



Somerset  
NHS Foundation Trust

# **Somerset NHS Foundation Trust**

# **Quality Report 2024/25**

- incorporating the Quality Account

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A report on the quality of the care we offer  
and how we are seeking to improve



# Somerset NHS Foundation Trust



# Quality Report 2024/25 – including the Quality Account

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## **PART ONE: STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE**

Welcome to the Quality Account for Somerset NHS Foundation Trust for 2024/25.

Our mission is to improve the health and wellbeing of everyone in Somerset and to deliver outstanding integrated care by supporting our colleagues and nurturing an inclusive culture of kindness, respect and teamwork. Our vision is – thriving colleagues, integrated care, healthier people.

Our Quality Account provides an overview of the quality of the services we provide by looking at patient safety, the effectiveness of the treatments and care patients receive, and feedback from our patients. We understand that quality is measured in conjunction with patient and colleague experience and therefore, in our trust committees, we look in detail at all of these areas, and triangulate data, to understand both the quality and performance of our services and spot where we need to take action as quickly as possible.

It is important to recognise the unique and broad range of services that our trust provides. These are acute services from two acute hospitals, community-based services, 13 community hospitals, mental health and learning disability services across Somerset and approximately a quarter of GP services via our wholly owned subsidiary Symphony Healthcare Services. We merged our legacy trusts in order to provide this broad range of services in part because it gives us an opportunity to integrate care where appropriate. It also puts us in a unique position to realise the “shift” from acute to community that we expect to see in the Government’s upcoming NHS 10 Year Plan.

Our clinical care and support strategic objectives during 2024/25 were shared with partners in Somerset. They are to:

- Improve the health and wellbeing of the population
- Provide the best care and support to people
- Strengthen care and support in local communities
- Reduce inequalities
- Respond well to complex needs.

This strategic intent informs the development of our services.

This report provides information about our performance against national and local quality indicators and our work to improve both services and practice now and in the future.

We take part and learn from a full audit programme. During 2024/25, we participated in 61/67 (91%) of those national clinical audits and 7/7 (100%) of the national confidential enquiries we were eligible to participate in. Twenty-seven of these audits identified actions for us to take to improve the quality of care we provide. One example of this is the “National Audit of Dementia: spotlight audit in Memory Assessment Services” which aimed to provide a spotlight on the performance of Memory

Assessment Services across England and Wales, focusing on waiting times, physical health assessments, neuroimaging and cognitive stimulation therapy. Our actions from this audit included implementation of a single point of access triage template on the electronic patient record; review of existing post diagnostic template; and undertaking a review to ensure and improve consistency of patient referrals.

Clinical research continues to be a high national priority and a hugely important part of the life sciences industry and the UK economy, and we are a research-active trust. This report includes examples of innovations from research, commercial collaborations that our trust is involved in, and academic grants that we have received.

Our commercial collaboration with Dr Tim Jobson, consultant gastroenterologist, is delivering significant benefits for patients. Dr Jobson has continued to develop his project to improve early identification of patients with declining liver health. In 2019/20, the trust was awarded a National Institute for Health and Care Research (NIHR) invention for innovation grant of approximately £1.5m to undertake the project, which is a collaboration between the trust and commercial partners. The project has developed case finding software that has successfully identified patients who have developed undiagnosed liver disease, allowing them to be offered the chance to commence treatment at an earlier stage than before. This development improves healthcare, prevents future ill health, and it is fantastic news that it has been confirmed that it will be rolled out across the South West England.

Our Chief Nurse Research Fellowship programme, launched in November 2022, goes from strength to strength. The annual scheme, funded by the NIHR, offers band 5 and 6 nurses, midwives, and allied health professionals, protected time to undertake clinical academic career development, to gain an understanding and experience of clinical research delivery and how to embed this into their daily practice, and the opportunity to develop a service-based quality improvement or audit project as a basis for future research. It is a very valuable way of embedding research and delivering tangible improvements for patients.

In addition to approaches that benchmark our performance against others or improve our knowledge and understanding via research or improvement methodology, we also gain a good understanding of the quality of the services we provide from external assessments by the regulator, the Care Quality Commission (CQC). It is essential that we act quickly when the CQC alerts us to concerns about the quality of a services we provide.

In May 2024, the CQC published reports into our maternity services at Musgrove Park Hospital (MPH), Yeovil District Hospital (YDH) and the Mary Stanley wing at Bridgwater Community Hospital (BCH) following an inspection in November 2023. The CQC rated our maternity services at MPH and YDH as inadequate overall, and the service at BCH was rated as requires improvement overall.

These reports clearly illustrated that we had fallen short of the standards we expected to be delivering, and we apologised to the families who use those services and our hard-working colleagues working within them. We have used the CQC's feedback to improve and undertook an intensive programme of improvement. In May 2025, we had completed 92% of actions outlined in the CQC's report.

At the time of writing, we are expecting the publication of CQC reports into our paediatric services at YDH and MPH. The CQC inspected our paediatric services in January 2025 and issued a Section 29A warning notice because it assessed that the paediatric care we provide at YDH requires significant improvement. As we worked to address concerns about the quality of the service, it became increasingly fragile due to high levels of sickness amongst senior paediatricians at YDH. We therefore made the very difficult decision to temporarily close the Special Care Baby Unit (SCBU) at YDH which subsequently meant we are also unable to safely provide care during labour and birth at the Yeovil Maternity Unit for an initial period of six months.

We understand how concerning this is for those using our services, for our colleagues, for the public and for our partners. We are supporting those using our services and our colleagues working in them as we work through the steps and criteria that need to be in place to reopen those services safely. In addition, we need to ensure that we are able to safely support deliveries at the Yeovil maternity unit through the safe provision of a special care baby unit.

Our aim is to reopen after six months, but we recognise that this will be challenging, and we must ensure that we can do so safely. To achieve this, we're putting in place some specific criteria, such as ensuring we have senior paediatricians (consultants) available at the busiest times of the day and evening, as well as ensuring that we are able to operate a paediatric assessment unit on site.

We will undertake a formal review after three and six months and continue to update colleagues, service users, the public and our partners on our progress. In the meantime, we've worked hard to make changes to our maternity and neonatal services at Musgrove Park Hospital to support us with extra space, including triage, an additional 10 maternity beds, and a dedicated Transitional Care area to support women and birthing people to stay with their babies if they require special care.

We're also working closely with all neighbouring trusts to ensure that we can collectively support decisions for place of care and are monitoring closely any impact on capacity this may bring.

We have also taken this the feedback and learning from the inspections and our own reviews to inform changes we are making in our approach to our governance of quality and safety, which we describe in more detail in this report.

Finally, I would like to thank every colleague who works in the trust's services, our patients and their families and carers, our governors, volunteers, partners and members of the public for their support and their challenge. As a public service it is important that we are accountable and that we work to make improvements, and respond promptly to concerns, with you.

Signed



**PETER LEWIS**  
Chief Executive

## **ABOUT US**

### **History of Somerset NHS Foundation Trust and its statutory background**

In April 2020, Somerset Partnership NHS Foundation Trust (SPFT) and Taunton and Somerset NHS Foundation Trust (TST) merged to create the legacy Somerset NHS Foundation Trust, which was the first Trust in mainland England to provide integrated community, mental health, and acute hospital services. Subsequently, on 1 April 2023, the current Somerset NHS Foundation Trust was formed when legacy Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust (YDHFT) merged.

The merger between the legacy Somerset NHS Foundation Trust and YDHFT was in response to the recognition that no individual organisation in Somerset had what it would take to respond alone to the challenges of providing high quality integrated and sustainable healthcare to our local population. The merger brought together the skills, knowledge and resources in health together with those of colleagues in social care, education, housing and the voluntary sector to tackle health inequalities and to enable our communities to thrive.

The merger combined all of Somerset's NHS acute, community, mental health and learning disability services, and around a fifth of primary care into a single NHS Foundation Trust. Our plans were developed closely with our Somerset system partners. The merged Trust is in a unique position to provide genuinely integrated mental and physical health care, spanning whole patient pathways.

### **Purpose and activities of the Trust**

Somerset NHS Foundation Trust provides a wide range of services for the whole of Somerset, as well as parts of North and West Dorset. We work with health and social care partners in Somerset to ensure that we deliver high quality services that meet the needs of our population. The Trust's general services are commissioned by the NHS Somerset Integrated Care Board while specialist services are currently nationally commissioned.

The Trust provides acute services from Musgrove Park Hospital (MPH) in Taunton, which has around 700 inpatient beds, and Yeovil District Hospital (YDH) in Yeovil, which has around 330 beds. We also operate 13 community hospitals, providing inpatient, outpatient and diagnostic services, six Urgent Treatment Centres and one Minor Injuries Unit.

The Community Dental Service provides dental care to a caseload of over 5,700 patients across Somerset and Dorset. In addition, children with high dental needs attend the service for a single course of treatment which often includes inhalation sedation or general anaesthetic. The service has made good progress in reducing waiting times in Dorset and in both counties for adults and children needing general anaesthetic for their dental treatment.

Somerset NHS Foundation Trust's community services are wide-ranging and include district nursing, stroke rehabilitation services, podiatry, physiotherapy, acute home



treatment for frailty and respiratory care, and diabetic eye screening. These services are provided in a range of settings including community team facilities, GP surgeries, local clinics, and patients' homes.

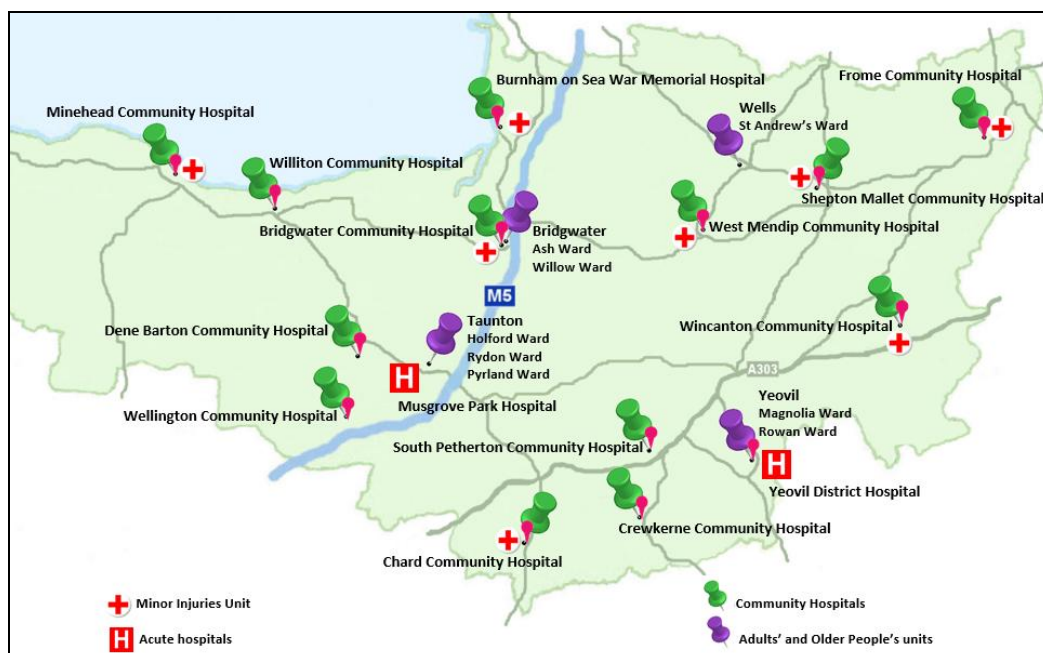
Somerset NHS Foundation Trust provides mental health inpatient services and specialist healthcare for adults with learning disabilities from ten mental health wards across four sites. Its community mental health services include Talking Therapies, Early Intervention in Psychosis, a community eating disorder service, and services for patients with autism and personality disorder. The Trust is also an early implementer of the new model of community mental health services called Open Mental Health.

Somerset NHS Foundation Trust cares for some people from neighbouring counties who live close to the county border, including people from across north Somerset, north and west Dorset, Devon, Bristol, Bath & North East Somerset (BANES), Wiltshire, Swindon, and South Gloucestershire.

We are privileged to work with over 15,000 substantive and bank colleagues who deliver or support our patient services. From therapists to nurses, doctors, researchers, scientists, porters, cleaners, kitchen staff, accountants, those who teach the next generation of clinicians and the receptionists who welcome our patients, the contribution of all of our colleagues is invaluable.

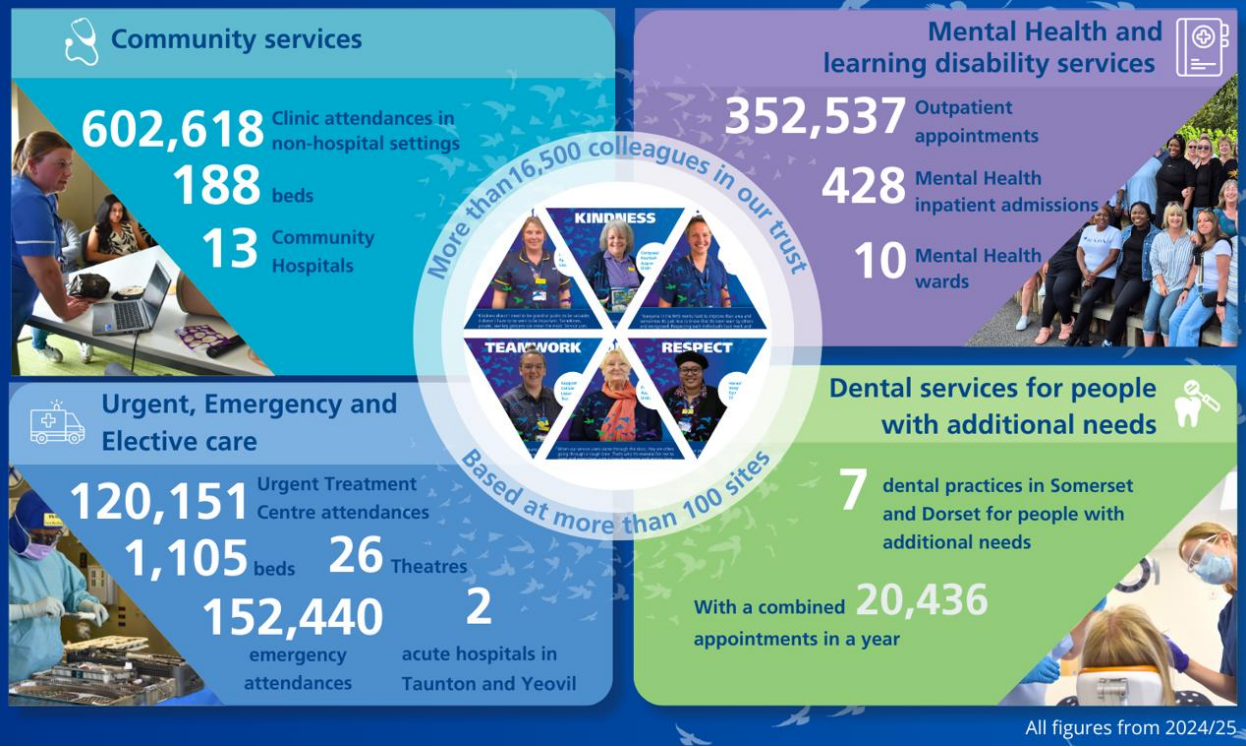
In addition to providing a wide range of patient services, we also contribute to training the next generation of nurses, doctors and therapists and conduct research that will help to advance clinical practice and treatments in the future.

### Map of key Somerset healthcare sites



*Note: St Andrews ward in Wells is now closed - inpatient services previously provided at St Andrews in Wells are now provided at the newly built Rowan ward 2 in Yeovil*

Some key facts about the Trust and our services



## **PART TWO - PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD**

### **UPDATE ON PRIORITIES FOR IMPROVEMENT 2024/25**

Our quality priorities for 2024/25 formed part of our Quality Strategy which we developed after the merger, engaging directly with our operational services, as well as identifying core Trust's corporate objectives and national priorities, to help us deliver the specific priorities within the teams directly caring for patients every day.

We developed our Quality Priorities at both strategic/trustwide levels and service level. We asked our six Service Groups (the business units we use to bring together linked services and pathways) to work with colleagues, service users and others to develop the quality priorities. To do this well, we knew that this needed to be a collaborative approach, focusing on the needs and wishes of the people who use our services, and the people who matter to them.

Some examples of the service-level initiatives are set out in more detail in Part 3. We will cover the strategic/trustwide priorities in this section.

### **QIP 2024/25 - Priority 1 - Personalised Care**

#### **Why is this important?**

Personalised Care according to the NHS England long term plan will benefit people by giving them the same choice and control over their mental and physical health that they have come to expect in every other aspect of their life.

A one-size-fits-all health and care system simply cannot meet the increasing complexity of people's needs and expectations.

Personalised care and support planning is a series of facilitated conversations in which the person, or those who know them well, actively participates to explore the management of their health and wellbeing within the context of their whole life and family situation.

Personalised care and support planning is key for people receiving health and social care services. It is an essential tool to integrate the person's experience of all the services they access so they have one joined-up plan that covers their health and wellbeing needs.

The process recognises the person's skills and strengths, as well as their experiences and the things that matter the most to them. It addresses the things that are not working in the person's life and identifies outcomes or goals and actions to resolve these.

Through ensuring people are active participants and experts in the planning and management of their own health and wellbeing, ensures that the outcomes and

solutions have meaning to that person in the context of their whole life and therefore leading to improved changes of successfully supporting them.

The personalised care and support plan is developed following an initial holistic assessment about the person's health and wellbeing needs. There is no set template for what a personalised care and support plan should look like, but it should reflect the following:

- A way of capturing and recording conversations, decisions and agreed outcomes or goals in a way that makes sense to the person
- Should be proportionate, flexible and coordinated and adaptable to a person's health condition, situation and care and support needs
- Should include a description of the person, what matters to them and all the necessary elements that would make the plan achievable and effective.

In 2023/24, the Trust established a co-produced personalised care improvement group. This is co-chaired by Healthwatch and has three public/patient partners to ensure we are involving the voice of our population.

### **What was achieved during the year?**

In 2024/25, we progressed our quality improvement ambition to deliver more personalised and person-centred care by building on a specific project designed to embed personalised care approaches across the Mendip Neighbourhood. This was informed by a Trust-wide audit that identified gaps in consistent use of personalised care plans, limited workforce training, and a lack of strategic coordination, despite the presence of some excellent local practice. Our goal was to create a more structured, patient-led approach to care planning that reflects individual values, goals, and priorities.

The project focused on two key strands:

- delivering personalised care and conversation skills training across the cross-system workforce, and
- piloting a patient-held 'All About Me' personalised care and support plan.

Training was provided to colleagues from Primary Care Networks (PCNs), Somerset Council, Health Connectors Mendip, and Neighbourhood Teams, fostering collaborative working and supporting the shift away from a purely medical model to a biopsychosocial approach. The 'All About Me' plan was trialled in partnership with Health Connectors and in Falls and Frailty Clinics, helping to create care plans that reflect what matters most to patients in their own words.

Early evidence suggests improved communication, patient engagement, and reduced reliance on unnecessary follow-up appointments. Measurable outcomes include a targeted 5% monthly reduction in both follow-ups and face-to-face appointments, improved patient satisfaction (measured through ONS-4), and reductions in Did Not Attend (DNAs) and complaints. Qualitative feedback and patient stories have

highlighted increased empowerment and better alignment of care with individual needs and preferences.

In 2025/26, the focus will be on evaluating the impact of the initial pilots, continuing the roll-out of personalised conversation training, and expanding the use of the 'All About Me' plan across Mendip and our ambition is to extend this model across all four Neighbourhoods and work with NHS Somerset to integrate patient-held personalised care plans into the NHS App. This project is overseen by the Trust's Personalised Care Improvement Group and aligned with the Somerset Integrated Care System's wider personalised care strategy.

Since the start of the personalised care improvement group, co-produced surveys have been completed by over 300 colleagues and results collated to understand what our colleagues think personalised care is, what gets in the way of delivery personalised care and their commitment going forwards.

Generally, there was a good understanding of what personalised care is and a commitment to ensure this is how we provide care going forwards. The most frequent responses regarding what gets in the way included time, training, and permission to work in this way.

Since then, we have engaged with a further 250 colleagues for the 100 Day sprint. The sprint was put in place to reduce patients with a status of No Criteria to Reside (NCTR) by looking at our internal processes, one of the workstreams is personalised care. At the 100-day point there are 43 personalised care projects identified on our wards and units across the acute and community setting. There is a commitment from our colleagues to continue this work and the personalised care core group will support this by ensuring sustainability of the projects through continued engagement with the wards and units.

In September we will engage with our senior leaders at the leadership forum to develop an awareness, understanding and commitment as an organisation to deliver care in a personalised way.

Although training is available as described in the Mendip project, the core group is looking to develop education that can be used across the organisation to continue to develop the understanding and importance of personalised care as it underpins everything we do.

A strategy is being developed that outlines our aspirations as an organisation and expectations of our colleagues to deliver care in a personalised way alongside a care planning policy to help embed this into our everyday practice.

## **QIP 2024/25 – Priority 2 – Patient Involvement & Co-Production**

### **Why was this important?**

As an NHS Foundation Trust we are subject to the triple aim duty which requires us to have regard to all likely effects of our decisions in relation to three areas:

- Health and wellbeing for people including its effects in relation to inequalities.

- Quality of health services for all individuals including the effects of inequalities in relation to the benefits people get from these services.
- The sustainable use of NHS resources.

In addition, Section 242 (Duty to Involve) of the NHS Act defines how, by law, NHS Trusts must ensure that patients and/or the public are involved in certain decisions that affect the planning and delivery of NHS services.

Central to our responsibility to deliver against the triple aim duty, is how we work in partnership with people and communities to truly design and deliver a healthcare service which is meaningful and prioritises and delivers against what matters most to our local community. Working in partnership is delivered through a variety of approaches such as engagement, participation, involvement, consultation and co-production and has a golden thread of listening to, and responding to, feedback. These terms often overlap but also mean different things to different people and occasionally, they have a legal or technical definition.

