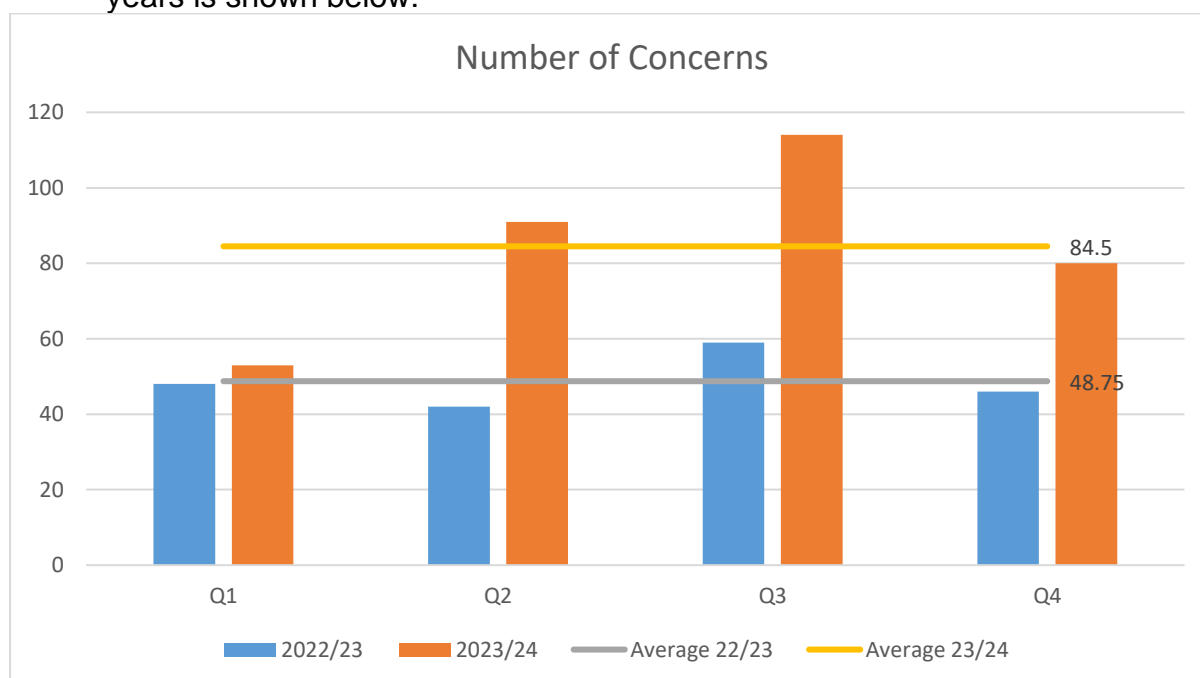
- 4.4 **Regional Work** - The FTSUGs attend Regional Network meetings and actively participate in driving the FTSU agenda forward. As an established and experienced service, guardians at SFT are often asked to provide 'expert' advice and share best practice across the region. The lead guardian links regularly with the regional lead in order to provide peer support.
- 4.5 The FTSUGs are in regular contact with the Guardians in Dorset including a monthly meeting for peer support, to review and learn from complex cases, share best practice, and benchmark the service in order to push the speaking up agenda forward.
- 4.6 **Local Work** – The team are continuing to build on the progress achieved to date supporting the creation of a culture where every colleague, irrespective of role, feels safe to speak up. This proactive work includes:
- Being visible in both acute hospitals and throughout the community sites as able, including supporting drop-in sessions and walkabouts.
 - Triangulating information alongside HR Business partners, HR advisors and OD colleagues for each service group as well as liaising with senior leaders as appropriate. We are always reviewing and exploring ways to compare data sets to better understand if there were opportunities to improve colleague experiences.
 - Reviewing the 'Champion' model that will see recruitment of FTSU Ambassadors within a voluntary role by early 2025 to ensure compliance with new guidance released by NGO. [Freedom to Speak Up Champions and Ambassadors \(nationalguardian.org.uk\)](https://www.nationalguardian.org.uk)
 - Working with the governance team and digital solution developers to ensure we have appropriate reporting systems in place. This has seen the switch over to RADAR for our case records from 01 September 2024. This improved reporting will support capturing data on international colleagues, those who are carers and also sickness and leaver information.
 - Delivering training as part of various Trust programmes including Doctor Induction, Safety Days, Prepare to Care, Theatre Induction Programme and in response to local requests.
 - Attending the Safety Action Group to allow triangulation of safety specific data and themes.
 - Speak up month – this year the theme is Listening Up. Communications via the staff newsletter have run weekly throughout October, virtual drop-in sessions were run regularly including some out of hours sessions, and an animation on the Power of Listening from both the perspective of colleagues who have spoken up and leaders has been created ([Speak Up Month 2024 \(youtube.com\)](https://www.youtube.com)).

- Supporting a project alongside Sun Sander-Jackson, 'Enhancing Inclusive Leadership: Managerial Guidance for Addressing Racial Discrimination'.
- Offering flexibility with our service hours to support colleagues working various shift patterns to speak up.
- Launching of business cards in response to colleague feedback which offers an additional promotional route alongside our updated posters, service leaflet and training videos.
- The FTSU training modules have now been mandated in the legacy YDH organisation to align it with the rest of the organisation.
- Created and launched a 'Contact Us' form (<https://forms.office.com/e/yZmzGC63J3>) in May 24 that provides a structured way for colleagues to raise concerns including looking at the outcome sought.
- Reaching out to areas of 'silence' and engaging with these colleagues to increase awareness and knowledge of the service.
- Attendance at the PSIRF implementation group to contribute to aspects related to supporting the development of a just culture. This group has now ceased as PSIRF is now in place.

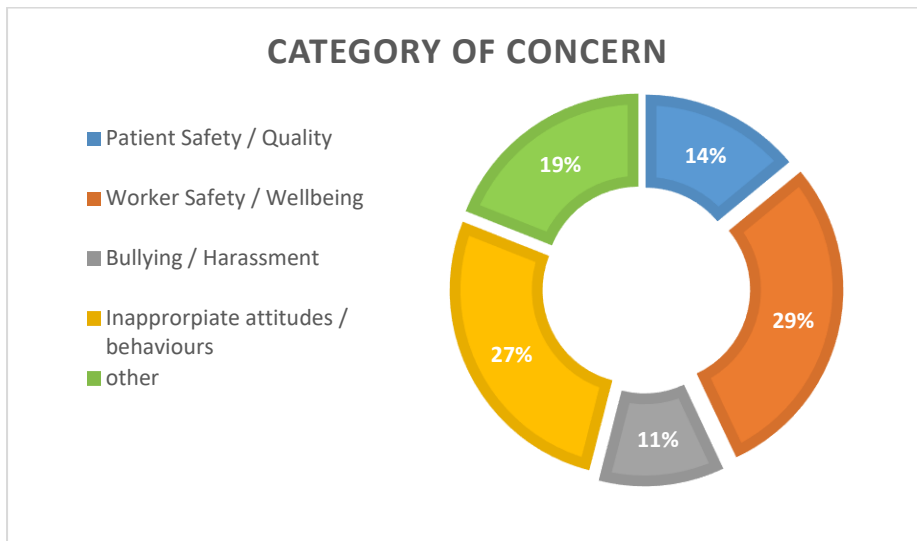
5 SUMMARY OF CONCERNS

5.1 Annual data for 2023 – 2024

The total number of concerns raised in 2023-2024 was 338. This saw an increase of 71% compared to the previous year. The quarterly data for both years is shown below:



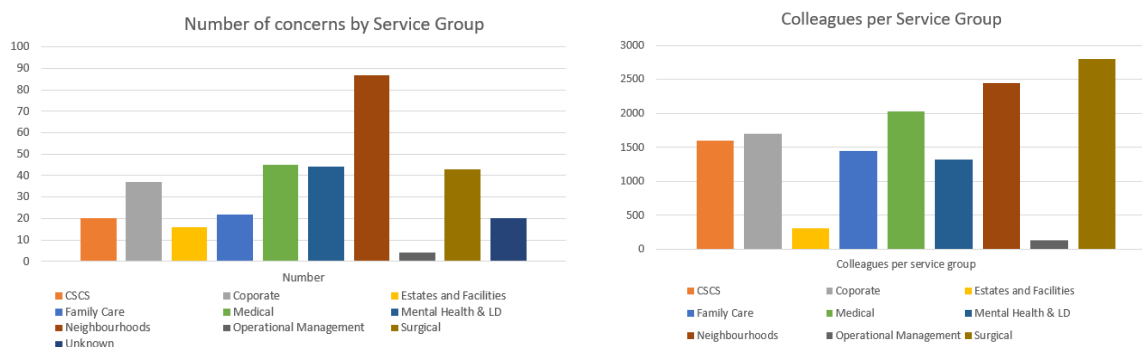
5.2 The concerns were recorded into the following categories as per [Recording Cases and Reporting Data \(nationalguardian.org.uk\)](https://www.nationalguardian.org.uk):



5.3 Themes within the year included:

- Leadership that lacks visibility, clear communication and support
- Relationship challenges – including behaviours, nepotism, there being a monopoly due to relatives working within the same team / department
- Colleagues not feeling heard or even silenced
- Colleagues appearing ‘entitled’ and managers not wanting to have, or being unskilled in having ‘difficult’ conversations
- Behaviours that are not in line with Trust values
- Discrimination and lack of equity
- Work pressures and demands impacting on patient safety, colleague wellbeing and morale
- Post merger changes and consultations
- Challenging team cultures / dynamics
- Unfair recruitment processes
- The ‘little things becoming the big things’
- Colleagues using the service in an attempt to navigate away from a process eg capability, disciplinary action
- Colleagues coming to FTSU due to not receiving a timely response from other channels

5.4 The number of concerns raised per service group is shown below and, as a comparator, the number of colleagues per service group is as follows:



5.5 Data for Q1 and Q2 2024/25 is detailed in the tables and graphs below. This data (excluding the service groups) has been mandated and submitted to the (NGO) in line with the reporting guidance [Recording Cases and Reporting Data \(nationalguardian.org.uk\)](https://www.nationalguardian.org.uk).

Table 1

Quarter	Number of concerns raised	Number of concerns raise anonymously	Disadvantageous and / or demeaning treatment
Q1	80	15	0
Q2	117	11	1*

*"When a member of staff speaks up against the management, they are targeted and treated unfairly"

Table 2

Quarter	Number with an element of patient safety/ Quality*	Number of concerns with an element of worker safety or wellbeing*	Number with an element of bullying or Harassment*	Number with an element of inappropriate attitudes / behaviours*	Number of other concerns*
Q1	18	27	12	23	22
Q2	32	66	21**	32	28

* Some concerns have elements that span multiple categories

**includes 2 sexual safety concerns

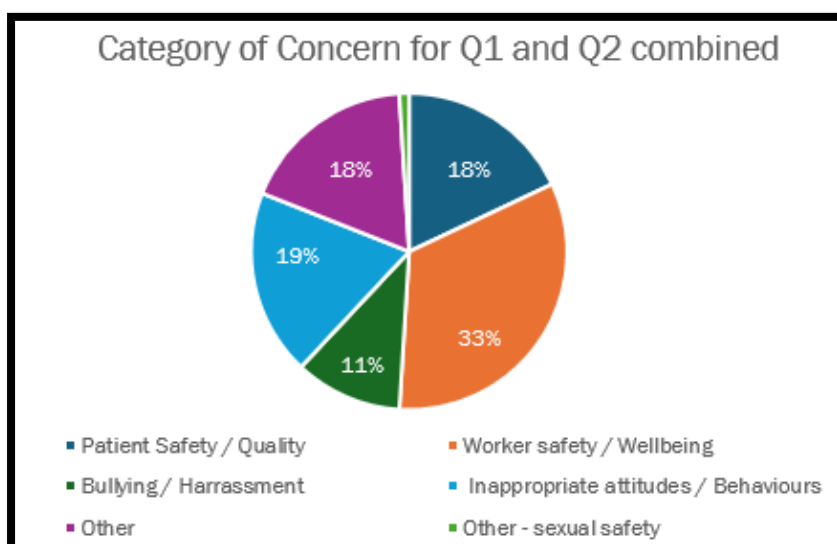
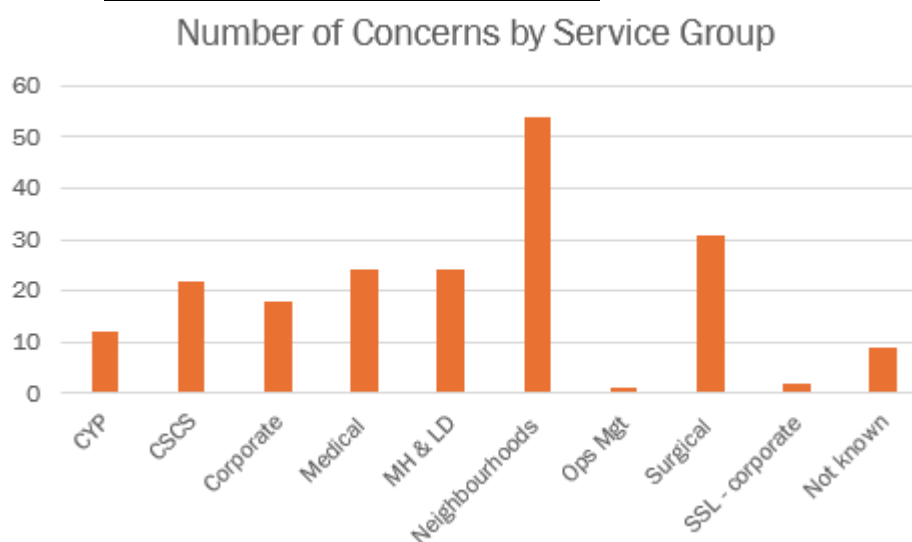