Our organisational approach to engagement and involvement approach needs to help all colleagues understand that engaging with our communities is not seen as an obstacle to overcome on the way to achieving a pre-determined outcome.

### **What was achieved during the year?**

During 2024/25, we have worked to develop and co-produce with our colleagues, partners and patient representatives, a Patient Experience and Involvement strategy. Through this strategy, we aim not only to meet but to surpass expectations of patients and carers, shaping a healthcare environment where every individual feels respected, supported, and empowered. Together, we will drive meaningful changes that respond to their views; enhance patient experience and elevate the standards of care throughout Somerset NHS Foundation Trust.

In developing the strategy, we conducted listening stakeholder sessions during May, June and July 2024. The primary purpose of these sessions was to listen and understand what our patients, the public and our people are looking for in terms of patient experience and involvement, and to identify what is most important to them.

We held one large stakeholder session with over 50 attendees with representation from our colleagues, governors, volunteers, carers, Healthwatch, ICB, mental health and CYP service users and the voluntary sector. Additionally, the patient experience and engagement team conducted listening sessions across the community including attendance at support groups with the specific aim of hearing from the quieter voices of our local population. Over 100 people communicated with us from these sessions.

Over the last nine months, we have also completed an organisational diagnostic of patient experience using the NHSI Patient Experience Framework. Additionally, we updated our position against NICE guidance CG138, which focuses on improving the patient experience in adult NHS services. To further inform the development of this strategy, we reviewed our performance as an organisation against NHS England's 'Working in Partnership with People and Communities' document.



To strengthen the visibility and strategic importance of patient experience and involvement across the organisation, we have established the **Patient Experience and Involvement Committee**. This committee supports a trust-wide approach, acting as a conduit for meaningful change and improvement aligned with the patient experience and involvement agenda.

The committee is well-attended and plays a key role in overseeing information and intelligence from across all services and service groups, as well as from external stakeholders. It provides assurance to the Operational Leadership Team and the Quality Governance and Assurance Committee. Through this structure, the committee offers a comprehensive overview of patient experience data, including complaints and concerns, triangulated with feedback from patients and their carers/families through Care Opinion, the Friends and Family Test, annual patient survey feedback themes and key patient and public involvement activities. This ensures that the Trust is sourcing inclusive feedback from all groups which are representative of the local population.

### What people told us they valued:



We will measure the success and impact of the Patient Experience and Involvement Strategy over the next three years through comprehensive patient and carer feedback surveys including our performance in the national patient survey programme, regular performance reviews, and key performance indicators (KPIs) that track improvements in patient satisfaction, engagement and involvement levels, and overall care outcomes. Additionally, we will engage in the Trust's internal and external audit programme ensuring our compliance with standards and enhancing overall quality and performance.

There are examples of the work we have undertaken with patients, service users and carers in Part 3 of this report, but some of what we have done includes:

- Ongoing engagement with our less heard groups including 2BU-Somerset which provide a specialist support service serving the needs of young lesbian, gay, bisexual, transgender and questioning (LGBTQ+) people aged 11-25 across Somerset, Somerset diverse communities including ethnic minority communities, women specific conversations and expectant mothers, the homeless sleeper worker to ensure homeless people in our community are heard, the Children Looked After (CLA) team regarding future engagement work now that connections have been made, Somerset Maternity and Neonatal Voices Partnership (MNVP), the Gypsy Roma Traveller community, working alongside the Gypsy Liaison Officer to address healthcare concerns.
- During the summer of 2024, we supported Somerset's Big Conversation (SBC) - a countywide initiative led by NHS Somerset aimed at involving residents in shaping future healthcare planning and service improvement. The 2024 programme engaged 2,021 individuals across 26 events. Feedback received highlighted several positive aspects, including the quality of care, access to specialist services, speed of treatment, and the standard of facilities. However, concerns were also raised regarding access and waiting times, staffing shortages, communication, equity of access, and service co-ordination. The insights gathered will be used alongside data and intelligence from the Patient Experience and Involvement Team to inform the development of this year's involvement workplan.
- Working with Help for Heroes. This charity supports veterans through groups by raising awareness of available resources, including support from ex-nurses. The team attends these groups to connect with some of the veteran community and provide assistance if they or their families reach out. This was an opportunity to share details of our engagement team.
- The patient voice volunteers have been visiting the wards to share quick response (QR) codes to access the Care Opinion platform, with patients, relatives and carers. They have also been assisting to review new patient leaflets or forms of communication to ensure we are having an independent critical review of information we are providing and making changes accordingly.

## **QIP 2024/25 – Priority 3 – Right Care, Right Bed**

### **Why was this important?**

It is crucial to ensure that patients are cared for in the most appropriate care setting, by staff with the skills to provide this care.

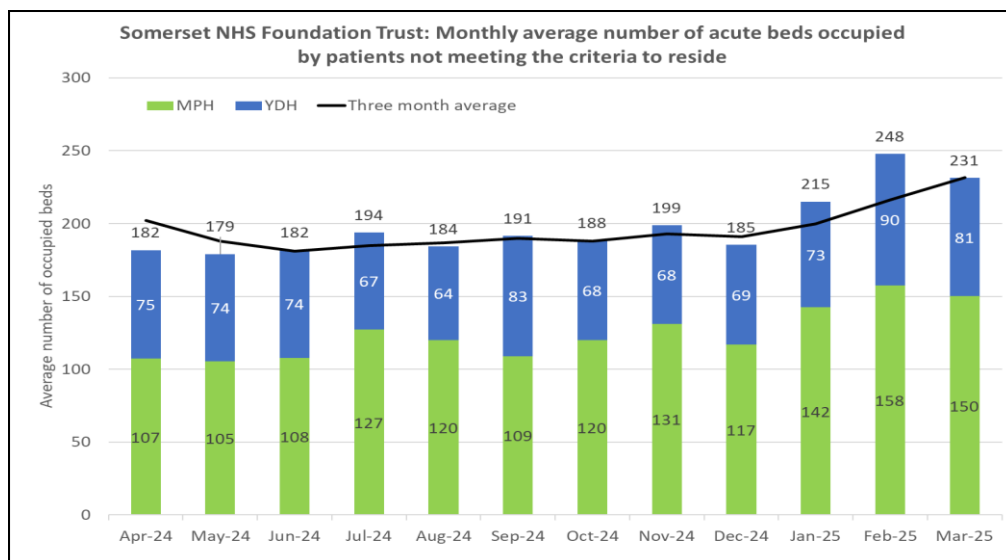
When healthcare services are under pressure due to excessive demand and system issues, including delayed transfers of care, patients can come to harm. In addition, this creates massive increased and avoidable costs for both the NHS and social services, as well as the wider public sector. Much serious avoidable harm to patients, such as hospital acquired infection and injurious falls, occurs when patients are cared for in the wrong setting.

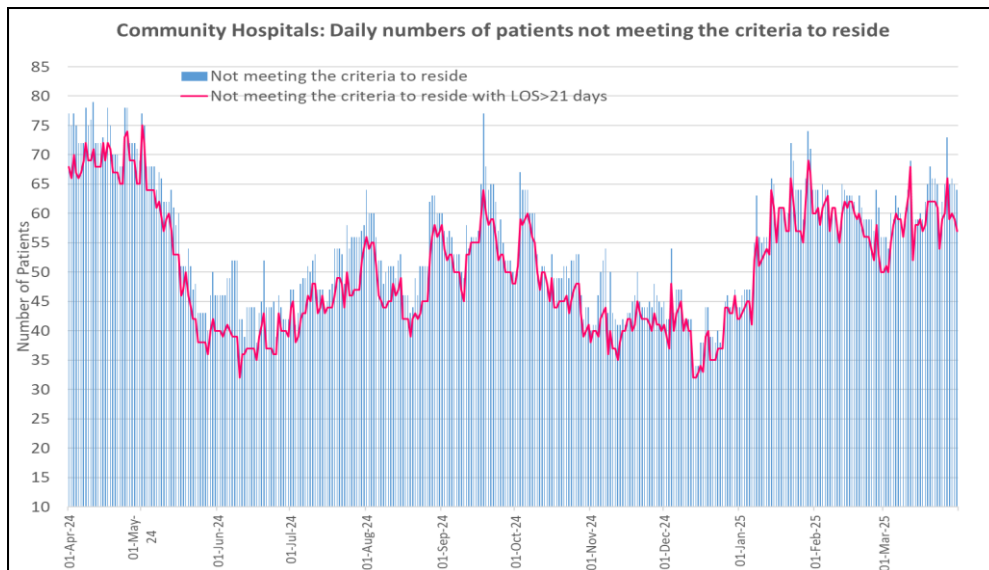


## What was achieved during the year?

This priority has proved a significant challenge to the trust over the last 12 months. Our position in respect of No Criteria to Reside patients (those patients who are not deemed to require further acute medical interventions but are in an acute bed) has consistently ranked amongst the lowest in the country.

- National average best-quartile month-end performance during 2024/25 was that 8.8% of Adult General & Acute and critical care beds were occupied by patients who did not meet the criteria to reside. Our average month-end performance during 2024/25 was 22.2%.
- As at 31 March 2025, the national best-quartile performance was 9.5%; our performance was 23.8%. We were ranked 114 of 118 Trusts nationally.
- In our community hospitals, number of patients not meeting the criteria to reside during 2024/25 averaged around 55, of whom 50 had had a length of stay of 21 days or more. The 55 beds represent around 29% of total community hospital beds. As at 31 March 2025, 64 patients did not meet the criteria to reside (34% of beds), of whom 57 had had a length of stay of 21 days or more.
- A range of actions is being taken to improve patient flow, care for people at home where appropriate, facilitate timely and appropriate discharge from hospital, and address the difficulties in the domiciliary care market.
- A 100-day discharge programme, aimed at optimising discharge arrangements, is also ongoing.





In 2025, we launched a 100-day sprint programme to address the particular challenges within our own practices and procedures that were contributing to this position.

The programme ran from 11 February to 6 June 2025, with an aim to reduce trust hospital process delays contributing to the No Criteria to Reside numbers. By the end of the programme, we had reduced the number from 126 to 61 – although this fell short of our original ambition to reduce the number to 30. In addition to the direct improvements, the project also realised other benefits, including colleagues being more sighted on their ward length of stay; an increase in board rounds before 9am; an increase in personalised-care projects and greater adoption of quality improvement (QI) approaches and greater use of QI workbooks.

Further work is planned to continue to improve this position and forms one of our quality priorities for 2025/26.

In other areas we have seen better outcomes. We remain amongst the best performing trusts for the number of patients requiring inpatient mental health care who have to be placed out of county. At the end of March 2025, there was only one young person from Somerset placed out of county and 15 adults, all of whom were placed on planned admissions for services not available in the county.

As at 31 March 2025 three patients remained placed out of area for unplanned admissions. There was an increase in use of out of area (OOA) beds in February 2025 particularly, due primarily to a lack of available beds.

A review conducted over the period 1 March 2024 to 28 February 2025 showed that 81.8% of inappropriate out of area admissions were due to the need for psychiatric intensive care unit (PICU) and 18.2% for acute beds. Of these figures, 45.5% were a requirement for a gender specific ward, 18.2% were due to inaccessibility of seclusion at Holford ward (our PICU) and 36.3% were due to a lack of available beds. With only ten PICU beds available there are occasions when, due to clinical acuity or gender, it would be unsafe to admit a patient. A review of the increase in demand for gender-specific beds and the correlation in out of area admissions is in progress.

## **QIP 2024/25 – Priority 4 – Colleague Health and Wellbeing**

### **Why was this important?**

Colleague health and wellbeing is central in supporting our colleagues to deliver the best care and support through a compassionate, inclusive, and learning culture.

Wellbeing demands a holistic approach, applied in different ways at multiple levels (individual, managerial, team, strategic and organisational). Wellbeing is sometimes positioned as an afterthought when something difficult happens rather than underpinning and contributing to high quality 'business as usual' of which everyone must take ownership.

Basic physical wellbeing needs are not always met successfully across the whole of the organisation (e.g. hydration, toilet breaks, rest breaks etc). Research evidence identifies this leads to reduced cognitive capacity, impacting on decision making, patient care/outcomes and potentially short term and long-term health outcomes for staff.

The culture and structure of the team plays a significant role in enabling these behaviours. The tone for the organisation can be set by responsive and attuned support from senior leaders and managers across the organisation, as well as in the way colleagues work together. Ongoing Service Pressures can make releasing colleagues to attend formal wellbeing interventions challenging. There is a risk that interventions may be perceived as not an effective use of resources if colleagues are not enabled to make use of them – there is a difficult balance to strike.

Educating senior managers with regards to best practice, available support and existing protocols may help managers feel more informed and supported thereby enabling them to support teams more effectively.

### **What was achieved during the year?**

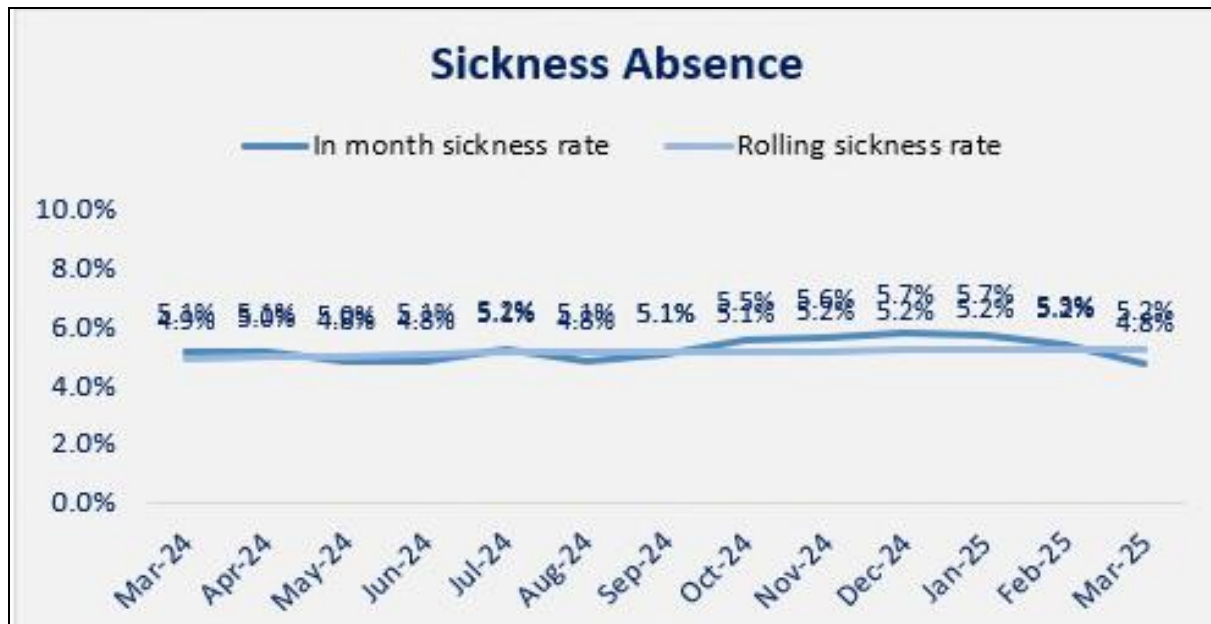
The purpose of the Trust's wellbeing service is to support the creation of a healthy workplace, where everyone has a responsibility to reduce the possibility or likelihood of events which may cause stress to an individual or themselves.

The aim of our Wellbeing strategy is to embed colleague health and wellbeing in our behaviours, policies and processes. This links to the NHS People Plan (2021/22). Specifically, the pillar Looking After Our People – with quality health & wellbeing support for everyone. The accompanying NHS People Promise, outlines a workstream and commitments entitled We are safe and healthy.

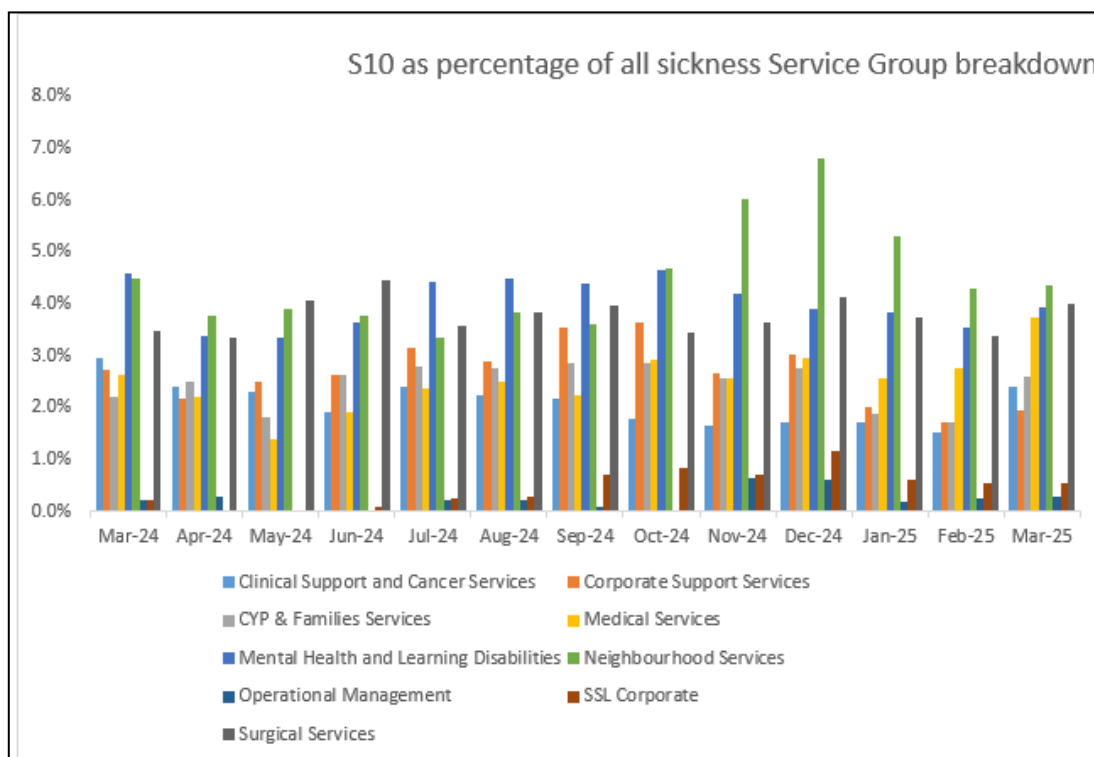
While our overall assessment of the effectiveness of our wellbeing offer remains positive - Model Hospital Data suggests a strong trust performance on all indicators including Support and Compassion in comparison with median scores for regional peers; and staff survey results indicate a consistent and sustained comparative

position, we have seen a notable drop in the perceived positive action on health and wellbeing by the organisation.

Our staff absence rates have remained largely static over the year.



The Year 2 deliverable for our People Strategy encompassed a priority to care for our people, focussing on using a pilot approach, explore and address underlying factors that contribute towards and support a reduction in, stress and burnout in colleagues. Focusing initially on the area/team with the highest rates. Absence due to stress (whether work-related or personal) is classified as 'S10' in NHS systems. Our year's position is shown below:



In June 2024 the Colleague Support and Wellbeing Services integrated into a single service. The purpose of the integration was to enhance the physical wellbeing offer in the trust alongside the existing emotional and psychological support for a more equitable wellbeing offer in line with trauma informed approaches which take into account the inextricable link between physical and mental health. The opportunities created by this integration have reduced silo working and duplication and presented a range of opportunities for integrated service development. The Wellbeing Action Group has provided a networking, learning, dissemination and escalation space for ongoing wellbeing activities and challenges from across the trust.

In January 2025, we introduced a new occupational health provider and we are optimistic that the new contract will provide us with more detailed data to support our future responses.

Our Mindful Employer Charter is currently being reviewed to go forward for revalidation for a further two years. It holds the Trust to account in providing access to emotional wellbeing support for colleagues, providing resources, supports employing people with existing mental health conditions, and providing reasonable adjustments. The benefit to the Trust is that we demonstrate to colleagues and others we are an inclusive organisation, we have access to helpful resources, and we support colleagues' mental wellbeing. During the revalidation process, we are outlining the main ways colleagues are supported with their mental health at work and what was available. These include:

- Supportive policies in place including stress management
- Comprehensive resources and webinars on aspects of emotional wellbeing such as managing anxiety, stress management, grounding techniques, PReP leaflet, wellbeing blogs, intranet pages
- Training programme for colleagues covering, suicide awareness, mental health awareness, resilience/wellbeing courses for managers and specific stress management courses plus wellbeing conversation training
- Specific access to services which support colleagues' psychological wellbeing including access to a support line, in-house psycho-educational materials, counselling services and referral to Talking Therapies, compassion circles, post incident reflective conversation (PIRC) and the Team Immediate Meet (TiM) tool.
- Access to Occupational health via management referral and the EAP Robust system for return-to-work interviews after a sickness period that encourages colleagues to be open and honest with their line manager, therefore this allows the manager discretion around adjustments in the workplace to enable any employee to manage their health condition positively at work.
- HSE based stress risk assessments and action plan templates for individuals and teams.
- We continue to work hard in creating a culture that supports colleagues to be open about their mental health. Piloting check-in and check-out processes for huddles, team meetings etc.

- The Board appointed a Health and Wellbeing Guardian has a role to hold the Board to account for the health and wellbeing work
- Wellbeing Champions in many teams and departments providing a listening ear to colleagues and signposting them to our wellbeing services.

## **QIP 2024/25 – Priority 5 – Patient Safety Incident Response Framework Themes**

### **Why was this important?**

The Patient Safety Incident Response Framework (PSIRF) advocates a coordinated and data-driven response to patient safety incidents. It embeds a response into a broader system of improvement and promotes a significant cultural shift towards systematic patient safety management.