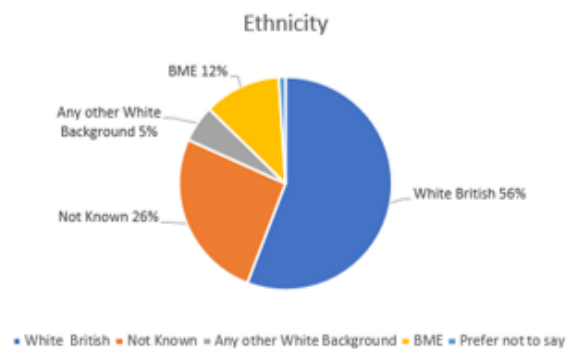
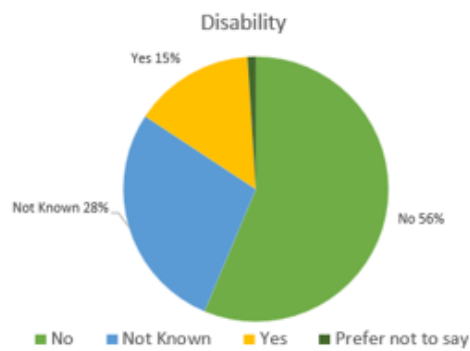
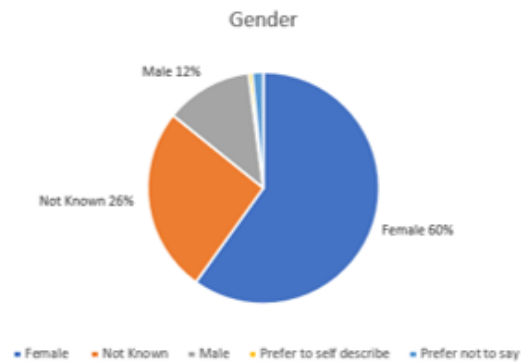
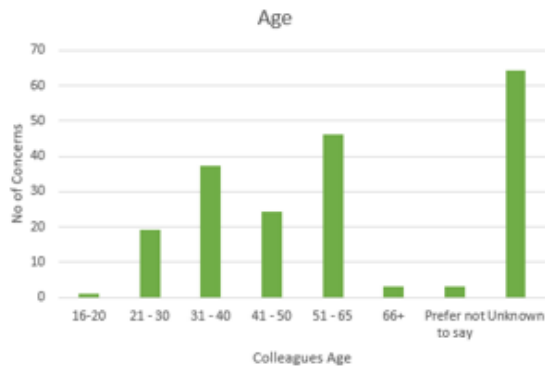
Table 3 Professional / Worker Group of colleagues speaking up:

Professional / Worker Group	Q1	Q2	Totals
Additional clinical services	11	21	32
Additional professional scientific & technical	3	4	7
Admin and clerical	9	13	22
AHP's	5	25	30
Estates and ancillary	6	6	12
Healthcare scientists	1	2	3
Medical and dental	6	3	9
Nursing and midwifery - registered	32	38	70
Students	1	0	1
Other	0	0	0
Not Known	6	5	11
Totals	80	117	197

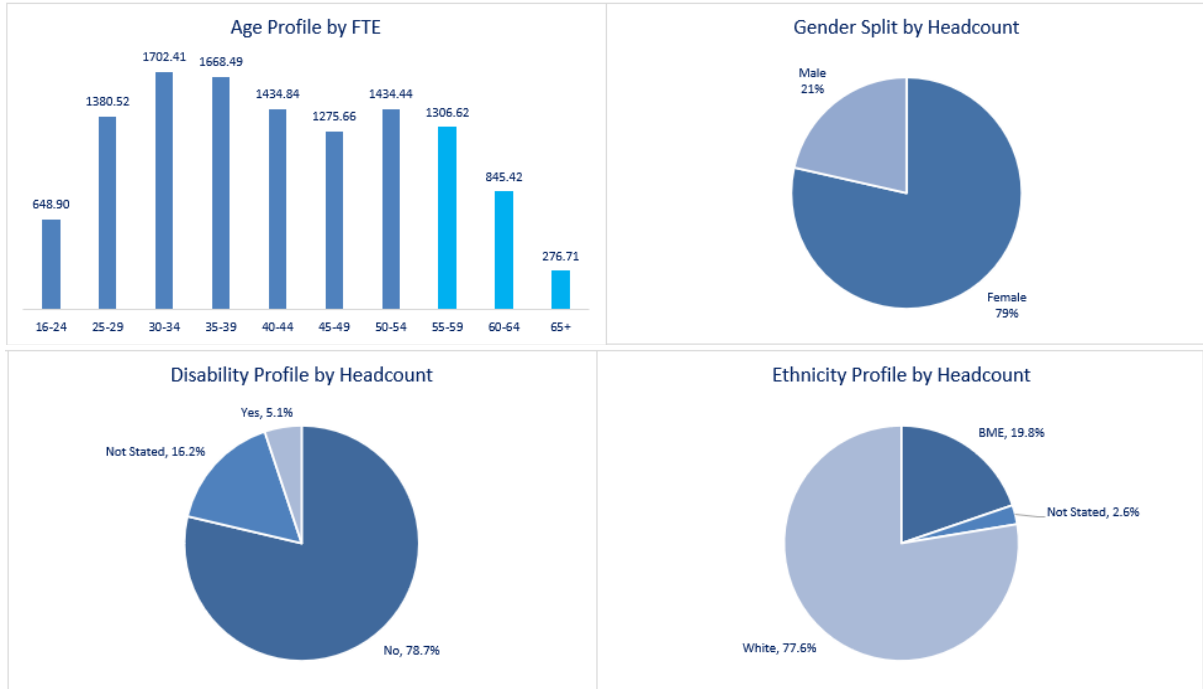
Number of concerns by service group:



5.6 Demographic information of colleagues who raised concerns in Q1 and Q2 is as follows: NB due to the reporting period ending on 30.09.24 and this report being submitted on 04.10.24 there are gaps in the data resulting in 'not known' categories being misrepresented. Future data review and analysis will see this category reduce as data collection continues over the year.

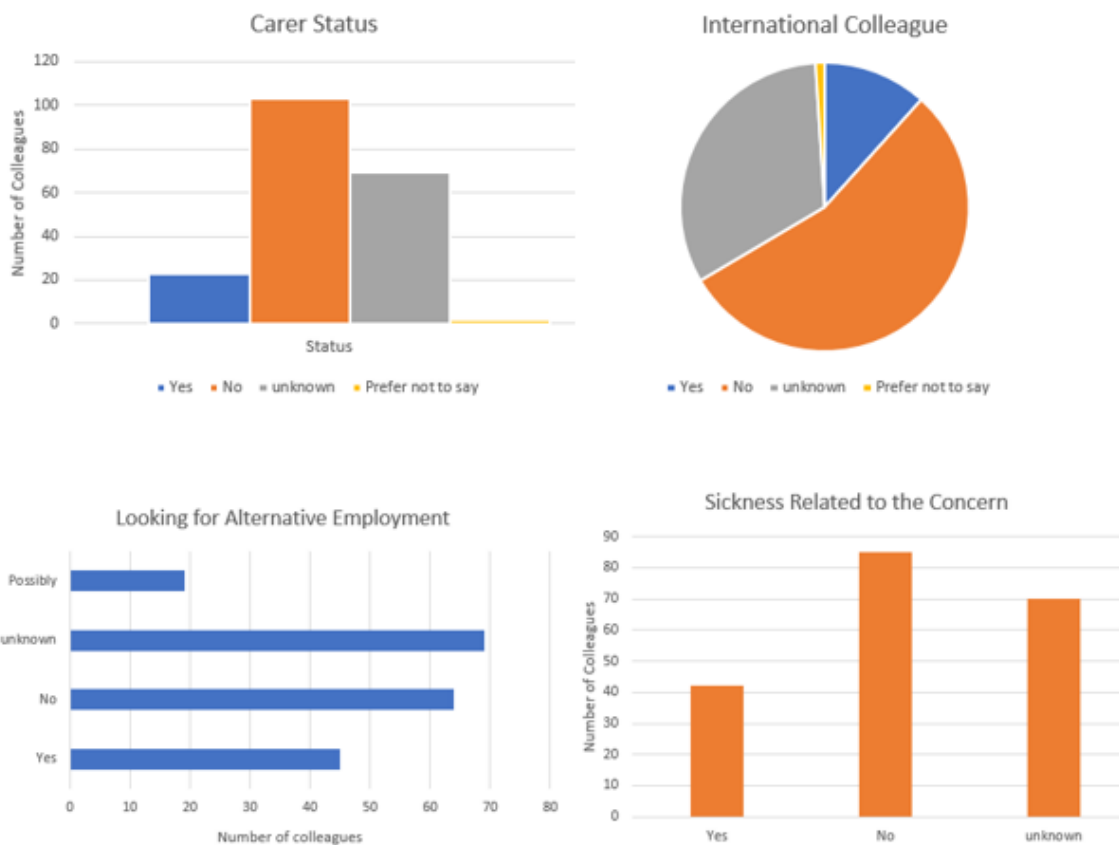


5.7 As a comparator, the SFT demographic information from the workforce statistics is as follows:



5.8 Data collection will alter going to forward to align the 'age' categories with the workforce data.

5.9 Additional demographic data collection commenced from Q1 2024/25 as shown below:



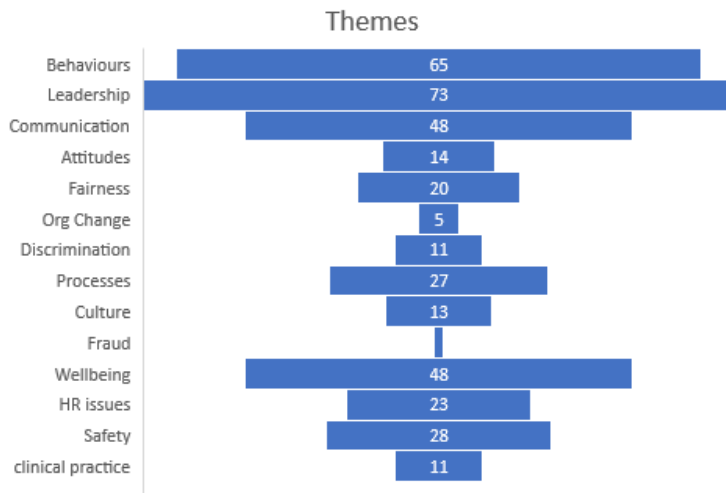
5.10 Some examples of speaking up during this period include:

- Colleagues who felt that unfair recruitment processes had been followed. Following discussions with the recruitment team and recruiting manager, lessons were learned and there is to be development of a Trustwide SOP.
- Colleagues who were experiencing unprofessional behaviours from their line manager. Due to the nature of the behaviours and severity this ended up in a formal investigation. The colleagues came to FTSU as their attempts to raise concerns within the directorate were futile.
- A colleague who was struggling to return to work due to lack of understanding and support from their line manager. With FTSU intervention the colleague made a successful return to their post.
- A colleague felt their personal safety was at risk due to their professional involvement with a mental health patient and family. The colleague did not feel safe in and out of work and did not feel like this was being taken seriously. With FTSU support the concerns were heard and the Trust put in safety measures and clear communication to provide assurances.
- Colleagues felt that a national model being implemented was not safe and placed unrealistic expectations on colleagues. With FTSU involved, by promoting the colleagues voice, this triggered a listening event

countywide with clearer communication shared to why the change was being implemented.

- An international colleague felt a request for personal data was based on name due to the lack of explanation regarding the requirement of the data. FTSU supported the colleague to share their experience and the impact to the manager.

5.11 Themes from Q1 and Q1 are as follows:



5.12 In line with service monitoring and standards, an audit of response times from point of first contact has been undertaken. The target is to respond to all concerns within 3 working days.