PSIRF supports the creation of much stronger links between incidents and learning and improvement. We aim to work in collaboration with those affected by incidents – colleagues, patients, families, and carers – to improve learning opportunities and subsequent quality improvement work, leading to effective change. This approach will continue to increase transparency and openness amongst our colleagues in reporting incidents and engagement in establishing learning and improvements that follow.

We are committed to learning from incidents and continuously improving the care and services we provide. We recognise and acknowledge the significant impact incidents can have on colleagues, patients, their families, and carers. Patient, family, and colleague engagement and involvement in responding to incidents is crucial to safe delivery of care and service improvement.

PSIRF allows organisations to explore patient safety incidents that are relevant to the organisational context and the populations served. It also supports a proportionate response, enabling a focus on incidents where there are real opportunities for learning and improvement.

Following detailed analysis and stakeholder engagement, the Trust identified a number of safety concerns contributing to incidents across the Trust. Further exploration of these concerns identified some areas where, although there were ongoing safety issues, these were well understood, and work was already underway to address them. However, there were some key themes where further exploration was required and could help identify significant safety improvements.

The three key themes selected by the Trust for further exploration are:

- Recognition, escalation and response to deterioration of patients within maternity, neonates, paediatrics, acute medical admissions, surgical decisions unit and emergency admissions unit.
- Involving people who matter (families, friends, carers and loved ones) in patient care.

- Treatment Escalation Plan (TEP) decision making, documentation and communication issues with patients and families that impact on discharge and transfers across SFT locations.

During 2024/25, the Trust made significant progress in embedding the principles and practices of the Patient Safety Incident Response Framework (PSIRF). Since formally launching our PSIRF Policy and Patient Safety Incident Response Plan (PSIRP) in early 2024, we have informally trained approximately 250 staff members across the organisation in delivering effective learning responses. This marks a positive step towards building a culture of learning and improvement grounded in systems thinking and compassionate engagement.

We have also commissioned 20 Patient Safety Incident Investigations (PSIIs), including those aligned with PSIRF priority areas and in response to never events. These investigations reflect our commitment to a proportionate and system-focused approach to patient safety.

An internal audit conducted in early 2025 recognised strengths in our PSIRP development process, including our robust data-driven methodology for identifying patient safety priorities. Our learning responses are beginning to shape how safety actions are identified and tracked. However, the audit also highlighted areas for improvement, including training compliance, consistent governance arrangements, and more effective monitoring of safety improvement plans across service groups.

In response, we are working to strengthen PSIRF implementation through a trust-wide framework and clearer accountability structures, with a full review planned by April 2026. Our efforts so far have laid a foundation for building safer systems, enhancing transparency, and delivering meaningful change based on learning from incidents. You can find more information on this work in Part 3 of this report.

As an example of the work on the individual priorities, with regard to Treatment Escalation Plans (TEPs), the 'No Barriers Here©' approach was trialled at Crystal Care, Care Home and Supportive Living, Taunton via the trust's gold quality improvement project, led by Amy Giles, our advance care planning lead, and Hana Kennerley, proactive care nurse from Tone Valley Primary Care Network. No Barriers Here© aims to improve conversations with people with a learning disability about their future wishes should they become unwell, injured, or are dying. By using an arts-based approach over three consecutive workshops with residents from Crystal Care, an easy read 'My future and end of life care plan' and a 'Somerset Treatment Escalation Plan' (STEP) have been completed and saved within the resident's individual care plan file.

In May 2025 we will launch the electronic STEP (eSTEP) across the Trust. This means both the residents' 'My future and end of life care plan' and the 'Somerset Treatment Escalation Plan' are now available to view by colleagues across services in Somerset. The benefits of this means that any health and social care professional with appropriate access to the shared record across health and social care organisations, supporting the person can see their recorded views. Additionally, the benefit is that it can be viewed by paramedics from the South Western ambulance Service NHS Foundation Trust via the National Record Locator.

The advantage of advance care planning conversations using a No Barriers Here approach is that the approach is creative, involves the individual and is carried out in a familiar environment. They can also include people who know them well such as their keyworkers or families and can capture more detailed information than it would, if, for example, it had been completed on emergency admission to hospital.

Through learning during the project, positive actions have happened, such as inclusion of easy read resources about plans such as wills, organ donation, lasting power of attorney, advance decisions to refuse treatment and others have been sourced, and are now held on the Somerset end of life care and bereavement support website: <https://somerset.eolcare.uk> These easy read guides can be printed to help make this literature more widely available to people across the county.



## **QUALITY IMPROVEMENT PRIORITIES (QIP) 2025/26**

During 2024/25, in light of feedback from our recent CQC inspections; the Trust Board reviewed our approach to quality assurance and improvement and, in line with our Quality Strategy, recognised the need to review the arrangements for delivery and oversight of the three key pillars of quality, as outlined in this report:

- patient safety
- clinical effectiveness
- patient experience

As identified in the section above, work to review our approach to patient experience and involvement has been underway since the appointment of the Director of Patient Experience and Engagement and a new Patient Experience and Involvement Strategy will be launched later this year. The patient experience and engagement teams were subject to a reconfiguration during 2024 and now has a fully established team and we have an established Patient Experience and Engagement Group which gathers our patient experience and involvement feedback to gain insight on the quality of our services and to inform our future developments and quality improvement.

The Trust has also revisited its governance structures and approach and a new framework for governance is being developed during 2025 with an intention to engage more widely on proposals over the next few months. As part of this, the central governance support function, roles and leadership are being reviewed.

Alongside these changes, we are establishing a new patient safety faculty, more information on which is set out in Part 3 of this report.

We anticipate these new structures and frameworks will be fully in place by September 2025.

In considering our quality priorities for 2025/26, alongside embedding these changes within our approach to quality and patient safety, the Board has reviewed its strategic aims and identified a number of key priority programmes for delivery in the current year. We have taken the view that it is important to maintain our focus on developing and delivering on this focused number of key initiatives, as well as the national priorities, and so have identified five specific

Our priorities for the year that we consider have specific impact on quality improvement and which we will actively monitor through this report are:

| Strategic Aim                                                                                                                 | Specific Objectives for 2025/26                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <b>Contribute to improving the health and wellbeing of the population and reducing health inequalities</b>                 | Develop an innovative service for assessment, treatment and monitoring of adults with ADHD                                                                                                                                            |
| 2. <b>Provide the best care and support to people</b>                                                                         | Reduce the number of patients who no longer have a reason to reside in an acute bed to no more than 15% of the bed base                                                                                                               |
| 3. <b>Strengthen care and support in local communities</b>                                                                    | Fully implement the model of care between Somerset FT and Symphony in South Somerset West; test the outcomes and spread to other services in the county                                                                               |
| 4. <b>Respond well to complex needs</b>                                                                                       | <p>Develop a pathway for children and young people with complex health and care needs to avoid CAMHS tier 4 admission and minimise paediatric in-patient length of stay</p> <p>Improve transition from children to adult services</p> |
| 5. <b>Support our colleagues to deliver the best care and support through a compassionate, inclusive and learning culture</b> | Implement an inclusive board governance framework (embedding all aspects of EDI into board decision making) and ensure the board has the skills and experience to understand and address the needs of diverse communities             |

## **QIP 2025/26 - Priority 1 – Develop an innovative service for assessment, treatment and monitoring of adults with ADHD**

### **Why is this important?**

In Somerset, the current waiting list for specialist ADHD services is more than 3 years. This is sadly not unusual across the country, but we have a low identified prevalence and we know that this means there is a significant level of unmet need within the county. At present, this means that many people presenting with ADHD are referred under the Right to Choose scheme into our general community mental health services that cannot provide the full range of specialist care but, consequently, also find they are unable to deliver the level of care they need to for patients with serious mental health illness

Where we can provide the right care, we know it makes a real difference; patients will improve with the right medication and support. One 27-year-old patient, had a history of frequent CAMHS interventions for depression and whilst at university had weekly/monthly reviews for mental health difficulties and suicidal intent. Diagnosed aged 24 and stabilised on medication, they have had one appointment with their GP for a physical health problem and one contact about medication shortages in the following three year.

Our objectives for the programme are:

- To design a new integrated care model delivered in primary care network footprints
- To implement and measure the impact of the model in two primary care network areas
- To evaluate and expand the model to the rest of the county to ensure an equitable service

We have co-produced a framework for a service model with stakeholders (including primary care and volunteer service users from our neurodiversity group); and developed a streamlined assessment process. We are also working on an app to help patients 'wait well' and understand ADHD. We will build on and test these programmes over the coming year to establish an effective service and to hopefully begin to address the very long waits we see now.

### **How this will be measured, monitored and reported**

We have established an ADHD Improvement Group, chaired by the Chief Medical Officer, which will oversee the delivery of the programme and performance against the key performance metrics. As for all priorities identified for 2025/26, this programme will form part of our Board Assurance Framework and the Board will maintain regular oversight of progress against this priority programme as part of its public board reporting.

## **QIP 2025/26 - Priority 2 – Reduce the number of patients who no longer have a reason to reside in an acute bed to no more than 15% of the bed base**

### **Why is this important?**

As identified earlier in this report in our work on Right Care, Right Bed this year, the challenge for us as a trust, and for Somerset as a system, to manage the position in relation to patients who are in our acute hospital wards but do not need access to acute hospital services (so could and should be better cared for elsewhere) remains among the most significant we have.

Somerset has throughout 2024/25 ranked in the very bottom quartile of systems for managing this aspect of care and we recognise that the impact on the quality of care, both for those patients who are on our wards and for those who can potentially not access acute inpatient care in a timely way as a consequence, is substantial.

There are elements of the patient pathway that are outside the direct control of us as a healthcare provider but we will do everything within our power to address those elements that are within our responsibility and to positively influence those that are not.

### **How this will be measured, monitored and reported.**

The measures specific to this aim will form part of the monthly quality and performance reporting to the Board and this priority, like all those identified for 2025/26, will form part of our Board Assurance Framework. The Quality and Governance Assurance Committee will maintain regular oversight of progress against this priority programme and report its assurance analysis to the Board.

## **QIP 2025/26 - Priority 3 – Fully implement the model of care between Somerset FT and Symphony in South Somerset West; test the outcomes and spread to other services in the county**

### **Why is this important?**

The opportunities to deliver joined up, local and personalised care for people in a localised population, are perhaps unique to us as an integrated organisation, providing acute, community, mental health and a significant proportion of primary care services (through our wholly owned subsidiary company, Symphony Healthcare).

In 2024/25, we commenced and developed a new model of working across our GP and community services in South Somerset West that was tailored to the needs of the local community and broke through many of the barriers that exist in areas – including in many of our own in Somerset – where different organisations and services have responsibilities for different aspects of care.

Our aim is to develop, test and then spread this model to other communities and neighbourhoods, building on the work and learning in South Somerset West, using population health data to inform service developments and to deliver the aim:

“

Mission Statement.....To maximise the opportunities that working together at scale can bring which will improve population health and health outcomes, improve the delivery of care by creating efficiencies; and to prevent and reduce unnecessary hospital admissions

”

#### **How this will be measured, monitored and reported.**

There are a number of key performance indicators in relation to the local population that will be monitored as part of this programme, alongside patient and colleague feedback. These include:

- Avoidable admissions to hospital
- Lengths of hospital stays
- Reduction in adverse events resulting in serious harm

Further KPIs will be developed as the review progresses.

As for all priorities identified for 2025/26, this programme will form part of our Board Assurance Framework. The Quality and Governance Assurance Committee will maintain regular oversight of progress against this priority programme and report its assurance analysis to the Board.

#### **QIP 2025/26 - Priority 4 – Develop a pathway for children and young people with complex health and care needs to avoid CAMHS tier 4 admission and minimise paediatric in-patient length of stay**

#### **Why is this important?**

During 2024/25, we took the difficult decision, along with our partners in the South West Mental Health Provider Collaborative, to temporarily close Wessex House, our Tier 4 CAMHS unit.

In the first part of 2024 a number of concerns were escalated to the South West Provider Collaborative from former patients, current patients and carers, Wessex House staff, and case managers. These concerns related to treatment and staff attitude and practice at Wessex House. Initially these concerns were managed on a “case by case” basis and the South West Provider Collaborative placed Wessex House on “enhanced surveillance” and set up fortnightly meetings with Somerset NHS Foundation Trust mental health and learning disabilities senior team.

As part of the response to dealing with these concerns, we established an Improvement Group to look at the overall offer for support to children and young people with complex health and care needs, in the context of the limited provision of inpatient services across the south west and the closure of Wessex House. This work will continue in 2025/26 and a pathway be developed with partners, experts by experience and the Provider Collaborative.

We continue to see high levels of demand on our acute paediatric wards for children and young people with complex care needs and mental health issues, particularly in relation to eating disorders and disordered eating. Establishing effective community-based care and support for these young people is a key priority for us in 2025/26.

#### **How this will be measured, monitored and reported.**

The development and testing of the pathway will be overseen by the improvement group and subject to review through the Quality and Governance Assurance Committee which will maintain regular oversight of progress against this priority programme and report its assurance analysis to the Board.

### **QIP 2025/26 - Priority 5 – Improve transition from children’s to adult services**

#### **Why is this important?**

Transition refers to the process in which young people with long-term health conditions move from paediatric healthcare to adult healthcare as they reach the age of 18. During their time in paediatric care, a paediatrician oversees all aspects of a young person's medical needs, often collaborating with tertiary care centres. However, upon reaching 18, their medical support can become fragmented into various specialist adult services.

Some young people may be discharged from these services entirely, while others will have their care transitioned to primary care providers. Many will move to secondary care services, and a small number may be referred to tertiary services. The concept of transition also encompasses the preparation of young individuals and their parent/carers, which should start at around the age 14 for most medical services, for the shift to potentially multiple adult care provisions.

In 2023, the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) published their report “The Inbetweeners” which concluded that, on a national level, there is “no clear pathway for the transition from healthcare services for children and young people to adult healthcare services.”

This report highlights the fragmentation often experienced during the transition process, both within specialties and across systems. It further emphasises that developmental healthcare needs should be a collective responsibility, supported by adequate resources to facilitate this transition effectively.

While we have made good progress across many services, to support young people through their transition into adult services, we recognise there is still significant work to do and this is why we have identified this as a priority for 2025/26 and beyond.

### **How this will be measured, monitored and reported.**

The development and testing of the pathway will be overseen by the improvement group and subject to review through the Quality and Governance Assurance Committee which will maintain regular oversight of progress against this priority programme and report its assurance analysis to the Board.

## **QIP 2025/26 - Priority 6 – Implement an inclusive board governance framework (embedding all aspects of EDI into board decision making) and ensure the board has the skills and experience to understand and address the needs of diverse communities**

### **Why is this important?**

Over the past two years, we have been working hard to embed an impactful, systemic approach to equality, diversity and inclusion across Somerset FT. We have made progress, seeing a change in conversations, actions taken, and engagement across the trust. As planned through our strategic approach, this activity has largely focused on our workforce as the place to embed compassionate and inclusive leadership.

We are now at the point where we are looking to build on this platform to apply this approach to everything we do as a Trust, including the provision of inclusive and accessible care for all our patients, and embedding inclusion across all organisational processes.

As a Trust we recognise that we need to make a shift in scope and focus to build on the platform of inclusion we have established and to encompass fully our duties and responsibilities as a public sector organisation and provider of healthcare services. The diversity and experience of our colleagues remains a priority, but we are currently missing opportunities to apply a systemic approach to inclusion to other strategic objectives.

We have developed four key equality and inclusion priorities for this year. These are:

- Reviewing our approach and templates for equality and quality impact assessments
- Further developing our delivery of Accessible Information Standards
- Implementing the next stage of the Patient and Carer Race Equality Framework

- Implementing an inclusive board governance framework (embedding all aspects of EDI into board decision making) and ensure the board has the skills and experience to understand and address the needs of diverse communities

The last of these we see to be a key strategic priority to support our ambition to be an inclusive employer and provider of services.

#### **How this will be measured, monitored and reported?**

We have developed a Board development framework and action plan that outlines our intentions to support this priority. This will be regularly reviewed and monitored through the Board and reported through our public meetings.

We will also produce an annual report setting out the work we have done across our equality, diversity and inclusion programmes for the Trust.

As for all priorities identified for 2025/26, this programme will form part of our Board Assurance Framework.



## STATEMENTS OF ASSURANCE FROM THE BOARD

In the following section the Trust reports on statements relating to the quality of NHS services provided as stipulated in the regulations.

The content is common to all providers so that the accounts can be compared between organisations. This provides assurance that the SFT Board has reviewed and engaged in national initiatives which link strongly to quality improvement.

The Board has received monthly information on quality indicators as part of the Quality Report, the Finance Report and the Performance Report. In addition, the Board has received reports on patient experience and workforce issues. The Board is satisfied with the assurances it has received.

### Services provided by the Trust

During 2024/25, SFT provided and/or sub-contracted 120 relevant services, including the following:

- Acute services (including emergency services; adult and paediatric care; community hospitals; minor injury units; elective surgical operations; psychiatric liaison).
- Long-term conditions services.
- Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse.
- Rehabilitation services.
- Cancer care and radiotherapy.
- Maternity services.
- Community healthcare services (including district nursing; integrated therapy services; health visiting; school health nurses; family planning and sexual health services).
- Accident and emergency treatment.
- Dental services.
- Diagnostic services.
- Community based services for people with a learning disability.
- Community based services for people with mental health needs (including community mental health teams; assertive outreach; early intervention teams; court assessment services; crisis resolution home treatment teams).
- Primary Care Services.

The SFT Board has reviewed all the data available on the quality of care in all 120 of these relevant health services.

The income generated by the NHS services reviewed in 2023/24 represents 100% of the total income generated from the provision of relevant health services by SFT for 2024/25.

### **Progress in implementing the priority clinical standards for 7-day hospital services**

There are 10 national clinical standards for 7-day hospital services. Four of these (Standards 2, 5, 6 and 8) are “priority” standards. At the time of the last audit for national reporting purposes in Spring 2019, the Trust was compliant with Standard 5 (access to diagnostics), Standard 6 (access to interventions) and Standard 8 (frequency of Ongoing Consultant Review).

However, we were not compliant with Standard 2, which records how quickly patients are seen by a consultant after admission, and mandates that 90% of patients have to be seen by a consultant within 14 hours. The Trust scored 80% on this measure, which was an improvement on previous scores.

We have undertaken no further 7-day service audits since 2019 after advice from NHS England to de-prioritise them in the wake of the Covid-19 pandemic. However, the Trust has continued to work to improve its 7-day service offer and continues to track progress on 7-day service delivery internally.

We have continued to try to develop more sustainable consultant rotas overnight, including investment in new roles and rotas, to make it more likely that a consultant will be able to see a patient quickly when admitted in the evening. Our ongoing investment in digital services means that we can more easily track patients and ensure that they are seen quicker by an appropriate senior clinician.

Improvements to 7-day working are led by the trust’s Medical and Nursing Directors, who ensure that 7-day working is considered at Board level. As a trust delivering acute, community and mental health services, we have developed targets which ensure the monitoring of 7-day service provision beyond the acute hospital.

We continue to deliver our clinical strategy and the supporting strategies underpinning it. These include our workforce strategy, which we hope will deliver a more stable clinical workforce including more doctors who will enable us to better deliver the 7 day working standards into the future.

## NATIONAL QUALITY INDICATORS

Many of the national indicators, where data for indicators is available, are not appropriately benchmarked for an integrated Trust delivering the range of services provided by SFT. Therefore, this section covers only the relevant national indicators where appropriate data is available and are only benchmarked where appropriate.

### Summary Hospital-Level Mortality Indicator (SHMI)

*Related domain: (1) Preventing people from dying prematurely*

The Summary Hospital-Level Mortality Indicator (SHMI) is a standardised mortality indicator. It expresses actual deaths compared to an expected value. In this case, 'average' is represented by a value of 1.0.

The Trust's overall SHMI over the past years is represented in the table below:

| Reporting Period          | Ratio (Banding)                      | England | Lowest Trust | Highest Trust |
|---------------------------|--------------------------------------|---------|--------------|---------------|
| April 2024 to March 2025  | Data due to be published August 2025 |         |              |               |
| April 2023 to March 2024  | 1.0193<br>(as expected)              | 1.0000  | 0.7142       | 1.3193        |
| April 2022 to March 2023  | 0.988<br>(as expected)               | 1.0000  | 0.7191       | 1.2074        |
| April 2021 to March 2022  | 1.0329<br>(as expected)              | 1.0000  | 0.6964       | 1.1942        |
| April 2020 to March 2021  | 0.9983<br>(as expected)              | 1.0000  | 0.6908       | 1.2010        |
| April 2019 to March 2020* | 0.9331<br>(as expected)              | 1.0000  | 0.6851       | 1.1997        |

*\* Data prior to April 2022 is for Somerset NHS Foundation Trust. Data prior to April 2020 is for Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust which has been combined by NHS digital and published in 2020/21.*

**NB:** 1.00 is the SHMI average, values lower than 1.00 indicated better than average.

The Somerset FT considers that this data is as described for the following reasons:

- There has been continued focus on initiatives related to safety that have reduced the number of avoidable deaths in a range of specialties.
- Routine review of Healthcare Evaluation Data (HED) by speciality, procedure and diagnosis groups has provided early warning of problems in patient care.
- The model used to predict mortality rates will not fully reflect the changes in services and case mix resulting from the coronavirus pandemic.

The Somerset FT intends to take the following actions to improve on this rate, and so the quality of its services:

- by regularly monitoring outcomes through tools such as Healthcare Evaluation Data and the NHS digital SHMI dashboard.
- by identifying where outcomes appear to be deviating. This allows the Trust to investigate and verify the result and provides an early opportunity to make improvements to patient treatment pathways.

**Percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust**

| Reporting Period         | Somerset FT*                         | England | Lowest Trust | Highest Trust |
|--------------------------|--------------------------------------|---------|--------------|---------------|
| April 2024 to March 2025 | Data due to be published August 2025 |         |              |               |
| April 2023 to March 2024 | 43%                                  | 43%     | 17%          | 67%           |
| April 2022 to March 2023 | 36%                                  | 40%     | 14%          | 66%           |
| April 2021 to March 2022 | 20%                                  | 40%     | 11%          | 66%           |
| April 2020 to March 2021 | 19%                                  | 38%     | 9%           | 63%           |
| April 2019 to March 2021 | 22%                                  | 37%     | 9%           | 58%           |

Data prior to April 2022 is for Somerset NHS Foundation Trust. Data prior to April 2020 is for Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust which has been combined by NHS digital and published in 2020/21.

The Somerset FT considers that this data is as described for the following reason:

- The national standard for coding requires the addition of the palliative care code only when a specialist palliative care team have been involved in the patient's episode of care. The Somerset FT palliative care team empowers clinicians of all specialties to deliver high quality end of life care. This generalist activity is not reflected in this data. Many people will receive high quality 'palliative care' by generalist teams which will not be coded under the current rules.

The Somerset FT intends to take the following actions to improve on this rate, and the quality of its services by:

- monitoring palliative care rates (those seen by the specialist team) at the mortality surveillance group meeting. Those seen should have specialist needs which the ward teams cannot meet.
- Using palliative care activity data to support the validation of palliative care cases for clinical coding.
- continuously auditing the use of the end-of-life care pathway, a generalist tool to improve individualised care in the last days of life for use and quality of use. This is not reflected in the current coding activity.

## Patient Reported Outcome Measures (PROMS)

*Related domain: Domain 3 - Helping people to recover from episodes of ill health or following injury*

PROMs measure a patient's health status or health-related quality of life from their perspective. Typically, this is based on information gathered from a questionnaire that patients complete before and after surgery. The figures in the following tables show the percentages of patients reporting an improvement in their health-related quality of life following four standard surgical procedures, as compared to the national average.

The Trust's overall adjusted average health gain for each procedure group is represented in the table below:

### Primary hip replacement surgery (EQ-5D Index)

| Reporting Period         | Adjusted average health gain               | England | Lowest Trust | Highest Trust |
|--------------------------|--------------------------------------------|---------|--------------|---------------|
| April 2024 to March 2025 | Data has not been published by NHS England |         |              |               |
| April 2023 to March 2024 | *                                          | 0.45    | 0.37         | 0.60          |
| April 2022 to March 2023 | *                                          | 0.45    | 0.35         | 0.53          |
| April 2021 to March 2022 | *                                          | 0.46    | 0.37         | 0.53          |
| April 2020 to March 2021 | *                                          | 0.47    | 0.39         | 0.57          |

*\*Data suppressed (not enough responses)*

### Primary knee replacement surgery (EQ-5D Index)

| Reporting Period         | Adjusted average health gain               | England | Lowest Trust | Highest Trust |
|--------------------------|--------------------------------------------|---------|--------------|---------------|
| April 2024 to March 2025 | Data has not been published by NHS England |         |              |               |
| April 2023 to March 2024 | *                                          | 0.32    | 0.23         | 0.40          |
| April 2022 to March 2023 | *                                          | 0.33    | 0.24         | 0.42          |
| April 2021 to March 2022 | *                                          | 0.32    | 0.25         | 0.42          |
| April 2020 to March 2021 | *                                          | 0.32    | 0.18         | 0.40          |

*\*Data suppressed (not enough responses)*

Somerset FT considers that this data is as described for the following reasons:

- Elective surgery was disrupted in period due to Covid pandemic

Somerset FT intends to take the following actions to improve on this rate, and so the quality of its services:

- Improving our participation rate by working with the approved contractor to improving the process of having forms available to issue to patients so that more patients have the opportunity to take part in PROMS.
- Monitor the adjusted average health gain through the Trusts Data Review Meeting and share findings with the clinical and management teams.

### **Patients readmitted to a hospital within 30 days of being discharged**

*Related domain: Domain 3 - Helping people to recover from episodes of ill health or following injury*

Whilst some emergency readmissions following discharge from hospital are an unavoidable consequence of the original treatment, others could potentially be avoided through ensuring the delivery of optimal treatment according to each patient's needs, careful planning, and support for self-care. Because of the complexities in collating data, national and local rates are significantly in arrears. It should also be noted that a readmission is counted for a patient within the 30-day period, even if it is for an entirely different problem, e.g., a discharge following a hip replacement and readmission due to a stroke.

The Trust's readmission rate split by ages group is represented in the tables below:

**The percentage of patients readmitted to any hospital in England within 30 days of being discharged from hospital after an emergency admission during the reporting period, aged 0 to 15**

| Reporting Period         | Percentage                                 | England | Lowest Trust | Highest Trust |
|--------------------------|--------------------------------------------|---------|--------------|---------------|
| April 2024 to March 2025 | Data has not been published by NHS England |         |              |               |
| April 2023 to March 2024 | 13.5                                       | 13.2    | 1.6          | 69.1          |
| April 2022 to March 2023 | SFT: 14.0<br>YDH: 9.6                      | 12.8    | 3.7          | 302.8         |
| April 2021 to March 2022 | SFT: 14.6<br>YDH: 11.8                     | 12.5    | 3.4          | 49.1          |
| April 2020 to March 2021 | SFT: 12.9<br>YDH: 13.6                     | 11.9    | 5.7          | 34.0          |

**The percentage of patients readmitted to any hospital in England within 30 days of being discharged from hospital after an emergency admission during the reporting period, aged 16 or over**

| Reporting Period         | Percentage                                 | England | Lowest Trust | Highest Trust |
|--------------------------|--------------------------------------------|---------|--------------|---------------|
| April 2024 to March 2025 | Data has not been published by NHS England |         |              |               |
| April 2023 to March 2024 | 14.9                                       | 15.1    | 1.7          | 99.6          |
| April 2022 to March 2023 | SFT: 12.9<br>YDH: 11.5                     | 14.4    | 2.5          | 46.8          |
| April 2021 to March 2022 | SFT: 12.3<br>YDH: 12.8                     | 14.6    | 1.5          | 110.1         |
| April 2020 to March 2021 | SFT: 13.2<br>YDH: 13.9                     | 15.9    | 1.0          | 112.0         |

Somerset FT considers that this data is as described for the following reasons:

- The difference in the Trust position to the national level is thought to be due to the combination of services and settings offered by the Trust which is different to most Trusts being compared against.
- At points in the period same day emergency care (SDEC) activity has been included alongside inpatient data for different sites and services within the organisation resulting in readmission that would otherwise be classed as emergency attendances.
- The Trust has introduced enhanced recovery programmes in various specialties, which would indicate that appropriate discharge criteria are being maintained.
- The Trust has a strategy to manage as many cases as possible as 'ambulatory' to minimise overall admission and length of stay.
- The Trust operates an open admission list system for children who have a chronic condition.
- Children with life limiting conditions, such as oncology related disorders and immune compromising disorders, have repeated admissions due to medical management of their condition.

Somerset FT intends to take the following actions to improve on this rate, and so the quality of its services:

- Moving data on SDEC activity to the emergency care dataset (ECDS)
- Continuing to monitor readmission rates for various procedures and conditions, as this can provide information about clinical teams in greater detail. This would allow improvements to be directed at the areas that most require them.
- Increased use of ambulatory care and urgent clinics to manage emergency care pathways.

- Working with other health and care providers in Somerset to ensure alternatives to admission are accessed where appropriate.
- Regular assessment of the reasons for admission to ensure that, within specialities and conditions, there are no trends apparent or evidence of readmissions indicating a problem in clinical treatment or processes.

### Rate of *Clostridioides difficile* infection

*Related domains (5) Treating and caring for people in a safe environment and protecting them from avoidable harm.*

*Clostridioides difficile* infection (CDI) can cause diarrhoea and sometimes severe inflammation of the bowel. It can occur when the normal bacteria in the gut are disturbed, usually by taking antibiotics. Although not all cases are preventable, the rate of CDI hospital onset cases (those detected three or more days after admission) are an important indicator of improvement in protecting patients from avoidable harm and provide a useful tool for making comparisons between organisations and tracking improvements over time.

| Reporting Period        | Somerset Foundation NHS FT Trust-apportioned CDI rate per 100,000 bed days* | National Average (England) | Lowest Trust (Southwest) | Highest Trust (Southwest) |
|-------------------------|-----------------------------------------------------------------------------|----------------------------|--------------------------|---------------------------|
| April 2024 – March 2025 | 20.43                                                                       | 27.62                      | 19.88                    | 57.54                     |
| April 2023 – March 2024 | 20.48                                                                       | 24.5                       | 14.47                    | 60.87                     |
| April 2022 – March 2023 | 14.57 (legacy SFT)                                                          | 23.47                      | 9.91                     | 49.81                     |
|                         | 9.91 (legacy YDH)                                                           |                            |                          |                           |
| April 2021 – March 2022 | 15.7 (legacy SFT)                                                           | 22.78                      | 9.32                     | 57.45                     |
|                         | 18.07 (legacy YDH)                                                          |                            |                          |                           |

*Somerset FT merged with Yeovil District Hospital in April 2023, therefore data prior to that is presented as the two legacy Trusts.*

Somerset FT considers that this data is as described for the following reasons:

- The case numbers and rates of CDI in the last year have remained at similar levels to the previous year although an overall increasing trend is noted over recent years. This is in line with regional and national increases, the reasons for which remain unclear.



- When compared to a regional rate, we compare well and are ranked the second lowest trust for the last year.
- When compared to the national rate we have a slightly lower rate than the national average.
- This year case numbers remain similar to the previous year, 90 cases this year compared to 94 cases previously.

Somerset FT intends to take the following actions to improve this rate, and so the quality of its services, by:

- Reviewing the risk factors, for trust apportioned cases to identify themes and new learning, sharing this learning in the organisation and driving further improvements.
- Continuing to send all specimens from trust apportioned cases for ribotyping to identify links or transmission.
- Continuing to reduce the CDI risk associated with antibiotic treatment through robust antibiotic stewardships and further review of antimicrobial guidance, where appropriate
- Undertaking analysis of the antibiotics used in trust apportioned cases and match these with ribotyping to identify and trends.
- Continuing to work with the Regional Infection Prevention and Control Team on CDI reduction strategies.
- Prompt isolation of all symptomatic patients as well as previous CDI cases, where there is an increased risk of recurrence.
- Continuing to give scrupulous attention to hand hygiene, decontamination, and cleaning practices.

### **Patient safety incidents reported to the national reporting and learning system (NRLS)**

Most Trusts are now reporting incidents to the new Learn from Patient Safety Events (LfPSE) service and are no longer reporting to the NRLS. As a result, they are showing as reporting no reports in the NRLS monthly data report. Therefore, NHS England has currently paused the publishing of this data while considering future publications in line with the introduction of LfPSE. NHS England plans to start publishing data on patient safety events recorded on LfPSE soon, when all organisations have made the transition from reporting to the NRLS.

|                                                                         |        |
|-------------------------------------------------------------------------|--------|
| Total Patient Safety Events                                             | 26,075 |
| Total Patient Safety Events Resulting in Severe or Fatal Levels of Harm | 523    |

#### **Report Criteria:**

- *The number of unique events (incidents and outcomes) reported in that between 01/04/2024 and 31/03/2025 which involve a patient.*

- The number of unique events (incidents and outcomes) reported in that between 01/04/2024 and 31/03/2025 which involve a patient where a patient has suffered: Severe harm or Fatal (NRLS incidents), LFPSE Severe Physical Harm or Fatal, LFPSE Severe Psychological Harm

## Patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)

*Related domain: Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm*

The Trust's overall percentage over the past years is represented in the table below:

| Reporting Period             | Percentage                | England | Lowest Trust | Highest Trust |
|------------------------------|---------------------------|---------|--------------|---------------|
| April 2024 to December 2024* | 90.1%                     | 90.0%   | 14.3%        | 99.8%         |
| April 2023 to March 2024     | Data submission suspended |         |              |               |
| April 2022 to March 2023     | Data submission suspended |         |              |               |
| April 2021 to March 2022     | Data submission suspended |         |              |               |
| April 2020 to March 2021*    | Data submission suspended |         |              |               |

*Compared against NHS acute providers only. \*Latest available data.*

Somerset FT considers that this data is as described for the following reasons:

- National data submission was suspended to release capacity in providers and commissioners to manage the COVID-19 pandemic. Local data collection was maintained in community and mental health settings, and from July 2020 for Acute settings.
- Medical staff receive training as part of the induction programme in the protocol for risk assessment. This applies when patients are admitted as emergencies as well as for planned procedures.
- Different parts of the organisation currently measure compliance with VTE risk assessment on admission in slightly different ways, making an overall Trustwide figure unreliable.

Somerset FT intends to take the following actions to improve on this rate, and so the quality of its services:

- Implement a digital solution in the acute setting so that an electronic version of the VTE risk assessment form is completed in full on admission and that patients are reassessed at 24 hours post admission.
- Using the data from electronic risk assessment forms across all settings to continue to monitor compliance with this requirement and to provide support to teams to deliver this where required.
- Align measurement of VTE risk assessment compliance across the organisation.

## INFORMATION ON PARTICIPATION IN CLINICAL AUDITS AND NATIONAL CONFIDENTIAL ENQUIRIES

### National Clinical Audit Participation

During 2024/25, there were 67 national clinical audits, and 7 national confidential enquiries detailed within the NHSE Quality Accounts list which covered relevant health services that Somerset FT provides.

During that period Somerset FT participated in 61/67 (91%) national clinical audits and 7/7 (100%) national confidential enquiries which it was eligible to participate in. The national clinical audits and national confidential enquiries that Somerset FT were eligible to participate in during 2024/25 are as follows:

| National Audit Title                                                                            | Participated | Comments                                                       |
|-------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------|
| BAUS Urology: Penile Fracture Audit                                                             | Yes          |                                                                |
| BAUS I-DUNC                                                                                     | Yes          |                                                                |
| BAUS Environmental Lessons Learned and Applied to the bladder cancer care pathway (ELLA)        | Yes          |                                                                |
| Breast and Cosmetic Implant Registry                                                            | Yes          |                                                                |
| Case mix programme - ICNARC                                                                     | Yes          |                                                                |
| Emergency Medicine QIPs: Care of Older People                                                   | Yes          |                                                                |
| Emergency Medicine QIPs: Adolescent Mental Health                                               | Yes          | Provider not yet started (due 25/26)                           |
| Emergency Medicine QIPs: Time Critical Medications                                              | Yes          |                                                                |
| Epilepsy12 audit                                                                                | Yes          |                                                                |
| Falls and Fragility Fracture Audit Programme (FFFAP): National Audit of Inpatient Falls         | Yes          |                                                                |
| FFFAP: National Hip Fracture Database (NHFD)                                                    | Yes          |                                                                |
| FFFAP: Fracture Liaison Service Database (FLSD)                                                 | Yes          |                                                                |
| Learning from lives and deaths of people with a learning disability and autistic people (LeDeR) | Yes          |                                                                |
| MBRRACE-UK                                                                                      | Yes          |                                                                |
| National Adult Diabetes Audit: Core diabetes audit                                              | Yes          |                                                                |
| National Adult Diabetes Audit: National Diabetes Inpatient Safety Audit (NDISA)                 | Yes          |                                                                |
| National Adult Diabetes Audit: National Diabetes Foot Care audit (NDFA)                         | Yes          |                                                                |
| National Adult Diabetes Audit: National Pregnancy in diabetes audit (NPID)                      | Yes          |                                                                |
| National Adult Diabetes Audit: National Diabetes Audit: Transition                              | Yes          |                                                                |
| National Audit of cardiac rehabilitation (NACR)                                                 | Yes          |                                                                |
| National Audit of Care at the End of Life (NACEL)                                               | Yes          |                                                                |
| National Audit of Dementia                                                                      | Yes          | *2025 no data collection, audit undergoing review by providers |

| National Audit Title                                                                                  | Participated | Comments                                                                                                      |
|-------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------|
| National Bariatric Surgery Registry (NBSR)                                                            | Yes          |                                                                                                               |
| National Cancer Audit Collaborating Centre NATCAN: National Audit of Metastatic Breast Cancer (NaoME) | Yes          | Data extraction directly from Rapid Cancer Registration Dataset                                               |
| NATCAN: National Audit of Primary Breast Cancer (NAoPri)                                              | Yes          |                                                                                                               |
| NATCAN: National Bowel Cancer Audit (NBOCA)                                                           | Yes          |                                                                                                               |
| NATCAN: National Kidney Cancer Audit (NKCA)                                                           | Yes          |                                                                                                               |
| NATCAN: National lung cancer audit (NLCA)                                                             | Yes          |                                                                                                               |
| NATCAN: National Non-Hodgkin Lymphoma Audit (NNHLA)                                                   | Yes          |                                                                                                               |
| NATCAN: National Oesophageal-gastric cancer audit (NOGCA)                                             | Yes          |                                                                                                               |
| NATCAN: National Ovarian Cancer Audit (NOCA)                                                          | Yes          |                                                                                                               |
| NATCAN: National Pancreatic Cancer Audit (NPaCA)                                                      | Yes          |                                                                                                               |
| NATCAN: National Prostate cancer audit                                                                | Yes          |                                                                                                               |
| National Cardiac Arrest Audit (NCAA)                                                                  | Yes          |                                                                                                               |
| National Cardiac Audit Programme: National Heart Failure Audit (NHFA)                                 | Yes          |                                                                                                               |
| National Cardiac Audit Programme: National Audit of Cardiac Rhythm Management (CRM)                   | Yes          |                                                                                                               |
| National Cardiac Audit Programme: Myocardial Ischaemia (MINAP)                                        | Yes          |                                                                                                               |
| National Audit of Percutaneous Coronary Interventions (NAPCI)                                         | Yes          |                                                                                                               |
| National Clinical Audit of Psychosis (NCAP)                                                           | Yes          |                                                                                                               |
| National Comparative Audit of blood transfusion: NICE Quality Standard 138                            | Yes          |                                                                                                               |
| National Comparative Audit of blood transfusion: Bedside Transfusion audit                            | Yes          |                                                                                                               |
| National early inflammatory arthritis audit (NEIAA)                                                   | Yes          |                                                                                                               |
| National emergency laparotomy audit (NELA)                                                            | Yes          |                                                                                                               |
| National joint registry (NJR)                                                                         | Yes          |                                                                                                               |
| Major Trauma audit – TARN (replaced with National Major Trauma Registry NMTR)                         | Yes          | National database hacked; no submissions possible. Data collection locally occurring. NMTR becoming live 2025 |
| National maternity and perinatal audit (NMPA)                                                         | Yes          |                                                                                                               |
| National neonatal audit programme (NNAP)                                                              | Yes          |                                                                                                               |
| National Ophthalmology Database - AMD                                                                 | Yes          |                                                                                                               |
| National Ophthalmology Database - Cataract                                                            | Yes          |                                                                                                               |
| National Paediatric diabetes audit (NPDA)                                                             | Yes          |                                                                                                               |
| National Respiratory Audit Programme (NRAP): COPD                                                     | Yes          |                                                                                                               |
| NRAP: Children and young people Asthma                                                                | Yes          |                                                                                                               |
| NRAP: Adult Asthma                                                                                    | Yes          |                                                                                                               |

| National Audit Title                                                                    | Participated | Comments                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| National Vascular registry (NVR)                                                        | Yes          |                                                                                                                                                                            |
| Prescribing Observatory for Mental Health: POMH-UK: Rapid Tranquillisation              | Yes          |                                                                                                                                                                            |
| POMH-UK: Use of Melatonin                                                               | Yes          |                                                                                                                                                                            |
| POMH-UK: Use of Opioids                                                                 | Yes          |                                                                                                                                                                            |
| Sentinel stroke national audit programme (SSNAP)                                        | Yes          |                                                                                                                                                                            |
| Serious Hazards of Transfusions: UK national haemovigilance scheme (SHOT)               | Yes          |                                                                                                                                                                            |
| Society for Acute Medicine Benchmarking Audit (SAMBA)                                   | Yes          |                                                                                                                                                                            |
| UK Cystic fibrosis registry                                                             | Yes          |                                                                                                                                                                            |
| British Hernia Society Registry                                                         | No           | Launched Nov 2024 on a voluntary basis (although it was included on the 24-25 Quality Accounts list). Not on Quality Accounts list for 25-26.                              |
| Quality and Outcomes in Oral and Maxillofacial Surgery: QOMS: Oncology & Reconstruction | No           | QOMS started in 2021, not included in the QA list. In 2024-25 it was included in QA list, although SFT did not participate. In 2025-26 it is reverting to being voluntary. |
| QOMS: Trauma                                                                            | No           |                                                                                                                                                                            |
| QOMS: Orthognathic Surgery                                                              | No           |                                                                                                                                                                            |
| QOMS: Non-melanoma skin cancers                                                         | No           |                                                                                                                                                                            |
| QOMS: Oral and Dentoalveolar surgery                                                    | No           |                                                                                                                                                                            |

#### National Confidential Enquiries with active participation during 2024/25:

| Name of Confidential Enquiry                                                                                                    | Status                       |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| NCEPOD: Acute Illness in people with a Learning Disability                                                                      | Data collecting              |
| NCEPOD: Acute Limb Ischaemia                                                                                                    | Data collecting              |
| NCEPOD: Emergency Paediatric Surgery                                                                                            | Data submitted, closed       |
| NCEPOD: Blood Sodium study                                                                                                      | Data submitted, closed       |
| NCEPOD: Rehabilitation following critical illness                                                                               | Data submitted, closed       |
| NCEPOD: Juvenile Idiopathic Arthritis                                                                                           | Data submitted, closed       |
| Mental Health Clinical Outcome Review Programme: National Confidential Inquiry into Suicide and Safety in Mental health (NCISH) | Handled by SFT Research Team |

## National audits falling outside the scope of the Trust's services

These projects were included within the NHSE Quality Accounts list but relate to service types other than those the Trust provides, included for completeness:

| National Audit Title                                                                             | Notes                                                                    |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| National Audit of Cardiovascular Disease Prevention                                              | Data extracted from all GP records and reported on ICB basis.            |
| National Cardiac Audit Programme: Adult Cardiac Surgery                                          | Not relevant to this Trust                                               |
| National Cardiac Audit Programme: National Congenital Heart Disease (NCHDA)                      | Not relevant to this Trust                                               |
| National Cardiac Audit Programme: The UK Transcatheter Aortic Valve Implantation (TAVI) Registry | Not relevant to this Trust                                               |
| National Cardiac Audit Programme: Left Atrial Appendage Occlusion (LAAO) Registry                | Not relevant to this Trust                                               |
| National Cardiac Audit Programme: Patent Foramen Ovale Closure (PFOC) Registry                   | Not relevant to this Trust                                               |
| National Cardiac Audit Programme: Transcatheter Mitral and Tricuspid Valve (TMTV) registry       | Not relevant to this Trust                                               |
| Cleft Registry and Audit Network (CRANE)                                                         | Not relevant to this Trust                                               |
| Diabetes Prevention Programme (DPP) Audit                                                        | Not relevant, primary care                                               |
| National Child Mortality Database (NCMD)                                                         | Not relevant to this Trust – data comes from Child Death Overview Panels |
| National Obesity Audit                                                                           | SFT do not provide Tier 2 & 3 weight management services                 |
| National Respiratory Audit Programme (NRAP): Pulmonary Rehabilitation                            | Not relevant to this Trust                                               |
| National audit of pulmonary hypertension (NAPH)                                                  | Musgrove cases are reviewed by one of the 8 participating centres        |
| Out-of-hospital Cardiac Arrest Outcomes (OHCAO) Registry                                         | Not relevant to this Trust                                               |
| Paediatric intensive care audit network (PICAnet)                                                | SFT does not have a standalone paediatric intensive care unit            |
| UK Renal Registry National Acute Kidney Injury                                                   | Not relevant to this Trust                                               |
| UK Renal Registry Chronic Kidney Disease                                                         | Not relevant to this Trust                                               |

## THE TRUST'S RESPONSE TO NATIONAL AND LOCAL AUDIT FINDINGS

Action plans are developed for all audits where significant issues are identified, and where the Trust intends to take actions to improve the quality of the healthcare provided.