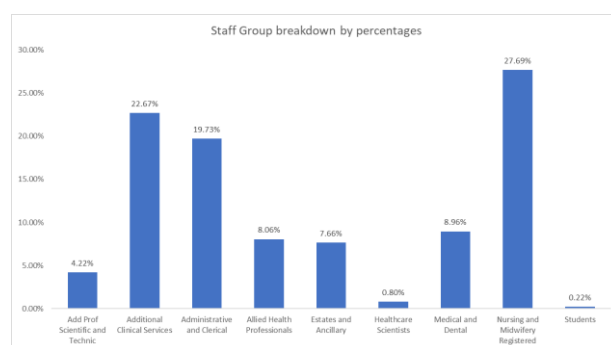
Quarter	Working Days taken to respond				
	0	1	2	3	3+
1 (80 concerns)	80 (100%)	-	-	-	-
2 (117 concerns)	115 (98%)	-	2 (2%)	-	-

6. ANALYSIS OF THE DATA

6.1 Local Data for Q1 and Q2 has shown:

- 37% increase in total reported cases from Q1-Q2 (2023-24) and a 3% increase in total reported cases from Q3 – Q4 (2023-24)
- 18% of cases raised this period contained an element of patient safety / quality compared to a total of 10% in Q3 - Q4 (2023-24)
- 11% of cases raised this period contained an element of bullying and harassment compared to a total of 8% in Q3 – Q4 (2023-24)

- 19% of cases raised in this period contained an element of inappropriate attitudes and behaviours compared to a total of 28% in Q3 – Q4 (2023-24).
- Combining concerns with an element of bullying and harassment with those containing an element of inappropriate attitudes and behaviours gives a total of 30% in this reporting period.
- 33% of concerns contained an element of worker safety or wellbeing compared to a total of 24% Q3-Q4 (2023-24).
- 1% of concerns raised contained an element of sexual safety
- 13% of cases were raised anonymously compared to a total of 17% in Q3 – Q4 (2023-24).
- Disadvantageous and / or demeaning treatment as a result of speaking up remains static at less than 1%.
- 36% of concerns raised came from Nursing and Midwifery colleagues, 16% from Additional Clinical Services, 15% from Allied Health Professionals and 11% from Admin and Clerical colleagues. 5% of concerns this period were raised by colleagues of unknown professional group. The staff group breakdown as of May 2024 for comparison is outlined here and this suggests that reporting is in line with the workforce distribution
- Behaviours and (poor) leadership were the most common themes
- Over 95% of those who gave feedback said they would speak up again.



7. TRAINING

- 7.1 'Speak Up' training has been mandated across the organisation for all colleagues since August 2021. Compliance up to end of Q1 2024/25 is as follows:

Service Group	Number to be Trained	Certified	Expiring	Percentage Trained Q1 Apr-Jun 2024	Percentage Trained Q4 Jan-Mar 2024	Increased/Decreased from last report	Expired/ Training Required
Corporate Support Services	1583	1296	244	97.3%	97.2%	0.1%	43
Neighbourhood Services	2061	1722	280	97.1%	96.7%	0.4%	59
Mental Health and Learning Disabilities	1239	1013	189	97.0%	96.7%	0.3%	37
Simply Serve	302	293		97.0%	95.3%	1.7%	9
Clinical Support and Cancer Services	1430	1191	191	96.6%	96.2%	0.4%	48
CYP & Families Services	1332	1126	160	96.5%	96.2%	0.3%	46
Operational Management	200	174	16	95.0%	92.9%	2.1%	10
Surgical Services	2624	2195	299	95.0%	94.0%	1.0%	130
Medical Services	2116	1806	188	94.2%	93.1%	1.1%	122
Freedom to Speak Up for Quarter 1 April - June 2024 by Service Group (Excludes Bank and New Starters)	12887	10816	1567	96.1%	95.4%	0.7%	504
Freedom to Speak Up for Quarter 1 April - June 2024 by Service Group BANK STAFF (Excludes New Starters) ONLY	2213	1217	152	61.9%	59.2%	2.7%	844
Freedom to Speak Up for Quarter 1 April - June 2024 by Service Group ALL STAFF (Substantive, Bank and New Starters)	15580	12385	1733	90.6%	89.6%	1.0%	1462

7.2 Compliance rates for substantive colleagues is excellent at 96.1%. Apparent compliance rates for bank colleagues is significantly lower at 61.9% but this is in part due to incorrect mapping and the data cleanse with payroll is an ongoing process to address this.

7.3 The 'Follow Up' module for colleagues at band 8a and above was launched in May 2023 and compliance for former SFT colleagues as of end of Q1 2024/25 is as follows:

Service Group	Number to be Trained	Certified	Percentage Trained Q1 Apr-Jun 2024	Percentage Trained Q4 Jan-Mar 2024	Increased/Decreased from last report	Expired/ Training Required
Neighbourhood Services	84	72	85.7%	87.7%	-2.0%	12
Corporate Support Services	190	157	82.6%	80.1%	2.5%	33
Clinical Support and Cancer Services	165	131	79.4%	78.3%	1.1%	34
CYP & Families Services	118	91	77.1%	77.4%	-0.3%	27
Operational Management	13	10	76.9%	53.3%	23.6%	3
Surgical Services	197	146	74.1%	68.2%	5.9%	51
Medical Services	97	71	73.2%	71.0%	2.2%	26
Mental Health and Learning Disabilities	106	76	71.7%	66.3%	5.4%	30
Freedom to Speak Up Follow Up Module for for Quarter 1 April - June 2024 by Service Group (Excludes Bank and New Starters)	970	754	77.7%	74.8%	2.9%	216
Freedom to Speak Up for Follow Up Module for Quarter 1 April - June 2024 by Service Group BANK STAFF ONLY (Excluded New Starters)	52	8	15.4%	12.3%	3.1%	44
Freedom to Speak Up Follow Up Module for Quarter 1 April - June 2024 by Service Group ALL STAFF (Substantive, Bank and New Starters)	1048	779	74.3%	70.9%	3.4%	269

7.4 Due to compliance rates falling below the expected levels further communication has been sent out via the service groups with the aim of increasing the percentage certified.

7.5 As of 23.07.24, the 'Follow up' module has been mandated for former Yeovil District Hospital colleagues and compliance will be detailed in future reports.

8. FEEDBACK

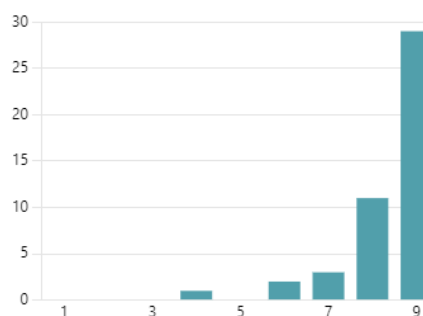
8.1 Colleague satisfaction with the FTSU service from the start of Q1 2024/25 is currently 8.39 out of 9. (This is a slight decrease from 8.46 reported previously):

10. How satisfied are you with the Freedom To Speak Up Process? (1 = totally disagree to 9 = totally agree)

[More Details](#)

 Insights

8.39
Average Rating



- 8.2 Colleagues who have left a score of 6 and below are those who have been happy with the outcome. This is despite the Guardians best efforts to get them to identify the outcome they were looking for was unrealistic. Some examples of this include a colleague wanting an individual dismissed for alleged bullying and a colleague wanting a banding uplift for a job role they had 'created' by working outside of their job description.
- 8.3 The service collates feedback from service users and some of the feedback received is detailed below:
- I gained support regarding a number of concerns. Ultimately very senior people now have a spotlight on my department and the failings which have been happening.
 - I was able to access information and support, I don't think I would have got without contacting the freedom to speak up service.
 - Although I wasn't sure if I could take my issue to FTSU, the advisor was really helpful and gave me some good advice. I also feel additionally supported in that I have somewhere to turn if I don't get the answers I need from HR.
 - Having someone to talk through the issues without judgement is invaluable and they are able to approach individuals on your behalf which could not be achieved in any other way.
 - They were so approachable, warm and receptive to me reaching out. Prepared to listen and try and help even before I had shared my experience.
 - Speedy reply and helped me really think about how the situation could be addressed and ideas on how to solve the problem.
 - Good listening skills, made me feel like my concern was taken seriously, I felt like appropriate action would be taken.
 - Very helpful, enabling me to have the confidence to speak up, as I felt more prepared.

- (The Guardian) was a lovely, she made me feel safe and that what I had said matters.
- I felt it was a pointless exercise.
- (The Guardian) made me feel heard, and was patient and kind. She offered different options for helping, and ongoing support too.
- I am so grateful for your support as I wasn't getting the support I needed from HR, and without your intervention, I don't think I would have got the same outcome.
- My FTSUG was amazing, responsive, helpful, she was my sanity.
- Felt I was dealt with sensitively and confidentially. I received great advice and support.

8.3 Since the start of Q1 2024/25, the service has been collecting feedback from leaders who have been involved in resolving a concern. Comments include: (FTSU response is outlined in green):

- Really open conversation, very approachable. Supportive challenging. Friendly and helpful. Timely and responsive.
- Excellent communication
- Approachable, flexible, great feedback and support, very honest and focused
- Very professional but (the guardian) was not able to shut down the concern raised without taking to meeting between myself and the individual raising the concern. This was a little disappointing as a full explanation and apology had already been issued. I am sure (the guardian) will also be a little disappointed that this went as far as it did. *White British colleague appeared to not understand the impact poor communication has on the International colleagues especially when the colleague wanted the opportunity to explain.*
- Helpful and pragmatic in response to the query
- Friendly, helpful, supportive and understanding.
- I felt you were there to support both parties and supported the facilitation of a very helpful meeting enabling our colleague to express everything that she needed
- (The guardian) has been extremely helpful, making herself available at any opportunity to support both the leadership team & colleagues.

- Although FTSU was initiated by a member of staff, as the manager I felt I was also listened to and able to provide a correct accurate overview of events which were raised.

8.4 Service improvement suggestions from colleagues include (FTSU response is outlined in green):

- The advisor mentioned it is only a small team - feels like it should be a bigger team.
- Maybe a business card that I could have kept in my purse reminding me of the service but also prompts with things to remember when trying to speak out. **This has been actioned.**
- Maybe give a talk to different departments to raise awareness. This could be on teams as well as face to face. **This is an open offering to all teams.**
- Sometimes it can feel daunting contacting the service as you are not truly anonymous. Depending on the situation this could feel off putting raising certain concerns, though I understand the need for accountability all round and ensuring that baseless claims are not made. **Linked with communications team to ensure an article is run in Staff News advising on the routes to speaking up and anonymity vs confidentiality.**
- More support and powers to the freedom to speak up team.
- I think ease of finding the intranet page and access to the details could be more 'front page'. **The FTSU icon on the front page has been amended to align with National branding.**
- Clone (the guardian) - she is amazing, I can't believe that there are only 2 guardians for the whole of the Trust. The support I have received has really made a difference and maybe there is more need for guardians than we would like there to be, but I think if everyone could access FTSU before issues escalate it would really help to improve morale and teamworking - also kindness maybe?
- Would be nice to get monthly updates to staff (apologies if this already happens!) and feedback on some cases that you have helped with to help staff feel confident to talk to your service. **A 'you said, we did' style article will be run during Speak Up Month.**

9. NHS STAFF SURVEY RESULTS

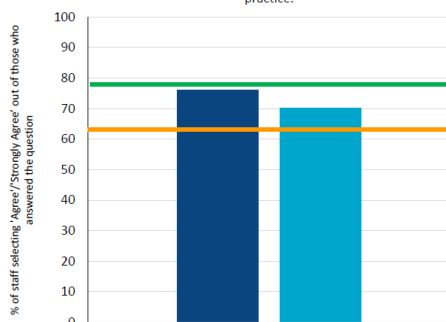
- 9.1 The 2023 staff survey results indicate that 76% of colleagues in SFT feel secure raising concerns about unsafe clinical practice and almost 70% feel secure in speaking up about anything that concerns them within the organisation. Although both of these scores are above the average result, we

should not be complacent as a significant number of colleagues (24% and 30% respectively), feel unsafe in this space.

People Promise elements and theme results – We each have a voice that counts: Raising concerns

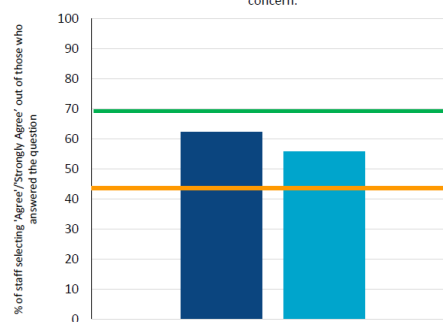


Q20a I would feel secure raising concerns about unsafe clinical practice.



	2023
Your org	76.12%
Best result	77.96%
Average result	70.24%
Worst result	63.19%
Responses	6806

Q20b I am confident that my organisation would address my concern.



	2023
Your org	62.22%
Best result	69.29%
Average result	55.90%
Worst result	43.62%
Responses	6792

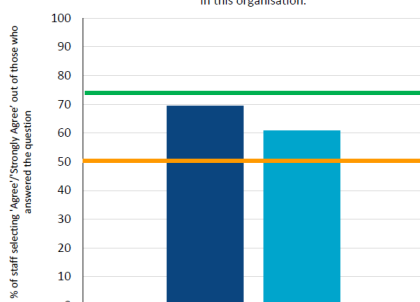
Somerset NHS Foundation Trust Benchmark report

52

People Promise elements and theme results – We each have a voice that counts: Raising concerns

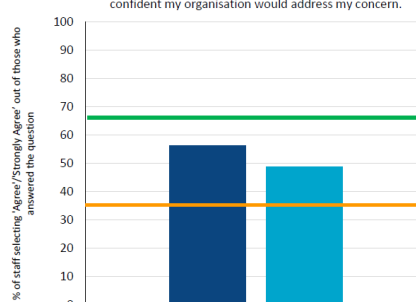


Q25e I feel safe to speak up about anything that concerns me in this organisation.