### NATIONAL CLINICAL AUDIT

The reports of 47 national clinical audits were reviewed by the provider in 2024/25:

|                    |                     |                    |
|--------------------|---------------------|--------------------|
| • 4 from pre-2020  | • 10 from 2021/2022 | • 8 from 2023/2024 |
| • 5 from 2020/2021 | • 19 from 2022/2023 | • 1 from 2024/2025 |

Twenty-seven of these completed audits identified actions to improve the quality of healthcare provided and the following 15 are examples of the changes planned:

#### Intensive Care National Audit & Research Centre (ICNARC) Case Mix Programme

ICNARC produces reports for each physically separate critical care unit on a quarterly basis. The metrics analysed represent ICNARC's key quality indicators around critical care and data are presented compared to an expected value for a similar sized and structured unit.

Actions included:

- Development of improving automated data capture to improve completeness
- Establish formal consultant input at YDH to data capture processes to ensure accuracy
- Review Carbapenemase-producing enterobacterales (CPE) sampling on admission for all MPH ICU patient
- Continue to audit mis-triaged patients to identify trends or areas for improvement

#### Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries (MBRRACE-UK): 2022 births

The scope of MBRRACE:

- Surveillance and confidential enquiries of all maternal deaths
- Topic specific serious maternal morbidity
- Surveillance of all late fetal losses, stillbirths and neonatal deaths
- Aspects of stillbirth and infant death or serious infant morbidity

Actions included:

- Continuing to work towards fully implementing 'Saving Babies Lives' with clear leads for each element to ensure clear ownership and accountability
- Carry out an SFT local mortality review for 2023 deaths to highlight trends, themes and areas for improvement

### **National Audit of Dementia: spotlight audit in Memory Assessment Services**

The aim of this audit was to provide a spotlight on the performance of Memory Assessment Services across England and Wales, focusing on waiting times, physical health assessments, neuroimaging and cognitive stimulation therapy.

Actions included:

- Implementation of a single point of access Triage template on the electronic patient record
- Review of existing post diagnostic template
- Undertake review to ensure and improve consistency of patient referrals

### **National Audit of Primary Breast Cancer (NAoPri)**

The aim of NAoPri is to evaluate the patterns of care and outcomes for people with primary breast cancer in England and Wales, and to support services to improve the quality of care for these patients. The State of the Nation report publishes information on the care received by people diagnosed with breast cancer during 2019-21 in England and Wales. This was the first annual assessment of NHS breast services.

Actions included:

- Development within the electronic patient record to evidence the decision of whether the patient is suitable to be offered immediate reconstruction (IR) following a mastectomy (to include acceptable reasons why IR might not have been offered)

### **National Bowel Cancer Audit (NBOCA)**

The National Bowel Cancer Audit looks at all colorectal cancers diagnosed and treated nationally. The 2023 Annual Report is the 14th report to date and includes data on patients diagnosed with bowel cancer between 01 April 2021 and 31 March 2022. The audit is designed to compare regional variation and collects data on items that have been identified as markers of good clinical care

Actions include:

- Improvements in data collection, working alongside MDT Co-ordinator and wider MDT. This impact will be assessed 6 monthly and actioned appropriately and further changes made until the data is pulled through correctly. Use 3-monthly 'hot' reports to monitor implementation of any changes

### **National Clinical Audit of Psychosis – EIP 2023/24**

This audit provides national benchmarking across all Early Intervention in Psychosis (EIP) teams in England and Wales and forms the sixth round of this audit. Services are measured against criteria relating to the care and treatment they provide, so that the quality of care can be improved.

Actions included improving current provision for children and young people by:

- Production of digital wellbeing report to provide monthly monitoring of physical health and interventions
- Production of digital report to provide overview of caseload and data completeness which will allow for early identification of any shortcomings to address



### **National Diabetes Footcare Audit (NDFA)**

The NDFA enables all services in England and Wales that treat people with diabetes related foot disease to measure their performance against NICE guidance, to monitor patient outcomes and to benchmark against peer units. This is the 7<sup>th</sup> round of this audit and covers the period up to 31/03/2023.

Actions included:

- Training – mandate ward staff to complete diabetic foot training, and increase training to primary care to improve early recognition of pathology
- Establish complex case clinics 6-month trial as part of the Trust's Productive Care Programme
- Ankle-brachial pressure index (ABPI)/toe pressure to be available in hubs to enhance vascular assessment and timely referral
- Introduce 'To Take Away' Antibiotics supplied under a Patient Group Direction
- Recruit an Advanced Clinical Practitioner for Wound Care to oversee and develop the management of patients at higher risk.

### **National Fracture Liaison Service Database (NFLS)**

The purpose of a fracture liaison service is to reduce recurrent hip and other fractures by ensuring delivery of effective secondary prevention. This annual report describes the secondary fracture prevention received by patients 50 years and older in England and Wales

Actions included:

- A Quality Improvement project to improve strength and balance assessments for classes

### **National Oesophago-Gastric Cancer Audit (NOGCA)**

NOGCA was established to evaluate the quality of care received by patients diagnosed with oesophago-gastric (OG) cancer, to highlight regional variation in care and to identify areas where NHS cancer services in England and Wales can improve. Period covered 01/04/2020 – 31/04/2022

Actions included:

Improve the recording of the CT Staging by:

- Adding as a standing item at the MDT meeting – staging to be recorded at the meeting
- For unusual types of cancers such as gastrointestinal stromal tumour (GIST), advice to be sought on appropriate recording of staging

### **National Paediatric Diabetes Audit (NPDA)**

The NPDA collects information on the care and diabetes outcomes of all children and young people receiving care from paediatric diabetes teams in England, Wales and Jersey and reports an annual core dataset. The sole aim is to provide information that

leads to an improved quality of care for those children and young people living with diabetes.

Actions included:

- Increasing Paediatric Diabetes Specialist Nurse (PDSN) staffing ratios
- Implement PDSN Keyworker for each patient
- Collaborate with ICB, adult and paediatric teams, on funding and roll out of Hybrid Closed Loop (HCL) systems
- Improve local understanding of factors contributing to raised HbA1c in this population
- Increase rate of obtaining urine samples for albuminuria: trial of posting specimen pot prior to annual review
- Increase rate in attendance of retinal screening by adding information about this when next appointment due, and adding telephone number of the Eye Screening Dept on the patient pathway

### **National Vascular Registry (NVR) 2023/24**

The NVR Annual Report provides information on activity and outcomes from interventions in patients with vascular disease. It allows us to compare our local unit-level data with national data.

Actions included:

- Review of Carotid endarterectomy (CEA) pathway to pinpoint geographical variation
- Reduce CEA delay from referral to surgery by prioritisation of discussion at twice weekly MDT, and CEA procedures onto operating lists
- Vascular Department to consider processes for case selection when contemplating surgery for high-risk carotid patients

### **POMH-UK: Use of Melatonin**

The aim of this audit was to ensure that melatonin is being prescribed correctly, using licenced preparations where possible, and the efficacy of medication should be reviewed alongside the need for continuing treatment. This audit included Child and Adolescent Psychiatry, Learning Disabilities and Community Paediatrics.

Actions include:

- Development of a comprehensive sleep clinical stepped care pathway and resources
- When current prescriptions are being re-issued, ensure they are reworded to reflect Trust formulary melatonin preparations
- Standard practice to schedule a 3-month review telephone call to carers/family to review clinical response, therapeutic effect, does, and side effects
- Improved documentation for consent, to include when using off label

### **Royal College of Emergency Medicine: Pain in Children**

This quality improvement programme reviews the quality of caring for children with limb fractures in pain presenting to Emergency Departments during 2021-22.

Actions included:

- Create new programme for recording triage as part of the NHSE triage pilot
- Reaffirm and add pain scoring as an action point on nursing handovers, include in huddle board
- Visit neighbouring Trust to investigate how their new triage pilot tool is used

### **Royal College of Emergency Medicine: Consultant Sign-off**

This quality improvement programme reports on the performance of safe discharge of adult and child patients in the ED who are identified as higher risk from April to October 2022.

Actions included:

- Mandatory field/additional tab to be added for the high-risk cohort of patients where consultant sign-off is required
- Local audit to be undertaken to provide assurance that the changes have had the anticipated impact

### **UK Cystic Fibrosis Registry (2022 data)**

The UK Cystic Fibrosis Registry collects annual review data for nearly all patients with a diagnosis of Cystic Fibrosis (CF) in the UK. The data allows benchmarking against peers and provides CF information that applies to their specific care team.

Actions included:

- Improve Forced Expiratory Volume (FEV1) testing:
  - MPH Increase use of hypertonic saline by reviewing current literature and target patients with reducing FEV1. Improve technique of patients using the test. Target additional treatments in patients with downward FEV1 trends.
  - YDH: Using techniques learned during spirometry training, teach children how to use the test correctly. Encourage regular exercise and daily respiratory physiotherapy. Check test results to ensure numbers are similar each time. In the event of any discrepancies, repeat the test.
  - Discuss findings at Network meeting to learn from other Trusts how to improve FEV1 percentages.

### **LOCAL CLINICAL AUDIT**

The reports of 137 local clinical audits were reviewed by the provider in 2024/25. Action plans are developed for all audits where significant issues are identified, and where the Trust intends to take actions to improve the quality of the healthcare provided.

Of the 137 local clinical audits reviewed, 135 required action plans, and the following 20 are examples of projects conducted by clinical teams across the Trust and the changes proposed because of them:

### **Clinical Support and Cancer Services Service Group:**

#### **Physiotherapy: Musculoskeletal Therapy notes audit at YDH**

The aim of this audit was to establish compliance with local policy. 100 sets of notes audited across inpatient and outpatient setting, were audited, selected at random.

Actions included:

- Supervision with all therapists to include formal notes review, to include as a minimum designation, abbreviation usage, documentation of errors, and consent to treatment.
- List of approved abbreviations to be devised and held on the shared drive for ease of access

#### **Radiology: Skeletal surveys for suspected physical abuse at MPH**

The purpose of a skeletal survey is to provide a standard series of radiographic images that will visualise the entire skeleton. The results of medical imaging may have significant social and medico-legal implications. Consequently, it is imperative that radiological assessment is timely and accurate

Actions included:

- Discussion with paediatric radiologists in paediatric MDT to highlight follow-up imaging timing
- Radiographer to check for follow-up request at the time of scan
- Reporting radiologist to include follow-up survey text at the end of the report

#### **Pharmacy: Intravenous Immunoglobulin Compliance at MPH and YDH**

The critical need for, and the effectiveness of immunoglobulin treatment varies; it is life saving for some patients for whom no alternative treatment exists, while others do have clinically effective and often more cost-effective alternatives available to them. The guidelines for Immunoglobulin (Ig) use are designed to ensure that Ig is only used for evidence-based indications

Actions included:

- Communication to all clinical teams and pharmacists emphasising all new IV Ig treatments must be processed through the MDSAS platform, and must be approved by the Sub Regional Immunoglobulin Advisory Panel (SRIAP)
- Regular reviews of Medical Data Solutions and Services (MDSAS) to be undertaken to identify short term patients and appropriate closure of the episode
- Dispensary managers to be responsible for records as part of revised Standing Operating Procedure June 2024
- Training on recording infusions in MDSAS
- Monthly reconciliation process to ensure all IVIG is documented in MDSAS

## **Children, Young People and Families Service Group:**

### **CAMHS East: Inclusion of Technology Use and Online Safety in initial assessments**

The Royal College of Psychiatrists released a report in January 2020 stating that “Questions around technology use should become a core part of biopsychosocial assessments and formulations”. The aim of this audit was to review whether CAMHS East initial assessments and formulations include exploration of technology and online safety.

Actions included:

- Training delivered at team away day, including barriers to asking, how to ask, and updates around current guidance and legislation
- Standardisation of documentation for initial assessment to include these elements

### **Primary Care Dental Service: Use of Flumazenil**

Regular auditing of the use of flumazenil is recommended by the National Patient Safety Agency (NPSA)<sup>1</sup>, Intercollegiate Advisory Committee for Sedation in Dentistry (IACSD)<sup>2</sup> and the Academy of Medical Royal Colleges (AoMRC)<sup>3</sup>. In the past, flumazenil use was seen as an indication of over-sedation. It is now recognised that flumazenil is used for a multitude of reasons, but it is still important to ensure the use is justified and the justification interrogated.

Actions included:

- Discussion with whole sedation team, to discuss how a final check/sign-out could be put into place following a sedation appointment
- Adjust flumazenil recording template to clarify when using electively vs emergency use.
- Discuss with the whole sedation team including sedation trained nurses what constitutes an incident in the context of conscious sedation.

## **Medical Service Group:**

### **Dermatology: Non-melanoma skin cancers excisions at YDH and Crewkerne Community Hospital**

The aim of this audit was to compare the preoperative diagnosis with the histological diagnosis and to ascertain the completeness of excision with comparison of peripheral and deep margins

Actions included:

- Engagement with colleagues to request 4mm margins for excision to improve the margin of clearance
- 4mm margins to be considered despite the site and anatomical complexity

### **MPH acute wards, Mental Health, Community Services: Safety Huddles**

The aim of this audit was to establish if regular Safety Huddles were taking place, which were originally introduced as part of the Ward Accreditation programme.

Actions included:

- Roll out of safety huddles to YDH wards
- Devise local Procedure/Trust policy
- From April 2025 Medical and Surgical Governance teams to receive and action their own dedicated audit data

### **Acute Medical Unit (AMU): Analgesia prescribing at MPH**

The aim of this audit was to support the administration of analgesia to patients who may under-report pain, thereby reducing the opioid burden for patients, and hence reduce the risk of unpleasant side effects.

Actions include:

- Trustwide communication to highlight awareness
- Teaching session for AMU doctors
- Liaise with pharmacy to determine the feasibility of adding an alert to the electronic prescribing system

### **Lying and Standing Blood Pressure (LSBP) at MPH**

This audit was undertaken as part of the ongoing work on slips, trips and falls, with a focus on falls prevention. The aim of the audit was to establish if LSBP was being carried out.

Actions include:

- Simulation education on LSBP at Exmoor and Triscombe ward
- Education programme visiting wards to support continuous learning, by demonstrating where LSBP has been missed and completed

### **Acute Medicine: Rescan Dopplers Ultrasound Scan (USS) (lower limb) at MPH**

The aim of this audit was to ensure the ultrasound scanning capacity was being used appropriately and they were all indicated. This would reduce the numbers of unnecessary Doppler USS requests and repeat scans, reduce the burden on radiology, and reduce cost.

Actions included:

- Use of Rescan Requests Proforma to reduce the number of unnecessary rescan requests
- Create flow-chart in poster format to set out the process

### **Mental Health and Learning Disabilities Service Group:**

### **NHSE Learning Disability Improvement Project 2024 Year 6: Community Services and Acute Services**

The improvement standards were launched in 2018 by NHS Improvement to ensure the provision of high quality, personalised and safe care for all adults and children with learning disabilities and/or autism across England. The data allows for Trusts to review their own data as well as benchmarking against other Trusts.

Actions included:

- Consideration of the need for a dedicated post/position for a person with learning disabilities (or their family/carers) on the Trust council of governors or at any Trust Board sub-committees
- Schedule targeted audits within acute settings: DNAR, Restrictive Practices
- Disseminate LeDeR review learning to acute colleagues
- Suite of actions to improve service user and carer involvement in service development and coproduction
- Easy read information relating to making a complaint to be available for all patients
- Roll out new Learning Disability Liaison Chief Nurse Officer training video
- Commence Learning Disability Champion Network within acute wards/depart

### **Quality of discharge summary/handover from the ward to Community Mental Health Team (CMHT)**

The aim of this audit was to ascertain if current discharge/handover from the ward to CMHT meet Trust standard and guidelines.

Actions included:

- Email to all inpatient consultants to contact community consultant upon discharge, if medical follow-up is required - documenting future medical plans was slightly lower compared to discharged medications
- Update policy

### **Observation whilst maintaining safety and patient engagement in Mental Health Inpatient Wards**

Observation is a mental health nursing intervention, which is used to manage risk. It is used to mitigate the risk of self-harm, suicide, aggressive, violent or impulsive behaviour and close monitoring of patients diagnosed with a mental disorder. This audit sought to assess current adherence to trust policy and address any shortfalls.

Actions included:

- All clinical staff working within mental health inpatient services will have an in-date assessment of competence to carry out mental health observations completed
- All levels of observation should be recorded within Dialog+ (the care planning record) and it should be clear the patient was involved in the decision
- QI project to be started with the aim of improving standards around document keeping.
- All entries on observation charts should meet the required standard of being clear, unambiguous and describe accurately and concisely the current mental state and

movements of the patient being observed. Weekly assurance checks will be carried out to ensure compliance.

- Brief staff regarding the importance of carrying out randomised observations (i.e. avoiding predictable timing)

## **Neighbourhoods and Community Services:**

### **Syringe Driver User in Community Hospitals**

A syringe driver is a device that delivers medicines subcutaneously over a defined period usually around 24 hours. This audit aimed to ensure that the prescribing across the community hospitals for palliative care patients of syringe pump medicines aligns with the trust's policy of not being more than two PRN doses.

Actions included:

- Change of wording to palliative care chart to provide more clarity on requirements
- Medication Administration Record (MAR) chart wording to be updated to make it clear that two registered members of staff should agree dose changes – policy to be updated

### **Quality of Treatment Escalation Plans (TEP) in the frailty patient**

The aim of this clinical audit was to review the quality of TEPs in patients admitted with a diagnosis of frailty.

Actions included:

- New Somerset Treatment Escalation Plan (STEP) form rolled out across the county following new TEP lead role appointment – training to be provided
- Specific training on STEP conversations with frailty teams

### **Discharge process and communication with GPs by Older Persons Community Mental Health (OPCMHT) Teams and PCMHT's and Intensive Dementia Support (IDS) Service**

This audit was undertaken to monitor whether effective communication is in place with GPs on discharge from the OPMH service, whether this communication included core expected standards and whether associated aspects of the RIO record are also updated in line with the Trust's care planning policy.

Actions included:

- Results to be discussed at Older Persons Best Practice Group and with all OPCMHT and IDS Team Manager
- A discharge checklist to be developed that CMHT staff can use as a prompt when discharging patients to help ensure expected standards are achieved
- Team managers to complete ad hoc audits of discharges from individuals' caseloads
- All CMHT and IDS staff who facilitate discharges to attend Personal Safety planning training sessions



- To investigate whether “how and when to re-refer” could be added in as a standard box within the discharge summary

### **Surgical Service Group:**

#### **Audiology: Impressions for custom ear moulds at YDH**

The aim of this audit was to ensure that all staff are compliant with the standards for taking an aural impression and are creating impressions of a high standard. Poorly made moulds because of inaccurate impressions will increase patient appointments to repeat the procedure, potentially leading to non-use of hearing aids and a negative experience of hearing aid and the audiology service.

Actions included:

- Adding ‘Otoscopy after impression’ to all relevant Auditbase templates to ensure otoscopy has been performed prior to and after impression taking
- Discussion at staff meeting and follow-up email to remind colleagues of importance of colour of impression, correct completion and placement of ear mould label, and infection control and cleaning impression prior to packing

#### **Urology: Faster diagnosis two-week wait Haematuria audit at MPH**

Prolonged time to starting chemo and definitive surgery for muscle invasive bladder cancer adversely effects patient outcome. The aim of this audit was to identify any delays in the pathway to avoid delays and improve patient outcomes.