	2023
Your org	69.49%
Best result	73.98%
Average result	60.89%
Worst result	50.32%
Responses	6797

Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2023
Your org	56.32%
Best result	66.13%
Average result	48.65%
Worst result	35.26%
Responses	6785

Somerset NHS Foundation Trust Benchmark report

53

9.2 Colleagues confidence that the concern would be addressed is 62% for concerns relate to unsafe clinical practice and 56% for any other concern. Again, SFT results are above average in this space, but it is certainly an area for focus and improvement.

10. SUMMARY OF LEARNING FROM SPEAKING UP

10.1 The majority of the concerns raised have resulted in some learning either on an individual, local or Trust level. A summary of this learning is described below:

- Policies and processes are not always clear for colleagues or leaders and 'managers discretion' is open to interpretation and needs to be applied fairly

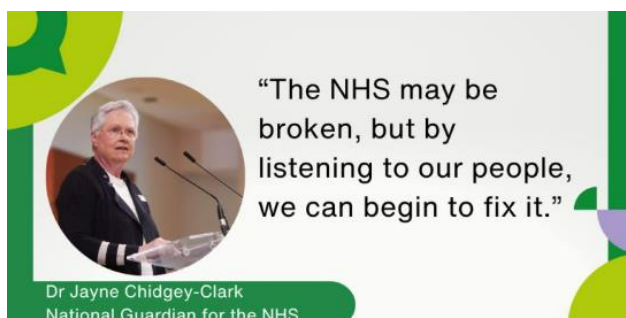
- Clear and timely communication is vital
- Leadership styles vary and this can cause confusion when there is a change
- Some colleagues need to have their expectations managed earlier and at a local level
- Some leaders need to ensure that they have listened to what the colleague has said – hearing is a sense and listening is a skill
- Timely feedback to ‘close the loop’ is essential
- Not all colleagues understand corporate terminology that is used widely across the organisation and this can lead to confusion
- Empowerment is fundamental
- Some colleagues still remain fearful of potential consequences to speaking up
- Leaders need to be confident to have the difficult conversations early to ‘nip things in the bud’
- Leaders should avoid using the square peg in a round hole approach for colleagues
- Leaders need to upskill or be up-to-date with HR processes and policies

11. RECOMMENDATION

11.1 The Board is asked to:

- Discuss for assurance trends and themes and approve this report
- Note the feedback that has been given from colleagues

Caroline Sealey, Lead FTSU Guardian



Somerset NHS Foundation Trust	
REPORT TO:	Board of Directors
REPORT TITLE:	Wellbeing Guardian Report
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 (Wellbeing Guardian)
DATE:	5 November 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

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 note the ongoing work, understand the challenges and risks, and support the future work.</p>

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 checked="" type="checkbox"/> Obj 7	Live within our means and use our resources wisely
<input checked="" type="checkbox"/> Obj 8	Delivering the vision of the Trust by transforming our services through research, innovation and digital technologies

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

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.

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.

Colleagues have been involved through the use of the wellbeing services and by providing feedback.

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 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?

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

WELLBEING GUARDIAN REPORT

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 risks. Several key strategies set the context.

1.2 On 8 October 2024 a full wellbeing presentation along with a paper, was presented to the People Committee with a specific emphasis on compliance with the CQC quality statements relevant to wellbeing. The outcome from the committee was that it had received assurance against the statements.

- The CQC Quality Statement relevant to wellbeing is detailed in the Caring Domain, Workforce, Wellbeing and Enablement, and the quality statement is:

We care about and promote the wellbeing of our staff, and we support and enable them to always deliver person centred care.

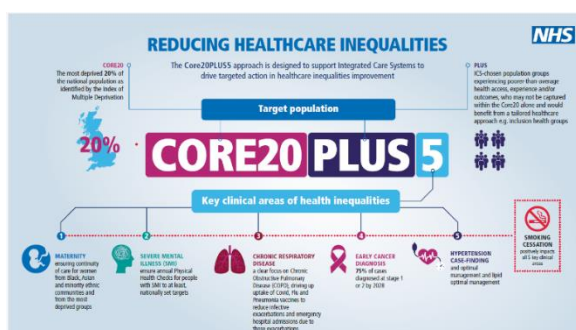
The statement means:

- People receive safe, effective and person-centred care as the provide recognises and meets the wellbeing needs of staff. These include the necessary resource and facilities for safe working, such as regular breaks and rest areas.
- People benefit from staff who have regular opportunities to provide feedback, raise concerns and suggest ways to improve the service or staff experiences. If necessary, leaders provide a timely and considered response.
- People's experience of a service is driven by a culture that normalises good wellbeing through inclusivity, active listening, and open conversations. This enables staff to do their job well and to be well.
- Staff are supported if they are struggling at work. This has a positive impact on the care they deliver to people.
- Staff have easy access to personalised support that recognises the diversity of a workforce with proactive and reactive measures.
- People are supported by staff who feel valued by their leaders and colleagues. They have a sense of belonging and the ability to contribute to decision-making.

2. BACKGROUND

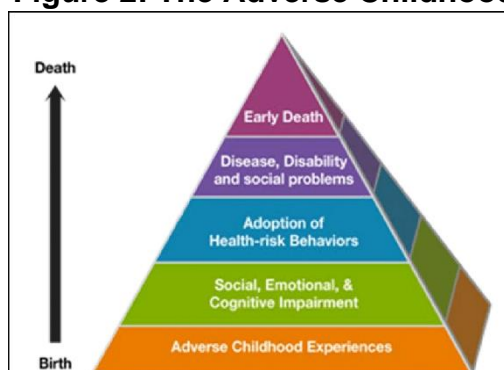
- 2.1 Since 2020, the Colleague Support Service has provided for the psychological support needs of our colleagues and initially the wider Somerset health system. Through comprehensive monitoring of initiatives between April 2022-24, the service has contributed towards an estimated £1.7 million cost avoidance through reduced sickness absence.
- 2.2 The NHS health and wellbeing framework (2021) identifies important factors for maintaining functional ability throughout the life course. The Health & Wellbeing Framework Diagnostic Tool identified significant progress in areas including supporting mental health, bereavement support, financial wellbeing and providing access to physiotherapy provision for colleagues. Gaps or low-level progress were identified for physical health.
- 2.3 The NHS Long Term Plan (2019) sets out the ambition to improve prevention of avoidable illness and its exacerbations.
- 2.4 The Core20PLUS5 is a national NHS England and NHS Improvement approach, designed to reduce healthcare inequalities (See Figure 1) and can be applied to our workforce population.