Actions included:

- Repeat cystoscopy – red patches seen at flexible cystoscopy to be described in a set manner
- Delays in treatment – consideration of reinstating Monday afternoon dedicated trans-urethral resection of bladder tumour slots on operating lists

#### **ICU: Recognition and management of dysglycaemia in admitted patients at YDH**

Dysglycaemia (blood sugar levels outside the normal range of 4.6 – 10 mmol) can cause adverse effects especially in long periods of hyperglycaemia and acute episodes of hypoglycaemia. The aim of this audit was to establish if the ICU is compliant with local guidance on the management of blood sugar

Actions included:

- Training for doctors and nurses on ICU to improve their recognition of dysglycaemic episodes on the ward
- All dysglycaemic episodes to be recorded with a clear plan of actions
- Review of insulin protocols to prevent episodes of dysglycaemia
- Patients to have a final blood test on the day of (or before) they leave the unit to assess for resolution of dysglycaemia

#### **Anaesthetics: Use of Neuromuscular Monitoring when using neuromuscular blocking agents in patients receiving general anaesthesia at YDH**

The aim of this audit was to assess the compliance of anaesthetists with current neuromuscular monitoring guidelines published by the Association of Anaesthetists of Great Britain and Ireland (AAGBI) for standards of monitoring during anaesthesia and recovery 2021.

Actions included:

- Development and delivery of education video
- 'Tea-trolley' style teaching in operating theatres
- Pursue possibility of procuring Phillips NMB Hand-adapters for theatres

## CLINICAL RESEARCH

### Introduction

Clinical research continues to be a high national priority and is a hugely important part of the life sciences industry and the UK economy. The government has communicated their ambition for the UK to be a world leader in clinical trials and recognises the importance of life sciences to the health of the nation and growth of our economy. The government commissioned an independent investigation of the NHS in England. The investigation was led by Lord Darzi, innovation and research were highlighted as areas that can play a key role in transforming the NHS.

Levels of commercial research have declined since Covid and in response the previous UK government commissioned a review, led by Lord O' Shaughnessy, to investigate the challenges that face commercial clinical trials within the UK. The government has committed to continuing to work to implement the recommendations from the report. All NHS research sites are requested to do what they can to deliver commercial research to support improvements in health and wealth of the nation, to double commercial research activity, and double again by 2027.

There is continued focus on ensuring processes are efficient and safe, legislation governs many of these processes. The MHRA aims to enable a thriving clinical research environment in the UK and support the UK vision for the future of clinical research delivery in *Saving and Improving Lives: The Future of UK Clinical Research Delivery* (2021). These proposals lay out recommendations to improve the life sciences and research ecosystem, removing bureaucracy to support efficient and effective clinical trials delivery, fostering growth and wider access to research for the population of the UK.

In early 2023, the Medicines and Healthcare products Regulatory Agency (MHRA) announced results of a public consultation on proposals to amend the clinical trials of human medicines legislation. The updated Clinical Trials regulations were laid before parliament December 2024. Following approval there will be a 12-month implementation period with guidance shared to accompany the new regulations before they come into effect in April 2026. The amended legislation will aim to streamline and speed up clinical trials in the UK.

In October 2024, the Department of Health and Social Care (DHSC) announced the launch of the NIHR Research Delivery Network (RDN), replacing the NIHR Clinical Research Network (CRN). The RDN aim to enable the health and care system to attract, optimise and deliver research across England. They plan to do this by supporting successful delivery of high-quality research, being an active partner in the research system and increase capacity and capability of the research delivery infrastructure for the future.

As a site, we must continue to ensure that we have efficient and streamlined approach to study setup and delivery, we continue to utilise quality improvement and grasping opportunities to develop and improve our processes, broaden and diversify our portfolio whilst embracing national changes.

Merger has been a focus over the past 24 months, we continue to work on harmonising processes and ensuring equal access to all research opportunities in services in Somerset. We look to expand our commercial portfolio, further developing our strategic partnerships whilst growing our sponsorship and chief investigator led projects.

### **Commercial collaborations**

Dr Tim Jobson, consultant gastroenterologist, has continued to develop his project to improve early identification of patients with declining liver health. The Trust was awarded an NIHR invention for innovation (i4i) grant of circa £1.5m in 2019/20 to undertake the project, which is a collaboration between the Trust and commercial partners. The project has developed clinician guided case finding software that has been successful in identifying patients who have developed undiagnosed liver disease allowing them to be offered the chance to commence treatment at an earlier stage than before, prior to symptoms becoming evident. Dr Jobson has now collaborated further to take forward research in wider populations and is also exploring whether the same technology can be used in other diseases to bring earlier diagnosis for patients at risk of developing potentially serious illness. An Innovate UK grant of £1m has been awarded, the grant is held, and the project is sponsored by Sano Genetics, and work will be in collaboration with the Trust to deliver the project, recruitment is ongoing. The software tool that has been developed is confirmed to be rolled out for use across the South West England.

A number of Trust clinicians continue to act as UK-wide chief investigators for commercially sponsored projects, Dr Oliver Miles for a Haematology project, Dr Saiqa Spensley for a commercially sponsored drug trial in Oncology and Dr Rhodri King for a commercially sponsored drug trial in weight management. The Trust will act as Lead R&D Department for the projects.

The Trust continues to work with TrinetX, a commercial data warehouse that provides anonymised data to approved research partners across a global network of healthcare organisations and life sciences companies driving real-world research to accelerate the development of new therapies.

The Trust continues to be a prime site collaborative partner with IQVIA, a partner in the Investigator **N**etworks, **S**ite **P**artnerships and **I**nfrastructure for **R**esearch **E**xcellence (INSPIRE) program alongside Pfizer, and as an AstraZeneca prime site.

We continue to increase the number of commercial studies active within our portfolio, and the areas across the Trust that participate in commercial research. The trust was recently selected for our first ENT commercial project.

### **Academic grants**

The Trust has several academic, grant supported, studies in various stages of progression.

Miss Jo Morrison, Consultant Gynaecological Oncologist, is Chief investigator for a number of projects. A successful grant application awarded in relation to post-natal cervical screening. The first stage of this project explored acceptability of cervical screening and self-sampling in postnatal women at six-week postnatal check, this project has now closed, and results are awaited. The second stage is investigating the acceptability and accuracy of cervical screening and self-sampling in women at six-weeks postnatal, the project is open to recruitment at SFT and two other sites within the southwest and is recruiting to plan.

Miss Morrison has also successfully gained funding for a project exploring people's views on where their outpatient care takes place if they are investigated for a possible gynaecological cancer or attending for appointments after gynaecological cancer treatment, the project has received ethical approval study is open at SFT and recruiting to plan.

The Love Musgrove Charity supported development of a local project led by Ana-Maria Toth, a Clinical Nurse Researcher based at Musgrove Park Hospital. The project involved investigating the use of hypnotherapy in relation to post-operative pain relief. The project has now closed, and the final report awaited. Ana has commenced a PhD programme in partnership with Exeter BRC, to further develop her research.

The Trust merger has expanded opportunities to work across county and collaborate with local health community partners. The Trust and Symphony Healthcare Services have worked collaboratively on several projects and will continue to identify projects where we can work collaboratively, exploring joint and commercial opportunities.

In March NIHR Exeter Biomedical Research Centre (BRC) and Somerset NHS Foundation Trust held a successful Research Partnership Conference. The Trust continues to work as a partner organisation of the BRC to improve diagnosis, treatment and care, in the South West and across the world. Dr Marianne Hollyman, Upper GI Consultant Surgeon, continues as a BRC Consultant Researcher. Dr Lisa Durrant, Consultant Therapeutic Radiographer. Dr Joanne Moffat, Clinical Fellow Gynaecological Oncology, PhD. Ana Marie-Toth, Clinical Nurse Researcher, PhD. These awards provide funded time and resources through the BRC to develop academic research projects.

The Trust continues to support and promote non-medical research careers and clinical academic roles. These aim to support nurses and allied healthcare professionals as Principal Investigators (PIs), Associate PIs and will develop Chief Investigators of the future.

### **Chief Nurse Research Fellowships**

The success of the Chief Nurse Research Fellowship (CNRF) scheme originally launched in November 2022 continues to thrive and is currently receiving applications for its fourth cohort (2025-2026). The annual scheme, funded by the NIHR, offers band 5 and 6 nurses, midwives, and allied health professionals, the opportunity of having protected time, one day paid a fortnight, to undertake clinical academic career development, to gain an understanding and experience of clinical research delivery

and how to embed this into their daily practice, and the opportunity to develop a service-based quality improvement or audit project as a basis for future research.

In year one 15 fellowships were awarded, 12 successfully completed resulting in 12 poster presentations, 4 publications in the Southwest Clinical School (SWCS) Journal, and one presentation at a national conference. Additionally, one member went on to study an MSc in Advanced Practice, and another gained promotion. In the second year (2023-2024) 4 fellowships were awarded all presented posters and published in the SWCS journal, the outcomes of the programme resulted in one promotion, one studying for MSc in Clinical Research, a successful award for the PenARC Knowledge Mobilisation Fellowship and another planning a post-doctoral career. In year three (2024-2025) 5 fellowships were awarded, the programme is currently in progress and is due to complete by September 2025. An overview of the programme with reflections and learnings was recently shared by way of a poster presentation at the regional Delivering a Skilled Workforce conference hosted by Plymouth University.

### **Quality improvement**

The research department is required to conduct an annual Patient Research Experience Survey, the results of which for 2024/25 were positive with no action plans required.

During the year staff have continued to utilise Quality Improvement training and have continued to contribute to numerous quality improvement projects with particular focus on support the alignment of research practices across all sectors post-merger.

### **Research Innovation**

Following a successful funding request to the NIHR by the Trust Lead Research Nurse a pilot to train the vaccine workforce in research delivery skills was completed. This was to support SFT to maximise opportunities to deliver commercial vaccine trials in Somerset, as the local population have not yet had access to vaccine trials outside of paediatrics.

There is a high national agenda for growth of vaccine clinical trials in the UK, independent vaccine forums have been established for infectious diseases and cancer vaccines. These forums build communities of infection and cancer vaccine research experts. They provide early input and advice on vaccine protocols and pipelines. This helps ensure vaccine trials coming to the UK are a good fit for our health and care system. The national vaccine contract has now been signed by the commercial pharma companies developing new vaccines, and they are looking for UK sites to deliver their trials.

In preparedness, through this pilot we have increased the capacity and capability to step up a workforce that can deliver vaccine clinical trials. Aligning vaccine trials to an already established vaccine service model and infrastructure develops the required capacity and capability. Developing research delivery skills and knowledge within the established vaccine workforce could also inform a nationally scalable model for vaccine clinical trials delivery in the UK.

## **Research Patient, Public Involvement and Engagement (PPIE)**

The national drive to embed PPIE into all elements of research activities across the research development pathway continues, with a robust PPIE feedback plan now being made mandatory for all developed and submitted grant applications. The need to tackle research equity through engaging with the local population is now more important to ensure our research meets the needs of our local population and is inclusive and diverse, to help identify research barriers, seek solutions, and increase research accessibility, awareness and participation.

This year, our research team continues to be an active and collaborative partner in the Somerset Research Engagement Network (REN) project, funded by NHS England, hosted by the ICB with all ICS partners. The project aims to work in partnership with the voluntary, community, faith and social enterprise (VCFSE) organisations, to engage under-represented groups and communities, such as under-served groups with protected characteristic as well as inclusion health groups, to improve participation in NHS research. Spark Somerset was funded to undertake the community facing activities and utilised their research connectors to do the outreach work with their communities. The Trust along with collaborators contributed to the development of the questions and was active in providing the baseline data about current research recruitment for Somerset. The project has just completed year two and the outcome report is pending but funding for its third year has been secured. The networking opportunities and relationships established during the REN project will continue to enable the PPIE agenda to progress more effectively and sustainably across the system. During the second year SFT teams have supported the REN group to create interactive visual research data activity maps which include the index of deprivation. The maps support a focussed approach to engage areas of those underserved by research or for those who experience barriers because of rurality or deprivation therefore focussing on equality diversity and inclusion (EDI). Last year the department of clinical research was also awarded some NIHR funding to develop a mobile research unit (MRU). The aim of the unit is to support EDI and increase engagement and access for people to participate in research. The MRU is due to be completed and functioning by September (2025). The REN research connectors were part of the PPIE activity which helped inform the exterior artwork for the unit. The group REN work will also be used to inform where the unit visits and much work is ongoing to align engagement activities and to enable and facilitate research ready communities. To maintain this momentum, provide support for new research and the lay Somerset wide PPIE research steering group; to work with REN, it will be necessary to recruit into the current vacant PPIE facilitator role.

### **Funding and activity**

In 2024/25, the Trust was allocated £2,716,593 to support research staffing and infrastructure via the NIHR South West Peninsula Regional Research Delivery Network (RRDN). Revenue from the conduct of research of £1,216,430.55 has been invoiced for as at 31/03/2025. This revenue represents a significant increase on previous years and reflects the successful delivery of a growing proportion of commercial portfolio research.

The number of staff, carers and patients receiving relevant health services, provided or sub-contracted by SFT, who were recruited in 2024/25 to participate in research approved by a research ethics committee was 2,457 (in 183 studies).



## CARE QUALITY COMMISSION (CQC)

### Maternity Services Inspection

In November 2023, Somerset NHS Foundation Trust's maternity services were inspected by the CQC as part of its national maternity inspection programme. The inspection covered services at Yeovil District Hospital, Musgrove Park Hospital, and the Mary Stanley Midwife-Led Unit at Bridgwater Community Hospital. The findings, published in May 2024, identified several areas requiring significant improvement, and the Trust was issued with a Section 29a Warning Notice in January 2024.

As a consequence of these inspections, the overall rating for Musgrove Park Hospital maternity services decreased from Good to Inadequate. The rating for how well-led it is decreased from Good to Inadequate. How safe it is decreased from Requires Improvement to Inadequate. As this was a focused inspection, and the areas of effective, caring and responsive retained their previous ratings of Good. Following the maternity services inspection, the overall rating for the Musgrove Park Hospital as a service location also decreased from Good to Requires Improvement.

In respect of Yeovil District Hospital maternity services, these were also rated as Inadequate overall, as well as for being safe and well-led. As this was a focused inspection, and the areas of effective, caring and responsive retained their previous ratings of Good. Following the maternity services inspection, and the overall rating as a service location also decreased from Good to Requires Improvement.

It was the first time Bridgwater Community Hospital's Mary Stanley Birth Centre, a midwife-led unit, has been rated. The maternity service was rated as Requires Improvement overall, and for being safe and well-led.

Since the inspections, the Trust has taken robust and sustained action to address the concerns raised. A comprehensive improvement plan has been implemented and overseen by the Maternity and Neonatal Action Group, jointly chaired by the Chief Nurse and Chief Operating Officer. This monitored progress across key areas including governance, clinical pathways, estates, equipment, and workforce development.

Key improvements made during 2024/25 include:

- Implementation of a standardised triage process to ensure timely and safe clinical assessment.
- Reconfiguration of ward layouts to enhance visibility and oversight of patients.
- Procurement of additional emergency equipment at both Musgrove Park and Yeovil District Hospitals.
- Strengthened governance and audit processes, including a Trust-wide review and update of all maternity-related policies and procedures.
- Improved training compliance and oversight, with mapped mandatory training requirements and enhanced access to guidance for staff.

The CQC acknowledged the Trust's open culture, strong community engagement, and the commitment of staff to delivering safe, compassionate care. Throughout 2024/25, the Trust met with the CQC to present evidence of the improvements made. The CQC confirmed it was satisfied that the actions taken had mitigated the immediate risks identified in the Warning Notice.

In the latter part of the year, the Trust has been developing a robust maternity and neonatal improvement plan for 2025-2027, which will provide a framework for transformational improvement across maternity and neonatal services. The plan will run over a two-year period and will include a designated set of priority actions. In addition, the Trust is onboarding to the national Maternity Safety Support Programme, provided by NHS England.

We anticipate follow-up inspections of maternity services at all three sites during 2025/26 and remain committed to embedding and sustaining improvements to ensure the highest standards of care for women, birthing people, and families.

### **Paediatric Services Inspection**

In January 2025, the CQC also carried out an inspection of the Trust's acute services for children and young people at both our Musgrove Park Hospital and Yeovil District Hospital sites.

In February 2025, the CQC issued the Trust with a further section 29A notice in respect of its services for children and young people at Yeovil District Hospital. The notice identified three principal areas of concern:

- There were not suitably qualified, competent, skilled and experienced persons deployed during the busiest period of the service, out of hours and weekends to meet the requirements of the Paediatric Service at Yeovil District Hospital.
- There was not a strong learning culture.
- Governance systems of the Paediatric Service at Yeovil District Hospital were not operating effectively to ensure risk and performance issues were addressed with timely action.

The targeted inspection of these services followed extensive work that the Trust had already commenced to address increasing concerns emerging from various sources internal to the Trust and from across the region around the quality and safety of the paediatric service on the Yeovil District Hospital site. There has been a significant focus, engagement and support provided to the service and teams involved as well as scrutiny by the Trust Board and its committees. The concerns have been shared with the NHS Somerset ICB, NHS England and the CQC, all of whom have been involved in the improvement work over the last year. However, we recognise that more work needs to be done, and we have not made as much progress as quickly as we would have wished in this work.

In June 2025, the CQC published their reports of the inspections. Acute children and young people's services in Musgrove Park Hospital were rated as Good overall and

Good for Safe and Effective. CQC did not look at Caring or Responsive as part of this targeted inspection.

Services at Yeovil District Hospital were rated as Inadequate for Safe and Well Led and Requires Improvement for Effective. CQC did not look at Caring or Responsive as part of this targeted inspection.

The findings from these inspection reports will be used to inform the continued improvement work programme we have described in respect of the service at Yeovil District Hospital and the temporary closure referenced in the opening to this report, is an opportunity to review the staffing and service delivery model for paediatrics, including neonatal care. It also supports our efforts to recruit additional staff to strengthen rota resilience and address the safety and cultural concerns highlighted in the CQC warning notice.

## INFORMATION ON QUALITY OF DATA

Somerset FT recognises the important role of data quality in providing confidence in the accuracy of information used to inform decisions relating to service improvement. Data quality indicators relating to the timeliness and accuracy of coding are routinely reported to the Trust's Finance and Audit Committees. Additional measures which permit the regular monitoring of data quality include:

- the use of the NHS number
- the clinical coding completion rate
- the use of GP medical practice
- the Information Quality and Records Management score.

Somerset FT submitted records during 2024/25 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics, which are included in the latest published data. The percentage of records in published data with valid NHS numbers and GP practitioner code were as follows:

| Indicator                                                                          | Accident & Emergency care | Admitted Patient Care | Outpatient Care |
|------------------------------------------------------------------------------------|---------------------------|-----------------------|-----------------|
| Number of records which included the patient's valid NHS Number                    |                           |                       |                 |
| % of valid NHS Numbers sent to SUS                                                 | 99.6                      | 99.9                  | 100.0           |
| Number of records which included the patient's valid General Medical Practice Code |                           |                       |                 |
| % of valid GP Practice Codes sent to SUS                                           | 100.0                     | 100.0                 | 100.0           |

There are consistently high levels of data completeness in key monitored metrics that are submitted to SUS.

The Somerset FT data quality maturity index (DQMI) score for the submitted data in 2024/25 was 94.0% compared to a national average of 87.5% for NHS Trusts. Somerset NHS Trust will be taking the following actions to improve data quality:

- Extending current data quality dashboard reporting on data quality issues.
- Monitor compliance with data quality policy.
- Progression through an extensive data cleansing and migration programme to prepare for the procurement of the Trust's replacement EHR system.
- Continue to monitor and correct and merge duplicate records within core Trust systems
- Work closely with Trust Digital teams to quickly identify and resolve Data Quality issues

## INFORMATION GOVERNANCE

The Trust recognises data security and information governance as a high priority and continues to ensure that high standards are met throughout the organisation. The NHS Digital Data Security & Protection Toolkit (DSPT) is an annual self-assessment tool that requires the Trust to provide evidence of compliance with the standards laid down by the National Data Guardian's (NDG) review published in 2016.

SFT's Data Security and Protection Toolkit submission for 2024/25 was completed in June 2025 where all mandatory evidence items were reached, with an assessment status of 'standards met'.

In line with the DSPT reporting tool, five incidents were reported to the ICO in 2024/25. One incident related to information being shared in error; three incidents related to members of staff accessing records inappropriately; one related to information being merged incorrectly by a third party organisation.

All incidents were fully investigated; action plans created where appropriate and additional targeted IG training sessions made available. The ICO was notified, and no further action was required. Data security and information governance breaches were reported and monitored through the Data Security and Protection Group, which, in turn, reports to the Quality and Governance Assurance Committee.

## CLINICAL CODING ERROR RATE

Clinical coding is the process whereby the medical terminology in a patient's medical record is translated into standardised classification codes. These codes are used to provide the data for various local and national indicators, and therefore the accuracy of the clinical coding is paramount in ensuring the integrity of this information.

The clinical coding audit for Data Security Standard 1 Data Quality purposes was performed internally on a sample of records across a wide range of specialties within both the acute sites (MPH & YDH). The Trust met the DSPT Standards Met attainment level for all four coding and as such means the Trust achieved the DSPT Standards Met attainment level.

|                     | <b>2024/25 SFT<br/>Attainment</b> | <b>2023/24 SFT<br/>Attainment</b> | <b>DSPT Standard<br/>1 Standards Met<br/>target</b> |
|---------------------|-----------------------------------|-----------------------------------|-----------------------------------------------------|
| Primary Diagnosis   | 91%                               | 87%                               | 90%                                                 |
| Secondary Diagnosis | 93%                               | 91%                               | 80%                                                 |
| Primary Procedure   | 92%                               | 92%                               | 90%                                                 |
| Secondary Procedure | 95%                               | 95%                               | 80%                                                 |

These figures represent an improvement on the 2023/24 position, notably of the primary diagnosis now achieving the DSPT mandatory 90%+ accuracy attainment level which was not achieved in 2023/24. The remaining three coding fields all maintained a consistent accuracy rate in excess of the DSPT Standards Met target.