Figure 1: The Core20PLUS5 Infographic



- 2.5 Enhancing the physical wellbeing offer will create an equitable wellbeing offer recognising the interaction of physical and psychological wellbeing, born out in the role of health inequalities and social determinants of health. This is in line with trauma informed approaches (Figure 2).

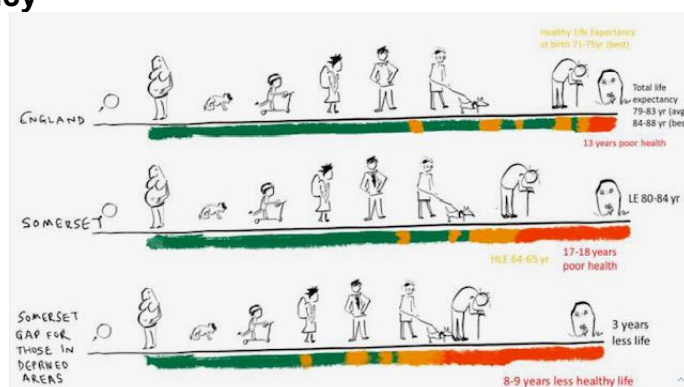
Figure 2: The Adverse Childhood Events link to health inequalities



3. LOCAL DATA

- 3.1 Our workplace population is nearly 16,000 colleagues. The health inequalities data, the impact of potential long-term health conditions, and the wider social determinant of health are shown in **Figure 3**. People living in the most deprived wards of Somerset will experience a lower life expectancy of up to three years and a lower healthy life expectancy of between 8-9 years. Work to correlate some of the wider determinants has begun, using workforce data to gain a greater understanding of health inequalities of our colleagues living in Somerset.

Figure 3: Inequalities in health life expectancy vs healthy life expectancy



- 3.2 **The Health and Wellbeing Framework** identifies the need for a healthy working environment. Data sources indicate a lack of a space for breaks away from service areas and/or access to safe spaces during times of high pressure. Options vary depending on locations. Feedback from multiple sources, e.g. Wellbeing Champion forum and surveys show this is a regular issue e.g. “Staff have a problem every Wednesday not being able to use the staff rest room for their lunch due to doctors’ meetings”.

4. UPDATES

- 4.1 The reorganisation of the Wellbeing and Colleague Support services has provided an opportunity to shape a more equitable wellbeing offer recognising the interaction of physical and psychological wellbeing.
- 4.2 The Wellbeing Action Group (WAG) sets its purpose as implementing actions that are impactful, sustainable and infuse wellbeing across the Trust. A key objective 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. More than 20 Projects designed to enhance colleague wellbeing, across five Service Groups and Corporate Services, have been reported via WAG to date.
- 4.3 The People Services 5-year strategy: Year 2 deliverable for *Caring for our People - stress and burnout, health & safety climate* has identified several

projects which may support service groups to address ongoing challenges in their settings. For example, the IHI Joy at Work Framework as a tool to increase the understanding of difficulties presenting in the everyday context of health care delivery, and to empower and enable colleagues to identify solutions, and remove obstacles in the system where possible.

- 4.4 Musculo Skeletal issues are often one of the top reasons for absence within the Trust. The Physio4U service enables colleagues to self-refer as part of the wellbeing offer. Referrals are exceeding the SLA that is in place. We are working to establish 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.
- 4.5 Colleague Support Service became trust funded in March 24. The tiered intervention service includes a range of universal, primary prevention, rapid response and complex support interventions at individual, team and organisational levels. Appendix 1 shows activity and impact data. Referral rates are continuing to rise at Level 5 (specialist intervention) and the service are reviewing internal resource allocation to build a more sustainable model to meet future demand. Service criteria has been reviewed to minimise duplication, to prioritise cases of highest need/ impact to the organisation and to ensure appropriate risk management.
- 4.6 CSS has developed a training package for Post Incident Reflective Conversations (PIRC) to encourage consistency and best practice across the trust which will be rolled out in November 2024.
- 4.7 There remains a demand for multipurpose spaces across the Trust, not just limited to the two acute sites. There is a risk that CSS and other support functions (PNA, Legacy Mentors, HRA, FSUG, Managers etc) cannot find appropriate spaces to hold face to face 1:1's which impacts on service delivery. This should be factored into any new builds and identified in community settings.
- 4.8 A new Occupational Health provider has been appointed and work to transition the service across is well underway. People Asset Management (PAM) will begin in role on 1st January 2025.
- 4.9 Success in the running of a CBT for Menopause group run by trust Talking Therapies Service, has led to a regular group running which colleagues can access. The low-level intervention means that colleagues can join without the need for prior assessment, enabling greater accessibility. Our demographic data highlights a fifth of the female workforce in the relevant age groups to experience perimenopause/menopause. The impact, although not known yet, is expected to provide colleagues with useful coping strategies that will help in workplace situations.

5. CHALLENGES

- The productive care model is a potential challenge in terms of the focus being on productivity and finances, potentially drawing attention away from considering the wellbeing of colleagues as part of the approach.
- We need to identify our legal responsibilities as employers and consider the charters we have committed to (e.g. Mindful Employer) to ensure minimum standards are maintained in relation to employment law, Occupational Health etc. alongside using local data to apply finite trust resources to maximum effect.
- High demand on services such as P4U and the Colleague Support Service. Specialist colleagues are required to provide the more complex Level 5 interventions. A review of resourcing is underway. Data shows no sign of referrals slowing and capacity has been breached with waiting lists for both services.
- 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.
- 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 it may affect colleagues with protected characteristics more than other groups (e.g. colleagues with LTC's, Neurodivergent colleagues, nursing mothers).
- 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.
- Enabling already stretched operational teams to make use of wellbeing conversations, respectful resolution and leadership development offers.

6. RISKS

- Mismatched demand and 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.

- Physio4U service is not funded at the level that is needed to fully integrate YDH colleagues, 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.
- Increased cost of the Occupational Health Service for the year 2024.

7. FUTURE WORK

- Create an equitable holistic wellbeing offer, recognising the interaction of physical and psychological wellbeing.
- To further understand the impact of the work around Stress and MSK and the impact of this on absence for the Trust.
- Continue to evaluate and review all data related to Wellbeing initiatives and continue to review and discuss at WAG. For example, creative break taking, Me@SFT.
- Review the HWB framework diagnostic tool to assess what progress has been made since the baseline.
- Follow the implementation and transition process for the new Occupational Health contract and complete by 31 December 24.

Graham Hughes, Wellbeing Guardian Lead