Following significant staffing challenges in the Clinical Coding department, the department has worked hard to realise the potential within the team following high levels of recruitment across the last 24 months with 13 new starters joining the department during this time.

With an NHSE recommended on the job training time of 2-3 years before sitting the National Clinical Coding Qualification, and attaining full autonomous working, this can be a challenging prospect for departments to onboard new starters whilst maintaining both accuracy and capacity.

To help support the department the Trust has created a development role for a coder to provide additional data insight support to allow for a more proactive approach to the creation of accurate coded information. Additionally, the Trust repurposed another existing role into a 3<sup>rd</sup> Team Leader role to better suit the needs of the department.

The Trust's existing NHSE accredited Clinical Coding Trainer provides both the mandatory and supplementary training within the Clinical Coding team to develop the coders' skills and knowledge with a view to maintaining and improving the quality of coded data produced by the team.

To this end the Trust has supported a further 2 candidates to sit and pass the National Clinical Coding qualification (the gold standard of Clinical Coding) in September 2024.

In addition to formal audit, the NHS England accredited Clinical Coding Auditors have carried out several smaller audits based on the same methodology and percentage targets throughout the year. They also perform regular validation on the quality of the coded data to ensure further assurance of the quality of the data.

## **PART THREE - OTHER INFORMATION**

Part three of the Quality Account provides an overview of the Trust's achievements and progress within quality indicators that have been selected by the Board in consultation with stakeholders, including CQUINs. The data reviewed covers the three dimensions of quality – patient safety, clinical effectiveness and patient experience. This demonstrates that the Trust has provided high quality of care, but with room for further improvement as highlighted below.

In addition, part three also includes further information on a number of key work-streams that the Trust is currently focussing on to improve quality and a review of performance against national targets and regulatory requirements.

### **PATIENT SAFETY**

#### **PRESSURE ULCERS**

The work highlighted in last year's report continues to make an impact on improvement of services. The Trust recognised that the intentional rounding (IR) tool was not being utilised effectively and was not having the desired outcome of preventing pressure damage, partly as the purpose of the tool had been lost.

There is now a wider work stream that is looking at improving care through the delivery of a new intentional rounding document, a workstream the tissue viability team have been heavily involved in.

The Head of Tissue Viability, and her team have been instrumental in helping to develop the new IR tool. The document reports the patient's position, frequency of required position change to promote skin integrity, and, if a patient declines, prompts the nursing staff to have a conversation with the patient around the benefits of position changes and the consequences of the adverse effects of pressure.

A Quality Improvement (QI) project was commenced in September 2024 with an aim to address the variances in the use of the IR tool, and improve the overall understanding, application and staff culture, leading to increased patient safety, a reduction in harm and ultimately better outcomes for patients. Since testing the specific role modelling approach for IR across 5 pilot wards, there has been an improved awareness and understanding from colleagues, a reduced number of reported incidences and / or concerns, with fewer patients suffering harm through the adverse effects of pressures leading to pressure damage. A new tool was developed which will capture more accurately the care delivery 'in real time' and be patient centred to reflect the needs of the individual patient. We aim to have the tool and training package rolled out across the organisation by June 2025.

Following engagement with the Executive Team, Non-Executive Directors, Governors, senior leadership team and the Associate Directors of Patient Care (ADPC's), a clearer programme of Board and Service Group reporting is under development relating to the topic of pressure damage. This is to improve Ward to Board understanding of challenges, assurance and actions/learning at all levels, with co-ordination through the Pressure Ulcer Steering Group. In addition, there has been

agreement to develop a reduction/improvement programme across key settings within the Trust.

## **DUTY OF CANDOUR**

We have made significant improvements in our approach to Duty of Candour in 2024/25. The Trust has undertaken a comprehensive review and revision of the Duty of Candour guideline to align with updated regulatory expectations and to enhance the consistency and quality of candour across services.

One of the most notable updates is the removal of strict timeframes for completing statutory and professional Duty of Candour, in line with recent changes from the Care Quality Commission (CQC). This change allows a stronger focus on the **quality** of communication and disclosure with patients and families, ensuring these conversations are carried out with compassion, clarity, and transparency, rather than simply meeting a deadline.

To support implementation, we have developed and launched a **LEAP eLearning package** to ensure staff across the organisation are confident and competent in delivering Duty of Candour. The training includes real-world scenarios, reflective exercises, and clear guidance on both statutory and professional obligations.

Additionally, the **audit tool** for Duty of Candour has been redesigned to better capture the qualitative aspects of compliance, including the tone, content, and personalisation of communication, as well as how learning is shared and actions are taken. This refreshed tool will help drive continuous improvement and accountability across services.

## **PATIENT SAFETY FACULTY**

Following the publication of our Quality Strategy in early 2025, work has been underway to establish a patient safety faculty as one of the three arms of the Trust approach to quality. We aim to align structures and leadership around governance/clinical effectiveness, patient experience and engagement and patient safety.

These three arms of quality directly report to the Executive Committee and to our Board Quality & Governance Assurance Committee and will provide support and insights to service groups and services. The patient safety faculty will oversee all aspects of our patient safety agenda, under the leadership of the Chief Medical Officer. The faculty will be responsible for developing an overall patient safety strategy for the Trust as well as oversight of patient safety responses, training and education for service groups and services in relation to patient safety, supporting a culture of compassionate engagement and commissioning Trust wide Quality Improvement Projects to address organisational learning. The faculty will also co-ordinate learning and provide support to related workstreams within other areas of the organisation, including governance, learning and development, quality improvement, patient experience and patient safety-related topic leads.

The establishment of the patient safety faculty draws together a long history of patient safety work happening across the organisation both within our service group



structures and our Trustwide topics. The patient safety strategy will guide development and draw on the expertise from our patient safety partners and patient safety specialists and follows on from work in recent years around the transition to LFPSE and PSIRF. The Trust strategy will ensure the national strategy and patient safety work is reflected across the breadth of our organisation and allows local improvement work to be joined up and concerns and learning escalated from floor to board.

The patient safety board continues to be the central focus for patient safety work across the organisation and links with system partners in the ICB and beyond to share best practice. Through the Patient Safety Board the faculty will continue to identify key patient safety concerns and priorities. The faculty link closely across the arms of quality to ensure we involve patients and those who matter to them in patient safety work and ensure safety work is evidence led and embedded in clinical practice.

## **PATIENT EXPERIENCE**

### **IMPROVING PATIENT EXPERIENCE ONE 'WOW' AT A TIME!**

Coming into hospital can often be daunting and difficult for patients and their loved ones. Imagine how much more challenging it would be if English wasn't your first language, or if you could not speak it all.

Waiting for interpreters or relying on translation tools can present numerous barriers and incur high costs. To improve this experience for both our patients and our colleagues, the patient experience and engagement team initiated a trial of on-demand interpreting - on wheels!

Wordskii on Wheels, also known as WoW, is a portable device that provides access to on-demand video or telephone interpreting services whenever needed. Somerset, with its diverse population and range of ethnicities, national identities, and languages spoken, often has patients who speak little or no English. This on-demand interpretation service is particularly beneficial for them.

Effective communication with our patients, regardless of language, is crucial. It ensures that patients can express their needs, while our colleagues can share important updates, obtain informed consent, and provide truly personalised care.

The trial initially included our maternity units at Musgrove Park and Yeovil hospitals, Beacon Centre outpatients, general outpatients at MPH, and the children's unit. In its first month, the WoW was used 76 times across these departments. The most accessed language was French, followed closely by Bengali, Japanese, and Romanian. The WoW devices can also be used for British Sign Language, which was utilised a couple of times during the initial weeks.

Accessing video or phone interpretations instead of hiring interpreters for face-to-face sessions is more cost-effective and saves both clinical and interpreter time. The trial also highlighted that for some of those 76 uses, a face-to-face interpreter would not have been available. Colleagues would have had to rely on unreliable translation tools such as Google Translate or postpone appointments until an interpreter could attend, impacting the care provided to patients.

The trial concluded in January 2025 and based on the feedback and clear benefits realised during the trial period, a successful bid for funding 26 devices was made. The new WoW devices are due to be delivered in May 2025 and will be deployed for use across the whole of the organisation.

## **SOUTH PETHERTON COMMUNITY HOSPITAL – MARY ROBERTSON WARD - A JOURNEY OF IMPROVING LENGTH OF STAY**

When a patient stays in the hospital longer than necessary, through no fault of their own, it can have a serious effect on their long-term health. It also means that we are unable to use those beds for patients who need our care, leading to difficulties in flow through our emergency department and other areas of our hospitals.

To address this issue across the Trust, we initiated an improvement programme called the "100-day discharge sprint," which the ward team at South Petherton Community Hospital fully embraced.

At Mary Robertson ward, several challenges were identified. There were delays in discharge planning, as discharge plans were not started from a patient's admission date, causing delays in arranging packages of care, placements, or other facilities. It was also identified that there was limited early coordination and communication within the multi-disciplinary team (MDT), resulting in patients staying longer than necessary. Additionally, a lack of regular updates on patient progress was not always highlighted, further delaying appropriate intervention.

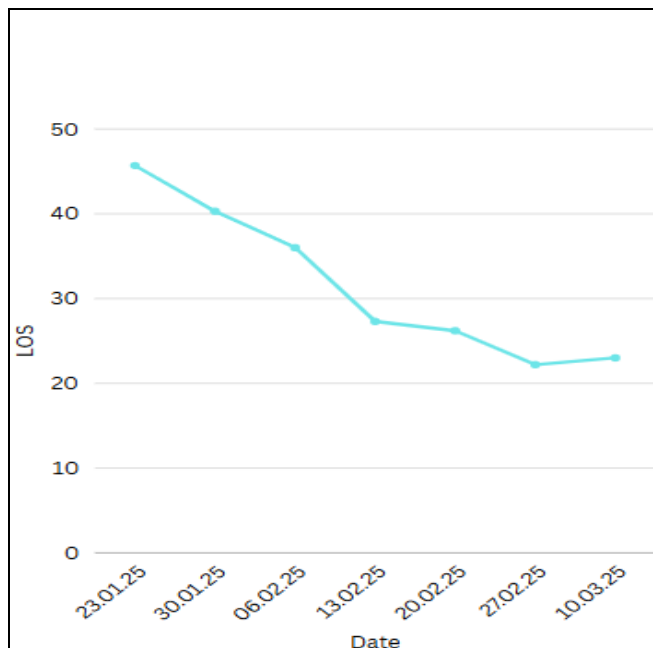
Before commencing their improvement work, the average length of stay for patients on Mary Robertson ward was 40 days. This had a significant impact on hospital resources and patient flow. Both patients and their loved ones were uncertain of when they could go home, leading to lower patient satisfaction due to unclear timelines and poor communication.

### **Key Changes Implemented:**

- **Increased Board Rounds:** Board rounds were increased from once per week to daily (Monday to Friday).
- **Improved Structure of Board Rounds:** The structure of board rounds was enhanced to include improved multi-disciplinary team (MDT) discussions and better coordination to address patient needs promptly.
- **Daily Discussions on Patient Next Steps and Discharge Planning:** Daily discussions on patients' next steps and discharge planning were initiated, with these plans and discussions commencing on the day the patient was admitted.
- **Relocation of Board Rounds:** Board rounds were relocated from the dining room to the office, allowing for private and focused conversations about patient care. This change improved collaboration and timely decision-making within the team.
- **Improved Patient Board:** The patient board was modified to be clearer and more goal-orientated. The new board highlights key patient goals and progress, making it easier for the team to track and ensure timely care.

## Results achieved

There has been a significantly reduced length of stay from an average of 40 days to 20 days between January and March 2025 as shown in the below graph:



There has been a clear improvement in MDT communication, with clearer goals and ownership, and the daily focus has led to further efficiency. Patient satisfaction has significantly improved, with increased engagement from both patients and their families in the discharge planning process. Patients and their families have reported feeling better informed about their next steps and discharge timeline. Additionally, there has been improved oversight of upcoming discharges, which has enabled better communication and timely transfers from the two acute hospitals, further enhancing patient and family satisfaction.

## PERI-OPERATIVE PATHWAY TRANSFORMATION

Peri-Operative Services at SFT have undergone a significant transformation in 2024/25, focused on delivering integrated, patient-centred care from the point at which surgery is first considered through to full recovery. With a strong emphasis on empowering patients and enhancing their experience, the service was designed to support individuals in optimising their health, enabling improved outcomes and recovery post-surgery.

Patients undergoing elective surgery often face modifiable health risks such as diabetes, anaemia, frailty, and smoking which can affect their recovery, lead to delayed or cancelled procedures, and diminish overall surgical success. To address this, the Peri-Operative team introduced a comprehensive pre-surgical care framework grounded in early identification and optimisation of these factors. The approach is distinctly personalised, ensuring each patient receives tailored support through a multi-disciplinary team, including nurses, care coordinators, and allied health professionals.

From a patient experience perspective, the pathway is defined by proactive, regular engagement with patients using their preferred method of communication, whether via telephone, text, email, face-to-face, or digital platforms such as our Patient Hub. Patients benefit from coordinated contact with specialist nurses and care coordinators who work closely to identify their needs, provide health education, and connect them with appropriate services, including social prescribing support and community-based programmes. Feedback consistently highlights the reassurance that patients feel in knowing they are not alone in their journey, and many report being advised and introduced to local community health support services they were previously unaware of.

The expansion of the frailty workstream has brought a notable shift in patient outcomes through shared decision-making clinics. Frail patients, empowered with information and multi-disciplinary support, are increasingly choosing to avoid high-risk surgery in favour of community-based alternatives, demonstrating a powerful example of improved patient autonomy and experience.

Other initiatives such as the 'Fit for Surgery and Beyond' Exercise hub, in partnership with SASP (Somerset Activity & Sports Partnership) for all patients to take advantage of whilst they await surgical procedures, our smoking cessation pathways, and single-dose iron infusions in the community further underline the commitment to holistic, accessible, and patient centred care.

Our goal for 2025/26 is to launch a Peri-Operative Super Clinic / Wellbeing Hub, creating a regular, informal space for patients to engage with the team, discuss concerns, and explore lifestyle and health improvement opportunities in advance of surgery. This next step reflects our continued ambition to improve health literacy, promote shared decision-making, and enhance long-term outcomes through community engagement and support.

Peri-operative services aim to offer a transformational, compassionate approach to healthcare that not only improves clinical outcomes but places patient experience, autonomy, and wellbeing at its core.

## **CLINICAL EFFECTIVENESS**

### **NATIONAL DIABETES AUDIT QUALITY IMPROVEMENT COLLABORATIVE – IMPROVING DIABETES MANAGEMENT THROUGH IMPLEMENTING TECHNOLOGY**

At Somerset FT, we are committed to revolutionising diabetes care through enhanced data collection and innovative treatment pathways. Our recent initiatives, supported by the National Diabetes Audit Quality Improvement Collaborative (NDA QIC) and anticipated guidelines from NHS England, have significantly improved our service delivery. This dedication to integrating cutting-edge technology, such as insulin pump therapy and hybrid closed loop systems, ensures that our patients receive the best possible care, leading to better diabetes management and overall wellbeing.

Colleagues involved in the care of people with diabetes have taken part in a national initiative that aims to support NHS organisations to improve services across the country.

Consultant endocrinologist Dr Alex Bickerton and diabetes nurses Ruth Hammond and Emily Harrod took part from Yeovil Hospital, while consultant endocrinologist Dr Isy Douek represented the diabetes service at Musgrove Park Hospital.

The main aim of this National Diabetes Audit (NDA) Quality Improvement Collaborative (QIC) was to address the significant gaps in the use of insulin pumps among individuals with type 1 diabetes. Published data indicates that around 90,000 people in England and Wales with blood glucose (HbA1c) levels greater than 69 mmol/mol are not using insulin pumps, which highlights the inequalities based on the person's location, gender, age, ethnicity, and socioeconomic status. To tackle this issue, specialist teams set up a monthly meeting to discuss and implement quality improvement strategies.

At Yeovil Hospital the team used the NDA QIC initiative to refine our service in relation to introducing hybrid closed loop systems—integrating insulin pumps with continuous glucose monitoring—for eligible patients, ensuring that we can offer advanced technology to patients in a structured and equitable manner. This approach, alongside the technology appraisal, increased the number of individuals using this technology, resulting in improved diabetes management and overall wellbeing.

At Musgrove Park, we quickly realised that our diabetes nurses and dietitians were spending a lot of time on administration and technical support. This led to us appointing a diabetes support worker, which has made a huge difference to both patients and the team, and we were also able to review our pump pathway and implement a hybrid closed loop pathway.

The new NICE technology appraisal requires much more data collection and quarterly uploads centrally, to ensure that patient funding continues. We therefore also updated a database for use across both our acute hospitals to facilitate this.

We also received a commendation from the national quality improvement team for our work to improve the care of people living with diabetes, something we're really proud of and the thanks of our colleagues at Diabetes UK for taking part in the qualitative improvement collaborative programme.

## **NATIONAL ACCREDITATION FOR OUR INDIVIDUAL PLACEMENT AND SUPPORT SERVICE**

During 2024/25, our individual placement and support (IPS) service, which is split into two teams, covering the western and eastern parts of Somerset, was inspected as part of the 'IPS Fidelity Review', with the eastern team securing the IPS Quality Mark.

The IPS service is made up of a team of registered mental health professionals, and colleagues with a range of other relevant qualifications and experience.

The teams work closely with many different employers and other agencies, such as JobCentre Plus, using evidence-based methods to help people with a severe mental illness into employment.

Led by Sue Newell, the service tends to see around 200 people a year, who get a level of support that helps them back into employment, or work-related training in some instances.

The individual placement and support service is generally for those people under the care of our community mental health or early intervention psychosis teams, who want to be in employment.

Some people can feel really anxious and lack confidence, especially if they've had time out from work. If they've been severely ill on top of that, it can sometimes feel like a long way back, but to know that there's support that can help them through that and also encourage them to be brave and take that step, is really important.

Employment and meaningful occupation are seen as crucial in the mental health recovery for many people, as it's part of their identity and brings meaning to their lives...and the money also brings choices of course.

As part of providing an individual placement and support service, we are inspected every 2-3 years, with a 25-point measure that checks whether we're following the model correctly or not. Many of our managers and clinical colleagues from across the trust were also interviewed, including our chief executive Peter Lewis, and Jane Yeandle, our mental health and learning disabilities service group director. A dozen or so service users also gave their feedback too.

## **HOW SAINT IS HELPING YOUNG PEOPLE TO ACCESS ROUTINE VACCINATIONS**

Every year, over 72,000 young people in Somerset are offered their national, routine childhood immunisations. Our School-Aged Immunisation Team (also known as SAINT) has been delivering the programme of vaccinations to children in schools, and those home-schooled or otherwise not in school, for a number of years, and was this year awarded the next 6-year-long contract by NHS England to continue providing the service locally.

We try to ensure that everyone has the right information, to help them make informed decisions about whether or not to take up the offer of vaccinations. Operationally it is a huge programme, with different teams covering the east and west of the county, and an amazing team of administrators behind the scenes to coordinate everything and be the first-point-of-contact for many parents or carers looking for advice and guidance.

The programme is split across three school terms – autumn, spring, and summer – with each vaccination being offered at a different point of the school year, to varying year groups. SAINT delivers the flu, human papillomavirus (HPV), meningococcal disease strains A, C, W, Y (MenACWY), diphtheria tetanus and polio (Td/IPV), and measles, mumps and rubella (MMR) vaccines, resulting in around 65,000 total vaccinations given out each year.

Within our county, the National Census 2021 survey data says that 49.6% of households are facing deprivation in at least one dimension – that could be education,

employment, health, or housing. The SAINT team aim to make sure that any level of deprivation doesn't have an impact on our young people, giving everyone equal opportunity and access to their vaccinations, so there's a lot we do to support families.

The team works closely with schools with low uptake numbers, providing additional support such as helping those who struggle to use technology by completing paper forms or phoning parents to take verbal consents, completing consent forms with parents or carers in the playground at the start or end of the school day, and reducing anxiety-driven refusals by having out of school clinics for longer time-slots.

A lot of work has also gone into addressing immunisation inequalities, and team has created tools to help children with special educational needs (SEN) requirements, and those who are needle-phobic.

All of the work the team is doing has had a hugely positive impact on the take-up of vaccinations across the county. There are less concerns from parents and carers, and largely positive feedback from the schools and local communities we work closely with, from parents and carers, and most importantly, our young people.

## **COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN) TARGETS**

NHS England is proposing to continue to pause the nationally mandated CQUIN incentive scheme in 2025/26. This will mean that providers' income associated with CQUIN achievement is not at risk, and they are not required to repay any amounts if they do not fully meet the CQUIN criteria. CQUIN funding will continue to be included in prices. The fixed payment must continue to include the 1.25% funding previously identified for CQUIN.

## **ORGAN AND TISSUE DONATION**

The Trust continues to implement national and regional best practice and remains compliant with NICE guidance (CG 135).

An excellent 96% of patients meeting the referral criteria were referred to the organ donation service. Fifteen families have been approached to explore organ donation with 93% of these approaches being collaborative with the Specialist Nurse for Organ Donation. Both of these key performance indicators are above the national average.

The consent rate for organ donation within the Trust is well above the national average. As a result, the Trust continues to perform well in terms of organ donation with a total of 12 consented donors giving rise to 8 proceeding donors and 17 transplants enabled over the year.

Key work for 2025/26 will be to continue to ensure all suitable patients are offered the option of organ donation at the end of their life and ensuring maximal adherence to national guidance on donor identification and referral. Tissue donation is another focus for the organ and tissue donation committee, and we will work toward all suitable patients having this offered as an option at the end of life. NHSBT eye banks received 20 corneas from the trust in the last year.



## STAFF ENGAGEMENT

We are committed to ensuring our colleagues feel informed, engaged, and connected - to their teams, services, sites, and to the Trust as a whole. We also strive to ensure that their dedication and hard work are consistently recognised and valued.

Our shared values, Kindness, Respect, and Teamwork, shape how we work with one another and how we care for patients, families, and carers. These values were developed through extensive consultation with colleagues from both legacy organisations prior to the Trust's merger and were officially launched on 1 April 2024. They are prominently featured in our internal communications and visual materials, reinforcing their importance in our daily practice.

We maintain a strong internal communications infrastructure to keep all colleagues informed and connected. Core channels include a weekly online newsletter, three-weekly live briefings with the Chief Executive, and Trust-wide email updates that support major organisational announcements and initiatives.

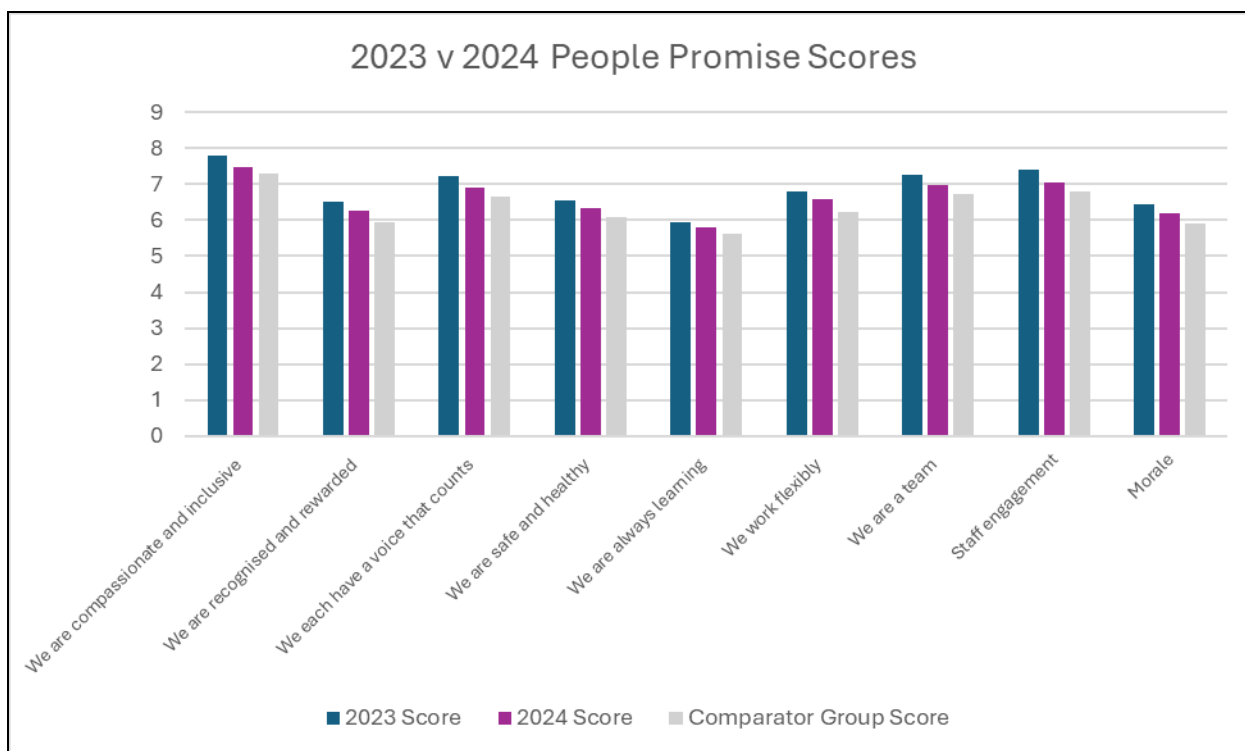
Our Senior Leadership Forum, now expanded to include a broader group of leaders, meets quarterly. These forums provide a space for senior leaders and the executive team to align on strategic priorities across quality, performance, operations, finance, and other key areas. Additionally, the Operational Leadership Team meets monthly, further reinforcing collaborative leadership across the Trust.

Across the organisation, regular meetings are held within each service group and through professional networks, including senior nursing and medical leadership teams. These forums support ongoing engagement at all levels, ensuring colleagues are connected, collaborative, clear on their contribution to the Trust's objectives, and well supported in their roles.

### Staff survey

The 2024 NHS Staff Survey was completed during October and November 2024 with a 50% response rate. This year was the fourth year that the staff survey was aligned to the themes of the NHS people promise and our second year as a newly merged Trust. Our results can be seen in the table below.

The table below highlights the feedback from our people and in every theme the Trust scored higher than the comparator group average. However, it should be noted that our scores have generally fallen since last year and returned to levels seen in the 2022 results. We still rank highly amongst trusts within our comparator group but not with the same difference as previous years.



The highest scoring themes for the Trust in 2024 remain the People Promises of:

- We are compassionate and inclusive
- Staff engagement

The element of 'we are always learning', which is made up of the element of appraisals and development, is our lowest ranked and has made a slight improvement on last year's results (5.75 to 5.80). This was on the back of a slight improvement the previous year.

The people promise score of 'we work flexibly' also improved for a second succession year, moving from 6.59 to 6.60 having increased from 6.51 the previous year. We also perform strongest in this people promise when compared against our comparator group, with a positive difference of 0.37. 'We are recognised and rewarded' also performs strongly in this regard, with a positive difference of 0.32 to our comparator group.

| People Promise Theme               | 2024      |                          | 2023      |                          | 2022            |                          |
|------------------------------------|-----------|--------------------------|-----------|--------------------------|-----------------|--------------------------|
|                                    | SFT Score | Benchmarking Group Score | SFT Score | Benchmarking Group Score | SFT & YDH Score | Benchmarking Group Score |
| We are compassionate and inclusive | 7.48      | 7.29                     | 7.54      | 7.24                     | 7.54            | 7.2                      |
| We are recognised and rewarded     | 6.25      | 5.93                     | 6.32      | 5.94                     | 6.22            | 5.7                      |

| People Promise Theme             | 2024      |                          | 2023      |                          | 2022            |                          |
|----------------------------------|-----------|--------------------------|-----------|--------------------------|-----------------|--------------------------|
|                                  | SFT Score | Benchmarking Group Score | SFT Score | Benchmarking Group Score | SFT & YDH Score | Benchmarking Group Score |
| We each have a voice that counts | 6.90      | 6.66                     | 7.00      | 6.70                     | 7.03            | 6.6                      |
| We are safe and healthy          | 6.33      | 6.10                     | 6.34      | 6.06                     | 6.17            | 5.9                      |
| We are always learning           | 5.81      | 5.61                     | 5.75      | 5.61                     | 5.60            | 5.3                      |
| We work flexibly                 | 6.60      | 6.23                     | 6.59      | 6.20                     | 6.51            | 6.0                      |
| We are a team                    | 6.97      | 6.74                     | 7.04      | 6.75                     | 7.00            | 6.6                      |
| Staff engagement                 | 7.06      | 6.81                     | 7.49      | 6.91                     | 7.15            | 6.8                      |
| Morale                           | 6.19      | 5.91                     | 6.25      | 5.91                     | 6.10            | 5.7                      |

Score: 0 = low 10 = high

### Future priorities and targets

The People Strategy 2023 -2028 was developed to set out the framework for achieving the corporate objective *Support our colleague to deliver the best care and support through a compassionate, inclusive and learning culture*. Defined around five commitments, each year several deliverables are developed to achieve the ambition. Each deliverable has been designed to meet one or more of the ambitions within the strategy and has been identified based on information available through the NHS Staff Survey, the Colleague Experience Group, from colleague Networks, the People Promise Exemplar programme and national documents on good practice.

Over the five years of the strategy all ambitions will have been addressed and measured through improvements in the hero measure of retention and in the National Quarterly Pulse Survey metrics on engagement, motivation, advocacy and involvement.

Reflecting on the first two years of the People Strategy, it is evident the size, complexity and scope of the deliverables are not achievable in a single year. Many of the deliverables are focused on long term cultural change, which is best measured through the annual NHS Staff Survey and the work to fully understand the problem before identifying solutions takes time and significant engagement with the wider organisation. After two years, over 50% of the ambitions have a deliverable in place and time is now being taken to consolidate these improvements and embed the actions to deliver sustainable change.

Additional focus identified for the coming year is on

- Working with the Board to strengthen leadership on inclusion from the top.

- Undertaking a comprehensive review of learning, education and training to establish a benchmark of current provision, identify strengths and improvements, map funding and assess learner experience.
- Understand the improve the colleague lifecycle, improving colleague experience.
- Understand and improve people relationships through a review of the employee relations environment, ensuring compliance with law and fostering a positive just culture.

## APPENDICES

### APPENDIX 1: STATEMENT FROM STAKEHOLDERS – SOMERSET INTEGRATED CARE BOARD (ICB)



15 July 2025

Wynford House  
Lufton Way  
Lufton  
Yeovil

Somerset  
BA22 8HR

Tel: 01935 384000

[somicb.quality@nhs.net](mailto:somicb.quality@nhs.net)

Dear Peter

#### Quality Account 2024/2025

NHS Somerset Integrated Care Board (ICB) welcomes the opportunity to review and comment on Somerset NHS Foundation Trust's (SFT) Quality Account for 2024/25.

In line with the NHS (Quality Accounts) Regulations 2011, and the Amended Regulations 2017, NHS Somerset as the commissioners of health services provided by SFT can confirm to the best of our knowledge that the information contained in the report is accurate and consistent with that which has been shared with us.

The ICB would like to thank colleagues for their continued contributions and engagement to the integrated care systems strategic priorities. Despite another difficult year with operational pressures, and the focus on paediatric and maternity services, we are pleased to note that you have been able to make achievements against all your identified priorities for 2023/24.

#### Priority 1 – personalised care

As an integrated Trust SFT has a unique opportunity to influence personalised care, supporting the population to access information and seamless services. It will be important to understand the evidence-based impact and improvement as a result of the project work in the Mendip area. It is acknowledged that this work is dependent on the continued collaboration of all system partners and the alignment of system and organisational strategic priorities.

It is recognised that further work is required in relation to the impact of the care planning policy and review of internal processes to address the no criteria to reside challenges.

#### Priority 2 – patient involvement and co-production

The establishment of the patient experience and involvement committee will support the implementation and monitoring of the associated strategy; the Trust have clearly focussed attention on helping the workforce understand the importance of listening, and responding to,

patients, carers and families. It is acknowledged that listening, learning and improvement will continue to be key features of both the organisation and system priorities.

### **Priority 3 – right care, right bed**

Given the operational and bed capacity pressures in Somerset we acknowledge that this was a significant challenge, and progress has not been at the pace intended in terms of the no criteria to reside position. Much work has been done and continues with system partners, particularly as we consider our winter plans. The 100 day sprint produced some reduction in length of stay and facilitating discharge, we look forward to understanding the learning from this and how improvements are sustained.

We note the improved position across the mental health setting, with low numbers of out of area placements and inpatient lower lengths of stay.

There will be an ongoing focus on appropriate use of bedded care closer to home, the development of neighbourhood integrated working will be essential in continuing to address this priority.

### **Priority 4 – colleague health and wellbeing**

The wellbeing strategy and the people strategy provide good narrative on expectations and the reason why this is a priority. The supportive wellbeing action group will be able to further understand the Trust's position. It would be good to hear from staff on the impact the wellbeing strategy is having.

### **Priority 5 – patient safety incident response framework themes**

It is helpful to understand the organisational position in relation to the improvement as a result of implementation of the patient safety incident response framework (PSIRF). We welcome the opportunity to attend the safety action group and patient safety board to hear about the learning from patient safety incident investigations and other learning responses. The ICB's patient safety specialists have been developing stronger links with those in the Trust's and we have welcomed their engagement with the Somerset system patient safety oversight group. We acknowledge the outcome of the internal audit and the work planned in the next year to strengthen PSIRF implementation across the organisation.

Making a difference at individual levels is evident, such as the description provided on the QI gold project undertaken at Crystal Care supporting the personalised care planning for end of life, and the launch of the eSTEP working with system partners to enable access across organisations.

We commend the section providing an update on the priorities over the year; however, we note this is predominantly narrative and would have welcomed further evidence of impact on outcomes and experience for people using the service and staff.

Over the course of the year, it has been good to hear from SFT service leads and the passion for supporting children with complex mental health needs, the work that is taking place to ensure appropriate care and support is provided. We have also heard about the success of the paediatric audiology service and its response to a national improvement plan, which should be commended. As a member of the Clinical Care and Professional Leadership Cabinet, the Trust provide valuable insight and information to inform and influence professional leadership standards.

## Priorities 2025/26

We recognise the renewed focus on quality assurance and improvement based on recent feedback from CQC inspections, and the need to review the arrangements for delivery and oversight of the three key pillars of quality: patient safety, clinical effectiveness and patient experience.

We look forward to receiving the patient experience and involvement strategy and quality strategy mentioned within the quality account, it is hoped that we can support alignment with wider system priorities.

We are confident that the priorities for 25/26 will receive the full support of system partners, and we look forward to being involved in any redesign of the services and pathways noted:

- Develop an innovative service for assessment, treatment and monitoring of adults with ADHD
- Reduce the number of patients who no longer have a reason to reside in an acute bed to no more than 15% of the bed base
- Fully implement the model of care between Somerset FT and Symphony Health Services in South Somerset West; test the outcomes and spread to other services in the county
- Develop a pathway for children and young people with complex health and care needs to avoid CAMHS tier 4 admission and minimise paediatric in-patient length of stay
- Improve transition from children to adult services
- Implement an inclusive board governance framework (embedding all aspects of EDI into board decision making) and ensure the board has the skills and experience to understand and address the needs of diverse communities

Each of these priorities will require collaboration across the system, working with partners to develop pathways that are equitable, efficient and effective. We note the assignment of evidence-based improvement metrics and key performance indicators to support monitoring of progress throughout the year. We look forward to seeing this work progress.

We remain committed to sustaining strong working relationships with SFT, and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care System

With kindest regards,



**Shelagh Meldrum**  
**Chief Nursing Officer and Director of Operations**

## **APPENDIX 2: STATEMENT FROM STAKEHOLDERS – SOMERSET COUNCIL – OVERSIGHT AND SCRUTINY COMMITTEE**

No comments received at the time of publication



## APPENDIX 3: STATEMENT FROM STAKEHOLDERS – HEALTHWATCH



### Healthwatch Somerset's Response to Somerset NHS Foundation Trust's Quality Account Statement 2024-2025

Healthwatch Somerset exists to promote the voice of patients and the wider public with respect to health and social care services. We work with the health and care system to ensure that patients and the wider community are appropriately involved in providing feedback.

We appreciate the opportunity to provide feedback on Somerset NHS Foundation Trust's (SFT) quality account for 2024/25. We noted with interest the work that has been undertaken around the priorities in 24/25.

We were pleased to be involved in the work around 'Personalised Care' and look forward to learning how that work has been translated into practical application at the ward level. The work around patient involvement and co-production of a Patient Experience and Involvement strategy we will hope drive a culture that will ensure that every individual feels supported, respected and empowered. In 25/26 one of the priorities for the Trust is to 'Fully implement the model of care between Somerset FT and Symphony in South Somerset West; test the outcomes and spread to other services in the county' We therefore hope to see the Patient Participation Groups for the surgeries in this area being involved and engaged with.

Priority Three - Right Care Right bed, we were pleased to read about the work that had been done under the 100 day sprint with South Petherton Community Hospital and the difference that the key changes which were implemented made to patients. We look forward to this work continuing into 25/26.

The accounts did however contain some areas of concern. The CQC reports on Musgrove Park Hospital, Yeovil District Hospital and the Mary Stanley wing in Bridgwater Hospital clearly illustrated that the Trust had fallen short of the standards it expected to be delivering in maternity services. The CQC then visited the Paediatric Services in Musgrove Park Hospital and Yeovil District Hospital and the Trust was issued with a further Section

29A notice in respect of its services for children and young people in Yeovil District Hospital. We acknowledge that work is being undertaken to address the areas of concern, but would wish to seek assurance that this is being looked at with some urgency.

We continue to hear about the challenges of accessing support for children and young people with complex mental health needs. It was therefore positive to read about the proposed work for 25/26 around developing a pathway for children and young people with complex health and care needs to avoid a CAMHS tier 4 admission.

We would like to finish by extending congratulations to the Trust on its research projects such as the one led by Dr Tim Jobson and its forward looking initiatives such as the 'Fit for Surgery and Beyond' exercise hub in partnership with the VCSFE organisation Somerset Activity and Sports Partnership. Somerset NHS Foundation Trust is clearly a research active trust that will help to advance clinical practice and treatments in the future which can only benefit the communities of Somerset.

**Gill Keniston-Goble,**  
**Manager, Healthwatch Somerset.**  
**11/07/2025**

## APPENDIX 4: STATEMENT FROM STAKEHOLDERS – SFT GOVERNORS

We have continued to develop the council of Governors in line with the continued collaboration between the acute hospitals, mental health and community, to ensure the patients throughout Somerset have their needs listened to.

Communication across the trust remains one of the biggest challenges for the Governors. We have continued to hold our working group meetings on the internet, which has limited the ability to have general and often informative conversations, but it does allow governors from across the county to attend and remain fully informed of developments within in the Trust.

We have continued to hold our informal Governors meeting on a monthly basis, and this has enabled Governors to raise questions and queries, which the Lead and \deputy Governor can feed back to the relevant person or department and build relationships in an informal environment.

Our Council of Governor quarterly meetings and our development days have been facing to face, but again this has proven a challenge as Somerset is a large county and therefore finding venues to suit all has meant some Governors have been unable to attend. However, I would like to thank all those Governors who throughout the year have attended and have made such a valuable contribution ensuring the statutory duties of the Governors have been adhered to.

Our Governor Development days have enabled us to stay abreast of specific areas of interest across the Trust, and we remain amazed at the dedication shown by the staff ensuring the best delivery of health care to the people of Somerset. An example of this is, as referred to in the quality accounts, the work being done on the reduction of pressure sores, the Governors noted that over the year the pressure sores on the risk register remained high and at all meetings this was raised, which meant the Trust collaborated with a small group of governors to ensure the work being undertaken was reducing the incidence of pressure sores and they remained fully informed.

Our Governor working groups are ensuring all areas of the Trust come under the scrutiny of the Governors; these are the Patient Experience, People, Strategy and Membership Communication and Patient Engagement, Nomination and Remuneration. The nomination and remuneration committee have had a busy year with the resignation of Colin Drummond who had reached the end of his period of office, we also had 3 NEDs who had reached the end of their term with the Trust. The Governors presented Colin with a painting of Exmoor in gratitude for the time and effort he had given Trust. The Trust has been very fortunate to appoint Rima Makarem who has a wealth of experience and will lead the Trust in their next stage of transformation. Four NEDs including an apprentice NED have been appointed with special interest in community, workforce, training and IT. This will ensure the Trust will be held to account in all areas.

The role of the Governors is to ensure the NED's hold the Board to account, below are the differing ways in which we ensure this is undertaken:

- Governors attend the Board meetings on a rotational basis. The Lead and Deputy also attend the confidential Board meeting which allows the Governors to be reassured the NED challenge the executives on a regular basis.

- The non-executive directors have resumed their attendance by rotation at the Governor Development Days; this has allowed the Governors to directly challenge the NEDs. They also attend the Council of Governors.
- Governors are invited to join the walkarounds across the acute, community and mental health wards; these are undertaken by an Executive, NED and a Governor. The group talk to staff patients, and this allow any problems, and examples of good practice to be observed, this also allows the governors to see the NEDs working and provide them with the reassurance they are holding the Executives to account.
- The Lead and deputy lead Governors have monthly meetings with the Chair, the Deputy Chair and the senior NED. This provides an excellent conduit for information to pass between Governors and executives ensuring the Governors are kept informed of developments within the Trust.
- A Governor representative attends the following committees: Finance and Audit Governance, People Strategy, and it is hoped over the next year to allow two Governors to attend as observers, on a rotational basis.

The relationship that Governors have with their constituents is increasingly important, Governors are now holding Governor surgeries throughout the Trust, they have attended Musgrove, Yeovil, South Petherton, Shepton Mallet and Minehead

This allows our constituents to ask questions and also gain an understanding of the Governor role. It is also a good way of encouraging membership of the trust which allows people to gain more knowledge of the trust and how it ensures it meets the needs of the people of Somerset.

We have held walkarounds in the other community hospital during 2025 community hospitals throughout 2025.

Our Staff Governors are a very important part of the council, and we are very grateful for the time they give to us in their very busy work schedule. Their input is invaluable as they give the Governors a unique perspective on their working lives and the challenges they have to overcome in their increasingly challenging health environment.

Our executive team have continued throughout this year ensured that the Governors have benefited from the open and inclusive culture which is Somerset Foundation Trust, and we look forward to working together during which will be another challenging year.

I would like to thank my deputy Lead Governor for his wise and helpful assistance during the last year and I look forward to the next year.

The governors would also like to thank all our support staff who have worked tirelessly for us over the last year, without whom we would not be able to perform our duties.

**KATE BUTLER**  
**Lead Governor**

## APPENDIX 5: STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE QUALITY REPORT

The directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements), and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves of the following:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2024/25 and supporting guidance.
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2024 to March 2025
  - Papers relating to quality reported to the Board April 2024 to March 2025
  - Feedback from the commissioners dated 15/07/2025
  - Feedback from Local Authority Overview and Scrutiny Committee - No comments received at the time of publication
  - Feedback from local Healthwatch organisations dated 17/07/2025
  - Feedback from Trust Council of Governors dated 28/07/2025
- The Quality Report presents a balanced picture of Somerset NHS Foundation Trust's performance over the period covered.
- The performance information reported in the Quality Report is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review, and
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations), as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Report.

By order of the Board.



26/08/2025

Date..... Chair

**RIMA MAKAREM**



26/08/2025

Date..... Chief Executive

**PETER LEWIS**